Flixton House Limited

Flixton Manor

Inspection report

2-8 Delamere Road
Urmston
Manchester
Greater Manchester
M41 5QL

Tel: 01617467175
Website: www.flixtonmanor.com

Date of inspection visit:
03 July 2018
05 July 2018

Date of publication:
13 August 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on the 3 and 5 July 2018, the first day being unannounced. Flixton Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Flixton Manor is registered to provide accommodation with personal and / or nursing care for up to 38 older people. At the time of our inspection there were 36 people living at the home, the majority of whom were living with dementia. Accommodation is provided over three floors, including a basement level, ground floor and first floor. 36 bedrooms are single occupancy. One double room is available if a couple wish to share; however, this is usually used as a single room. Newer bedrooms have an en-suite toilet. There are two communal lounges and a small dining area on the ground floor.

At our last inspection in June 2017 we found three breaches of regulations with regard to the use of unsafe moving and handling techniques, a lack of staff interaction when supporting people and good governance. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of safe, effective, caring and well led to at least good. At this inspection we found improvements had been made and these regulations were now being met.

Flixton Manor had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We observed staff engaging with people throughout the inspection. Staff sought people's permission before providing support and explained to people the support they were about to provide. We observed safe moving and handling techniques being used.

A quality audit system was in place to monitor the service. Daily walk arounds had been introduced to observe staff and check around the building. The observations were documented and we saw positive feedback had been given to staff where good practice had been seen.

People and their relatives thought they were safe living at Flixton Manor. The staff said they enjoyed working for the service and felt well supported by management team.

People received their medicines as prescribed. Guidelines for when a person may require a medicine that was not routinely administered (PRN) were not always in place.

Staff added thickener to fluids where people had been assessed as being at risk of choking. However, they did not document when they had done so. The registered manager said they would introduce a form for

staff to sign when they added thickeners to fluids.

We have made a recommendation that best practice guidelines are followed for the recording of variable dose medicines.

Care plans and risk assessments were in place which provided guidance and information about people's support needs, their likes, dislikes and preferences and how to mitigate the identified risks. Staff we spoke with knew people and their needs well. Care files were reviewed each month.

A pre-admission assessment was completed when people moved to the home. Key information about a person's needs was identified and written up for the staff to refer to. However, initial care plans and risk assessments were not written for around two weeks after the person moved to Flixton Manor so they had time to get to know their needs better. We have made a recommendation that the service follows best practice guidelines in developing initial risk assessments and care plans in a timely manner.

People were supported with their health and nutritional needs. A health professional told us the pressure area care at the home was good. The menu had recently been changed to offer people a wider choice of meals. A picture menu had been introduced to assist people choosing their food.

People and relatives thought there were sufficient staff on duty to meet people's needs. Additional staff were being recruited to increase the staffing levels at night and in a morning. Staff told us that whilst they could manage, the extra staff member was needed at these times.

An activities co-ordinator had been working at the home for 12 months. Planned activities were arranged, including external entertainers. A reminiscence aid called the Daily Sparkle was used to talk about past events and prompt people's memories.

People's wishes at the end of their life and in the event of their death were recorded in advanced care plans.

A recruitment system was in place to recruit suitable staff. Staff received an induction and ongoing training to be able to carry out their role. Regular supervision meetings were held, although a member of the night care staff told us they had not had a supervision, but was able to speak with the registered manager or care co-ordinator if they needed to. Staff meetings were also held where staff could raise any ideas or issues they had.

A complaints policy was in place. Complaints had been investigated and responded to appropriately.

A survey had been used to gain feedback from relatives. The responses had been positive. Comments made in the survey had been reviewed by the registered manager and changes made where appropriate, for example with the food menu.

People's cultural and religious needs were being met by the service.

The service was meeting the principles of the Mental Capacity Act (2005). People's capacity was assessed and applications made for a Deprivation of Liberty Safeguard (DoLS) where a person was found to lack capacity.

The home was visibly clean throughout. The communal areas had been re-decorated and stencils applied to the walls depicting old style corner shops and community scenes.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People received their medicines as prescribed. Guidance for when as required medicines were needed was not always in place. A record of when thickeners had been added to fluids was not kept. A recommendation has been made about the recording of variable dosage medicines.

We observed safe moving and handling techniques being used.

Risk assessments and guidance to mitigate the identified risks for people's health and well being were in place for.

Sufficient staff were on duty to meet people's assessed needs. Staffing levels were in the process of being increased at night and in the morning as the home was full. A safe recruitment process was in place.

Is the service effective?

Good

The service was effective.

Staff received training and support through supervisions and team meetings to help them effectively undertake their role.

The service was working within the principles of the Mental Capacity Act (2005).

People were supported to meet their nutritional needs and maintain their health.

Is the service caring?

Good

The service was caring.

Positive interactions were seen between staff and people living at the service. Relatives said they felt listened to by the staff and management team.

People said the staff were kind and caring. Staff knew people's likes, dislikes and needs.

Staff knew how to maintain people's dignity and privacy when providing personal care and prompted people to complete tasks independently.

Is the service responsive?

Good

The service was responsive.

Person centred care plans were in place that provided guidance for staff in how to meet people's needs. A recommendation has been made with regard to the timeliness of writing the care plans after a person moves to the home.

People's wishes for their support at the end of their lives were respected where possible.

A programme of regular activities for people to take part in was now in place.

The service had a complaints procedure in place. All complaints received had been responded to appropriately.

Is the service well-led?

Good

The service was well-led.

A quality assurance system was in place; although issues with the medicines had not been identified through this system.

Staff said they enjoyed working at the service and felt the management team were supportive and approachable.

Feedback was obtained from relatives through a survey. Relatives meetings were arranged but they were not well attended.

Flixton Manor

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 and 5 July 2018 and the first day was unannounced. On the first day the inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of services for older people. One inspector returned for the second day of the inspection.

Before our inspection the provider completed a provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the information we held about the service. We looked at the statutory notifications the home had sent us. A statutory notification is information about important events, which the provider is required to send to us by law.

We contacted the local authority safeguarding and commissioning teams. They provided their feedback and action plan following a quality visit in February 2018. We checked the home's progress on the action plans; details of which are contained within this report. We also contacted Trafford Healthwatch who said they did not have any current information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also observed people's mealtime experience and interaction between people using the service and staff throughout the inspection.

During the inspection we spoke with five people who used the service, six relatives, five members of care

staff, two nurses, the clinical lead, one visiting health professional, the activities co-ordinator, two chefs, the care co-ordinator and the registered manger.

We looked at records relating to the management of the service such as the staffing rotas, policies, incident and accident records, three staff recruitment files and training records, four care files, meeting minutes and quality assurance systems.

Requires Improvement

Is the service safe?

Our findings

All the people we spoke with said they felt safe living at Flixton Manor. One person commented "Of course I do". Relatives also thought their loved ones were safe living at the home, with one saying, "I'm more relaxed now [name] is living here."

At our last inspection in June 2017 we observed unsafe moving and handling techniques being used, which was a breach of regulation 12. At this inspection we observed staff using appropriate moving and handling techniques and equipment. The registered manager told us staff had received re-fresher moving and handling training following our last inspection and they observed staff practice during their daily 'walk rounds'.

People we spoke with said they thought there were sufficient staff on duty. They confirmed that call bells were left within reach if they needed staff assistance when in their rooms. We were told people did not usually have to wait too long when they asked for assistance. Relatives confirmed that people always looked well cared for when they visited. Our observations throughout the inspection showed staff were visible in the communal areas and people did not have to wait too long when they needed support.

Staff we spoke with said that whilst they were able to meet people's needs, they felt one more staff member was needed at night and in the morning as the home was now nearly full. We discussed this with the registered manager and looked at the rotas. The manager showed us they were in the process of recruiting additional staff and another member of staff was due to return to work following maternity leave. This would then enable the night staff to increase to three care staff and a nurse and increase the morning staff to seven from six. This meant that whilst the care staff could meet people's needs the manager had acknowledged they were very busy due to the home being full and was increasing the number of staff on shift at key times of the day.

Flixton Manor had a safe system of staff recruitment in place. All pre-employment checks were completed before a new member of staff started working at the home. Regular checks were also made to make sure that the nurses employed were registered with the Nursing and Midwifery Council.

Staff we spoke with were aware of the safeguarding procedures at the home. They understood how to report any safeguarding concerns and confirmed they had received safeguarding training. They told us they would report any concerns to the management team and were confident they would deal with any issues promptly and appropriately.

Flixton Manor used an electronic care planning system called CareSys. Up to date risk assessments were in place for each person on CareSys. These included the risk of falls, the use of bed rails, choking, skin integrity and malnutrition. Guidance was provided for staff to reduce these identified risks. Staff had access to CareSys and a paper copy of the risk assessments were available in the clinic room. This meant the risks people may face were identified and plans were in place to reduce them.

All accidents and incidents were recorded, along with any actions taken to reduce the likelihood of a re-occurrence. A 48 hour monitoring system was followed by staff after an accident or incident to check if people developed any further symptoms or signs of injury. A monthly summary of accidents and incidents was produced to identify any patterns or trends.

People received their medicines as prescribed. Medicines Administration Records (MARs) had been accurately completed. Medicines were stored in locked medicines trolleys in the clinic room. Controlled drugs were safely stored and recorded. Controlled drug stock balances were completed at every shift change. We checked two controlled drugs and found the quantities held corresponded with the records.

We checked the stock balances of five boxed medicines held by the service. In one case the stock balance was higher than indicated by the MAR records. This was due to tablets provided when the person had been discharged from a hospital admission had not been booked in and added to the stock balance. Two medicines were prescribed as a variable dose. The actual number of tablets administered each time was not recorded. Therefore it was not possible to determine how many tablets there should be in stock. We recommend best practice guidelines are followed for the recording of variable dose medicines.

Guidelines for when a person may require a medicine that was not routinely administered (PRN) were not always in place. These guidelines provide staff with information about when the PRN medicine should be given and how the person will communicate, either verbally or non-verbally, that they need the PRN medication. We discussed this with the clinical lead who told us the PRN guidelines had not been updated when people's medication had changed They had checked people's PRN medication and all PRN guidelines were in place by the second day of our inspection.

Where people required the use of creams to keep their skin safe and healthy, records were maintained by the care staff when this was applied. Some people were prescribed thickeners for their drinks to reduce the risk of choking. The MAR were signed by the nurses when they thickened the drink given to people when taking their tablets. However, the care staff did not record when they added thickeners to any other drinks provided throughout the day. Care staff had clear information about who required their fluids thickening and to what consistency. We discussed this with the registered manager and clinical lead who told us they would introduce a recording chart for all thickeners.

The home was seen to be clean throughout, with no malodours. People and relatives told us the home was always clean. The local authority quality visit in February 2018 had found the standards of cleanliness in some areas needed improving. Following this, the registered manager had met with the domestic team and new cleaning schedules had been introduced.

The local authority completed an infection control audit on the 5 July 2018. Flixton Manor were given a score of 73%, which had improved since the last audit. An action plan was agreed following this audit. The home had a cleaning schedule in place, however this did not include the wheelchairs and frames people used. The registered manager told us these were regularly checked and cleaned, but this was not recorded. The infection control audit found two frames and one wheelchair which had not been thoroughly cleaned. The registered manager told us they would add the wheelchairs and frames to the cleaning schedule.

Staff were seen using personal protective equipment (PPE) when supporting people with personal care tasks. We saw evidence that equipment was maintained and serviced in line with national guidelines and the manufacturer's instructions. Weekly checks were made on the fire alarm, emergency lighting system, call bells. Legionella water checks were completed each month.

Personal emergency evacuation plans were in place for each person. These detailed the support a person would need in the event of having to leave the building in an emergency. Regular fire drills had been completed. Contact information and guidance was seen for staff to deal with any emergency situations such as a gas or water leak.

Good

Is the service effective?

Our findings

Care staff told us they felt supported in their role by the care co-ordinator and registered manager. We received mixed feedback with regard to the clinical lead not always being visible within the home. Some staff said the clinical lead was available if they needed advice, whilst others said they spent the majority of their time in the office rather than in the communal areas of the home. We discussed this with the clinical lead and registered manager. The clinical lead said that for three days per week there were two nurses on shift so they concentrated on updating the care plans, risk assessments and completing pre-admission assessments. The other two days there was one nurse on shift so the clinical lead assisted with the morning medicines round and spent more time within the communal areas of the home.

Staff completed a three day induction when they started work at the home. This included an introduction to the home, getting to know people and essential training, for example moving and handling. Staff that were new to working in care would be enrolled on the care certificate. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

Staff told us they received the relevant training for their role, including clinical training for the nurses. Records showed staff training was up to date. The training matrix identified when refresher training was due.

Since our last inspection Flixton Manor had been accredited with the Investors in People award. Investors in People is a recognised standard for managing staff.

We were told that staff had regular supervision meetings with the care co-ordinator or clinical lead. This enabled the staff member to receive feedback on their performance and also raise any ideas or concerns they may have. However, the night staff we spoke with said they only had supervisions if they had an issue. They said they saw the registered manager each morning and so could speak with her if they needed to.

Staff meetings were held every three months. Separate meetings were held for the day and night shifts. Minutes showed that these were open forums where items were raised and discussed by the registered manager and the care staff team.

This meant the staff received the training and support to carry out their roles, although the night staff did not always have formal supervision meetings.

Staff told us they had enough information to be able to meet people's needs. A handover was held between each shift. The local authority quality review had recommended a written handover sheet was used as well as a verbal handover, which could then be referred to if necessary. We saw this was now in place.

The clinical lead completed a pre-admission assessment of people's needs before they moved to Flixton Manor. This assessed the person's needs and whether Flixton Manor could meet these needs. The assessment involved the person, their relatives where appropriate and other medical or social care

professionals involved in their current care and support. This information was held in the clinic room for the nurses to refer to.

The care co-ordinator used this assessment to identify the key support needs for the person moving to the home. For example, any moving and handling, dietary and medical requirements the care staff needed to know as soon as the person moved to the home. Staff also received a verbal handover of the person's needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The service was meeting the principles of the MCA. Capacity assessments and best interest decision meetings were seen in people's care files. Applications for DoLS had been made where it had been assessed that people lacked capacity. Family members were consulted where they had a lasting power of attorney in place.

During our inspection we observed staff seeking people's consent before providing support.

Since our last inspection a new bathroom with a fully accessible bath had been commissioned. Many people were supported with their personal care needs in their own rooms which meant there was not a queue for the toilets.

People's health needs were being met. People were registered with a local GP practice. People and relatives told us medical appointments and referrals were made in a timely manner. Records confirmed that referrals were made to the speech and language team (SALT), dieticians, chiropodist and tissue viability nurse.

Where people were assessed as needing frequent changes in position, staff recorded when this was completed. A health professional we spoke with said the home made appropriate referrals and had the information they needed when they visited the home. They said, "They (the staff) follow the regime I give them and the sores do heal."

Where people received their food or medicines via a PEG (Percutaneous Endoscopic Gastrostomy) tube, records of the PEG site care, feeds, flushing and oral carer provided were kept.

If people needed to attend an appointment or go to hospital a member of care staff would accompany them if the person's family were unable to do so.

People told us the food was generally good. One person said, "Sometimes it's not quite right, but most of the time it's OK" and another told us, "The food isn't bad at all".

We observed the lunchtime experience at Flixton Manor. The dining area of the home was small and could only accommodate up to 14 people. We saw three people eating at the dining tables on the first day of our inspection and two on the second. Some people living at Flixton Manor were not able to sit up to a table due

to their needs. We also observed staff asking other people if they wanted to sit at a dining table, but they said they preferred to eat in the lounge areas. A family member reported that their relative had told them they had "been out for lunch". On enquiring they discovered their relative had sat at a table for their lunch that day.

The registered manager told us that there was enough room in the dining area to accommodate those people who could sit up to a table; however, many people chose not to do so. This meant that people liked their meals and their nutritional needs were being met; however, they were not able to participate in a communal dining experience.

We saw that staff interacted sensitively with people when they were serving lunch, bantering with some and affectionate with others. Carers supporting people to eat engaged with them, chatting gently during the meal.

Our inspection took place during a period of very hot weather. We saw people were offered drinks throughout the day. Where people were nursed in bed we saw drinks were available within reach.

The staff and the chef had information available about people's dietary needs, for example people who needed a soft diet or had diabetes. Where people were at risk of malnutrition they were weighed each week. One person told us they had been advised to lose weight and so had asked the chef for jacket potatoes and salads, which were being provided.

A new picture menu board had been introduced to support people to make a choice of meal they wanted. A new menu had been introduced which offered additional choices. We spoke to both chefs at the service who could explain people's nutritional needs. At the last inspection some concerns had been raised about the part time chef not respecting people's choices and not presenting separate portions of pureed food. At this inspection the care staff told us there were no concerns with the food provided by either chef.

The most recent inspection from the environmental health department in January 2018 had awarded the service a 5 (Very Good) rating. One chef told us they had completed additional cleaning prior to this inspection. The registered manager was in the process of arranging additional staffing for the kitchen to undertake a regular cleaning schedule.

The decoration of the communal areas had been refreshed since our last inspection. Stencils of old style corner shops and community scenes had been applied to the walls. Some people's bedrooms had also been re-decorated and there was a plan in place for further rooms to be re-decorated over the next 12 months. People's rooms were personalised with their own items and effects.

Two dementia friendly clocks, clearly showing the time, day and date were in the lounge areas. A timetable of activities and staff photographs were on display on the corridor by the main entrance.

Dementia friendly signs were in place to assist people living with dementia to orientate themselves within the home. Recent photographs had been added to people's bedroom doors to aid recognition and add a personal touch. However, people living with dementia would not necessarily recognise themselves in a recent photograph. A photograph of a significant past event or person are often more recognisable to a person living with dementia.

Good

Is the service caring?

Our findings

All the people we spoke with were complimentary about the staff team. People said, "The girls are very good", "They look after me well, no problem there!" and "People speak nicely to you". Relatives we spoke with also thought highly of the staff. One said, "The staff are lovely – they are very good to [name]". Another relative felt the staff were "very professional" and compared favourably with another home their relative had lived in previously.

At our last inspection in June 2017 we found there was limited interaction between members of staff and the people living at the home, especially when staff were providing people with support, which was a continued breach of regulation 9. The local authority quality team had also commented on a lack of staff interaction with people at their visit in February 2018, although in subsequent follow up visits this was seen to be improving. At this inspection we found improvements had been made and this regulation was now being met.

We observed staff engaging with people when supporting them, explaining what they were doing. They also greeted and chatted to people as they went about their work, particularly in the main lounge of the home. The care co-ordinator and registered manager said they observed staff interactions on a daily basis and felt this had improved since our last inspection. They said that fewer agency staff were now used and the recent recruitment of some experienced staff had had a positive effect on the level of interactions between the staff and people living at the home. The registered manager completed and recorded a daily walk round of the home. We saw this noted good staff practice as well as areas noted for improvement.

At the last inspection we saw people sat on their hoist slings throughout the day. This may cause pressure area issues due to the seams of the slings rubbing against people's skin. At this inspection we saw new 'breathable' slings had been purchased which were designed for people to be able to use throughout the day.

People told us staff respected their privacy and dignity. Staff were able to explain how they did this by ensuring they knocked on people's doors, bathroom doors were closed and people were covered during personal care.

Where possible staff encouraged people to maintain their independence. People were prompted to eat by themselves and we observed staff patiently encouraging one person to mobilise. Staff also explained how they prompted people to complete any tasks for themselves where possible, for example when bathing.

We saw some people drinking their tea or coffee from a mug; however, they were then given a two-handled beaker for a drink of juice. Normal plastic glasses would promote a person's dignity if they are able to use one safely.

At our last inspection people's life histories were in the process of being written. At this inspection we saw each person's care file contained information about their families, where they had lived, their jobs, likes,

dislikes and hobbies they had enjoyed. People and their families were asked to complete a 'This is Me' booklet when they moved to the home to gather this information.

The local authority quality review in February 2018 had recommended these were printed off the CareSys system and were available for staff to read, which had been done. We also saw that 'remember me posters' had been purchased for each room. On one side these documented a brief overview of people's needs, preferences and life history. There was also space to add any changes or short-term needs, for example if someone was on a course of anti-biotics. This meant care staff had a quick reference guide of a person's needs and key details about their life available when supporting the person in their rooms. These were especially useful for new members of staff and agency staff.

The reverse side of the 'remember me posters' was a picture. This meant that people could have the picture to look at and confidential information was not on display in their rooms.

Care plans included information about people's cultural needs, for example religious observance or culturally appropriate food. We saw one person's family brought their relative home cooked cultural food which the chef would prepare. People's communication needs were assessed and guidance provided on how each person communicated.

We discussed with the registered manager and clinical lead how the home supported people who had one of the five protected characteristics, for example sexual orientation or race. We were told information was gathered during the assessment and the staff informed of any support needs in relation to any protected characteristics. We were given an example where the home had supported a person who identified as a different gender. The staff were briefed on the person's preferred name and the importance of confidentiality for this person. This meant the home took account of people's equality, diversity and human rights.

Where people did not have the capacity to make their own decisions and did not have relatives who could be involved in decisions about their care and support referrals were made for an independent mental capacity advocate (IMCA). This meant that an independent person would be involved in any best interest decisions about the person's care, to ensure their rights were protected.

Good

Is the service responsive?

Our findings

Flixton Manor used an electronic care planning system called CareSys. Each person had a range of assessments and care plans in place, which contained details of people's assessed support needs and provided guidance for staff in how to meet these needs. For example, information was provided regarding people's personal care, mobility, falls management, skin integrity, sleeping, communication, eating and drinking and health. Care plans also included details of people's likes and dislikes and information about their life history.

The care plans were reviewed on a monthly basis, or following an accident or incident, by the clinical lead or named nurse. People and relatives we spoke with told us they felt "listened to" and the staff team were approachable. The clinical lead told us they discussed a person's support needs with them where possible and with their relatives, however people and relatives said they had not seen the care plans developed by the service from this information. We saw that people or their relatives had signed a statement saying that they were able to view the care plans whenever they wanted when they had moved to the home.

As described in the effective domain, staff were provided with a brief overview of people's needs when they moved to Flixton Manor. We saw two people had moved to Flixton Manor the week before our inspection. A mental capacity assessment and emergency evacuation plan had been completed for each person the day after they had moved in. No other formal assessments of need, care plans or risk assessments had so far been written. We discussed this with the clinical lead who said they wrote these after people had been at the home for around two weeks so they could get to know them and their needs first.

This meant that staff had an overview of people's needs as they moved to Flixton Manor but there were no formal risk assessments or care plans providing guidance for staff in place for around two weeks after people moved to the home. We recommend the service follows best practice guidelines in developing initial risk assessments and care plans in a more timely manner.

We spoke with two family members, whose relatives had recently moved to Flixton Manor, who said, "I'm very pleased [name's] here" and "So far everything is 10/10".

Staff we spoke with knew the needs of the people living at Flixton Manor and were able to describe the support they required.

Where required, if people's needs changed, we saw the home involved people's social workers and relatives to complete a re-assessment of their needs with a view to finding an alternative placement that was able to meet their needs.

At the last inspection in June 2017 the records of when people had a bath or shower were not fully completed. Records were kept for the personal care provided, catheter care and positional changes. The records we saw were fully completed. Daily notes were written for each person which detailed the support provided.

Where there was an assessed need we saw that technology, such as bed or motion sensors, were used to reduce the risks for people. The sensors were linked to the call bell system and alerted the staff when triggered.

A picture menu board had been introduced to support people to be able to choose their meals by looking at a picture of the different options. This made the information more accessible for those people who were not able to read a menu or make a choice verbally.

A programme of activities was now in place to provide some stimulation for people. An activities co-ordinator had started working at the service since our last inspection. Regular activities included painting and other arts and crafts, jigsaws, quizzes, gentle exercise – including hand exercises, reminiscences, pamper sessions and sing-a-longs. External entertainers also visited Flixton Manor approximately once every two weeks. Children form a local nursery had also visited at Christmas and Easter. These visits had been well received by people living at the home.

The home subscribed to the 'Daily Sparkle'. This is a reminiscence newspaper specially developed to provide daily stimulation, interest, enjoyment and fun for older people and people living with dementia and is distributed to people living at Flixton Manor. Some people are able to read the articles independently and do the puzzles included. For others, the activities co-ordinator will read an article with them, either one-to-one or in a small group and use it to prompt personal memories and discussion.

The activities co-ordinator told us, confirmed by people we spoke with, that they visited people in their rooms if they were nursed in bed to spend some time with them.

Where people, or their relatives, wished to discuss their wishes at the end of their lives an advanced care plan was in place. This included details of whether the person wished to go to hospital or remain at Flixton Manor at the end of their lives. The registered manager was registered with the Six Steps end of life programme. The Six Steps is a recognised programme used in care homes and hospices to ensure people's end of life wishes are discussed and known.

Flixton Manor had a complaints policy in place. We saw the complaints file had been re-organised following the local authority quality visit in February 2018. A clear log of investigations and actions taken following a complaint being received was now in place. All complaints had been responded to in accordance with the service's policy. No one we spoke with had made a formal complaint. They all said they would be comfortable raising concerns with the staff or registered manager.

Good

Is the service well-led?

Our findings

Flixton Manor had a registered manager who had been in post since September 2016. They were supported by a care co-ordinator and a clinical lead. The owner of the home lived abroad but visited Flixton Manor most months. We were told they met the registered manager and discussed the running of the home and any repairs or maintenance required. However, these discussions were not documented. The registered manager was able to contact the owner via Skype whenever needed.

The registered manager and clinical lead had started having formal supervisions with the registered manager from another local home, who was also a registered nurse. This meant they now had a formal support system in place. The registered manager and clinical lead also attended provider meetings run by the local authority. This provided them with an opportunity to discuss any common issues, new initiatives and share good practice with the managers of other care homes. They were also able to contact other managers for advice outside of the planned meetings. The registered manager told us they now felt more confident in their role.

At our last inspection in June 2017 we found there was a continuing breach of regulation 17 due to the staff using inappropriate manual handling procedures, the lack of staff interactions with people when providing support and staff being task orientated. At this inspection sufficient improvements had been made to meet this regulation.

As previously reported in other sections of this report we observed staff interacting with people when providing support and the correct manual handling procedures being used. An activities co-ordinator was now employed to provide stimulation for people. Whilst staff were busy throughout the inspection they were visible in the communal areas and responded to people's needs when they asked for support. The registered manager was in the process of increasing the number of staff on duty at night and in the morning as the home was now nearly full.

A quality assurance system was in place. A daily walk around had been introduced where the registered manager or care co-ordinator went around the home to check cleanliness and observe staff. Their findings were documented, including positive feedback where good practice had been observed. Monthly audits were completed for medicines, mattresses, bedrails and accident or incident reports. However, the medicines audit had not identified that not all 'as required' medicines had guidelines in place for when they should be administered. We discussed this with the clinical lead who told us they would add this check to the medicines audit. The registered manager had followed recommendations made by the local authority quality team.

All the staff we spoke with said there was a 'good team' working at Flixton Manor and that staff morale was good. One member of staff told us, "The staff are great; we're all a team and get on, from the management down." Staff said that the registered manager, care co-ordinator and clinical lead were approachable and felt able to raise any issues or concerns with them. One member of staff said, "Improvements have been made here and staff interactions are now a lot better." Regular staff meetings were also held, which

provided an opportunity for staff to discuss any ideas or concerns they may have.

Staff worked in two teams within the home; one working on the first floor and one working between the ground floor and basement. We were told that previously some staff tried to change where they were working which had annoyed the remaining members of staff. These staff had since left the service and consequently staff morale had improved.

Relatives thought the management team was approachable and available to discuss their relatives care and well-being or raise any concerns. They said that they were contacted if there were any changes in their relatives' health and they were kept well informed.

The registered manager used a relatives' survey to gain feedback about the home. The survey completed in October 2018 was positive about the care and support provided at Flixton Manor. Comments included, "The most important thing is that I really feel [name] is loved and cared for" and "It's a lovely home; very welcoming." Feedback about the meals served was mixed. In response the registered manager had introduced changes to the menu and used a picture board menu so people could see what the choice of meals was for the day. Relatives meetings were also arranged; however, these were not well attended. We were told relatives would speak directly with the registered manager, care co-ordinator or clinical lead rather than attend the relative meetings.

Services providing regulated activities have a statutory duty to report certain incidents and accident to the Care Quality Commission (CQC). We checked the records at the service and found that all incidents had been recorded, investigated and reported appropriately.