Barchester Healthcare Homes Limited

Adlington Manor

Inspection report

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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection was unannounced and took place on 21 March 2017.

Adlington Manor is part of the Barchester Healthcare Homes Limited and is registered to accommodate people who require nursing care and support with personal care. Care is provided in two units: Rowan Unit which provides specialist care for people living with dementia and Cedar Unit which provides general nursing care. Both units, as well as common areas to the home have undergone extensive redesign and refurbishment. The home is located in a rural part of Cheshire between Macclesfield and Poynton.

The service was last inspected in December 2015. The inspection in December was to follow up on a number of concerns that we had found at our inspection in March 2015 when the provider was in breach of seven regulations. In March we served warning notices asking the provider to ensure they were compliant with the regulations by 17 August 2015. In December 2015, we found that improvements had been made within the service, however we still found the provider to be in breach of three regulations and we requested an action plan of how they would address these issues. In December, they were not meeting the required standards in relation to safe storage and management of medications, providing person centred care and keeping accurate, contemporaneous records. At this inspection we found that the provider was meeting all the regulations and had made significant improvements to the service, however we found there was still some areas for continued improvement.

The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection there were 61 people living in the home.

We found that people were provided with care that was safe, person centred, sensitive and compassionate. There had been significant improvements in the home since the existing registered manager had been in post; both in the standard of care and the home environment.

We saw that the administration and storage of medication was safe. We saw that the service was now auditing and correctly accounting for medication in order to pick up any discrepancies to ensure that people were receiving medication safely.

We looked at recruitment files for the most recently appointed staff members to check that effective recruitment procedures had been completed. We found that appropriate checks had been made to ensure that they were suitable to work with vulnerable adults.

We saw that the service correctly followed safeguarding procedures and accurately recorded and reported where issues had arisen. All the staff we spoke to confirmed that they were aware of the need to report any

safeguarding concerns.

We found that there were sufficient staff deployed to meet the needs of the people living in the home. The registered manager told us they booked agency staff well in advance to ensure consistency of staff and were actively recruiting to the vacant posts that remained.

The provider had their own induction training programme which was designed to ensure that any new staff members had the skills they needed to do their jobs effectively and competently. This resulted in staff having the skills and knowledge to carry out their jobs well and provide safe and effective care.

We asked staff members about training and they all confirmed that they received regular training throughout the year and that this was up to date and provided them with knowledge and skills to do their jobs effectively.

There was a flexible menu in place which provided a good variety of food to people using the service. People living there told us that the food was very good and their preferences were accommodated.

The service had a range of policies and procedures which helped staff refer to good practice and included guidance on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. This meant that staff were able to help and support people who had difficulty in making decisions and ensured that plans were put in place in the person's best interests. We saw that applications had been made appropriately. We saw that in some instances the paperwork could be clearer to record best interest decisions and we asked the registered manager to address this.

People living in the home told us that the standard of care they received was good. Comments included, "The staff are very nice and approachable " and "I love it here, nothing is too much trouble". Relatives spoken with praised the staff team for the quality of care provided. They told us that they were confident that their relatives were safe and well cared for. One person told us, "Interaction with residents is excellent". Some relatives also gave us examples of staff going the extra mile and providing very personalised care to their relatives in the home.

People had care plans which were personalised to their needs and wishes. Each care plan contained detailed information to assist staff to provide care in a manner that respected the relevant person's individual needs, promoting their personal preferences'. We found there were some occasions when records were not being completed accurately and this needed further improvement.

Staff members we spoke with were positive about how the home was being managed and felt that the managers were supportive and approachable.

There was a comprehensive internal quality assurance system in place to review systems and help to ensure compliance with the regulations and to promote the welfare of the people who lived at the home. This included audits on care plans, medication and accidents. Staff were recognised and rewarded for demonstrating good practice by the provider.

The home was well-maintained and clean and provided a calm, relaxing atmosphere. There were a number of maintenance checks being carried out regularly. These included water temperatures as well as safety checks on the fire alarm system and emergency lighting.

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.

There were sufficient staff to meet the needs of the people living in the home.

Staff knew how to recognise and respond to abuse. We found that safeguarding procedures were in place and staff understood how to safeguard the people they supported. People staying at the service felt safe and had no complaints.

The arrangements for managing medicines were safe. Medicines were kept safely and were stored securely. The administration and recording of when people had their medicine was safe.

Is the service effective?

Good

The service was effective.

Staff members had received regular training and they confirmed that this gave them the skills and knowledge to do their jobs effectively. Staff completed induction training and shadowing on commencing with the service.

Managers and staff were acting in accordance with the Mental Health Act 2005 to ensure that people received the right level of support with their decision making. The paperwork could in some instances be clearer in relation to best interest decisions.

Is the service caring?

Good

The service was caring.

People living at Adlington Manor said that they were well cared for and were treated with kindness and compassion and maintained good relationships with the staff. Visiting relatives were positive about the standard of care, the staff and the atmosphere in the home.

The staff members we spoke to showed us that they had a good understanding of the people they supported and they were able to meet their various needs. We saw that they interacted well

with people in order to ensure that they received the care and support they needed.

Is the service responsive?

Requires Improvement

The service was not always responsive.

We looked at care plans to see what support people needed and how this was recorded. We saw that each plan was personalised and was reviewed on a regular basis, however we found there were sometimes inconsistencies in the records. We also found the additional monitoring charts were not always being completed accurately.

The arrangements for social activities were good. People could access group or one to one activities. Activities were tailored to the interests and capabilities of the people living in the home.

Is the service well-led?

Good

The service was well-led.

The registered manager operated an open and accessible approach to both staff and people living in the service and actively sought feedback order to improve the service. Staff said that they could raise any issues and discuss them openly within the staff team and with the registered manager.

There was a quality assurance system in place to review systems and help to ensure compliance with the regulations and to promote the welfare of the people who lived at the home. We saw that audits were being completed regularly and action was being taken to address any shortfalls.

Adlington Manor

Detailed findings

Background to this inspection

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

This inspection took place on 21 March 2017 and was unannounced. The inspection was carried out by two adult social care inspectors, an adult social care inspection manager 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 the inspection, we checked information that we held about the service and the service provider. We looked at any notifications received and reviewed any other information held about the service prior to our visit. The registered manager had not received a Provider Information Return (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. However we gathered this information during our inspection. We invited the local authority to provide us with any information they held about Adlington Manor. They told us that they currently had no concerns. We also viewed the most recent Healthwatch enter and view report.

During the inspection, we used a number of different methods to help us understand the experiences of people living in the home.

We spoke with a total of twelve people living there, seven visiting relatives and thirteen staff members including the registered manager, the deputy managers, the clinical development nurse, operations trainer and three care staff. We also spoke with a visiting health and social care professional.

Throughout the inspection, we observed how staff supported people with their care during the day.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

We looked around the building including, with the permission of the people who used the service, some bedrooms. We looked at a total of five care plans. We looked at other documents including policies and procedures. Records reviewed included: staffing rotas; risk assessments; complaints; staff files covering recruitment; training; maintenance records; health and safety checks; minutes of meetings and medication records.

Good

Is the service safe?

Our findings

We asked people if they felt safe. All the people we spoke with said that they felt Adlington Manor was a safe environment and all family members said they were more than happy that their relative was safely cared for. Comments included, "Yes, I do feel safe here", "It's safe, the place is lovely, nice place to be in" and "I can't reach the call bell, but I've never had to wait if I needed help". Relatives told us, "For the first time we can sleep at night, we feel that someone is watching them at night" and "It's very safe because of the level of care to all residents and you cannot get out of Cedar. I can't fault the place".

At our last inspection in September 2015, we found the provider continued to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the arrangements for the administration of medicines did not ensure that people who lived in the home always received the medicines which had been prescribed for them. Stocks of medicines and nutritional supplements could not always be accurately accounted for. The provider had made sufficient improvements and was no longer in breach of this regulation.

We saw the provider had a policy for the administration of medicines, which included controlled drugs, the disposal and storage of medicines and for PRN medicines (these are medicines which are administered as needed). Medicines were administered by staff who had received the appropriate training. We saw both the medicine trolley and storage area were securely locked. We checked the medicine arrangements and observed medicines being dispensed. We saw that the practices for administering medicines were safe. We checked the Medicine Administration Record [MAR] sheets for fifteen people and could see that the records showed people were getting their medicines when they needed them and at the times they were prescribed. We saw clear records were kept of all medicines received into the home, administered and if necessary disposed of. Controlled drugs were stored securely and in the records that we looked at these were being administered and accounted for correctly. Temperatures were taken daily of the medication storage and the nurse in charge on each unit checked the MAR daily for any discrepancies.

At our last inspection we were unable to satisfactorily account for the administration of prescribed nutritional supplements and could not be assured that people were receiving them as prescribed on both units. We saw that this had improved on both units, however we noted on one unit that one member of staff was not clear on the administration of these. We raised this with the registered manager to address.

We saw that the provider had an up to date safeguarding policy in place. This was designed to ensure that any safeguarding concerns that arose were dealt with openly and people were protected from possible harm. The registered manager and deputy manager were aware of the relevant process to follow and the requirement to report any concerns to the local authority and to the Care Quality Commission (CQC). We checked our records and saw that any safeguarding or incidents requiring notification at the home since the previous inspection took place had been submitted to the CQC.

Staff members confirmed that they had received training in protecting vulnerable adults and that this was updated on a regular basis. The staff members we spoke with told us that they understood the process to

follow if a safeguarding incident occurred and they were aware of their responsibilities for caring for vulnerable adults. Staff were aware of the need to report safeguarding incidents both within and outside of their organisation. We saw that the provider had a whistleblowing policy. Staff were familiar with the term whistleblowing and each said they would report any concerns regarding poor practice they had to senior staff or to the local authority or CQC. All staff confirmed that they were aware of the need to escalate concerns internally and report externally where they had concerns. This indicated that they were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to accurately record and report potential incidents of concern.

Risk assessments were carried out and were kept under review so the people living in the home were safeguarded from unnecessary hazards. We could see that the home's staff were working closely with people and where appropriate their representatives and other health professionals to keep people safe. For instance we saw where risks had been identified in terms of someone's swallowing, prompt action was taken. A referral was made and advice was sought from the speech and language therapy (SALT) team and the risk assessment was updated accordingly. We could see that the home's staff members were working closely with people to keep them safe without unnecessary restriction. Relevant risk assessments regarding for instance, falls, nutrition, and pain assessments were kept within the care plan.

The registered manager submitted monthly reports to the provider in relation to accidents and incidents and these were monitored and analysed to identify any patterns and where, if necessary action needed to be taken as a result.

On the day of our visit, there were 61 people living in the home. Across both units there were two nurses, ten carers on duty between the hours of 8.00am and 8.00pm. There was also two care practitioners and two hostesses on duty between 8.00am and 6.00pm and an activities co-ordinator who was based on Cedar unit. There was a vacancy for this post on Rowan unit, but an administrator was providing activities on this unit during the afternoon. At night there were two nurses and six carers. The registered manager and deputy manager were in addition to these numbers. We looked at the rota and could see that this was the consistent level. The registered manager advised she reviewed dependency daily using a care dependency tool which aggregated information from care plans and then advised on the amount of staff required. The registered manager showed us how this worked including the agreement of the registered provider to allow enhanced staffing over the levels indicated to allow for the particular nature and design of the home. The improvements that we had observed with staffing levels on our last inspection had been sustained.

In addition to the above there were separate ancillary staff including a head chef and four kitchen assistants and six domestic staff members who worked appropriate hours on rota. The registered manager informed us that they had been using agency staff in order to cover vacancies, but booked these in advance in order to provide consistency to the people living in the home. They were actively recruiting for the posts that remained vacant.

On the days of our inspection, our observations indicated that there were enough staff on duty as call bells were being answered promptly and staff were going about their duties in a timely manner. Staff were busy and purposeful and they seemed well organised and efficient. We checked the call bell monitoring and could see that call bells were answered promptly. We did receive one comment that there were not enough staff, but other people living in the home, relatives and staff felt that there were enough staff. Comments included, "They come quickly, there is always a member of staff around", "Staff at food time, they all muck in, I'm very impressed with the staff and "There are not a lot of changes of staff".

Staff members were kept up to date with any changes during written and verbal handovers that took place

at every staff change. This helped to ensure they were aware of any issues and could provide safe care. We were able to view the notes from previous handovers and could see that they provided information on how people had been during the shift and any actions that were carried forward from the previous shift.

We looked at the files for three most recently appointed staff members, to check that effective recruitment procedures had been completed. We found that the appropriate checks had been made to ensure that they were suitable to work with vulnerable adults. Checks has been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Each file held suitable proof of identity, an application form as well as evidence of references and notes from the interview showing that people had the relevant experience to carry out their roles.

We conducted a tour of the home and our observations were of a clean, fresh smelling environment which was safe without restricting people's ability to move around freely.

Good

Is the service effective?

Our findings

All the people living at the home who we spoke with and their family members felt that their needs were well met by staff who were caring and knew what they were doing. Comments included, "You choose where you want to sit, at lunch and dinner and you're not rushed to eat", "I thanked the chef for making me eat again, I told him it reminds me of my mother's food", "I can't resist the food" and "Really a home more than a care home, the same standards you have at home". Comments from family members included, "They are proactive about the food, they keep records and weigh [name] regularly, since being here [name] has put on three kilos. It used to be hard to get [name] to eat, but here is like a breath of fresh air, they can choose where they would like to sit, can go anywhere", "Food seems very good, snacks are always available and they have milky way chocolate in the fridge for [name] as they know it's their favourite" and "I have eaten here too. Last year for our wedding anniversary, they put a table in the bistro area and put up banners and they had taken a picture of us previously and they had put this in a frame and made it really special for us".

In September 2015 at our last inspection, we found that the provider had made improvements in relation to nutrition and hydration and arrangements for mental capacity assessments. However we made a number of recommendations in relation to ensuring there were sufficient staff at lunch times; that the informal practices of hostesses keeping records of refreshments was standardised throughout the home; and the registered provider and manager reviewed the administrative and other arrangements for best interest assessments and decisions.

We saw that improvements in nutrition and hydration had been maintained. The menu provided a good variety of food to the people using the service and followed a four week pattern. We saw that the menu was displayed in the dining rooms. People were asked at each meal time which option they would prefer. In order to promote choice staff also showed people two plates of food containing examples of the meals on offer that day. This provided people with a visual choice which can be easier for people living with dementia who may have more difficulty with a written menu. At lunchtime there was a three course meal, starting with a soup, then main course and dessert. If people did not want either of the options for that day, an alternative would be provided. Allergies and specialist diets were clearly recorded in both the care plans as well as the kitchen.

We saw that people had an extensive choice at breakfast, a three course meal at lunch time and then a lighter meal later in the afternoon as well as sandwiches and snacks at supper time. We saw refreshment trollies during the day in both units and people told us that they could have snacks throughout the day if requested.

We undertook a SOFI observation in one of the units over lunch and carried out general observations in the other unit. We saw that the food looked tasty and appetising and was well prepared. The tables were set with table cloths, napkins, cutlery, condiments and flowers so the meal times were distinguished from other times of the day. We saw that staff offered people drinks and they knew people's preferences and choices and requests for alcohol were accommodated. Staff were attentive and there were sufficient staff on hand to observe and assist people with lunch. Staff were walking through the dining room prompting people and

offering encouragement and alternatives where people did not appear to be eating much. Staff took the time to explain to people what the food was and asking permission before helping someone. Staff were available to people needing support with eating. These people were assisted by staff members in a patient and unhurried manner. Staff told us that they were assigned people to help each mealtime in order that it was done in an organised manner and no-one would be left without assistance. We were able to view the records and could see that this was arranged for each shift.

We saw that staff used a nutritional risk assessment to identify whether people were losing or gaining weight inappropriately. On the care files that we looked at, this was being reviewed on a regular basis. This was also monitored via the provider's clinical governance system where the registered manager was required each month to record any weight loss or gain and what actions were being taken to address this.

Visits from other health care professionals such as GPs, physiotherapists, chiropodists and opticians were recorded so staff members would know when these visits had taken place and why. We spoke to a visiting health and social care professional who advised that the service referred appropriately, acted quickly upon advice and were open and not defensive about their practice.

In March 2015 at our last inspection, we recommended that the provider reviewed the administration and other arrangements in relation to Deprivation of Liberty Safeguards (DoLS) and the recording of best interest assessments and decisions.

The provider had policies and procedures to provide guidance for staff on how to safeguard the care and welfare of the people using the service. This included guidance on the Mental Capacity Act 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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We were able to view the paperwork in relation to both standard and urgent DoLS applications and saw that these had been completed appropriately. We saw that mental capacity assessments had been completed, but we found some instances where best interest decisions were still not always clearly recorded. The registered manager needs to make further improvements in this area to ensure that these decisions are recorded clearly on all files. There was a clear system in place as to when each DoLS application had been granted and when these needed to be updated. We also found that where a decision relating to covert medication had been made prior to the change of guidance. Whilst the medication was being administered correctly, the decision had not been reviewed in line with recent Court guidelines. We asked the registered manager to address this.

During our visit we saw that staff took their time to ensure that they were fully engaged with each person and checked that they had understood before carrying out any tasks with them. Staff explained what they needed or intended to do and asked if it was alright rather than assuming consent. One person told us, "The staff always explain what they are going to do". Relatives told us, "They treat them with respect".

The information we looked at in the care plans was detailed, which meant staff members were able to respect people's wishes regarding their chosen lifestyle. We asked the people living at the home about their

care plans and everyone felt that they had choices in terms of their care. People told us, "I did go through my care plan with them", "They involve you and talked to me about it" and "My family helped me with it". Relatives also told us, "We have just had a review last week, we were able to ask questions and have a read through it" and "We do have regular reviews of the care plan".

The provider had their own flexible induction training programme which was based around the Care Certificate Framework, a nationally recognised and accredited system for inducting new staff. We looked at the induction programme for the newest member of staff and saw they had completed classroom sessions over three days including practical training and this was then followed by up to two weeks shadowing dependent upon the person's previous experience. They worked alongside a buddy during their probation period. We spoke to someone who had just completed their shadowing and was on their first day of work. They told us that they felt supported and had been able to check in with colleagues all day.

We asked the registered manager and staff about training and they all confirmed that they received regular training throughout the year; they also said that their training was up to date. The manager advised that the training was monitored via the providers' training system which flagged when any training was out of date. They used a combination of classroom and online learning. There had been some changes in the way training was being delivered, therefore the registered manager advised that the home was currently 80% compliant, however where any of the training was out of date we saw there were clear plans in place to update this shortly. We subsequently checked the staff training records and saw that staff had undertaken a range of training relevant to their role. This included safeguarding, mental capacity and DoLS, moving and handling, pressure relief, food safety and falls prevention. We were able to observe a refresher training session taking place during the day of our inspection and could see that people were supported to learn in different ways and were encouraged to ask questions.

Staff members we spoke with told us that they received on-going support, supervision and appraisals approximately six times a year. We checked records which confirmed that supervision sessions for each member of staff had been held regularly and staff had chance to discuss their development and any concerns. Any practice issues were addressed with staff and action plans put in place to correct these. The registered manager advised that the provider had recently changed the supervision structure which meant they would now occur at different frequencies.

A tour of the premises was undertaken, this included all communal areas including the lounges and dining rooms and with people's consent a number of bedrooms as well. The home was clean and well maintained and provided an environment that met the current needs of the people living there. There was signage throughout the home to assist people living with dementia. There was pictorial signage on the bathrooms and the corridors were painted in different colours to help orientate people. There were items available for people throughout the Rowans unit such as dementia dolls and other items that people could touch and move around the unit. On Rowan there was a dedicated 'Namaste' room. Namaste Care is a programme designed to improve the quality of life for people with advanced dementia. It takes place in a designated space that helps to create a safe and comforting environment for all who enter; residents, their families and staff. This is discussed further in the caring section of the report.

The home had also undergone further refurbishment; with a café area at the front of the building which when completed would be for use by people from both units. There was a dedicated activities space on Cedars which incorporated a kitchen area, therefore people would be able to take part in cooking as well as any other activities in this area. It was being finalised and they were awaiting furniture for the area. One of the downstairs bathrooms on Cedars had been converted into a wet room and included a spa bath where people could enjoy sensory lighting and bubbles. There was also a secure garden and decking area where

people could enjoy time outside.

The laundry within the service was well equipped and it was neat, tidy and well organised.

Good

Is the service caring?

Our findings

We asked people living in and visiting Adlington Manor about the home and the staff who worked there. They all commented on how kind and caring all the staff were. People told us, "I love it here, nothing is too much trouble", "Staff are very caring here, they put a blanket on me if I am cold" and "Same people, smiley faces". Relatives told us, "The warmth of the staff to the residents flows through, the change of management here is instrumental" and "The staff are very sincere and caring and tactile". We were given examples by relatives of staff "going the extra mile". They told us, "They know our family member is French so when they were on a day off they bought French croissants in for them when they came back" and "There is a choir that comes in and a staff member got them to learn a song that was played at the resident's wedding. The person got married nearly seventy years ago. They now sing it for them each time they come in". The person told us they were "thrilled to bits they learnt this song".

At our last inspection in March 2015, we found that the provider remained in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people's needs were not attended to in a timely manner and did not receive care that reflected their needs. At this inspection, we found that the provider was no longer in breach of this regulation. We were given examples of staff kindness and all our observations were that staff were attentive and caring and knew the people they were caring for well.

It was evident that family members were encouraged to visit the home when they wished. Relatives could also enjoy a meal with their family member within the home whilst they were visiting and a couple of relatives told us that they did this on some of their visits and they enjoyed the food. Comments from relatives included, "The staff are wonderful and we're on a first name basis", "The staff engage with us and we have learnt so much" and "Staff are so friendly, caring and we can highly recommend the manager, they are so good, it's as if we are part of the family".

We viewed cards that had been sent into the home. One person's relatives wrote, "I would like to give you my thanks to yourselves and colleagues for all the kindness and help during this very sad time". Another person's relatives wrote, "Thank you all so much. Thank you for looking after [name] over the past few months. You all helped her cope with things."

The staff members we spoke to showed that they had a good understanding of the people they were supporting and they were able to meet their various needs. They told us that they enjoyed working at Adlington Manor and had very positive relationships with the people living there. Comments included, "I love it. It's really family orientated. It's about them (people living in the home). It's much better organised and run" and "I'm happy in my work".

We saw that the relationships between people living in the home and the staff supporting them were warm, respectful and dignified. Everyone in the service looked relaxed and comfortable with the staff and vice versa. During our inspection, we saw there was good communication and understanding between members of staff and the people who were receiving care and support from them. Staff took their time with people

and ensured that they understood what the person needed or wanted without rushing them and always seeking their permission before undertaking a task. All the interactions we observed and overheard throughout the inspection were caring, kind and compassionate. We observed that staff used a dignified approach to people, for example knocking on people's door before entering and using their preferred names.

We observed a staff member spending time with people living in the 'Namaste' room. People were able to receive therapeutic interventions in the room such as hand massage, gentle hair combing and there was a sensory light machine as well as music and dolls available in the room. The staff member was giving one person a hand massage whilst soft music was playing in the background. The person was giggling with the carer and the carer was chatting to the person. The other people in the room appeared to be enjoying the atmosphere and looked relaxed. They had blankets and one person was holding a dementia doll. We spoke to the deputy manager about the programme and she advised that they had seen a significant improvement in people's behaviour shortly after this had been introduced and this also had an impact on staff as they enjoyed spending this time with the people living in the home. We were able to view some independent research that had been carried out on the impact of the programme in the home shortly after it had been implemented. We saw that from the people sampled, people had gained weight and their Abbey pain scores had reduced. Abbey Pain scale is a tool used to monitor pain in people who cannot verbalise their pain.

We saw on the day of our inspection that the people living in the home looked clean and well cared for. We saw there was a hairdressing salon on site where the hairdresser visited twice a week. Those people being nursed in bed also looked clean and well cared for.

The quality of the décor, furnishing and fittings provided people with a comfortable environment to live in. Rooms were all personalised, comfortable, well-furnished and contained individual items belonging to the person.

In the care files we viewed we found that appropriate 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) records were in place. We saw that either, the person, or where appropriate, their relative or health professional had been involved in the decision making process. We found that the records were dated and had been reviewed and were signed by a General Practitioner. A 'Do Not Attempt Cardio Pulmonary Resuscitation' form (DNACPR) is used if cardiac or respiratory arrest is an expected part of the dying process and where cardio pulmonary resuscitation (CPR) would not be successful. Making and recording an advance decision not to attempt CPR may help to ensure that the person dies in a dignified and peaceful manner.

Requires Improvement

Is the service responsive?

Our findings

Those people who commented confirmed that they had choices with regard to daily living activities and that they could choose what to do, where to spend their time and who with. Comments included, "There are always choices, you can choose when you go to bed, when you get up", "Any problem you raise they go and check it immediately" and "I'm happy here, I don't want to go home".

We saw that staff were aware of individual needs and people we spoke with felt that they were well cared for. All the relatives we spoke with stated that their relative was well cared for, comments included, "Our family member had not had a bath for ten years as they didn't like it and within a few months of coming here, they started to have them", "[name] needs drops for their eyes, staff don't wait they are proactive" and "They encourage [name] to meet with other people they encourage them to walk and let [name] get milk from the fridge when they want it".

At our last inspection in September 2015, we found that there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider did not maintain securely an accurate, complete and contemporaneous record in respect of each service user. At this inspection, we found that improvements had been made in the records; however there was still scope for further improvements as we did find some inconsistencies. We asked the registered manager to look into this.

We looked at the care plans to see what support people needed and how this was recorded. We saw that each plan was personalised and captured the needs of the individual. We also saw that the plans were written in a style that would enable staff reading it to have a good idea of what help and assistance someone needed at a particular time. We could see that where there had been a change, prompt action was taken and the relevant professionals were consulted for advice appropriately. All the plans we looked at were well maintained and were being reviewed regularly, however we did find in a couple of care plans where changes had happened and it was recorded in one place for instance the MAR chart, but the care plan itself had not been updated. However when we spoke with staff, they were aware of the current situation and we did not see any impact on the people living in the home.

The five care plans we looked at contained detailed information regarding background history to ensure the staff had the information they needed to respect the person's preferred wishes, likes and dislikes. For example the food the person enjoyed, where they had lived, holidays they had enjoyed, what they preferred to be called, preferred social activities, people who mattered to them. Daily records were now detailed and gave a summary of the care someone had received each day. We asked staff members about several people's choices and the staff we spoke with were knowledgeable about the people living in the home. We noted that where people needed additional monitoring charts, for instance in relation to food or pressure care, these were not always being accurately completed. We noted that this was at specific times. However we spoke to people, relatives and staff as well as observing the care and could see that people were receiving the care, but this was not always being recorded contemporaneously on some files. We spoke to the registered manager in relation to this so she could look into this.

Everyone in the home at the time of our inspection had received a pre-admission assessment to ascertain whether their needs could be met. As part of the assessment process the home asked the person's family, social worker or other professionals who may be involved to add to the assessment if it was necessary at the time. We were able to view the most recent pre-admission paperwork on one care plan and could see that assessments had been completed prior to the person moving into the home.

There was an activities co-ordinator employed on Cedar Unit and they were actively recruiting for a co-ordinator on Rowan Unit, however the administrator was facilitating activities on Rowan unit in the afternoons. People living on Rowan also had access to the 'Namaste' room where they receive therapeutic interventions that were designed specifically for people living with the advanced stages of dementia. We could see that there were a variety of activities taking place in the home each day varying from music therapy, knitting groups, arts and crafts and outside entertainers. The provider had an activities folder which gave ideas on how to celebrate national events or celebrations of significance, for instance world food day and the folder gave ideas of how staff could spend the day and also hints and tips of how activities could be expanded into an ongoing activity. These ideas could then be personalised to the home and individuals. We spoke to the activities co-ordinator and she told us that people using the service were asked what kinds of activities they liked to do during the assessment and care planning processes and they had a likes and dislikes form where people could record what they enjoy doing. We also saw records were kept of activities that had taken place and what level of involvement people had and whether they had enjoyed the activities. We observed a game of bingo on one of the units and could see that two staff members were assisting people to take part in the activity. We also saw a 'getting to know me' game being played with people in another unit. We could see the people taking part were joining in the game and enjoying the activity.

Throughout the home, we saw newspapers, books and magazines for quieter activities. There was a piano, games and other instruments on one of the units. The activities were not advertised at the time of our inspection as there were no notice boards due to the refurbishment but these were due to be reinstalled. People would also have access to the activities room once this was completed and could enjoy a wider range of occupational activities such as cooking.

We saw that people were supported to maintain their religious beliefs and they had monthly visits from a local church.

The home had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy. Leaflets in reception contained the complaints policy. The service had received one complaint in the last twelve months and we could see that this had been dealt with appropriately. The people we spoke with during the inspection told us that they were able to raise any concerns and were clear that they could raise these with the manager. Comments included, "I would speak to the manager in the first instance otherwise I would go up the ladder" and "Probably would go to the manager".

Good

Is the service well-led?

Our findings

There was a registered manager in place and they had been registered since August 2015. There was also a deputy manager who worked alongside the registered manager providing support to all staff. They were both supported by the provider's regional staffing structure and the corporate quality assurance system.

At our last inspection in September 2015, we found that the provider was in further breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the systems or processes did not always operate effectively to ensure compliance with the regulations as identified at the last inspection. At this inspection, we could see that there had been improvements and the provider was now compliant with this regulation. There were a couple of instances where the audit processes had not picked up minor issues in two care plans we looked at. We brought these to the attention of the registered manager to address.

The registered manager told us that information about safety and quality of the service provided was gathered on a continuous and on-going basis via feedback from the people who used the service and their representatives, including their relatives and friends, where appropriate. They 'walked the floor' regularly in order to check that the home was running smoothly and that people were being cared for properly. We asked the people living in the home how it was managed and run. Everyone we spoke to was positive about how the home was being managed since the current manager had been in post. Comments included, "I would speak to Fiona, as she is very approachable", "The manager is very approachable, I don't always agree with them as they don't always do the things I want them to do, but that's ok" and" I feel they do listen".

Adlington Manor had a corporate monitoring system. The management team conducted monthly audits of care plans, accidents and incidents and medication. The clinical development nurse supported the deputy managers in the regional with any clinical issues. A clinical governance report was produced monthly which was submitted to the provider's senior management team. This looked at people at high risk of weight gain or loss, accidents and incidents as well as trends in pressure care and safeguarding incidents. Where any issues were flagged the registered manager had to provide further detail of how the home were meeting people's needs or addressing any issues. We were able to view these audits and could see that these were carried out regularly and any areas for improvement were acted upon or any patterns detected were investigated and action taken to improve.

In addition to the above, there were also a number of maintenance checks being carried out regularly. These include the water temperature, equipment such as wheelchairs and bedrails as well as safety checks on the fire alarm system and emergency lighting. We saw that there were up to date certificates covering the gas and electrical installations, portable electrical appliances, any lifting equipment such as hoists and the lift.

People living in the home told us residents meetings were held on each unit. We were able to view the minutes from a previous meeting. Issues discussed included, all the refurbishment work in the home, the menu and entertainment in the home. We were told that relatives meetings were also held on each unit and

we were able to view the minutes from these meetings as well. Issues discussed included staffing, the recent building works and people had the opportunity to raise any other issues.

In order to gather feedback about the service being provided, the provider completed an annual survey with residents. This had been completed recently by the provider and they had had a good response rate, however the results of the survey had not yet been released.

They encouraged feedback via carehome.co.uk, an independent website and we saw leaflets available for people to complete in the reception area.

Staff members we spoke with had a good understanding of their roles and responsibilities and were positive about how the home was being managed and the quality of care being provided and throughout the inspection we observed them interacting with each other in a professional manner. We asked staff how they would report any issues they were concerned about and they told us that they understood their responsibilities and would have no hesitation in reporting any concerns that they had. They said that they could raise any issues and discuss them openly with the registered manager or other members of the management team. Comments from the staff members included, "Fiona is great", "The manager is more approachable than the last one and she knows what's going on. If you raised something, she would deal with it" and "It's much better organised and run now".

The staff members told us that regular staff meetings were being held and that these enabled managers and staff to share information and/or raise concerns. During our inspection we viewed minutes from the last staff meeting on 1 February 2017. Staff had the opportunity to discuss a variety of topics including the staffing and recruitment, training, the staff rewards system and maintaining records.

Staff were encouraged, recognised and rewarded by the provider via a staff rewards scheme. People living in the home, their relatives and other staff members could also nominate staff members for employee of the month. The home also took part in the National Care Awards and staff on the Rowan unit were recognised in the regional care awards. The Head Chef had won an award in the regional care awards and had been put forward to the national finals and was attending an interview in relation to this on the day of our inspection.

The home worked in partnership to share good practice and the registered manager told us that other care home staff had visited the home to see the 'Namaste care' room in practice.

Periodic monitoring of the standard of care provided to people funded via the local authority was also undertaken by Cheshire East's Council contract monitoring team. This was an external monitoring process to ensure the service meets its contractual obligations to the council. We contacted the contract monitoring team prior to our inspection and there were no concerns highlighted.