Care Quality Commission

MNS Care Plc

Cherrytrees Care Home

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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 09, 11 and 14 November 2018. This first day was unannounced but we informed the registered manager we would be returning on the second day to complete our inspection. We conducted telephone calls with relatives of people who lived in the home on the third day.

Cherrytrees Care Home provides residential and nursing care for up to 32 people. At the time of our inspection there were 21 people receiving nursing care and 9 people receiving residential care. The home provides support to older people, people living with dementia and people with physical disabilities, learning disabilities and younger people.

Cherrytrees is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home has two floors containing bedrooms and bathrooms. On the ground floor there was a large lounge, a dining room and a small quiet room near the entrance. The gardens were secure and accessible from the ground floor. There was a lift and stairs between the floors.

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

We last inspected Cherrytrees in January 2016 when we rated the service as good overall and requires improvement in the responsive domain. This was because we had not seen evidence of people engaging in activities and found some people had not had regular reviews of their care or their medicines. At this inspection we found both these concerns had been fully responded to and have rated the home as good in all domains and overall.

Both people living in the home and their relatives told us they felt safe and secure.

The service protected people from the risk of harm or abuse. Safeguarding policies and procedures were robust and had been followed when required. Staff could identify safeguarding concerns and knew how to raise them appropriately.

Risk assessments had identified the specific risks people needed support to manage, plans had been developed to minimise the potential for harm.

Staff had been recruited safely with all necessary checks being completed prior to them starting to work with people. Staffing was sufficient to support people safely.

Medicines were managed safely. We saw people had received their medicines as prescribed.

Infection control policies ensured people were protected from the risk of infection and cross contamination. Staff were observed to follow good practice when supporting people to meet their personal care needs.

The home responded to accidents and incidents which had been fully investigated so lessons could be learned to avoid reoccurrence. An example of this had been the falls prediction strategy.

The premises and equipment were being well maintained and we saw certificates and relevant documentation of any work that had been completed. These included checks of electrical installation, fire alarms, legionella, gas safety, hoists/slings, the lift and fire equipment.

The home had assessed people's needs thoroughly prior to them moving in. This ensured the home was confident they were able to meet their needs and people received the correct level of service.

Staff had received relevant training which ensured they were able to support people effectively. People who lived in the home told us staff knew what they were doing and were skilled when supporting them. Training for all staff was kept up to date.

People were supported to maintain their nutritional needs. Information provided by health professionals had been included in people's care plans. The kitchen staff were aware who needed different textured diets or thickened fluids. The home had an effective system in place to ensure this advice was followed. In addition the home had provided a nutritional breakdown of food prepared, to highlight foods such as those with a higher protein content that some people might have benefitted from.

The care team continued to work together and cooperated with other organisations including; community based health services, commissioners and social workers which ensured care was provided effectively.

People were supported to maintain their health and wellbeing. Records showed that the home regularly engaged the support of other health and social care professionals to meet people's needs. In addition there had been some innovative approaches to people's wellbeing which is discussed in more detail in the responsive section of this report.

The home continued to work within the principles of the Mental Capacity Act 2005 (MCA), and were compliant with the associated Deprivation of Liberty Safeguards (DoLS). People had given consent to receive care and treatment and where necessary decisions had been made in line with best interest decision making principles.

People living in the home and their relatives praised the caring and kind support provided by the entire staff team. Staff were observed to interact with people in caring ways which upheld their dignity and privacy.

People's emotional needs had been considered to ensure they were supported to manage their feelings in ways that minimised the need for medication.

People had been supported to maintain their independence. Care plans identified people's skills and the tasks they preferred to complete themselves.

People received care that was personalised and responsive to their needs. Care plans included holistic assessments which identified people's histories, preferences and lifestyle choices.

At the previous inspection there had been concerns about whether people had enough stimulation and activities. At this inspection we found this had been fully addressed. People living in the home told us they engaged in activities. We could see there was a timetable but also evidence of a variety of activities available. In addition, there had been more engagement with the community with entertainers and groups from local schools being invited in to the home.

People told us they felt listened to. There were a variety of ways people could provide feedback and raise concerns with the service. We could see how the home had responded to people's requests.

At the previous inspection there had been concerns about how regularly reviews of care and medicines had occurred. At this inspection we found everyone had regular reviews and medicines were reviewed each month.

People had been supported at the end of their lives to have as comfortable and pain free death as possible. Nursing staff had received training in end of life care, including the use of syringe drivers, which ensured people could be cared for in the home if they preferred.

The home was well led. There was a clear management structure in place. The team had shared values and a commitment to achieving high quality care. Staff said they felt proud to work in the home.

The registered manager was accessible and approachable. People who lived in the home and their relatives praised the management team's commitment and accessibility.

Effective governance systems ensured the manager had clear oversight of the service. Regular audits had been completed and action plans developed which ensured any identified concerns had been addressed. Handover records showed the support people needed and who was to provide this.

Policies and procedures had been developed by the provider. These addressed all areas of regulated activities. Staff were able to look at these on line or in paper format in the office. In addition the home had a 'policy of the week' which was printed and displayed in the staff areas. Staff spoken to said they found this useful.

There was a business continuity plan with clear information to support people take the appropriate action in the event of an emergency. This would be especially useful when the manager was not present.

People's confidential information had been stored securely and recent changes had been made to ensure compliance with the General Data Protection Regulation (GDPR).

The home continued to work in partnership with other organisations and attended forums where knowledge and experience were shared. We could see this had added some value to the quality of care provided.

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.

Robust safeguarding policies and procedures, combined with staff's awareness of how to raise concerns ensured people were protected from the risk of harm and abuse.

People had been supported to manage the risks inherent in their daily lives by risk management plans. These provided detailed information about the specific support the person needed in relation to all aspects of their health and social care needs.

Robust recruitment policies had been followed which ensured staff had been recruited safely with all necessary checks being completed prior to them starting work in the home.

Is the service effective?

Good

The service was effective.

People's needs had been thoroughly assessed and care plans developed which included the advice and guidance of other professionals involved.

Staff had received training which ensured they were able to support people effectively. People living in the home told us they felt staff were skilled and knew how to support them.

The home was working within the principles of the Mental Capacity Act 2005 (MCA). People had been supported to make decisions and exercise choice. Staff were aware of the importance of gaining consent from people prior to providing all care and support.

Is the service caring?

Good

The service was caring.

People told us they felt staff were kind and caring. We observed staff supporting people respectfully. It was evident staff were committed to providing high quality care and took pride in the support they provided.

People had been supported to maintain their important relationships. Visitors had been welcomed at any time, some relatives told us how caring the home had been towards them and how they had valued this support.

People were supported to communicate and make choices and decisions about their care. Communication guides in people's care plans identified the most effective ways to communicate with them, including any non-verbal expressions and gestures which might show how a person was feeling.

Is the service responsive?

Good

The service was responsive.

People received care that was personalised and responsive to their needs. Details of what was important to the person had been included and we could see staff had followed this guidance.

People living in the home were encouraged to be involved in decisions and felt engaged in the home. One resident was on the interview panel for new staff and was part of making decisions about appointments. Residents' meetings were chaired by the residents and their suggestions and input had been responded to by the home.

The home had endeavoured to improve the quality of life for people living with dementia by seeking to improve their communication, using communication guides and ensuring specialist hearing checks had been completed. In addition they had sought alternatives to medicines to support people when they experienced distress.

Is the service well-led?

Good

The service was well led.

The home had clear values which aimed to provide high quality care which had positive outcomes for people living in the home. Staff were committed and praised the quality of the management team in providing effective leadership and guidance.

Effective governance ensured the manager had good oversight of the service which helped to maintain the standard of care they aspired to.

The home was working closely with other organisations and contributing to shared learning forums. We could see where this

had added some value to the overall quality of the service.

Care Quality Commission

Cherrytrees 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 09, 11 and 14 November 2018. This first day was unannounced but we informed the registered manager we would be returning on the second day to complete our inspection. We conducted telephone calls with relatives of people who lived in the home on the third day.

The inspection was completed by one adult social care inspector from the Care Quality Commission (CQC).

Prior to the inspection we reviewed all the information we held about the home in the form of notifications, previous inspection reports, expected/unexpected deaths and safeguarding incidents. This would indicate if there were any particular areas to focus on during the inspection. We used information contained in the provider information return (PIR) submitted by the service to help plan the inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with a wide range of people and viewed certain records in order to help inform our inspection judgements. This included; the registered manager, clinical lead four people who lived at the home, the relatives of three people and six care staff. We also spoke with kitchen staff about their roles within the home.

Records looked at included four care plans, three staff personnel files, four medication administration records (MAR), training records, building/maintenance checks and any relevant quality assurance documentation. This helped inform our inspection judgements.

Good

Is the service safe?

Our findings

People who lived in the home and their relatives told us they felt safe. Comments included; "I feel safe here, I don't think any harm will come to me." and "I feel safe because I have my buzzer and I know they will come when I press it." and "I know [name] is safe because she trusts the staff and feels comfortable with them."

Safeguarding policies and procedures protected people from the risk of harm or abuse. Staff we spoke with were knowledgeable about what might be possible indications that a person was experiencing harm and how to report this. Comments included; "I have had training on safeguarding and know what to look out for, I would always raise something if I was worried." and "I have not needed to raise a concern here but I have done this in another home. I feel confident that if I raised something it would be taken seriously." Safeguarding was on the team meeting agenda as a standing item to ensure it was always considered. The home had a safeguarding log, we saw where they had raised a safeguarding concern with the local authority and how this had been investigated and followed up. Information about how to raise a concern was displayed in communal areas and was included in the service user guide.

The home had a system to determine how many staff were needed to be on duty to meet people's needs safely. We saw staffing had been maintained at the level assessed as necessary and had been adjusted when required due to people's changing needs.

Risk assessments and management plans ensured people had been supported to manage the risks inherent in their daily lives. It was evident in people's care plans how the risk associated with each aspect of care and support had been considered and how people had been supported to minimise the potential harm identified. In addition the home had adopted a falls prediction strategy which sought to identify anyone at particular risk of falls at each shift change. This was based on varying factors including; how they had slept, how they appeared to be feeling, whether they were complaining of pain. At the time of this inspection there were only three people who might attempt to mobilise which made it difficult to assess the impact of this initiative.

The home continued to follow their recruitment policy and procedures to ensure staff were recruited safely. We reviewed the recruitment files of three members of staff which included people who had been recruited since the previous inspection. We found the files contained all the information and documentation required. This included; application forms, interview notes, references, contracts of employment and disclosure and barring service (DBS) checks which would inform the employer if a person had any criminal convictions or cautions which could prevent them from working with vulnerable people.

We reviewed how the home managed medicines. We found there were robust policies and procedures in place which had been followed. Stocks of medicines were accurate and tallied with the paper records. Controlled drugs, which are subject to stricter controls due to the potential for misuse, had been administered properly. Medicines were stored securely, temperature checks of the medicine room and fridges showed medicines had been kept within the recommended range.

Medicines were administered by the nursing staff. We looked at the records for people who needed to take medicines when required, for example, pain relief or support with managing their feelings when distressed. We found detailed protocols in place which described when to administer these medicines and saw corresponding entries in daily notes which showed the protocols had been followed. Some people received dietary supplements, we saw these were stored properly with the medicines and given to care staff each morning to ensure people had access to them.

Infection control policies and procedures had been followed which ensured people were protected from the risk of infection and cross contamination. Personal protective equipment, including; gloves, aprons and hand gel were available in all bathrooms, toilets and communal areas. Staff were observed to use these items appropriately when supporting people with personal care and during meal times. The most recent Infection Control inspection by the local authority had resulted in a score of 97%.

The home was clean and free from any malodours. There were domestic staff in post who followed a cleaning routine to maintain the home's standards. Cleaning materials had been safely stored and each time we checked the door to where the cleaning materials were stored we found it was locked, which ensured there could be no accidental access.

Accidents and incidents had been logged and fully investigated to identify any lessons that might be learned. An example of this being the falls prediction strategy discussed earlier.

The building and equipment had been well maintained. We reviewed the appropriate documentation and saw certificates in place in relation to fire safety, electrical installation, gas safety, legionella risk management, hoists and slings and lift maintenance. There was a maintenance person on site who had a system for maintaining all appropriate checks.

Good

Is the service effective?

Our findings

People's needs had been thoroughly assessed prior to them moving in to the home. In the care plans we reviewed we saw information had been gathered from a variety of sources, which included; social care, nursing and other community based health professionals. This ensured the home were confident they would be able to meet people's needs.

People who lived in the home and their relatives felt the staff understood their needs and how to provide support. Comments included; "I need support to transfer with the hoist, staff know how to help me properly." and "Staff know what I need and what they are doing." and "I know they understand [name] needs, I know they are looked after and I feel reassured."

Staff had received regular training in all mandatory areas which were appropriate to the needs of people living in the home. All staff had completed the care certificate, a nationally recognised qualification which is normally completed by new staff who had limited experience of social care. Staff we spoke with felt they had received good training and praised the quality of the induction programme. One person said, "My induction, doing the care certificate and working alongside the day staff made me feel equipped to do my job." Staff also reported the regular training ensured their knowledge was fresh.

The home had a supervision policy; supervision is a meeting between a member of staff and a senior to explore what is working well and what could be better. We saw supervision had been provided in line with the home's policy with additional supervision being provided in response to the needs of the staff around specific areas of their role. In addition all staff had received an annual appraisal which provided a more detailed assessment of the staff's development and progress. Staff we spoke with felt supervision was a useful process and said they felt listened to and valued.

Some people living in the home needed support to maintain their nutrition and hydration. We looked at how the home achieved this. We found where people had been assessed by therapists as needing a modified diet such as pureed or soft textured this had been recorded in their care plans. There was additional information available to care staff kept in the kitchen. The cook was aware of people's dietary needs and how to provide them. This also included an awareness of allergies and food intolerances.

Records had been kept of the quantities of food each person had eaten at each meal time. The home had also provided nutritional information about each meal they provided which could help people identify high protein options for example.

People told us the food was good. There was a choice at each meal time, if people wanted something different they could ask. Weekly menus were displayed on each table.

People were supported to maintain their health and wellbeing. Records kept in each person's care plan showed the variety of different health professionals who were involved in their care and we saw the advice provided had been recorded in the care plan and followed. A separate record for visiting professionals

ensured information could be accessed quickly. We spoke with a visiting doctor who said the home appeared to be very organised with good documentation available for any people they were reviewing. The doctor felt the nursing staff had good knowledge of the patients and were promoting positive health and wellbeing.

To ensure a smooth transition between services, essential information had been gathered which reflected good practice and included; medical diagnosis, medicines, how to communicate effectively with the person and emergency contact information. This could be accessed quickly and taken with the person, if they needed to attend hospital in an emergency.

We looked at the design of the building and any adaptations which might benefit people who lived in the home. The home had accessible bathrooms and toilets including wet rooms and an adjustable bath. There was a lift. To improve the aspect from one of the windows in the lounge the home had installed a large mural The Rovers Return and Coronation St.

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 found DoLS assessments were completed where people had been assessed as lacking the capacity to consent to the care and treatment they received. The home had a system for ensuring renewals were applied for in a timely way.

People living in the home had been supported to give consent in relation to their care and support. Consent to receive care had been signed by some people. Where the person had been assessed as not having the capacity to sign their consent the home had completed best interest meetings to ensure any decisions made on behalf of people were the least restrictive option. We saw the home had consulted with family to ensure they were involved in these decisions. One person had an advocate to represent their interests in decision making. Staff were clear about ensuring people were consenting to care each time they offered people support.

Good

Is the service caring?

Our findings

People who lived in the home and their relatives praised the caring and kind support provided by the staff and management team. Comments included; "The best thing about this home is how nice all the carers are." and "Staff here have been understanding and sympathetic which is really important to me." and "If I feel upset staff reassure me, they are sensitive to my needs." We observed staff interacted in kind and caring ways with people. Staff spoke respectfully to people and chatted about a variety of subjects. Staff told us how important it was to them that they were able to care for people and improve their lives.

Relatives who visited the home reported feeling welcome and appreciated. They told us they often turned up at any time and it was never too much trouble for the staff. One person told us, "We visit at least three times a week, the staff are great, very caring and we can approach them at any time." Another relative told us they visited very frequently at different times of the day and evening and they always found their relative to be well cared for. People in the home appeared well presented and dressed in ways which reflected their taste and comfort.

Staff understood the importance of supporting people to maintain their privacy and dignity. We asked staff how they might support a person who was declining support in ways that upheld their dignity. Staff told us, "I try to understand their experience, why they might be reluctant and try to persuade them." and "I try to make sure I can understand what they are trying to tell me, then I try to reassure them and encourage them." In addition, the home had dignity champions to promote good practice and knowledge within the team. To ensure people were not disturbed unnecessarily there was a sign on each bedroom door, similar to a do not disturb sign, which said 'sleeping' on one side and 'care in progress' on the other. This ensured anyone who might be thinking of entering would know if the time had been appropriate.

People had been supported to maintain their important relationships. Visitors were always welcomed. In addition the home had ensured one person had been taken out regularly to visit a relative who was not able to visit themselves. Another person had been supported to have younger family members to visit them regularly, there had been toys and games provided. Details of who was important to the person and how to contact them had been recorded in their care plans.

People were encouraged to maintain and develop their independence. Care plans included details of the tasks people were able to complete for themselves and any goals the person may have had. We noted one person would soon be moving out to more independent accommodation. They complimented staffs approach in helping them develop more confidence.

People continued to be supported to make decisions and choices about their care. The care plans we reviewed showed how people had been consulted and involved. Where necessary people had been supported by relatives or close friends. Advocacy services were available if people needed independent support. One person had an advocate to represent their interests. Information about advocacy was displayed in the home and included in the service user guide.

Communication guides were included in people's care plans which detailed the most effective way to engage with people. There were clear guidelines describing how non verbal communication might be interpreted. The home also used 'easy read' options using symbols to support people to communicate how they were feeling.

Good

Is the service responsive?

Our findings

At the last comprehensive inspection the home was rated as requires improvement in this domain. This was because we had found a lack of evidence of meaningful activities being provided and regular reviews were not completed for a person with complex mental health needs. At this inspection we found both these matters had been fully addressed and were no longer a concern.

We found the home had made exceptional efforts to understand and respond to people's needs, wishes and preferences in ways which empowered them and sought to improve the quality of their lives. The home had achieved this in three main areas.

The team had improved their understanding of the experience of people living with dementia and improved their skills and knowledge in relation to how they responded. One person regularly experienced distress as a consequence of their dementia and would shout out repeatedly. The home had identified they sometimes found music soothing. Wireless headphones were provided with the person's favourite music stored in them. We saw the person sometimes responded well to this however when they did not, we observed staff chatting with the person to provide reassurance. An important impact for the person had been a reduction in the use of additional medicines to support them to manage their feelings. This reflects good practice and is identified in NICE pathways of care which recommend the use of therapeutic interventions to promote pleasure to avoid the over use of medicines to manage distress experienced by people living with dementia.

To promote communication the home had sought specialist audiology appointments to assess the impact of hearing loss for people living with dementia. Recent research by Action on Hearing Loss, a charity, had shown hearing loss can be a contributory factor in the impact of dementia. This potential impact had been reduced by the provision of hearing aids.

Care plans also included very clear descriptions of the most effective ways for staff to interact with people. This information had been gathered through the teams observations when supporting people and consulting with their families. This showed the home was committed to improving communication and understanding of people's experiences so they could respond in the most effective way for the person.

The home had identified some people were experiencing increased isolation and loneliness. To address this they had created a variety opportunities for people which encouraged people to interact and socialise in the home. This included children visiting from a local school, social activities and parties to which families and friends were invited. There was also a therapy dog visiting regularly which people clearly enjoyed seeing.

The home had tried different approaches to encourage interaction and conversation. There was a conversation board with ideas and topics people had said they enjoyed talking about. There were biographies of the kitchen staff on the dining tables which provided information about their families, interests and favourite films. These had generated some conversation with the people living in the home. The home had also put booklets about common phrases and where they came from on the dining tables. These had been well read and commented on. We saw how the staff team and registered manager

responded positively to all ideas and suggestions. In addition they had engaged with a pen pals scheme with a local school known as 'foster a grandparent'. We read some of the letters which had been exchanged. We spoke with one person had a pen pal and they said it had been really interesting and good to write to someone and they enjoyed the letters their pen pal sent to them.

The home had also been proactive in considering people's needs for relationships and intimacy. This was a fairly new initiative at the time and will be reviewed at the next inspection.

People who lived in the home were encouraged to be involved in meaningful ways. One of the residents we spoke with told us they were on the interview panel for all new staff. They explained their role, the questions they asked and said they had been involved in making decisions about who was appointed. This showed the home valued the skills and opinions of people living in the home.

Residents meetings were held regularly and were well attended. They had been chaired by one of the residents. We looked at some of the issues which had been raised and how the management had responded. We found people had been concerned about the decoration and had been able to choose how the lounge was decorated to reflect their preferences. People had also made suggestions about different activities and trips and these had been included in the activities provided. People had not liked the view from one of the lounge windows and this had been changed to a large mural of a local Salford scene which looked like the set of Coronation Street. People living in the home had noticed there were a lot of crows in the front garden area and had approached staff to assist them to make a scare crow. This was in situ and had been effective in reducing the number of crows. By encouraging people living in the home to participate in and control their own meetings demonstrated the home was committed to empowering people.

People's interests, hobbies and social preferences had been included in their care plans. These had been included in the regular activities programme in the home. People told us, "I enjoy some of the activities, especially colouring and art. I like watching the television as well.", "I really like going out on trips and to the shops." and "I prefer to spend my time in my room, I am happy here and they respect that." We saw there was a timetable of activities which was being followed. In addition staff had been interacting with people more individually, providing manicures, chatting and playing games. Records of the activities people had been offered and participated in were kept to help inform future planning. Relatives of people who lived in the home praised the level of activities and how open the home was to suggestions.

People received care which was personalised and responsive to their needs. Care plans had been developed which included a holistic assessment of the persons needs, preferences and wishes. Information about people's backgrounds, histories and life experiences identified what was important to them.

At the last inspection there had been a concern raised about the frequency of reviews. We looked at four people's care records and found all elements of their health and social care needs had been reviewed regularly. Every month the home checked that care plans and medicines were still appropriate.

Staff ensured they recorded any changes to people's needs and wishes which could be acted on by nursing and senior staff. We saw where people had been referred on to community based health professionals, including, speech and language therapists, continence services and local GP services. We noted one person regularly declining medicines, the home responded by asking for liquid medicines to be prescribed to see if the person could tolerate these. We spoke to the relatives of people who lived in the home, they told us, "I have been to two reviews and when we can't get there the home always update us." and "They always invite me to reviews, and they always update me about any changes. They make sure they give me plenty of notice because they know I am busy."

We reviewed how people's expressed wishes had been incorporated in their daily care plans. We found the home had accommodated people's wishes. For example; one person preferred their personal items positioning in a particular way so they could access them easily. Staff had ensured they had done this. There were descriptions about how people preferred to be addressed and communicated with and we saw these had been adhered to.

The home understood the different cultural and religious needs of the people who lived there. People had been supported to maintain their beliefs when they wished to. Staff we spoke with understood that the Equality Act identified people with protected characteristics. We noted there were some Jewish people in the home, their care plans included specific information about how they preferred to be supported to maintain their beliefs. There were regular visits from religious leaders to the home plus people could be supported to arrange visits by request. This meant people had access to support when they wished.

There was a complaints procedure. Information about how to raise a concern was included in the service user guide given to people when they moved into the home. People we spoke with told us they knew how to raise any concerns and felt they would be responded to. One person had found the shower room cold and when this had been raised the staff had ensured the windows had been kept closed. The person said the shower room was then warm enough for comfort. The relatives of two people we spoke with told us they had not had to raise any formal complaints because anything they had raised had been responded to straight away. They both said they were confident the home would listen to them and take action.

Compliments were recorded and fed back to staff at team meetings and through handovers. In addition there were cards on display in the entrance to the home. Staff told us they enjoyed receiving compliments and felt proud of their achievements.

People had been supported at the end of their life to have as dignified and pain free death as possible. The nursing team were trained to provide end of life medicines, including the use of syringe drivers, which meant people could remain at the home if they wished. People had been supported to consider their wishes and preferences and these had been recorded in this section of their care plan. Some people had expressed their views regarding resuscitation, where people had decided they did not wish this to happen the appropriate paperwork was in place and kept under review with the doctor. The home accommodated people's relatives and provided a place for them to have privacy. One person told us they had been allowed to stay in the home when their relative was at the end of their life and they had both found this comforting.

Good

Is the service well-led?

Our findings

There was a registered manager in post. 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. During the inspection we found the registered manager was accessible and approachable.

People living in the home told us they liked the manager. Comments included; "The manager here is really good." and "The manager is good, they are kind and they listen to me, I feel I can approach them at any time." and "The manager has given me continuing support, I think they are very very good." Relatives of people who lived in the home were equally complimentary, comments included; "This is a well organised and managed home and they always have enough staff." and "The manager is always on top of everything and always knows what is going on."

Staff we spoke with identified there were clear shared values and a commitment to providing people with high quality care which achieved good outcomes. Staff felt engaged in the development of these in the home. We found staff were highly motivated and committed to their roles. Staff said they were clear about what was expected of them and appreciated the support and guidance of the management team.

Effective governance systems ensured the manager had clear oversight of the service. Regular audits had been completed and action plans developed which ensured any identified concerns had been addressed. The manager completed a daily walk around which included; checks of, the condition of the building and facilities, staffing levels, security and cleanliness. Audits of care plans had been completed each month to ensure they remained up to date. Medicines and medicine records were reviewed every month. The registered manager completed monthly quality assurance audits with the provider which resulted in action plans. We saw where any issues had been identified they had been followed up. The manager also completed spot checks during the night and at weekends to ensure agreed standards were maintained.

There was a handover at each shift change. We attended one on the morning of the first day of inspection. The handover included a lot of detail about how people had been over the previous day, any changes to people's wishes and needs. Information was shared about upcoming appointments and what preparation had been needed. Staff were identified to work in specific areas. Everything was recorded in the home's 'diary communication record' and delegated tasks could be traced back when needed.

Regular team meetings were held. We reviewed the minutes of the two most recent meetings. Staff had opportunities to raise any items in advance. There were standing items on the agenda including; duty of care, safeguarding, health and safety and policy of the week. This ensured some topics were always discussed. In addition there were items that related to individuals and opportunities for people to share their knowledge and experience.

The home had made considerable efforts to engage with people living in the home and their families.

Regular meetings were held, quality assurance surveys completed and social activities arranged. In addition the manager held twice monthly drop in sessions to be available to anyone who wanted to raise anything. The home had also arranged for a 'family forum' to facilitate communication between people who may want to share experiences with others rather than with the staff or management. This showed the home were considerate of potential obstacles to people engaging about their experiences.

Policies and procedures had been developed at provider level. These addressed all areas of regulated activities. Staff were able to look at these on line or in paper format in the office. In addition the home had a 'policy of the week' which was printed and displayed in the staff areas. Staff spoken to said they found this useful. This demonstrated the home were seeking to embed important policies in the culture and practice of the team by making them a priority and providing opportunities to read them.

There was a business continuity plan which identified what actions to take in the event of emergencies such as; floods, power failure, failure of equipment, fire and similar events. In addition there were clear instructions on the notice board which included very specific details such as where emergency stop switches were, where specific equipment was, who to ring and their numbers. This ensured staff had all the necessary information to hand in the absence of the manager.

People's confidential information had been stored securely. The home had updated how they stored information to reflect changes in the General Data Protection Regulation (GDPR).

The home continued to work in partnership with a variety of organisations to improve the quality of the service by sharing their skills, knowledge and experience. The registered manager attended bi-monthly safeguarding forums where other providers shared information and they had speakers on key topics. Some of the partnership working could be seen to have added to the quality of the service. As a consequence of attending one of the forums the registered manager had introduced a hypo-box, which was a toolkit which enabled staff to respond rapidly to a person experiencing a diabetic emergency. The registered manager also attended and contributed to HAELO, a Salford initiative which aimed to promote increased safety in care homes.