

HC-One Limited

# Westleigh Lodge

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection of Westleigh Lodge took place on 14 and 15 December 2015 and was unannounced.

Westleigh Lodge is situated in Leigh, Greater Manchester and provides nursing care for up to 48 people living with dementia. The accommodation is set over two floors, with lift access available between the different levels. At the time of our inspection there were 45 people living at Westleigh Lodge.

We last inspected Westleigh Lodge on 19 and 20 January 2015, when the home was rated as requires improvement. At that time we found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breaches related to; medicines management, requirements relating to workers, training and assessing and monitoring the quality of service provision. We asked the provider to take action to make improvements and they supplied us with an action plan detailing how they would achieve this. We found at this inspection that this action had been completed and the required improvements had been made.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered 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.

There had been a high turnover of registered managers at the service. The registered manager in post at the time of our visit was an interim 'turnaround manager'. They told us they planned to stay in post until they were satisfied the right candidate had been found to take over the management of the home.

We received very positive feedback from staff and relatives about the registered manager, deputy and senior care staff. Staff told us they felt supported and relatives said they found the management to be approachable and efficient.

Medicines were stored safely and we found there were sufficient stocks of medicines. Accurate records of administration had been kept for most medicines. However, we were unable to locate administration records for the application of creams for two people. At one point in the inspection we observed two nurses were administering medicines at the same time in the same area. This meant one nurse had to sign for two medicines at once following their administration as they did not have access to the MAR charts. This was poor practice.

We looked at records of recruitment of staff. We saw safe procedures had been followed such as; obtaining references, identification and carrying out a criminal records check. However, one application form we looked at did not have full details of the staff member's employment history, although we saw this had been explored at interview. The provider showed us recent examples of how they had effectively followed-up on gaps in employment history.

We observed there were sufficient numbers of staff to meet people's needs during our inspection. Staff and relatives told us they felt there were sufficient numbers of staff deployed in the day, but one staff member and one relative told us they thought staffing levels were not always sufficient at night. We found no evidence that this had negatively impacted on the care received at night and the provider told us they had recently turned an evening or 'twilight shift' into a permanent shift to address these concerns.

Staff were aware of how to identify and appropriately report any safeguarding concerns. The service had notified CQC as required of safeguarding incidents.

The home employed an activities co-ordinator. We saw few activities taking place during the course of the inspection, although the activities co-ordinator told us they were doing one to one activities. Staff told us due to the needs of the people living at the home most activities took place on a one to one basis and occasionally entertainers came to the home. We saw there had been recent productions of plays, and a nativity from a local school group.

Relatives told us their family members enjoyed the food provided. We saw people's dietary preferences were documented and a relative told us the kitchen staff regularly consulted with people living at the home and their relatives about the food provided. We saw food and fluid intake records were accurately maintained when required.

The registered manager and provider demonstrated a good understanding of their responsibilities around making DoLS (deprivation of liberty safeguards) applications to the supervisory body when required. Some improvements in relation to the documentation were required in order to evidence the conditions of DoLS were being adhered to.

We saw there were adaptations to make the home more 'dementia friendly'. Adaptations included; pictorial and directional signage, tactile pictures and different coloured doors. Staff had received training in dementia care and the staff spoken with were able to identify how they would provide effective support to people living with dementia.

We received positive feedback from relatives about the caring attitude of staff. Relatives told us they had no concerns about the well-being of their family members and told us communication from the home was good. We found there were regular relative meetings to discuss the home.

There was a record of complaints kept by the service. The provider told us in their PIR (provider information return) that six of eight complaints received in the last year had been resolved in 28 days. We spoke with two relatives during the inspection that had made a complaint. Both relatives said their complaints had been resolved to their satisfaction.

Care plans were comprehensive and provided the staff with information about individual's care and support needs as well as their preferences and social history. Staff we spoke with were aware of people's support needs as documented in their care plans, for example dietary and fluid requirements. One care plan we looked at did not accurately reflect the current use of a piece of equipment but the provider was able to demonstrate they were seeking advice in relation to this.

People had care plans relating to end of life care in their files. People's wishes in relation to end of life care had been recorded where they had been willing and able to discuss this aspect of care provision. We saw families had also been consulted in relation to end of life care. Nursing staff had received training in syringe drivers. Syringe drivers are a way of delivering medicines over a period of time, and are often used during

end of life care for pain relief. At the time of our visit there was no-one at the home receiving end of life care.

Staff told us they felt well supported, though feedback about team working was mixed. Two members of staff told us they thought new staff members were not always supported by existing members of the staff team. However, a recently recruited member of staff we spoke with did not raise any concerns in relation to this.

The registered manager had provided CQC with regular updates in relation to progress against an action plan following our last inspection. We saw regular audits of the quality and safety of service provision had been carried out. Where actions had been identified, we saw these had been followed-up. We also saw audits had been discussed with staff, which would involve staff in the process of improving the quality and safety of the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Requires Improvement 

Not all aspects of the service were safe.

Improvements had been made in relation to the safe management of medicines. However, we found administration records were not in place for all creams. We also observed some poor medicine administration practices.

Recruitment records showed safe processes had been followed. However, we found one staff member's personnel file did not contain a full, accurate record of their employment history.

The environment appeared clean and tidy. However, two relatives commented on a smell of urine in certain areas of the home, and this was also noticed by the inspection team.

### Is the service effective?

Good 

The service was effective.

Records showed referrals had been made to other health professionals as required.

There were a number of adaptations to the home to make it more 'dementia friendly', including pictorial and directional signage and different coloured doors. Staff had undertaken a range of training in dementia care.

Staff had received regular training and supervision. We saw training had been carried out in a range of areas including safeguarding, moving and handling and equality and diversity. Nursing staff had undertaken additional training in venepuncture (taking blood samples) and other aspects of nursing care.

### Is the service caring?

Good 

The service was caring.

We observed many positive and caring interactions between staff and people living at Westleigh lodge. We saw staff communicated clearly and respectfully with people.

Relatives told us staff had a caring approach and told us they felt their family members were cared for in a safe environment by competent staff.

People's social histories were recorded in their care plans. Relatives told us they had been involved in the development of care plans and told us the home kept them well informed.

### Is the service responsive?

Good ●

The service was responsive.

Due to the support needs of people living at the home, most activities were undertaken on a one to one basis with the activity co-ordinator. Some staff told us they had limited time to spend with people doing activities. However, we saw there was a regular programme of activities, which included entertainers who came into the home.

People's needs and preferences were assessed prior to them moving into the home. We saw care plans had been regularly reviewed and updated.

The home was gathering the views and feedback from people living at the home, relatives and other professionals in a variety of ways, including an electronic feedback point at the entrance to the home.

### Is the service well-led?

Good ●

The service was well-led.

There had been a high turnover of registered managers at Westleigh Lodge. The registered manager in post at the time of our inspection was an interim 'turnaround manager'. They told us they planned to remain in post until the right candidate could be found to take over the management of the home.

The registered manager and deputy manager told us they were proud of the improvements the service had made. The registered manager had provided CQC with regular updates on progress made against their action plan following our previous inspection.

Audits to monitor the quality and safety of the service were carried out on a regular basis. Where areas for improvement were identified, we saw actions had been identified and followed-up.

# Westleigh Lodge

## 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 14 and 15 December 2015 and was unannounced. The inspection team consisted of two adult social care inspectors 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 service. We also consulted a specialist advisor with expertise in electrical safety following the inspection.

Prior to the inspection we reviewed information we held about the service. This included any information we had received from 'share your experience' forms submitted via the CQC website, or from calls we had received. We reviewed notifications the service had sent to us about safeguarding and other significant events and reviewed previous inspection reports. We also sought feedback from the local authority safeguarding and quality assurance teams and from Wigan Healthwatch.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider had submitted this information shortly before our inspection started and we reviewed this information following the inspection.

During the inspection we spoke with two people living at the home and 11 relatives who were visiting at the time of our inspection. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with an occupational therapist (OT) and a paid relevant person's representative/independent mental capacity advocate who were visiting the home at the time of our inspection.

We spoke with 15 staff members during the inspection. This included the Registered Manager, eight carers/senior carers, one nurse, the deputy manager, the activity co-ordinator, one domestic, a student nurse and the area manager. We looked at records in relation to the care and support people were receiving,

including; eight care files, 10 medication administration records (MARs) and daily records of care. We looked at other documents, which relate to the management and running of a care home including; five staff personnel files, records of servicing and maintenance, policies and procedures and audits.



# Is the service safe?

## Our findings

During our visit the environment at Westleigh Lodge appeared clean and tidy. Early in the inspection we noticed some areas of uncleanliness in the bathrooms during our visit. However, when we checked back later we saw these areas had been cleaned appropriately. We saw there were adequate supplies of personal protective equipment (PPE) such as gloves and aprons, which would help prevent the spread of infections. Staff confirmed there were always adequate supplies of PPE. We noticed a smell of urine in some communal areas of the home, such as the corridors and lounges. This was also commented on by two relatives we spoke with. One relative said; "I've just come in and it smells of pee."

We looked at cleaning schedules and saw carpets had been cleaned regularly, however some carpets appeared old and worn. The provider information return (PIR) detailed the home had refurbishment plans in place to be undertaken in the near future. The registered manager confirmed this, although there was no identified timeframe for completion. Domestic staff worked shifts that started and finished early in the day. Two members of staff told us they felt the hours the domestic staff worked meant they were not always present when most needed. The registered manager said they were aware of these concerns and were considering how this issue could be addressed.

At our last inspection on 19 January 2015 we found medicines were not always managed safely, and this had resulted in some people not receiving their medicines as prescribed. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was now meeting the requirements of this regulation.

During our inspection we saw that a member of staff had administered two medicines before returning to sign the MAR chart. They told us they had done this as another staff member was using the MAR charts at that time. This meant two staff were responsible for administering medicines at the same time, which would increase the risk of a medicine errors occurring. We raised this issue with the provider as an area of poor practice.

We saw medicines were stored safely in a locked medicines trolley, fridge or controlled drugs cabinet as required. Controlled drugs are medicines that are subject to additional legal control in relation to requirements around their storage, administration and disposal. We checked stocks of some medicines and saw supplies were kept that corresponded to the records. Records of administration had been completed consistently, including the accurate recording of variable dose medicines and medicines administered 'when required' (PRN). However, we found two records for the application of cream medicines could not be located. Staff told us these had previously been in place, and the registered manager said they would look into this issue.

People's care plans contained information on their medicines and how they should be administered. There were PRN protocols in place that would provide staff with sufficient information to administer medicines consistently when required. We saw when people were taking short courses of medicines, such as

antibiotics, that there was a care plan in place and administration had commenced promptly following a GP prescribing such medicines. One person's records indicated they were administered medicines covertly in their best interests. This means medicines were given without their knowledge. We saw the correct process had been followed in relation to covert medicines, such as carrying out a best interest decision and seeking advice from a GP. There was guidance in place on how staff should administer the medicines covertly; however, there was no evidence that a pharmacist had been consulted as required. The provider told us they believed advice had been sought in the past, but the record may have been archived.

At our last inspection we found gaps in the recruitment records for one staff member. This meant we could not be sure this person had been recruited following safe procedures. This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found the provider was now meeting the requirements in relation to this regulation.

Four of the five staff personnel files we looked at contained application forms that included a full employment history, references from former employees, identification and a disclosure and barring service (DBS) check. DBS checks provide information on whether an applicant has any previous convictions, or is barred from working with vulnerable people. This helps employers make safer recruitment decisions. One file we looked at contained an incomplete application form, which did not contain a full work history or list contacts for references. We saw that appropriate references had been obtained and that employment history had been discussed at this person's interview although specific dates had not been obtained. The registered manager told us this person had been recruited prior to them being in post. They showed us examples of more recent recruitment documents where they had identified and followed up any gaps in records of applicants' employment history.

During our visit we saw sufficient numbers of staff were deployed to meet the needs of people living at the home in a timely way. All staff and relatives we spoke with during the inspection told us they thought there were sufficient numbers of staff on shift during the day. One relative told us; "There are always staff about. I never see [my relative] left on his own." Staff told us staffing levels had been increased recently in response to feedback they had given to the registered manager. Staff told us shifts were always covered, and we confirmed this by looking at staff deployment rotas.

We received a mixed response about staffing levels at night. One member of night staff told us they thought there were sufficient staff on duty, but a second night staff member thought more staff were required to ensure they were able to supervise people adequately. They were not aware that night staffing levels had resulted in any impact on people and the care received. One relative told us; "There are one or two niggles. For example, during the day there are enough staff but at night there are not enough. The shape of building doesn't seem to help." The registered manager told us they had made a 'twilight' shift permanent and that staff should assist on the other floor of the two floor building if required.

Staff we spoke with were aware of how to identify and report any safeguarding concerns. Staff told us they had received recent training in safeguarding, which we confirmed by looking at training records. Senior staff were aware of their responsibilities in relation to safeguarding and were aware of how to report concerns to the local authority. We saw a record of safeguarding incidents was kept, and our records showed the service had notified us of any safeguarding incidents as required.

People's care files contained risk assessments that helped ensure measures were in place to keep them safe. Risk assessments were in place in relation to areas of risk such as malnutrition, pressure sores, choking, falls and moving and handling. Most of these risk assessments had been reviewed on a regular basis as required,

although the review of risk assessments in one person's file were overdue by between one and three months. The registered manager told us this was due to the member of staff responsible for reviewing the care file having been off. They told us systems had been put in place to prevent this happening in the future.

There was an up to date plan of how the service would respond in emergency situations such as if there was a loss of utility supplies, shortage of staff or loss of accommodation. We saw people living at the home had personal emergency evacuation plans (PEEPs) in place, which provided the staff with detail about the level of support required for that person in the event that an emergency evacuation of the premises was required.

The service carried out regular checks, tests and servicing of equipment and services as required. This included testing of lifting equipment, checks of mattresses, bed rails, water temperatures, window restrictors and the fire alarm. There were up to date records of tests of the safety of gas appliances and the electrical system. The electrical installation test record showed improvements were required to the maintenance of the electrical system. The provider told us this work had been carried out. We sought advice from a specialist advisor with expertise in electrics who confirmed there was no identified risk to people living at the home based on the findings of the electrical installation test report.

# Is the service effective?

## Our findings

At our last inspection of Westleigh Lodge on 19 January 2015 we found there were gaps in staff training, including training for nursing staff in venepuncture (taking blood samples). This was found to be a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponded to a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found the provider was now meeting the standards in relation to this regulation.

Staff told us they had completed recent training in subject areas including moving and handling, risk assessment, infection control, medicines and tissue viability. We looked at training records, which confirmed staff had completed recent training in key areas such as safeguarding, first aid, nutrition, falls awareness, the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Records showed that nursing staff had received recent training in venepuncture. We spoke with one member of nursing staff who told us they had received this training and felt confident in their ability to perform this task. They told us they had not had their competency assessed, but they had not been required to take blood samples since the time of this training.

When reviewing personnel records we were unable to see what induction newly recruited staff had undertaken. The registered manager told us this had been identified as a shortfall and they intended to introduce documentation to address this. They showed us an induction booklet that new starters received. This contained checklists that covered essential information a new staff member would need; such as emergency procedures, security, policies and care plans. We spoke with a recently recruited member of staff who told us they shadowed other staff members when they first started, and told us they felt they had received the support they required to become competent in their role.

We reviewed staff supervision records. Two staff told us they had received recent supervision and said they found the process useful. They told us topics such as staffing, performance and training were discussed. A third member of staff told us they did not receive supervision often, although they said they worked closely with their managers so this was not an issue.

The home provided support to people living with dementia. We saw various adaptations had been made to make the home more 'dementia friendly'. Adaptations included pictorial signage, directional signage, contrasting colour toilet seats, and different coloured bedroom doors. We also saw that people had memory boxes containing personal items outside their rooms, which would help people locate their bedrooms. These adaptations would help enable people to retain independence within their home. Other adaptations to the environment included tactile picture and 'fiddle boards' that contained an assortment of switches, door handles and door bells. These provisions would provide distraction and sensory stimulation to some people living with dementia.

The relatives we spoke with told us they thought the staff were competent to provide the care their family member needed, including support around their dementia. Approximately 90% of the 58 staff had received some training in dementia, with over one third of staff having completed additional more advanced training

in dementia care. The staff we spoke with were aware of the possible effects of dementia on an individual. They were also able to describe how they would provide people living with dementia with effective support. We spoke with the activities co-ordinator who told us they provided sensory activities, one to one time or reminiscence sessions, which were appropriate to meet the needs of some people living with dementia.

People we spoke with told us they liked the food provided. One person said; "The food is okay," and another said; "The food is very good." We observed the mid-day meal, which was appeared organised and relaxed. One relative told us; "[Family member] has put weight on since they came here. They're really enjoying the food." We saw people's dietary preferences were recorded in their care plans and one relative told us the chef regularly asked people and their relatives about their likes and dislikes.

We saw special diets, such as pureed diets, were clearly displayed in the kitchen. People's support needs in relation to eating and drinking were clearly recorded in their care plans. The staff we spoke with were aware of these guidelines, including details such as the required consistency of thickened fluids. We saw people received the support they required to eat and drink over the meal time, although one relative commented that staff appeared 'stretched' over this period due to the level of support required by people living at the home over this period. The registered manager told us all staff, including staff such as the activity co-ordinator, helped at meal times to help ensure people received support in a timely way.

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 service 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 found the provider had submitted standard applications for DoLS to the supervisory body for all people living at the home. We viewed a copy of communications between the registered manager and a senior manager that demonstrated the provider understood the requirement to make DoLS applications when a need was identified without delay. Two of the DoLS applications had been authorised. We looked at the conditions in relation to one of the DoLS and discussed this with this person's 'relevant person's representative' who was visiting the home on the day of our inspection. We found the provider was meeting the conditions of the DoLS, although some improvements were required to the records. This was to ensure it was clear what restrictive practices were in place in the relevant sections of the care plan, and to clearly evidence that the provider was meeting certain conditions outlined in the DoLS.

Staff had received training in the MCA and DoLS and had a reasonable understanding in this area. Other than one member of staff, all staff we spoke with were aware of who had an authorised DoLS and what the conditions were in relation to the DoLS. We saw that care plans were in place in relation to DoLS when these were required.

There were capacity assessments recorded in people's care plans that would help inform staff about the decisions an individual was able to take, and what decisions they may require support with. We saw staff asking people for their consent before providing care, such as before putting on clothes protectors for

certain people over the meal time. We asked staff what they would do if someone refused care or treatment. Staff told us they would respect people's choices and ask them again later.

People's health care needs were documented in their care files. Records showed that a range of other professionals were involved in people's care including speech and language therapists (SALTs), GPs and opticians. The records we reviewed showed that people's weights had been consistently recorded, and appropriate actions were taken in response to any identified weight loss. We viewed records relating to pressure care, which showed that repositioning took place as required and detailed in people's care plans.

## Is the service caring?

### Our findings

During our inspection we observed positive interactions between staff and people living at Westleigh Lodge. Staff communicated with people clearly and in a friendly and respectful manner. We observed people were greeted in a friendly manner and offered a drink of their choice when they got up for breakfast.

Everyone we spoke with told us the staff were very kind and caring. One person told us; "The staff are nice." Comments we received from relatives included; "I would recommend this home to others. It is the best home [my relative] has been in, and they have been in a few;" "I used to come every day but I feel that I can have a break once a week because I trust them implicitly. If I come in unexpectedly there is always the same standard;" and "All the staff are kind, caring, loving and fun as well." We spoke with one relative who praised the staff for their hard work and said all staff were very caring. They told us they had chosen the home because of the staff and said; "The environment is not the best, but care is most important."

People living at Westleigh Lodge appeared clean and well presented, and one relative we spoke with commented that this was always the case for their family member. At one point in the inspection we saw that a person had a slight tear in the back of their trousers. Staff picked this up promptly and discreetly and respectfully offered support to this person to enable them to change their trousers.

We observed staff supporting one person whilst using a hoist and saw they communicated with them throughout the process, providing clear explanation as to what they were doing. People's care plans contained information for staff about how to communicate effectively with them, including information about any required communication aids, such as hearing aids or glasses. We asked staff how they could understand the needs and wishes of people who may have limited verbal communication. They told us they would look for signs such as body language, or would get to understand what different verbalisations indicated.

We observed lots of exchanges between family members and the staff during our inspection. Staff and relatives we spoke with commented that the home had a family atmosphere. One relative told us; "I've got to know the staff really well. They are lovely. The staff are caring. They are very patient. They always ring me if there is a problem." Relatives told us they were kept well informed by the home, and told us they had been involved in their family members pre-admission assessments before they had moved in. We also saw relatives had provided input into developing information on people's social histories, including previous interests and hobbies, which was recorded in care plans.

We asked staff how they would support people to retain as much independence as was possible. Staff responded that they would allow people to do what they could for themselves, for example when assisting with washing or bathing. They also told us they would support and encourage people to assist with tasks such as setting the tables for meals if they wished to do so.

We saw people had care plans in place that detailed their wishes in relation to end of life care where they had been happy to discuss this. Thirty-nine of the 58 staff had received training in end of life care. Nursing

staff had received training in using syringe drivers, although there was no-one who required this care at the time of our visit. Syringe drivers are a way of delivering medicines often used during end of life care.

Staff had received training in equality and diversity. We asked one staff member to explain what they had learned from this training. They told us it was understanding that 'not everyone is the same.'



## Is the service responsive?

### Our findings

We looked at records of activities, which showed activities including nail care, crafts and a men's club had been offered. People told us the home had recently had a production of a play in the home and a nativity show. One relative told us; "They have the activities room where they do crafts. My [family member] has made some things." We were also told by relatives and staff that people would be supported on outings to the local community, such as for a walk in the local park during the summer. One relative told us they thought the activities co-ordinator was very good and told us they thought charity coffee mornings that the home had put on were a good idea.

Due to the level of support required by people living at the home, we were told by relatives and the activity co-ordinator that it could be hard to engage people in group activities. This meant that many activities were carried out on a one to one basis. Staff told us they would engage and spend time with people whenever possible, although they told us they had limited time to do this. One member of staff said; "I do think it is difficult due to the setting. Staff try to do lots of activities, but there is not a lot of time. We have a sing or a chat, or sit and hold someone's hand when we can." During our inspection we didn't see any group activities taking place. The activities co-ordinator told us they had been carrying out one to one activities with people cared for in bed.

We saw people's needs and preferences had been assessed prior to them moving into the home. These assessments included details about; health and social care support needs, preferences around personal care, such as bathing, personal cleansing, dressing; eating and drinking and sleep. For example, we saw preferences such as whether people preferred a duvet or blanket were recorded.

The care plans we reviewed were comprehensive and had been regularly reviewed. Care plans covered areas including; mobility, health care support needs, psychological health and details about activity preferences and personal histories. Care plans would provide staff with the information required to support people in accordance with their needs and preferences. One care plan we looked at had not been updated to reflect this person's use of a particular piece of equipment. However, we saw the service had made a referral via this person's GP to an occupational therapist who was in the process of offering advice and involved in the review of the use of this equipment. Staff told us they would read care plans 'now and again', though they also said that if there was any change to a person's care plan that this would be handed over by a nurse.

We asked staff to tell us what they did in order to provide person-centred care to people. One staff member told us how they got to know people and their families' well, which helped them understand people's preferences. Another staff member told us about how another person liked rugby and told us they would put games on the TV for this person. The registered manager told us about another person living at the home who used to be a nurse. They told us this person chatted to the nursing staff about nursing. During the inspection we saw this person accompanying the nursing staff at certain times in the day.

Relatives told us there were regular meetings held that they could attend. We viewed minutes from these

meetings and saw topics such as staffing, CQC visits and promotion of Wigan Council's 'friends and family' network were covered. The home had an electronic survey point at the entrance to the home, which was available for staff, relatives, residents and visiting professionals to leave their feedback. The home also carried out an annual resident and relatives survey, which was analysed by an external research company. This would help the home understand what it did well and where it could make improvements. The local authority had also undertaken a survey of residents and relatives and provided feedback to the home. We saw the provider had taken actions to implement improvements where required, and discussed the findings and actions taken at staff and relative meetings. The provider told us in their provider information return (PIR) that there had been eight complaints made about the home in the last 12 months and that six of these had been resolved within 28 days. We looked at records of complaints and saw the provider had responded to and investigated the complaints received. Two of the relatives we spoke with told us they made complaints and these had been resolved to their satisfaction.

## Is the service well-led?

### Our findings

There was a registered manager in post at the time of our visit. 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.

The registered manager was an interim 'turnaround' manager who had been in position since the previous registered manager had moved to work in another home in the group earlier in the year. There had been a high turnover of registered managers, which both staff and relatives we spoke with commented on. The registered manager in post at the time of our visit was the fifth registered manager in a four year period. They told us they intended to stay in post at the home until they were confident they had found the right manager for the home. They said they would then support the new manager for a couple of days per week until they had settled into the role.

Staff told us they had adapted to changes in management. Both staff and relatives we spoke with provided positive feedback about the leadership of the home by both the current registered manager and the deputy manager who had been in post for a number of years. One member of staff said; "[Registered Manager] is lovely, approachable and encourages you." Another member of staff said; "The home is well-led. [Deputy Manager] has been here for years and is dedicated." One relative told us; "The manager seems to be very efficient, but they are only temporary," and another relative said; "There's a really good atmosphere amongst the staff. It's because it's well led by [Senior Carer] and [Deputy Manager]."

The registered manager and deputy manager told us they were proud of the improvements that had been made to the service since our last visit, and how hard all staff had worked. The service had sent us an action plan following our last inspection visit as required. They had also sent us regular updates on the progress made against this plan at regular intervals. This showed the service was listening to and acting upon feedback they received.

At our last inspection on 19 January 2015 we found audits, including those of medicines and care plans were not sufficiently robust to effectively identify and ensure action was taken in relation to the shortfalls we identified in these areas. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponded to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found the provider was now meeting the requirements in relation to this regulation.

We saw audits were undertaken on a regular basis that covered a broad range of areas of service delivery. This included audits of the environment, meal times, equipment, cleanliness, medicines and care plans. We saw that when any shortfalls were noted that follow-up actions had been identified to ensure the issue was resolved. We saw the findings of audits had been discussed with staff in meetings. The provider also told us they were starting to involve staff in the conducting of audits. This would help ensure staff understood and were able to contribute to the audit process to help ensure the effective monitoring and improvement of

standards of quality and safety at the home.

We saw regular audits were also carried out of key outcomes at the home including the monitoring of people's weights, falls, hospital admissions, accident and incidents and pressure sores. This information was entered onto a computer system and fed back to the home's head office, where the information was analysed for any possible trends. We also saw that it was highlighted in the reports if any individual was experiencing any issues in relation to their health (such as falls or weight loss), and that appropriate actions were taken in response to any concerns.

Relatives told us the management at the home were approachable and listened to them. Staff told us they felt valued by the management for the work they did. One staff member said; "I get a lot of job satisfaction out of what I do. The manager is looking for some training for me." Another staff member told us; "[Registered Manager] is the best manager we've had, because they are proactive. They appreciate what I do."

Staff told us the team generally worked well together, although not everyone always agreed with each other. Two members of staff told us they thought not all of the staff team supported new starters when they joined the home. We spoke with one member of staff who had been recently recruited and they did not express any concerns in relation to this.

Staff told us they felt well supported in their roles and told us there were regular staff meetings. We viewed minutes from the staff meetings and saw topics including rotas, DoLS and activities were discussed. Information from the registered managers monitoring of key performance indicators, such as the incidence of falls was also fed back to staff. Several staff at the home had undergone a recruitment processes and been successful in acquiring positions as 'nursing assistants'. This was a new role that was being introduced in the home. Staff told us they were currently undertaking training for this role and told us it provided a good development opportunity.