Abbey Healthcare (Farnworth) Limited

Farnworth Care Home

Inspection report

Church Street
Farnworth
Bolton
Lancashire
BL1 8AG
Tel: 01204 578555

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Farnworth Care Home is a three storey purpose built home off the main street in Farnworth town centre. The home is registered to provide nursing, residential care and care for people living with dementia. The home is registered to provide care for 120 adults, all rooms are single occupancy with en-suite facilities.

This was an unannounced inspection that took place on 21 October 2015. There were 113 people using the service on the day of the inspection.

We last inspected this service on 19 August 2013. At that inspection we found the service was meeting all the regulations we reviewed.

The home had a manager registered with the Care Quality Commission (CQC) who was present of the day of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Staff were very confident regarding safeguarding issues. Staff spoken with were able to demonstrate their understanding of the whistle-blowing procedures and they knew what to do if an allegation of abuse had occurred or poor practice observed.

We found that people were cared for by sufficient numbers of suitably skilled and experienced staff who were safely recruited. We saw that staff received the essential training and support necessary to enable them to do their job effectively and care for people who used the service safely.

People who used the service and their relatives told us they felt the staff had the skills and experience to meet their needs. People who used the service told us they were happy with the care and support they received and spoke positively of the kindness and caring attitude of the staff.

We found the systems for managing medicines were safe and that people who used the service received their medicines in a safe and timely manner.

We saw the service worked in cooperation with other health care professionals ensuring that people who used the service received appropriate care and treatment.

We found that systems were in place to maintain the safety of the premises. All areas of the home were clean and well maintained. Policies were in place to help prevent and control the spread of infection.

We saw systems were in place in case of any emergency that could affect the running of the home and the wellbeing of people living at the home and staff working at the home.

People's care records contained detailed information to guide staff on the care and support people required. Risks to people's health and well-being had been identified and plans were in place to help reduce any risks. People who used the service and/or their relatives were involved and had been consulted about the care records. This helped to ensure that the wishes and preferences of people were considered and acted on.

Appropriate arrangements were in place to assess whether people were able to consent to their care and treatment. The provider was seen to be meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DOLs); these provide legal safeguards for people who may be unable to make their own decisions.

People who used the service were provided with a varied nutritionally well balanced diet and suitable hydration was offered. The home received regular fresh food supplies.

The provider had systems in place to help ensure that people received safe and effective care. Regular checks were undertaken on aspects of running the home. Meetings with people who used the service, their relatives and staff were held so people were able to comment of the quality of the service provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Suitable arrangements were in place to help safeguard people from abuse. Staff were able to tell us what action they would take if abuse was suspected or witnessed.

Sufficient suitably trained staff, who had been safely recruited, were available at all times to meet people's needs.

Risk assessments were in place for the safety of the premises. People lived and worked in a clean, secure, safe environment that was well maintained.

The medication system was safe and people received their medicines in timely manner. The care records showed that risks to people's health and well-being had been identified and plans were in place to help reduce or eliminate the risk.

Is the service effective?

Good

The service was effective.

Appropriate arrangements were in place to assess whether people were able to consent to their care and treatment. The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DOLs).

People were provided with a choice of nutritious food and drink to ensure their health care needs were met. Food was presented in an appealing manner including the pureed diets.

Staff received sufficient training to allow them to their jobs effectively and safely and systems were in place to ensure staff received regular supervision and support from the management.

Is the service caring?

Good

The service was caring.

The staff had a good understanding of the care and support that people required.

We saw that people who used the service were treated with dignity and respect and staff attended to their needs in a discreet and sensitive manner.

People who used the service spoke of the kind and caring attitude of the staff.

Staff had undertaken specialised training to help care for people who were very poorly and needed end of life care.

Is the service responsive?

Good

The service was responsive.

The care records contained detailed information to guide staff on the care to be provided. The care records were regularly reviewed to ensure the information in them reflected people's current support and care needs.

Summary of findings

The provider had good systems in place for receiving, handling and responding appropriately to any complaints.

In the event of a person being transferred to hospital, a 'hospital passport' accompanied them. This provided important information about the person, their medical needs and emergency contact details. This was to help ensure continuity of care.

People looked well cared for and there was specialised equipment in place to meet their specific individual needs.

Is the service well-led?

Good

The service was well led.

Systems were in place to assess the quality of the service provided.

Staff told us they experience positive working relationships and felt that management responded well to the needs of staff and to people who used the service. Relatives and staff told us they felt included and consulted with.

The management and staff worked well with other healthcare professionals.

Incidents and risks were monitored to help ensure people were cared for safely.

Farnworth 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 checked 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 21 October 2015 and was unannounced. The inspection team comprised of three adult social care inspectors from the Care Quality Commission, a specialist professional advisor (SPA) who was a registered nurse 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.

Before this inspection we reviewed the previous inspection report and notifications that we had received from the service. We also contacted the local authority commissioners of service, Bolton Infection Control team and Bolton Healthwatch to seek their views about the home. Prior to our inspection we were provided with a provider information return (PIR); this is a document that asked the provider to give us key information about the service, what the service does well and what they improvements they are planning to make.

During the inspection we spoke with ten people who used the service, nine visitors, the chef, 14 members of staff, the deputy manager and the registered manager. We did this to gain the views about the services provided.

We looked around of the home, observed how staff cared for and supported people, looked at nine people's care records, 20 medication records, four staff recruitment files, the training matrix and records about the management of the home.

Good

Is the service safe?

Our findings

One person who used the service told us, “I feel safe because there’s always carers near me”. Another person said, “I have been here for a few years. I feel safe because there is people around I can speak with”. A third person said, “I didn’t know anything about this place before I came here but I feel safe because they do look after me well”. Relatives spoken with told us, “My [relative] does get good safe care here”. Another said, “My [relative] is safe here, they have special mattress and sides on the bed, both of which protect them”. Another said, “My [relative] has been here for several years, I have never seen anything untoward and I visit three times a week”.

We look at staffing rotas and observed care on the day of the inspection. Rotas, observations and discussions with people who used the service, visitors and staff showed there were sufficient suitable experienced staff available to meet people’s needs.

We looked at four staff personnel files and saw a safe system of recruitment was in place. This system was robust and helped to protect people from being cared for by unsuitable staff. The files contained a completed application form, written references, proof of identification, a job description and terms and conditions. Checks had been carried out with the Disclosure and Barring Service (DBS). A DBS check identifies people who are barred from working with vulnerable adults and informs the provider of any criminal convictions against the applicant.

We saw that suitable arrangements were in place to help safeguard people from abuse. The training matrix showed us that staff had received training in the protection of vulnerable adults. Appropriate policies and procedures were in place for safeguarding people from harm. These provided guidance on identifying and responding to the signs and allegations of abuse. Staff spoken with were very confident about what constituted a safeguarding concern and confirmed they had received training on commencing working at the home and had attended regular refresher training.

Staff had access to the whistle-blowing procedure (reporting of unsafe or poor practice). Staff spoken with knew who to contact if they felt their concerns would not be listened to by the management of the home.

We looked around most areas of the home including bedrooms, bathrooms, toilets, lounges and the dining areas. The home was found to be clean and there were no unpleasant odours. One person who used the service told us, “I think it’s clean here, it’s warm enough, I am never cold. There is enough space for me to walk around comfortably”.

We found the home was well maintained and safe. Risk assessments were in place for the general environment and policies and procedures were in place with regard to health and safety regulations. The records showed that the equipment and services within the home were serviced and maintained in accordance with the manufactures regulations, for example the use of bedrails, small electrical equipment (PAT testing) and fire equipment and water temperatures. This helped ensure the safety of people who used the service, staff and people visiting the home.

In the event of an emergency we saw a contingency plan was in place. We saw that each person had a personal emergency evacuation plan (PEEPs) in place in the care records and an emergency ‘grab file’ was available in the reception area.

We saw infection control procedures were in place. Prior to our inspection we contacted the Bolton Infection Prevention and Control Team who completed a controlled audit at Farnworth Care Home on 27 July 2015. We were told by the team that the registered manager was co-operative and receptive at the time of audit, and provided an updated action plan around the recommendations made which referred to updated catheter care and some of the cleaning schedules. We were made aware that further training for all had been booked for Thursday 22/10/15, and a further audit on 20/11/15 to check against the action plan. We saw that staff had access to protective aprons and disposable gloves and hand gels were available. Toilets and bathrooms were equipped with liquid soap and papers towels. This helped prevent risk and spread of infection.

The care records we looked at showed that risk assessments to people’s health and well-being, such as poor nutrition and hydration were in place. There was evidence in the care plans of wound care management and regular reviews of the wound care detailing the location of the wound and the progress of the healing and what

Good

Is the service safe?

specialist equipment was in place including profiling mattresses, pressure relieving cushions and wound dressings. We saw that turning charts had been fully completed by both day and night staff.

We looked at the medication system in place and found that the provider had safe arrangements in place for managing people's medication. We checked twenty medication administration records over the different units. We saw appropriate arrangements were in place for the recording and administration of medication. Medication administration records (MARs) sheets had been completed correctly and there were no omissions of the staff signatures. Where medication was "prescribed when needed" (PIR) or only required in specific circumstances, individual protocols were seen. The protocols gave administration guidance to inform staff when this medication should and should not be given. This ensured people were given their medications when they needed them and in a way that was both safe and consistent. We saw on two of the units, medication was administered by a nurse. On the residential unit we confirmed that only the senior care staff who had been trained and passed their competency tests administered people's medication. Medication no longer required had been returned to the pharmacy for safe disposal. Regular checks were carried out to ensure that an audit trail of all medication received into the home was accounted for. A medication audit was conducted weekly to look at a quarter of the MAR sheets on each unit, to check that medication was being administered appropriately. The controlled drugs book was in good order and medication was clearly recorded and accounted for.

Good

Is the service effective?

Our findings

People told us the staff had the right skills and experience to meet their needs. Comments included, "The staff are well trained", and "My [relative] has not had to wait for any attention, the staff are always around". One person who used the service told us, "I am happy here the girls [care staff] are really good, I have nothing to worry about".

One relative told us, "We were recommended by friends that this was a good nursing home to check out. I contacted the manager who came and assessed my [relative] needs and arranged for them to be admitted here. The manager came to assess whilst I was there and discussed my [relative's] needs with me. My relative also contributed to the assessment and arranged the day of admittance with them. The manager also contacted the staff with information before my [relative] was admitted. We have seen the care plan contributed to it and signed it".

We asked a senior member of staff how they ensured people's needs and preferences were met. We were told that a detailed pre admission assessment was completed before people were offered a place at the home. The assessment was completed at the most suitable place for the person either at their own home or prior to discharge from hospital. The assessment was completed to make sure the home and staff could meet the individual's needs and preferences.

We saw that staff completed an induction programme on starting to work at the home. It contained information to help staff understand what was expected of them and what needed to be done to ensure the safety of the staff and people who use the service. We were provided with a copy of the staff training matrix. It showed staff had received essential training necessary to safely care for and support people using the service. Staff spoken with confirmed that they had completed training by e learning and in house and external training to allow them to do their jobs effectively.

We saw that staff had received regular supervisions and annual appraisals with senior staff and managers. Supervision meetings help staff to discuss any concerns they may have, their career development and their day to day work. One member of staff told us, "I have regular supervisions and appraisals, they are useful".

We asked the registered manager to tell us what systems were in place to enable people to give their consent to their care and treatment. We saw in the care files we looked at that consent for all aspects of care and treatment was evident. We saw that the home had policy on obtaining consent to care and treatment which included reference to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DOLs) and Do Not Attempt Resuscitation (DNAR). The people we spoke with told us they were able to make decision about their daily routines and were able to give consent to the care and support they required. Comments included, "Staff help me wash in a morning and ask me what clothes I want to wear". Another said, "I get up when I am ready and go to bed when I want". A relative told us, "My [relative] cannot make decisions for themselves. The staff know [relative] well and their likes and dislikes. The care is excellent; my [relative] is always clean and tidy".

From people's care records and our general observations it was evident that some people were not able to give their consent to their care and treatment. We asked the registered manager to tell us how they ensured the care was provided in people's best interest. We were told that if an assessment showed the person did not have capacity to make decisions then a 'best interest' meeting would be arranged. A 'best interest' meeting is where other professionals, and family where appropriate, decide the best course of action to take to ensure the best outcome for the person who used the service.

We asked the registered manager to tell us what they understood about the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

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.

We looked at the Deprivation of Liberty Safeguards (DoLS) applications and authorisations. These are applied for when people need to be deprived of their liberty in their own best interests. This can be due to a lack of insight into their condition or the risks involved in the event of the individual leaving the home alone. Records we looked

provided evidence that the registered manager had followed the correct procedure to ensure any restrictions to which a person was unable to contest were legally authorised under the DoLS.

It was clear from what the manager told us that they had a good understanding of the importance of determining if a person had the capacity to give consent to their care and treatment. Staff spoken with also had a good understanding of capacity issues, people with fluctuating capacity, MCA and DoLS.

The Care Quality Commission is required by law to monitor the operation of the DoLS and to report on what we find. The service had DoLS in place where appropriate and had consulted with other professionals to assist them when required, for example during periods where people displayed behaviours that challenged the service.

We looked to see if people were provided with a nutritious and well-balanced diet with a variety of food to ensure health needs and preferences were met. We saw that breakfast was served on a flexible basis so people could get up at time that suited them and have breakfast when they were ready. We saw people still having breakfast at 10.45 am. People were offered a choice of cereals, toast and conserves or a cooked breakfast if they wished. A lighter lunch was served with the main meal of the day being served late afternoon. We saw that the dining tables on each floor were nicely set and people were encouraged to dine together making meal times a sociable experience. For some people they wished to dine in the privacy of their own room, this was also acceptable. We saw that menus were available both in a written and pictorial format to help people select their choice of meal. People we spoke with told us, "The food is very nice, I like tea and toast and I like the soups for dinner, we have a cooked meal for tea". Another said, "The food is excellent really. I am not a fussy eater, I don't leave much". A relative spoken with said, "I think my [relative] gets enough to eat and drink and my [relative] has told me the food is good. Staff tell me when my [relative] has been weighed; my [relative] doesn't seem to be losing weight. A member of the inspection team joined people who used the service for lunch. This was found to be a pleasurable experience. They said the soup was homemade and tasty and there was a choice of sandwiches followed by dessert. An alternative meal was available. One relative spoken with told us, "Staff give [my relative] as much choice and control over [my relatives] life, for instance [my relative] fancied a glass of wine with their lunch today. Staff listen and act on how they want to be cared".

We spoke with the chef about food stocks and deliveries. The chef confirmed that fresh food was delivered throughout the week and that there was an ample supply of food within the home. We asked the chef about special diets such as pureed diets. The chef told us that the each part of the pureed diet was blended separately and presented the same as other people's meals. For example pureed carrot was blended then presented looking like a carrot. We saw photographs of pureed meals the chef had produced, for example, lasagne, which was presented in pureed layers that looked like the lasagne, offered to other people. The chef had also pureed baked beans and moulded them back by hand to look like regular baked beans. The registered manager told us that one person who used the service told the staff they could not have a particular meal as they required a pureed diet. The staff reassured this person that they were being offered a pureed meal, but the way the meal was served had made them believe it was the same as other people's regular meals.

We observed that drinks and snacks were offered throughout the day and people could help themselves when required.

The registered manager told us that some people were on food and fluid monitoring charts. We saw evidence of this and found the charts had been completed and were accurate. We saw if required people had been referred to the dietician or their GP if a risk was identified. The home had a '5 Star Food Hygiene Rating' from the local environmental health office.

The care records we looked at showed people had access to external health and social care professionals such as GPs, community nurses, specialist nurses, opticians and dentists. We found that one of the registered general nurses (RGN) was a specialist in management of diabetes and provided advice and support to people who used the service. The kitchen staff had also received training in meeting the nutritional needs of people with diabetes and this was evident from our discussions with them. Dietary advice had also been provided from the dietician. There

Good

Is the service effective?

was detailed evidence in the records we looked at for the people with diabetes to alert staff to the symptoms of hypo/hyperglycaemia and how to deal with this should the situation arise.

We discussed with one of the unit managers about percutaneous endoscopic gastrostomy (PEG) feeding. This is a procedure where people who cannot tolerate a normal diet are fed through a tube in to the stomach. We were told at the time of our visit no one was requiring a PEG, however it was evident that unit manager was well aware of the requirements regarding the management of PEG feeds and was booked in for refresher training.

The home cared for people living with dementia. We saw the home had appropriate signage to help people orientate around the home. The home was well lit with both natural and electric lighting which is an important aid for people with dementia. To assist people who required prompting to find their bedrooms reminiscence aids were on people's doors and memory boxes with items that had been of particular interest to them. Bedrooms doors were painted different colours from bathroom and toilet doors to help with recognition. We noted that the pictures on the walls of the home were of places of local interest and of the surrounding area which may be recognisable to some people living at the home.

The layout of the building and the corridors offered wide enough space to allow people to move freely and safety around the home with the use of walking aids if required.

Good

Is the service caring?

Our findings

People who used the service were very complimentary about the staff and the care they received. Comments included, "The staff are very nice, I like them, they know what I like and don't like. Sometimes the staff sit and chat". Another said, "My bedroom door is never locked, I don't want it locked. Staff knock and come in to ask me what I want. Staff respect my dignity and privacy". A relative told us, "Staff do listen to [my relative] and know how to handle their outbursts. Staff are kind and considerate. They treat [my relative] with dignity, they always knock on the door". Another relative told us, "The staff have the nursing skills to care for my relative at this end of life stage of their care. The staff are kind and caring; they sit and involve us with the care provided. They respect our privacy and keep the bedroom door closed when we are here".

We observed that staff approached the people who used the service with kindness and dignity. We saw that if people required assistance with their meals that this was done in a discreet and sensitive way. Any personal care was attended to in the privacy of people's own rooms with the door closed.

We saw that people were nicely groomed, well cared for and wore clean and appropriate clothing. People's preferences were taking into consideration for example whether people wanted a shower or a bath and how many times a week. Ladies who wished to wear makeup and could not do this for themselves were assisted as were gentleman who needed help with shaving.

Visitors told us, "I couldn't wish for a better place; my [relative] is treated with respect and with humour". Another visitor told us, "All the staff, from the manager down are so kind, compassionate and caring". People told us they could visit at any time and they were always made welcome and offered refreshments on arrival. People who used the service could entertain their guests in the communal areas or in the privacy of the own rooms. We saw in the care files we looked at that there were invitations to relatives for them to attend reviews (where appropriate) to discuss the care their relatives received and if any changes to the care plan were necessary.

We asked the registered manager to tell us how staff cared for people who were very poorly and nearing the end of their life. The home used the Gold Standard Framework (GFS). This is a framework to enable a gold standard of care for all people nearing the end of life. It enables people to live well until the end of their lives at the home, if this is their preference and to be cared for by people they know and that know them.

We were told that staff had received training in palliative care (care for people nearing the end of their life) and that the unit manager was the Palliative Link Nurse for the home. We saw that people who required palliative care who used the service were coded to maintain confidentiality this was an adapted version of the Liverpool Care pathway (a planned pathway covering palliative care options for patients in the final days or hours of life). We found the care records we looked at had been reviewed monthly or sooner if necessary. Care plans also contained information with regard to any equipment needed to ensure people's comfort, how to maintain oral healthcare, pressure care and keeping people pain free. Nursing staff were trained in setting up syringe drivers (for pain relief) and the unit manager was the trainer for staff at the home in the use of this equipment. Staff had received training annually in the use of syringe drivers.

We saw documentation that showed people's spiritual and religious needs were respected at all times.

There was evidence of appropriate Do Not Attempt Resuscitation forms in place, these were in date and had been completed accurately, signed and reviewed.

The home had good links with the Macmillan nurses who offered support at the home and were contactable by telephone for advice and support.

We asked the staff about how they offered urinary catheter care. We found that all the nursing staff and the care staff were trained in catheter care. Discussion with one of the care staff provided evidence of their knowledge of the management of catheters. There was good documentation in the care files regarding the type of catheter required, fluid balance charts and when the catheter required changing. If a person was admitted to the home with a catheter in place the GP was contacted to obtain a supply of the person's particular catheter type.

Good

Is the service responsive?

Our findings

People who used the service told us that staff responded well to their needs. Comments included; "I'm really well cared for "another person said, "If I am not well they get the doctor out to see me, they [staff] are good". A friend who was visiting said, "It's hard to see my friend like this but the staff are wonderful and so very caring, which is nice for me and the family to know".

We looked at the care records and saw that there was good information about people's social and personal care needs. People's likes, dislikes, preferences, routines and behavioural triggers and a social history had been incorporated into their care plans. We saw the care records were reviewed regularly to ensure all the information was current and reflected the person's care and support needs. We saw evidence in the care records to show that either the person who used the service and/or their family had been involved in the care planning and decision making.

In the event of a person being transferred to hospital, a 'hospital passport' accompanied them. This provided important information about the person, their medical needs and emergency contact details. This was to help ensure continuity of care.

We looked to see what activities were provided for people. We saw that activities plans were displayed on each floor. On the day of our visit the home was decorated with bunting and Halloween decorations. The home had two activities coordinators who planned a range of activities for people who used the service taking into account people's ability and interests. One person told us they had played bingo and the prize was tea and cake at the café across the road. Another told us they had won at bingo and got a box of chocolates. We saw there was a range of daily newspapers and magazines. There was a big screen for people to watch movies and a karaoke machine for sing –a-longs. People played dominoes and could help baking cakes and biscuits. There was also a gardening club for people who used the service to work alongside the staff. One person told us, "I enjoy the quizzes". Another person told us they had been to Bolton town centre on the bus. Another person said, "I don't really take part in the activities, I like staying in my room watching television". A relative spoken with said, "There's lots of activities going on. Recently they brought a donkey in to the home and last week they were making pumpkin faces". We were shown the records of activities file; one was available on each floor. This showed us who had taken part in the activity and whether the activity had been a success.

For people who were mainly cared for in bed one day a week was set aside for staff to spend more time with them in their rooms.

We were told that people from the church visited the home for a church service and the church had also organised events at the home, for example carol services.

On the ground floor there was a bar area with bar stools and tables and chairs for people to sit and enjoy a drink with their friends and family.

Staff told us they had enough equipment to meet people's needs. We saw that appropriate equipment and adaptations, such a wheelchairs, crash mats, bed sensors, hoists, grab rails and special mattresses were available to promote people's safely, comfort and independence.

The complaints procedure was displayed and we saw the provider had a clear process with regard to responding to complaints and concerns. People we spoke with told us they would feel able to raise concerns with any of the staff and the management and that these would be dealt with swiftly and effectively. At the time of our visit there were no outstanding complaints.

There was a range of compliment cards. Some of the comments included; 'Thank you so much to you all for the loving care you gave to [relative]. Difficult times are made so much easier when surrounded by professional and efficient caring people' and 'Thank you for your kindness and care. You made the last few weeks happy and comfortable allowing [relative] to keep their dignity. You are all-stars'.

Good

Is the service well-led?

Our findings

We asked about staffing levels. We were told by one member of staff, "There are seven of us on this floor not counting the nurses. It's hard work especially if someone rings in sick, it just takes us a little longer". We were told by the unit manager that the staff worked in pairs and that they allocated three teams of two carers and one carer attended to drinks and snacks. We all help assisting people with meals at lunch time and tea time". One carer told us, "We all work well together as a team most of us have worked together for years; we all know what we have to do". The home had maintained a stable staff team which helped to provide consistent care for people.

On the day of our inspection there were sufficient numbers of staff of duty to meet people's needs.

On the ground floor staffing consisted of two senior and four carers for 40 people. On the first floor there were two nurses and seven carers for 42 people and on the second floor there were two nurses and six carers for 32 people some of whom were living with dementia. The night shift was covered by two nurses, one senior carer and eight care staff.

The home was well supported by a domestic team, administration staff, a chef and kitchen assistants and a maintenance team. The registered manager and the deputy manager were both on duty on the day of our visit and were available to assist with the inspection.

Discussion with the registered manager, who was very visible within the home, told us they arrived at the home at 07.00 am and observed all the people who used the service. The night staff completed a 'handover' to the day staff then a separate 'handover ' to the registered manager and /or the deputy manager highlighting any significant changes to people's health and well-being.

There was a 'Flash Meeting' daily at 10.30 am which included all heads of departments to share information and updates. This helped to ensure good communication between senior staff and care staff. One relative spoken with told us, "I think the home is well-led and is efficient. The manager leads good staff. Nothing is too much trouble for them". Another relative said, "I am satisfied that it's a well-run home, the staff are well trained". A third relative commented, "I've never had to raise any issues with the manager. I've been very satisfied with the care. I think the manager has a good overall idea of the residents (people who used the service). I would recommend this home to my friends". A person who used the service told us, "Lisa is the manager here; she comes in and speaks to me every day".

We were told the formal meetings for people who used the service and their relatives were held regularly and were well attended. We saw that meetings of the minutes were recorded.

We asked the registered manager to tell us how they monitored and reviewed the quality of the service to ensure that people received safe and effective care. We saw evidence of some of the checks that had been undertaken, for example, the home manager's audits, care plans, medication, a rolling action plan for training and competences, infection control audits with action plans and dining room audits with action plans and maintenance checks on the environment, the servicing of appliances and equipment.

Staff were involved in the Palliative Care Group and the Quality and Safeguarding group. The home was Accredited with Gold Standards Framework. Links with Infection Control Team were in place and they regularly visited the home.

The management team worked in partnership with other agencies through links with Bolton Council and attending meetings with the DoLS team and safeguarding team.

The home used the CQUIN Safety thermometer. This is a method used by staff to measure how to help keep people who used the service free from the risk of pressure ulcers, falls and urine infections (in people with acatheter). The registered manager also held GP meetings to ensure that people who used the service were receiving the appropriate medical attention they required.

The registered manager and staff worked closely with social workers, continuing heath care, district nurses and nurse advisors in daily Dementia in reach team. There were goods links with the community psychiatric team, dieticians and speech and language, Macmillans, audiology, continence, physiotherapy, stroke team, community pharmacy, doctors, anti- coagulant team and gay/lesbian and transgender groups who all visited the home or had contact with the home.

Good

Is the service well-led?

There was a culture of openness and transparency within the home. The atmosphere was friendly and relaxed. All staff interacted well with the management of the home. The registered manager also held a weekly manager's surgery. The registered manager had an 'Open Door' policy. Resident and relatives surveys were completed with results displayed on the notice board. There was also a suggestions box and 'Niggles' book which was discussed daily in meetings.

The registered manager engaged well with the CQC and DoLS, Safeguardings and notifications were reported in a timely way. This meant we were able to see if appropriate actions had been taken by the management to ensure people were kept safe.

The registered manager ensured that the responsibility and accountability was understood by all staff through job descriptions, supervisions and appraisals whistleblowing policy, the staff

Handbook and performance management inductions and up to date policies and procedures.