Four Seasons (Bamford) Limited

Laburnum Court Care Home

Inspection report

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Date of inspection visit:
07 February 2018
09 February 2018

Date of publication:
12 April 2018

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We carried out an unannounced inspection of Laburnum Court Care Home on 07 February 2018. We made a second announced visit on 09 February 2018 to complete the inspection.

The inspection was carried out in response to concerns we had been made aware of, which related to the care and treatment provided to a person who resided at the home. The concerns indicated potential issues with training and the management of risk in the home, especially in relation to manual and person handling practices. While we did not look at the circumstances of the specific incident, which is subject to a local authority safeguarding investigation, we did look at associated risks.

The home was last inspected on 12 and 14 June 2016, when we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in regards to safe care and treatment and meeting nutritional and hydration needs. Following this inspection the
home was rated as requires improvement overall and in the key lines of enquiry (KLOE's); safe, effective and well-led. The home was rated as good in caring and responsive.

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; safe, effective and well-led to at least good. We reviewed the progress the provider had made as part of this inspection.

At this inspection we identified four breaches in three of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to the management of medicines, manual handling procedures, following dietetic guidance and maintaining accurate and contemporaneous records. You can see what actions we told the provider to take at the end of the full version of this report.

Laburnum Court Care Home 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.

Laburnum Court is part of Four Seasons (Bamford) Limited and situated in a residential area of Salford. The home provides nursing care as well as care for people living with dementia. The home provides single occupancy rooms, across two units, which are known internally as 'Lowry' which provides nursing care for

people living with dementia and 'Priory', nursing care. At the time of the inspection there were 57 people living at the home.

There was not a registered manager in post at the time of this inspection, as the previous registered manager had resigned. A home manager had been appointed and was in the process of completing their registration. 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 found some improvements in medicines management had been made since the last inspection and noted a number of examples of good practice; however we also identified concerns with stock rotation and control, management of covert medicines and guidance for as required (PRN) medicines.

We saw evidence of referrals being made when staff identified issues with either swallowing or weight loss, however found that action plans provided by professionals, specifically dieticians had not been implemented consistently, which meant some people had not received the required fortification of their diets. We also identified issues with the completion of food and fluid charts, which meant it was not always possible to confirm people had drank the recommended about during a 24 hour period.

The home had a range of systems and procedures in place to monitor the quality and effectiveness of the service. Audits were completed on a daily, weekly and monthly basis and covered a wide range of areas including medication, care files, infection control and the overall provision of care. We saw evidence of action plans being implemented to address issues found, however not all of the issues we noted during inspection had been captured via the auditing process Where the same issues had been identified; we found changes to practice had yet to become embedded.

Staff provided mixed feedback regarding the completion of supervision; however identified improvements had occurred following the appointment of the new manager. Training was reported to be sufficient and was promoted internally, to ensure staff's skills and knowledge remained up to date.

We saw the home was clean and had appropriate infection control processes in place. Infection control audits were completed and cleaning schedules were in place and up to date. Staff had access to and wore personal protective equipment (PPE) when supporting people with personal care.

Each person we spoke with told us they felt safe. Relatives expressed no concerns about the safety of their family members and were complementary about the level of care provided. We saw the home had appropriate safeguarding policies and procedures in place, including instructions on how to report any safeguarding concerns to the local authority. Staff were all trained in safeguarding vulnerable adults and had a good knowledge of how to identify and report safeguarding or whistleblowing concerns.

Both people we spoke with and staff members told us enough staff were currently deployed to meet people's needs. The home used a tool to determine the number of staff required based on people's dependency levels. Rotas evidenced staffing levels matched those indicated by the dependency tool.

Staff we spoke with demonstrated a good knowledge and understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), which is used when someone needs to be deprived of their liberty in their best interest. We found the home was working within the principles of the MCA and had followed the correct procedures when making DoLS applications. Best interest meetings had been held and

documented when decisions had been made for people who lacked capacity.

People living at the home spoke positively about the food and the choices available. We saw specialist diets were appropriately catered for, with the chef investing time in exploring the use of moulds and piping to ensure foods of differing consistencies looked appetising. Observations of meal times showed these to be a positive experience, with people being supported to eat where they chose. Staff engaged in conversation with people and encouraged them throughout the meal.

Throughout the inspection we observed positive and appropriate interactions between the staff and people who used the service. Staff were seen to be patient, caring and treated people with dignity and respect. People who used the service and their relatives were complimentary about the staff and the standard of care received. During conversations staff displayed a good knowledge of the people they supported, their likes and dislikes as well as the importance of promoting independence wherever possible.

We looked at 10 care files which contained accurate and detailed information about the people who used the service and how they wished to be cared for. Each file contained detailed care plans and risk assessments, along with a range of personalised information which helped ensure their needs were being met and the care that they received was person centred.

The home employed two activity coordinators, who planned and oversaw the activities completed within the home. People we spoke with said they were satisfied with what was on offer, and we observed a range of different activities being completed during the inspection. The home documented activities and we saw photographs of recent events displayed within the home.

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

Not all aspects of the service were safe.

Medicines were administered by staff who had received training and their competency assessed, however we identified issues with stock control, covert medicines and guidance for some 'as required' medicines.

People told us they felt safe living at Laburnum Court Care Home.

Staff were trained in safeguarding procedures and knew how to report concerns.

Steps to improve manual handling procedures and training had been implemented; however we observed examples of poor practice, including the incorrect use of equipment and techniques.

Is the service effective?

Requires Improvement

Not all aspects of the service were effective.

The provider could not demonstrate they were consistently meeting people's nutritional needs and records required strengthening in this area.

We found dietetic action plans had not been implemented consistently, which meant people had not received the appropriate dietary supplements.

All staff spoken with had knowledge of the Mental Capacity Act (MCA 2005) and Deprivation of Liberty Safeguards (DoLS) and the application of these was evidenced in the care plans.

Consideration had been given to ensuring the environment was suitable to people living with dementia, with appropriate décor and a range of aids, adaptations and pictorial signage in place.

Is the service caring?

Good

The service was caring.

Both people living at the home and their relatives were positive about the care and support provided.

Throughout the inspection we observed positive interactions between staff and people. Staff members were seen to be kind, respectful and treated people with dignity.

Staff had a good understanding of the people they cared for and were actively involved in promoting people's independence.

People were able to make choices about their day such as when to get up, what to eat and how to spend their time.

Is the service responsive?

Good

The service was responsive.

Assessments of people's needs were completed and care plans provided staff with the necessary information to help them support people in a person centred way.

The home had an effective complaints procedure in place, with all complaints being investigated and outcomes documented.

The home provided a varied choice of activities. People we spoke with were happy with the activity programme at the home.

Is the service well-led?

Requires Improvement

Not all aspects of the service were well-led.

We found the regulations were not being met and the provider had failed to improve the overall rating of the home.

Systems for audit & quality assurance required strengthening in order to identify failings and ensure when identified, improvements were implemented and maintained.

Both the people living at the home, relatives and staff spoke positively about the new manager and felt the home was now being well-led and managed

Laburnum Court Care Home

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.

The inspection was prompted in part by information we received regarding the care and treatment provided to a person who resided at the home. This incident is subject to a safeguarding investigation and as a result this inspection did not examine the specific circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of manual and person handling at the home. This inspection examined those risks.

The inspection was carried out on Wednesday 07 February 2018 and was unannounced. We made a further announced visit on Friday 09 February 2018 to complete the inspection.

The inspection team consisted of two adult social care inspectors from the Care Quality Commission (CQC), two specialist advisers (SPA's); a pharmacist and a chartered physiotherapist working within the specialism of manual handling and rehabilitation and an Expert by Experience. An Expert by Experience is a person who has experience of using or caring for someone who uses health and/or social care services.

Prior to the inspection we reviewed information we held about the home. This included statutory notifications, safeguarding referrals, previous inspection reports, action plans and risk management plans provided by the home following both the last inspection and in response to the incident which triggered the inspection. We also liaised with external professionals including the local authority, local commissioning and safeguarding teams. Due to bringing the inspection forward, we had not asked the provider to complete

a PIR prior to our visit. The PIR is a document in which the provider can record any good practice within their service and how they ensure their service is safe, effective, caring, responsive and well-led.

During the inspection we spoke with people and viewed care records and documentation in order to inform our inspection judgement. This included speaking with eight people who lived at the home, two visiting relatives and a healthcare professional. We spoke to 20 staff members who included the home manager, acting regional support manager, nurses, care home assistant practitioners (CHAP's), activities coordinators, care staff and the chef. Records looked at included five staff personnel files, 10 care files, 28 medication administration records (MAR), training records, building checks and any relevant quality assurance documentation. We observed care and interactions in the communal areas which included lounges and dining rooms. We also looked in people's bedrooms when people living at the home consented to this as well as bathrooms, toilets and the kitchen facilities.

Requires Improvement

Our findings

People living at the home and their relatives told us the home offered a safe and secure place to live. Comments included, "I feel safe, there is always someone around" and "Oh, yes, I feel safe here."

We checked the progress the provider had made following our inspection in June 2017 when we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to medicines management. This was because the service had not ensured the proper and safe management of medicines. Following the inspection the provider submitted a detailed action plan, to state how they intended to ensure medicines were managed safely and effectively.

During this inspection we found improvements had been made in relation to completion of Medicine Administration Records (MAR's), safe storage of medicines, overall administration of medicines and the management and use of thickening agents for fluids. We also observed examples of good practice. We saw one person be reluctant to take their medicines, pushing the nurse away. The nurse remained calm and patient and encouraged the person to take their medicines which they eventually did successfully. We noted nurses confirmed who they were administering medicines to, referring to photographs on the MAR, and if the medicines were refused, recorded this correctly on the Medication Administration Record (MAR) and destroyed the medicines as per guidelines. Whilst we acknowledged some of the issues identified at last inspection had been addressed, medicines management remained unsafe as further concerns were identified.

We identified some issues with the management of covert medicines. We observed a nurse preparing medicines for one person by crushing them in a tablet crusher within the clinic room. A second nurse went to use the same tablet crusher without cleaning it; it was apparent they were not aware the other nurse had used it; however there were clear remnants of the other person's medicines still in it. We had to intervene to ensure cross contamination did not occur. During the second day of inspection we saw the home manager had purchased additional tablet crushers, to ensure anyone administering medicines had their own.

We saw one person received six tablets or capsules covertly; however there were no specific instructions on how to give all of these medicines covertly. Administration instructions for one of the medicines, an antibiotic, stated 'do not crush or chew, swallow whole' yet no instructions on how to give this medicine were present. When the nurse tried to administer the tablet whole, the person refused to take it. We also noted that whilst GP consent had been sought for all people who received covert medicines, no subsequent guidance had been sought or was available from either the GP or pharmacist, on how to actually administer

medicines, including if they could be crushed, and if not what alternatives were available.

When administering medicines it is important, staff doing so are not disturbed. We noted all staff and nurses administering medicines wore red 'do not disturb' tabards. However despite this, we saw on one occasion a manager informed a nurse, as they were about to administer a person's medicines, they had a phone call which they needed to take. The nurse stopped the medication round to take the call.

We found no evidence of effective medicine stock control or rotation. Within both rooms where medicines were stored, we found large quantities of topical medicines, thickening powder and supplements. One person had over 16 tubes of ointment, 10 of which were out of date. We also found some overstocking of controlled drugs. On the second day of inspection, the home manager supplied us with evidence that not all of the excess medication received by the home had been requested, however this did not account for the majority of topical medicines and supplements.

Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs (CD). We looked at how the home managed CD's and saw that overall stock checks had been done weekly and recorded in the CD register in red, which is considered good practice as this proved each page or item has actually been checked. We did identify nine patches belonging to one person had been stored in one box, despite the pharmacy label stating it contained only five patches. The patches had different expiry dates, which indicated older stock had not been used first, before using newly received patches. Combining stock of different batches and expiry dates is poor practice.

The home had when required medicines (PRN) protocols in place for all medicines with one exception. This was a controlled drug which was used for pain management. Dosage information indicated between 2.5 and 5 millilitres (mls) should be administered when required, however there was no guidance in place to indicate how staff would know the correct dosage to use in each instance. We saw when this medicine was being administered, one nurse wanted to administer 2.5mls, whereas another nurse who had more knowledge of the person, stated 5mls would be needed due to body size.

This is a continued breach of Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to safe care and treatment, as the provider had not ensured the proper and safe management of medicines.

As a result of the concerns which had been raised in relation to manual and person handling practices at the home, we looked in detail at all aspects of manual and person handling, including equipment used, staff's knowledge and observation of practice. In response to the identified concerns, we saw the home had employed a manual handling co-ordinator, who was responsible for providing manual handling training and completing competency assessments related to manual handling transfers. The manager told us the manual handling lead and another staff member had completed the 'Edge 4 day course for manual handling trainers', which is a well-established course. There was also a plan to recruit more staff to support the co-ordinator with their responsibilities.

We looked at the equipment in place and noted all hoists were in good condition except the Oxford Journey standing hoist which was dirty. All equipment had been inspected and serviced as per guidance. Slings were hung on the back of people' doors in the downstairs bedrooms, however this was not the case upstairs, where they were either draped over the hoist, hung on the bathroom door, piled in a box or left in the bath. The manager told us the slings should be hung on doors on both floors, so correct procedures had not been followed.

We found staff were unaware of a number of good practice points, such as the use of footplates to assist with dressing and removing slings, avoidance of the drag hold, use of retainer loops and putting brakes on wheelchairs and beds. We noted people had height adjustable beds; however the space in bedrooms made it difficult to fit in furniture, hoist and wheelchairs. As a result we saw staff tended to leave the brakes off on beds and wheelchairs to be able to move them. This makes hoisting inefficient and can make the transfer potentially unsafe. For all hoist transfers observed (except one), staff did not cross the leg straps. It is normal practice to cross the leg straps or use the retainer. This encourages dignity and is expected by manufacturers and manual handling advisers. Staff were not aware of the manufacturer's instruction to use the retainer loop or cross the straps. Failing to do so can result in the person feeling unsafe or even falling through the sling aperture if the sling is too big. We also noted a tendency for staff to hook under people's armpits to ease them forward, in order to assist with dressing and adjust position. This technique is often called the 'drag lift' and has been considered bad practice for at least 20 years. This technique can cause injury to the person being lifted.

We saw people had manual handling plans. Whilst these often stated the size of sling to be used, they did not provide any more detailed instructions. Both the Health and Safety Executive (HSE) and The National Back Exchange (NBE) expect a detailed safe system of work is supplied to all staff. For one person, the care plan stated a medium sling was to be used but on the next page it stated to use a large sling. It also said that an access sling was to be used for chair to chair and toileting. We observed this person being transferred with a medium access sling into an armchair. We asked staff why they used an access sling and they did not know. The HSE recommends access slings are restricted to being used for toileting, not chair to chair transfers. If they are used for any other purpose a detailed rationale is required, which was not evident in this case.

We also observed evidence of slings being shared between people without being laundered, which carries an infection control risk. The NBE in their guidance on selecting slings dated January 2015; state slings should not be shared without a suitable laundering process between uses.

This is a breach of Regulation 12(2)(c)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to safe care and treatment, as the provider had not ensured manual and person handling procedures had been carried out safely and in line with current legislation and guidance.

During the second day of inspection, the home manager provided us with evidence to demonstrate the steps taken to improve the manual handling practices within the home. Both handy tips and people handling information booklets had been distributed throughout the home. Staff had received supervision regarding their practice, as this was contrary to what had been taught in training. An additional observation document had been implemented to further assess staff's competency, this included use of brakes on beds and wheelchairs and use of cross over leg straps. We saw 10 observations had been completed on 08 February 2018.

We found there was an effective system in place for managing safeguarding. As we found at all previous inspections, staff were confident in the procedures for reporting any concerns and consistently told us how any issues and referrals would be recorded.

During the last inspection in June 2017, we received mixed feedback about staffing levels and as a result recommended the service re-evaluated their current system, to ensure there were sufficient and consistent numbers of staff available, to safely and responsively meet the care needs of people living at the home.

During this inspection we saw the home used the care home equation for safe staffing (CHESS), in order to

determine the number of staff required to meet people's assessed needs based on the overall level of dependency. Each person's care file contained a section for dependency assessments, which covered 16 areas including consent, medicines, mobility, nutrition and cognition. We looked at four weeks' worth of rotas and saw staffing levels deployed tallied with the CHESS, which was usually two nurses and five care staff on Priory and two qualified staff (nurses and/or CHAP's) and seven carers on Lowry. Due to current occupancy levels, we saw staffing levels had been reduced by one carer on occasions. We found night time staffing levels also matched what the tool had indicated.

We asked people living at the home, their relatives and staff for their views on staffing levels. The majority of feedback was positive. One staff told us, "Downstairs there is an adequate number of staff. At present there are lots of empty rooms. If we were full, the staffing number would go up. Currently on nights we always have a nurse or CHAP and two care staff. We sometimes have three care staff. There are no issues meeting people's needs." A second said, "We've only 23 residents at the minute so have two nurses and four carers. If we were full, we generally work with two nurses and five carers. It's a very good unit, people are attended to promptly." However one staff stated, "The role is physically demanding. A lot of people are mobile and there are challenging times during the day. When members of staff are allocated to the dining rooms and we're supporting people up, it's hard. We could always do with more."

We looked at five staff personnel files to check if safe recruitment procedures were in place. We saw robust recruitment checks were completed before new staff commenced working at the home. The files included proof of identity, two references and a Disclosure and Barring Service (DBS) check. A DBS is undertaken to determine that staff are of suitable character to work with vulnerable people. We also found effective processes in place to validate the registration status of the nurses employed at the home.

We looked at the processes in place to maintain a safe environment for people who lived at the home, their visitors and staff. We found health and safety checks such as water temperature monitoring and legionella prevention were carried out on a regular basis. Fire risk assessments were evident along with a record of fire systems, emergency lighting and fire alarm checks. Contingency plans were in place detailing steps to follow in the event of emergencies and failures of utility services and equipment. We found the premises to be clean throughout and free from any offensive odours. Personal protective equipment such as gloves and aprons were available throughout the home.

We looked at 10 care files to determine how the provider assessed and mitigated risk. Each file contained a clinical hotspots flash card which was used to alert staff or agency staff to risks they needed to be aware of. The card was filed at the front of the care file so it was visible to staff and detailed the risks and the section in the care file where the control measures were documented to mitigate the risks. Assessments were located in each section of the care file, to assess risks in that area, such as mobility and risk of falls, nutrition and cognition. We also noted person specific risk assessments had been generated for any issues not covered, for example due to being on blood thinning medication, as this could lead to bruising or an increase in bruising. Each person also had a personal emergency evacuation plan (PEEP), which explained the support they would need to evacuate safely. We saw action had been taken when risks had been identified, such as floor sensor and crash mats installed in bedrooms and additional observations introduced, for people at risk of falls.

Requires Improvement

Our findings

We looked at ten care files and saw each person had a Malnutrition Universal Screening Tool (MUST) in place; this is a five-step screening tool to identify adults who are malnourished, at risk of malnutrition or obesity. We saw the MUST had been completed and updated timely to reflect people's changing needs. We noted three of the six people, two of which resided on the Priory unit and one person on the Lowry unit were documented on the MUST as consistently losing weight up to the date of the inspection. Referrals had been made to dieticians in line with the MUST assessment score and the people had last been seen by the dietetic service in December 2017. The dietician had formulated a nutritional action plan which included; fortifying foods, offering high calorie snacks and milky drinks between meals to increase daily calorie intake.

We looked at the food and fluid records dated between 31 January to 06 February 2018 and found the food and fluids documented for the three people did not demonstrate the nutritional action plan was being followed. We saw there was no copy of the nutritional action plans within the food and fluid file for staff to follow and when we showed three staff the nutritional action plan for the three people, they told us they had never seen them before. During the inspection, we asked the nurse to photocopy the plans and put them with the food and fluid records for each person for staff to refer to. We checked this had been done prior to leaving the inspection. One staff member told us they had been worried about one person's weight loss and since we had showed them the nutrition action plan, the person was drinking their second glass of milk.

This was a breach of regulation 14(2)(4)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had not ensured staff had access and were following dietetic guidance to prevent unnecessary weight loss.

We were unable to look at more food and fluid records for the three people identified above, as the system used for archiving was not effective. As a result records prior to 31 January 2018 were unable to be found during the inspection.

At our last inspection, we identified concerns with one person's fluid restriction programme, as they had exceeded recommended amounts. At this inspection, we saw one person's care plan documented they required their fluids restricting to 2000mls as this was a medical requirement. It identified on the person's food and fluid record they required restricted fluids but the amount of the restriction was not documented to guide staff. We observed gaps in recording and no fluids had been documented between 29 January and 01 February 2018. We identified this with the home manager during the inspection to determine if there was a reason for this gap in recording. For example; a hospital admission. We were told the person had not been

to hospital and the home manager had no explanation for the gap in records.

We also found there were occasions in January 2017 when the records indicated the person had exceeded their recommended daily fluid intake. We found staff were recording they had given the person a litre jug of juice but also documenting each glass of juice taken from the jug on the fluid record. This made it appear the person had consumed two litres of juice when they were likely to have consumed one litre. We spoke to two staff to determine how the fluids should be recorded and received two different answers. This meant there was ambiguity between staff regarding how the documentation should be completed to ensure consistency and accuracy of recording.

This was a breach of regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because the provider had not ensured accurate, contemporaneous records were maintained.

During the second day of inspection we saw action had been taken to address the concerns noted with record keeping and adherence to nutritional plans. Food and drink intake charts now clearly stated on the front cover, whether the person required a modified diet, fortified diet, thickened fluids and how often they required weighing. Instant supervisions had been carried out with care staff regarding the completion of care documentation and care plans had been updated to ensure they contained most up to date information about people's nutritional needs.

We spoke with the chef regarding the management of specialist diets, for example people requiring soft or pureed diets. At our last inspection, we found there was some discrepancies between the information documented on the units and that detailed in the kitchen. At this inspection we found the information and documentation was consistent across the units and kitchen. We were satisfied people were receiving foods in line with speech and language therapy (SaLT) recommendations and that referrals were being made timely to manage the risk of people choking. We saw the chef experimented with piping and moulds to ensure foods of different consistencies were the same in appearance to normal food options so the food appeared appetising and people did not feel they were eating differently. We saw in the fridge and freezers there were texture modified foods (TMF), for example square sausages with skins removed that were steamed to enable people requiring softer diet options the choice of still having a cooked breakfast. There was also TMF bread to enable people to have sandwiches with soft fillings. The chef made dysphagia desserts; purifying fruits and constructing them to look appetising.

People we spoke with said the food was, "good, varied and tasty." We were told there was "plenty of it" and people could request alternatives if necessary. We saw the meals at the home were contracted from Ellior. Ellior was responsible for devising menus based on nutritional value, allergens and supplying the produce and ingredients to the home. However, we ascertained the foods were fresh and meals were prepared on site. This allowed for regional variations to be taken in to account and for meals to be adapted if they had not been received well by the residents. For example; the chef had noted pork and apple pie in a cream sauce had not been a favourite of residents so this had been adapted to a pork pie.

We looked at how the home cared for people at risk of skin break down and pressure sores. Care files contained a skin integrity section and associated care plan. We found Waterlow scores had been completed consistently. The Waterlow score is a tool used to assist in assessing the risk of a person developing a pressure ulcer. Body maps had been used to document any marks or bruising and wound assessment forms had been used when required, which had been reviewed every 72 hours with progress clearly documented. Where people had been identified as requiring pressure relieving equipment, we saw this was in place.

The people who lived at the home and their relatives told us staff had the knowledge and skills to provide effective care and were "good at their jobs." More than one person said, "I can't fault the staff, they always explain what they are doing." Observations also evidenced this, for example we observed a staff member defuse a situation where two people were getting very agitated, leaving both happily engaged in alternate activities. They also responded positively towards another person living with dementia, who persistently tried to access some discarded food. The staff member was confident, patient and deployed their training in dementia care, re-directing and guiding the person until they were settled.

We asked staff for their opinions of both the induction process and ongoing training provided by the home. One told us, "My induction involved training, shadowing and the homes procedures. The care certificate has been introduced since." Another said, "I'm doing care coach which comprises of face to face training and e-learning to support new starters to complete the care certificate." A third stated, "I've completed CHAP, safeguarding, dignity, wound care. Dementia training- DCF accredited. The training is good. We've recently had additional moving and handling which was completed individually and assessed."

We saw evidence that the Care Certificate was in place for people without a background or experience in care. The Care Certificate was officially launched in March 2015 and employers are expected to implement the Care Certificate for all applicable new starters from April 2015.

Staff provided us with mixed feedback regarding the completion of supervision. One staff stated, "Had quite a few supervision meetings through CHAP training and an appraisal at least annually." Another said, "We weren't getting supervision regularly. The last manager was not good at things like that. The current manager has done supervision and it feels things are getting on track. I've had an appraisal." Whilst a third told us, "I last had supervision about nine months ago. Managers have only been here one or two days so it didn't get done. I think the manager now is starting to work through them."

The home had a matrix which listed all staff and dates of completed supervisions. We saw all staff had completed between one and two supervisions, so far in 2018, which is in line with the provider's policy. However we noted the matrix did not separate out group supervisions, when specific issues related to practice had been discussed and personal supervision, where staff are able to talk about themselves and discuss goals and objectives.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Copies of application forms and subsequent decisions had been stored in people's care files. A matrix had been used to monitor all applications and their outcome. We saw evidence Lasting Power of Attorney (LPA) had been documented, to ensure where people lacked capacity, the person making decisions on their behalf was legally entitled to do so. We also noted best interest meetings had been used to make decisions on behalf of people who lacked capacity to do so. Staff we spoke with confirmed they had received training in MCA and DoLS and had an understanding of both.

During the inspection we checked to see whether consideration had been given to ensuring the home was

dementia friendly. We saw corridors had plain wood flooring, neutral coloured walls with contrasting handrails, which would make it easier for people to locate these. Bedroom doors had been painted to resemble front doors, with some also containing large pictorial signage to indicate it was a bedroom. We saw additional pictorial signage to identify bathrooms and toilets. Walls throughout the home were decorated with old fashioned pictures and memorabilia, which would act as remembrance items for people.

Good

Our findings

Both people living at the home and their relatives, spoke positively about the care and support provided by the staff. One person told us the staff had "always been nice to me", whilst another said, "Staff help me out of bed, they pop-in my room to say hello and are always good with me". A relative informed us that, "Staff are very nice, kind, approachable and helpful. " Whilst another stated, "Staff are very kind with Mum." It was apparent from the inspection, visits from relatives and friends was encouraged. Relatives we spoke with reported always feeling welcome at the home, regardless of the time of their visit and were always offered refreshments.

We looked at how the staff maintained people's dignity and respect. At the time of inspection the home had seven dignity champions. A dignity champion is someone who believes passionately that being treated with dignity is a basic human right. They strive to ensure care provided is compassionate, person centred and efficient. A photograph of each dignity champion was displayed on an information board in the entrance area. We noted dignity meetings had been held quarterly, during which ways to ensure dignity was maintained and how to improve in this area had been discussed.

Staff we spoke with had a good understanding of the importance of maintaining people's dignity and how to ensure this was done. One told us, "We've had training sessions and meetings regarding maintaining people's dignity. We Knock on people's doors before entering, speak to people with respect and communicate effectively." Another said, "By treating people as individuals and according to their choices. When providing personal care make sure you draw the curtains, cover their body with a towel." A third stated, "Ensure curtains and bedroom doors are shut before supporting personal care. When supporting with bed wash, top to tail and make sure they are covered and not exposed. Always wear PPE and show you care to put people at ease with you."

A relative also commented on staff's ability in this area, telling us, "Mum's clothing and appearance is maintained to a high standard, which is important for her dignity and her preference".

Over the course of the inspection we spent time observing the care provided in all areas of the home. We observed staff to be attentive, caring and extremely kind. Staff knew people by their first names and showed an enormous amount of empathy for them. We saw one staff member get a fleece blanket for a person because they were sat next to the window. We later saw warm blankets given to other people, due to the weather outside being cold. Whilst in the dining room supporting breakfast, a carer noted the sun was shining in a person's eyes, they checked with the person first and then shut the curtains explaining to people

why she was doing it.

On another occasion a carer suggested we observed a staff member supporting a person to eat their lunch. This person was unable to communicate verbally, however a visual aid language was used effectively, to ensure communication was supported. The staff member was observed to be patient providing reassurance and encouragement throughout, whilst also promoting the person taking responsibility for feeding themselves as much as possible.

Each staff member we spoke with displayed an awareness and understanding of how to promote people's independence. One told us, "Encourage people to eat and drink their own meals and provide assistance if needed. Encourage people to mobilise and don't use wheelchairs for convenience. Give people the face cloth to wash themselves and encourage the toilet." Another said, ""Show the person clothes to choose themselves and assist them with taking their own clothes off and putting clean clothes on. See what people can do for themselves and assist." Whilst a third stated, "I encourage people to put their own slippers on. I put the hairbrush in their hand, so can comb their hair, same with the toothbrush. I also let people choose their own clothes. It's about making sure they carry on doing what they can for themselves."

We saw care files captured information about people's religion, relationship history and preferences, including whether they had a spouse, civil partner or partner. We saw consideration was also given during the compilation of the care file in capturing people's faith or religious needs and how or whether they wished to actively practice their religion. Staff were mindful of the importance of catering for people's diverse needs, whether these be sexual, spiritual or cultural. We saw the kitchen catered for a person from another country, preparing meals they enjoyed, rather than these be brought in by family members. Another person told us they enjoyed the food, but would like to have some traditional dishes from where they were born. We mentioned this to a staff member who said the home had theme nights for different cuisine's and this would be added as an option.

Good

Our findings

People living at the home told us the service they received was responsive to their needs and were able to make choices about how they lived their lives. One person told us the staff were good to them and whilst they needed assistance to get out of bed said, "I suit myself what time I get up, I like to have a lie in." A relative informed us their family member's health had declined and as a result had asked if activities could be stepped down. The relative said he home had responded to their request but still found ways to ensure her family member remained engaged, through hair and nail care, listening to music and being part of sing-a-longs.

During the inspection we looked at 10 care files and saw pre-assessments, completed prior to admission had been completed for each person and stored at the back of each file. These provided useful information about each person's needs, choices and abilities. We noted consultation had taken place with the person, their family as well as professionals involved, such as social workers.

We saw evidence of a person centred approach within the care planning process. The home was in the process of implementing new documentation, entitled 'my choices- me and my care', which was a booklet the person and/or their relatives would largely complete, which provided a range of detailed person centred information about the person, their background and life history as well as how they wanted to be cared for.

Staff were also mindful of the importance of providing person centred care and had a clear understanding of what this meant. One told us, "It's about dealing with that individual, in that moment in time, in a way they want to be cared for." Another said, "If [name] doesn't want their hair washing, that's their choice, being person centred is about respecting a person's needs and wishes."

We saw each care file contained 16 sections which included capacity, medication, mobility needs, nutrition, hygiene, cognition, specialist needs and end of life. Key additional documentation was stored at the front of the file for easy access and to ensure it was noticeable. This included Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms, LPA, DoLS and dependency information, along with daily notes and professional communication records.

Within each section of the care file was a care plan related to that area. Each care plan looked at the person's assessed needs and expected outcomes of any planned interventions with additional information recorded as required. We saw each new or updated entry to the care plan had been signed and dated by a staff member. A separate monthly review form had been used to document completion of care plan reviews.

We noted people, or a named person, such as next of kin had been involved in the review process. From looking at the review forms it was apparent updates or changes in care had been recorded on this form, rather than the care plan itself. This meant staff would have to read the care plan and review records to ensure they were providing the correct care.

Completion of care plan reviews was monitored via a monthly care plan tracker. We noted information contained within care file review forms, tallied with the information on the trackers, which demonstrated the home had an effective system of ensuring care plans remained up to date and accurate.

As part of the inspection we looked at the activity programme provided by the home. The home employed two activity co-coordinators, who were responsible for an allocated floor each. People we spoke with were happy with the activities provided and relatives told us the home had responded positively to changes they had requested, such as trying different activities or reducing the amount their family member completed.

We saw posters on both floors of the home advertising upcoming activities and events, which included a company who sold clothing, which catered for people unable to leave the home to do so, flower arranging, pancake day, valentines party, Chinese new year and music therapy session. We saw that family members and friends were welcome to attend any social events on the unit.

During the course of the inspection we observed the activity coordinator engaging people with flower arranging and painting. We noted there were areas in the home where laundry and costumes were hanging for people to be more physically active as well as to act as memory aids.

At the time of inspection, the hair and beauty room was open and there was a constant flow of people having their hair and nails done. There was a positive atmosphere both within and around the salon, with music playing, constant chatter and laughter.

We asked staff if they felt people had enough to do during the day. It was apparent from their feedback, the new home manager had made improvements in this area, including the allocation of a co-ordinator on the upstairs unit. One told us, "Was one of my main issues. Downstairs loads was goes on, but not much happened upstairs. Now we've got a new activity lady on here, it's changed a lot since [manager] has been here."

People living at the home we spoke with told us they could speak their mind and would channel any positive or negative comments to a member of staff. They were each able to name the members of staff they would talk to. Relatives told us they had seen the formal procedure of raising concerns kept in the reception area and felt there was an open culture of feedback. The homes 'you said...we did' board evidenced this view. The home listed comments, issues or complaints raised by people and relatives along with what action had been taken to address these. Recent examples including a bedroom refurbishment project, after comments about the décor and a new menu being introduced with input from people living at the home, following some comments about meal provision.

Staff were aware of how to handle any concerns or complaints made to them. One told us, "I would try to resolve there and then if I could. If not possible, I'd inform nurse or manager." Another said, "Always apologise and try and rectify the concern at the time. If I can't, I'd take it to the manager. I could also take it to the regional manager if needed."

We saw a complaints file was in place, which each complaint received being recorded on a concerns and complaints log which included the date complaint had been received, who raised the complaint details of

the complaint or concern and the action taken. The home had also received a number of compliments including cards and letters, which were on display around the home. One relative had recently given the home flowers and sparkling wine in recognition of the care given to their family member.

We looked at the management of end of life provision within the home. Care files contained a section for end of life care. We saw evidence one person's care plan had been updated to reflect a change in their situation, this included the involvement of a palliative care nurse. We noted statement of intents had been issued to two people, with these being sorted at the front of their care files. We spoke to the manager who told us there was nobody at end of life at that time. We were informed the people who had been issued with statements of intent had "rallied" and they no longer considered them to be at end of life.

We looked at the training provided to staff. Five staff currently employed had completed 'Six Steps' training, with additional staff enrolled on the course, provided by a local hospice, which was due to commence on the day of inspection. A staff member told us, "I've enrolled on six steps and they were coming today but it's been re-scheduled due to the inspection." Another said, "I've done e-learning. Some staff have completed six steps and other staff start this course tomorrow."

Requires Improvement

Our findings

At the time of our inspection there was not a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like the registered provider, 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. The current home manager had only recently commenced the role on a permanent basis and was in the process of applying to register with us.

Due to the fact that we identified breaches of the regulations within other domains (safe and effective) the well-led key question can only be rated as requires improvement.

At the time of inspection the home manager was being supported by the acting regional support manager, as well as the regional manager. Prior to the new manager taking up the post, running of the home had been split between existing managers from other homes owned by the provider as well as regional managers. Staff told us they had found this difficult, due to not having a consistent presence in the home or one person they could go to, however felt things had much improved since the home manager took charge. One staff member told us, "It's been very unsettled as we have had several managers overseeing the home who have all wanted things doing their own way. I've every faith in the current manager. They are very supportive and we are going in the right direction to get this home on track."

We asked staff about the culture within the home, again they spoke positively about the impact the new manager had had. One told us, ""I feel supported by the manager. A lot more staff are being listened to and things being acted on. When you brought things up with last manager, didn't feel things happened. Staff are a lot happier. Feel more security." A second said, "I love it here, now that [manager] is here it's much better and I feel well supported." A third stated, "It feels like the new manager is on board. They are on the corridors a lot and visible." Whilst a fourth added, "The new manager encourages us to come to them and have a rant in their office if we need to get things off our chest."

We saw the provider had an internal awards system entitled 'RoCK', which stood for recognition of care and kindness. People living at the home and their relatives could vote submit a nomination via an online system. The Lowry unit had been received a certificate due to being nominated in recognition of their hard work and dedication.

The home had a number of auditing and quality monitoring systems in place. These included the use of the

Thematic Resident Care Audit (TRaCA), which is a system designed by the provider. TRaCA's were carried out in a number of areas. The regional manager also completed a TRaCA which covered all areas of service provision and checked internal audits and processes had been completed by the manager.

The manager had to provide twice monthly reports to the provider, which were called 12th and 25th reports, based on the dates for submission. These covered a range of areas such a wound care and analysis, training completion, hoist and sling register, bed checks, staff file checks staffing levels and dependency, dining experience and night visit feedback, which involved unannounced visits during the night to check on practice.

The service also had an electrical 'quality of life' (QOL) system in place. This was an online tool designed to gather information around the quality of the service and obtain feedback from people, their relatives and visitors. This system was used to audit a number of areas including the daily walk round; which looked at whether the home was clean and tidy, the quality of care, staff engagement with people and spot checks of documentation and practices, medicines management, health and safety and housekeeping. QOL 'heat maps' and action plans had been generated to report on and address any issues noted.

From reviewing the auditing and quality monitoring systems in place, we noted these had identified some of the issues we found during inspection such as wheelchairs and hoists being stored in bathrooms. During a night visit in January 2018, the manager conducting the visit had spoken with staff about the correct completion of fluid balance charts and ensuring these captured the correct amount of millilitres each person had consumed over a 24 hour period. Although these issues had been noted, the identified action points had yet to become embedded into practice.

We saw that relative, resident and staff meetings were all to be held quarterly. Relative meetings, which people living at the home could also attend, had been held in line with company policy, although no 'resident only' meetings had been facilitated since the last inspection. We noted attendance at the relative meetings had been variable, with nobody turning up for one of these. The home manager told us they were keen to promote and encourage improved attendance at future meetings, which were advertised in advance.

In regards to staff meetings, we received mixed feedback from the staff we spoke with. One told us, "No, not since I have been here." Another stated, "I have been to one meeting which was for all staff. This was about the time [manager] was appointed." Whilst a third said, "Had a staff meeting a couple weeks ago. The new manager had one with staff as well as a residents/relative meeting." Staff also told us they had daily meetings, where lots of information was discussed. For some these served as a 'staff meeting'. One staff member said to us, "We have daily flash meetings, we go through everything during these."

As with the audits, we noted from looking at meeting minutes, issues we identified during the inspection had been noted and discussed with staff. This included manual handling processes and bad practice, including not using the 'drag lift', managing nutrition, recording and monitoring of food, fluids and fortified diets.

The home had policies and procedures in place which were updated at provider level. This helped to ensure current, up to date, guidelines were being followed. Policies covered a range of areas including safeguarding, whistleblowing, medicines management, complaints and infection control.

Providers are required by law to notify CQC of certain events in the service such as serious injuries, deaths and safeguarding related issues. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service.

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured the proper and safe management of medicines and ensured manual and person handling procedures had been carried out safely and in line with current legislation and guidance.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs The provider had not ensured staff had access to and were following dietetic guidance to prevent unnecessary weight loss.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured accurate, contemporaneous records were maintained in relation to fluid monitoring.