

Larchwood Care Homes (North) Limited

The Chanters

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 23 and 24 July 2018. The first day was unannounced, however we informed staff we would be returning for a second day to complete the inspection and announced this in advance.

The Chanters is owned by Larchwood Care Homes (North) Limited and is located in the Atherton area. The Chanters offers accommodation for up to 40 people who require assistance with personal care and support. At the time of the inspection there were 40 people living in the home.

The Chanters is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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.

At our last inspection in May 2016 the home was rated as 'Good' in four domains and overall, but Requires Improvement in the Effective domain because we had identified a breach of the regulations in relation to the use of the building. At this inspection we found this had been responded to fully by the home and significant improvements had been achieved which included, improving the environment for people living with dementia.

The home had effective systems in place to protect people from the risk of harm and abuse. Staff were knowledgeable about how to recognise and respond to concerns. We could see the home had been thorough in investigating and following up all concerns raised.

Staffing levels were calculated and reviewed regularly based on people's needs. We could see staffing had been amended when required. People living in the home and their relatives told us they felt the home was safe. People had been supported to assess and manage the risks in their daily lives while maintaining as much independence as possible.

Medicines were managed safely, some people had been supported to manage their own medicines.

Staff had been recruited safely, all the necessary checks had been completed to ensure staff were suitable to work with vulnerable people.

The building had been well maintained and there were regular cleaning schedules and infection control checks. We found there was a slight odour on the ground floor which we discussed with the registered manager who will address this. We will review this at our next inspection.

New staff received a comprehensive induction programme and regular training. At the time of our inspection the training records were being transferred to a new system and we could not see the most recent training matrix. We will review this at our next inspection.

The home had applied for Deprivation of Liberty Safeguards (DoLS) authorisations when required and had an effective system for ensuring these were up to date. Staff understood the principles of the Mental Capacity Act 2005 (MCA), the importance of supporting decision making and obtaining consent.

People had been supported to maintain all aspects of their health, they had access to health professionals when needed. The home ensured information about health needs and how to support communication had been transferred effectively when people went to hospital.

The home had considered the impact of the environment for people living with dementia. Using an assessment tool from the Kings Fund, The King's Fund is an independent charity working to improve health and care in England. they had devised an action plan and made changes to the lighting, seating areas, flooring and access to the garden. They had also improved signage around the home and encouraged improved nutrition and access to food and drink at all times.

People living in the home said they thought the staff were caring. We observed staff were kind and patient with everyone. Staff asked people before providing any support.

We used the Short observational framework for inspection tool (SOFI) to understand and represent the experience for people who were not able to communicate with us. We found staff were patient and respectful offering reassurance and support to a person who appeared upset. Staff interacted with people when they had time both in relation to care but also more socially.

People received personalised care that was responsive to their needs. Care plans included clear information about how people preferred to be supported. People's needs were reviewed and updated regularly. The home referred people to appropriate professionals such as the dietician when required. We could see other professional's advice had been recorded and followed by the care staff.

There were a variety of activities available inside the home and garden and also trips out to places people wanted to go to, for example a sensory farm and garden centres. The home arranged for entertainers such as singers to perform. Some people preferred not to engage in organised activities and remained in their rooms.

The home had a complaints policy and we could see they had followed this and responded to people's concerns. The home encouraged people's feedback and posted reviews they had received on the internet.

The home's values and culture were displayed in the foyer and included in the service user guide. Staff understood their roles and what was expected of them in relation to providing high quality care. Staff praised the leadership and support provided by the registered manager and the management team.

Regular monitoring and auditing of the care and support people received ensured good standards of care were maintained. We saw how the management team had identified concerns and acted quickly to address them.

Regular team meetings ensured staff were up to date and had an opportunity to share information and learning. Daily handover at each shift change ensured staff were aware of how people were and whether

there had been any changes they needed to be aware of.

The home worked with other organisations in the community and with their partners in Wigan Council to improve the quality of the service and 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.

People told us they felt safe.

Medicines had been stored and administered safely. Medication records were completed correctly.

People were supported to manage the risks in their daily lives in ways that supported choice and promoted independence.

Staff were recruited safely, all necessary checks had been completed before they started employment.

Is the service effective?

Good 

The service was effective.

People's needs had been assessed prior to admission to ensure the home were able to support them.

Staff told us they had received regular training and supervision which had helped them to support people properly. People living in the home had confidence the staff knew how to support them.

The home understood their obligations in relation to the Mental Capacity Act 2005 and associated Deprivation of Liberties Safeguards (DoLS). Staff understood the importance of supporting people to make decisions and gaining consent from people before providing care and support.

The home had made changes to the environment to improve the experience of people living with dementia.

Is the service caring?

Good 

The home was caring.

People told us the staff were kind and caring. We observed staff behaving kindly and patiently throughout the inspection.

Staff were observed to be skilled when supporting people

experiencing confusion or distress and offered respectful reassurance.

People told us the staff helped them maintain their privacy and dignity when they received personal care.

People were supported to maintain their relationships and visitors told us they were welcomed at any time.

Is the service responsive?

Good ●

The service was responsive.

Care plans provided details of the care and support people needed in relation to all aspects of their health and social care. We could see people's preferences had been recorded and respected.

People's needs were kept under regular review and they were referred to other professionals when required.

The home sought people's views and feedback regularly. Reviews had been published on the internet. We could see how the home had responded to suggestions.

Is the service well-led?

Good ●

The home was well led.

People we spoke with made positive comments about management and leadership within the home. Staff felt confident the home was well managed.

The home had robust systems in place to monitor the quality of service being provided. We could see where any concerns had been identified that there had been action taken to address them and prevent reoccurrence.

Staff meetings and handovers took place regularly. This ensured staff were kept up to date and had opportunities to raise any issues for discussion.

The Chanters

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 23 and 24 July 2018. The first day was unannounced, however we informed staff we would be returning for a second day to complete the inspection and announced this in advance. The inspection was carried out by one adult social care inspector. The inspection was also supported by an expert by experience who is someone with personal experience of living with, or caring for someone whose needs are similar to those at The Chanters.

Prior to the inspection we reviewed all of the information we held about the home in the form of notifications, previous inspection reports, expected/unexpected deaths and safeguarding incidents. We contacted the quality assurance team before our inspection to establish if they had any information to share with us. This would indicate if there were any particular areas to focus on during the inspection.

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, area manager, deputy manager, four care staff and the maintenance person. We spoke with three people who lived in the home and three visiting relatives.

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

Is the service safe?

Our findings

People living in the home told us they felt safe. One person said, "I feel safe, at night time there is always someone there, so I don't feel frightened at night." Another person said, "I feel very safe." Relatives we spoke with also felt the home was safe. One person told us, "I feel [person] is safe, the doors are locked and I have no qualms about the staff."

Safeguarding means, protecting people from the risk of harm and abuse. We looked at how the home ensured people were protected. The home had a safeguarding policy and procedures which mirrored the process at Wigan Council. The home kept a log of all safeguarding incidents raised, the details of any investigations and the outcome of these. Staff were knowledgeable about what might be a safeguarding concern and how to report it. One person told us, "If I thought someone was mistreated I might see a change in their facial expressions or gestures, I would report this to senior staff or to the council if I thought no one was doing anything, but I haven't needed to do this here." Information about how to raise an alert and who to contact was displayed in the staff room and foyer area and was included in the service user guide provided to residents and relatives.

The home used a system to work out how many staff were needed at any one time to ensure people were supported safely. Some people we spoke with said they felt there were enough staff but some people felt staff were often busy. One person said, "I know they have been short and advertising for new staff. I have a buzzer to press if I need help." Relatives spoken with said they felt there were enough staff. We asked some of the staff who said they felt they could manage but sometimes would prefer extra staff at peak times. The registered manager advised they updated and reviewed staffing levels every month and are flexible according to people's needs. We looked at the rotas which showed this to be the case.

We reviewed the recruitment and personnel records for four staff working in the home including care staff, senior staff and domestics. The Disclosure and Barring Service (DBS) carry out a criminal record and barring check on people who intend to work with vulnerable adults. This can help employers to recruit suitable staff. At this inspection we found DBS and other relevant checks had been undertaken prior to staff starting employment.

People had been supported to recognise and manage the risks in their daily lives. Care plans included risk assessments which addressed all areas of the person's health and social care needs. These included; mobility, personal care, nutrition, skin care and medication. Information was clear and ensured staff knew how to support people safely. Risk assessments were reviewed and updated regularly.

The home had also considered positive risk taking to minimise restrictions on people's choices. We saw some people had been supported to manage their own medicines. The home had also developed a system of ensuring people could access the security codes safely to prevent restricting people able to manage the risk, from moving freely around the home.

We viewed the home's medication policies and procedures and observed medication practices to check the

procedures were being followed. Senior care staff were responsible for administering medication. We looked at the medication records for eight people and found these had been completed accurately. Medicines were stored safely in lockable trolleys, the medication rooms on each floor were air conditioned to maintain the temperature within the correct range.

Where people needed to take medication on an 'as required' basis, for example occasional pain relief or episodes of anxiety there was a protocol for staff to indicate when this should be given. Controlled drugs (CD) are medications subject to stricter control and monitoring because of the potential for misuse. The CD register and records were up to date.

Medication Administration Record (MAR) charts were accurately completed with no gaps in signatures. Topical creams were safely stored and recorded on the MAR charts. Not everyone had a body map in place to show where each cream needed to be applied, we raised this with the home who explained they kept a note on the MAR chart. However, they did put body maps in place immediately, we were satisfied people had had their creams applied.

All accidents and incidents had been recorded and we could see the home had investigated the possible causes and considered how to minimise the potential for reoccurrence. The home had recently reduced the number of falls people had by responding to changes in people's needs and ensuring they used assistive technologies including sensor mats to alert them when required. They had also considered other factors related to nutrition and hydration which may have impacted on how steady people felt. Food and drink was available and accessible throughout the day and night. This showed the home had learned from their experiences to improve the safety of the service.

The buildings and gardens had been well maintained. There was a maintenance person who had a system to regularly check the buildings and equipment. People were encouraged to raise any property concerns at any time. There was a book for recording issues in the foyer which meant visitors also had the opportunity to raise anything they had noticed. People living in the home and their relatives praised the responsiveness of the maintenance person.

We saw certificates and relevant documentation of work that had been completed. These included electrical installation checks, fire alarms and fire safety equipment, legionella, lift maintenance, hoists and bathing equipment. Personal emergency evacuation plans (PEEPS) described the specific support a person needed in the event of an emergency. These were stored securely together in a cabinet in the foyer. This meant the information would be instantly available for emergency services.

Cleaning schedules were detailed and we found all cleaning and laundry materials had been safely stored. We looked in the bathrooms, toilets, communal areas and some bedrooms. We found the home was clean and tidy. There was a faint odour on the ground floor which we raised with the registered manager who told us they would address this. Infection control policies were clear and staff understood how to ensure people were protected from this risk. Personal protective equipment (PPE) including, aprons, gloves and hand gels were available throughout the home. We observed staff using these when supporting people with personal care and at meal times. Information about hand washing was displayed above all sinks.

Is the service effective?

Our findings

At our last inspection in May 2016 the home was rated as Requires Improvement in this domain because there had been a breach of the regulations in relation to the premises and equipment. We had found some rooms which were intended to be used by people living in the home had been used for storage. In addition, the needs of people living with dementia in relation to the building had not been fully considered. At this inspection we found the home had fully responded to this.

All communal areas were accessible and all items had been stored appropriately. People living with dementia can benefit from changes to their environment to improve their ability to move around and recognise where they are. The home had assessed the environment using a tool provided by the Kings Fund called, 'Is your care home dementia friendly?' The home had then made some improvements; floor coverings were plain, hand rails had been painted brightly to contrast with the wall, bedroom doors had photographs of the person on them, bathroom doors were yellow and had pictures on them. Toilet seats were blue throughout the home to increase their visibility. In addition the home had adjusted lighting in the home to meet the sensory needs of people living with dementia. Following an assessment of the dining room using a tool to understand the experiences for people living with dementia the home had provided coloured crockery and place mats to improve people's ability to maintain independence by making place settings and food easier to identify.

People's needs had been thoroughly assessed before admission, which ensured the home would be confident they could support them. Assessments in care plans were developed further after admission and we could see they provided clear information about the person's needs and how they preferred them to be met. Information had been taken from the person, their families and health and social care professionals. People had signed their assessments and care plans where possible.

People living in the home told us they felt staff knew what their needs were and how to support them. One person said, "I think they know what they are doing, they have training. The girls who give out the pills know what they are doing." Another person said, "I would say the standard of care is very good and it doesn't alter even with new staff."

Staff had received regular training to ensure they had the skills necessary to meet the needs of people living in the home. The home had an induction programme for new staff. Staff we spoke with told us they received regular training and refresher training. Staff told us their training had been useful in their roles. One member of staff told us how completing an NVQ had provided them with increased skills and confidence in their job. Another member of staff told us how they had recently had to use their first aid training including resuscitation and that they felt their training had been very good. At the time of inspection we had not been able to view the most up to date training information due to the organisation transferring to a different system. We were confident staff had received regular training and will review this at our next inspection.

Staff received regular supervision from senior staff. Supervision is a one to one meeting to discuss any achievements or concerns and to look at any training needs. We could see the home had followed it's policy

in relation to frequency but had increased this when they had identified it as necessary. This ensured staff received individually tailored support. In addition we could see staff received 'themed supervision' in relation to any specific incidents either involving them or other members of staff. This meant the home was ensuring each member of staff had understood what the concern had been and how they needed to respond.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making a particular decision on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The home had applied to the local authority when required for DoLS authorisations and had an effective system in place to ensure they were renewed in time.

Care plans included assessments of people's capacity to make decisions for themselves and their ability to consent to receive care and support. Staff were knowledgeable about seeking consent from people and we observed staff always asked before providing any care and support. Staff were skilled at communicating with people to seek their views and consent.

People were supported to maintain their health. Care plans included details of the person's health needs and conditions. There were specific details about how health needs might impact on the person and how to support them. People were referred on to community based health professionals when required. We saw their advice had been recorded and included in the person's care plan. The home ensured up to date information about people's health and communication needs were provided when they went to hospital or other appointments as required.

People were supported to maintain their nutrition. Where people needed a modified diet or specific support to eat and drink, such as 'always give toast first' this had been provided and recorded in the food and drink charts where the person needed them. People were weighed regularly and the home referred anyone who was losing weight to the dietician or GP.

Food was available at all times from snacking stations positioned on each floor and drinks were available from the juice dispensers in the lounges. People told us they thought the food was alright. No one had a strong opinion of the food. We could see menus were varied and displayed on the wall in the dining rooms, however the print was very small and would have been difficult to read. We discussed this with the registered manager who advised they were developing table menus, we will review these at our next inspection.

Is the service caring?

Our findings

People who lived in the home told us the staff were caring. One person said, "They talk with me and have got to know me over time, they take an interest in me." Another said, "They are busy but they will take time with you if you need them." Relatives we spoke with found the staff were caring and approachable. One told us, "They are very caring, they come and chat to [person]. They are very approachable and lovely. You get a nice greeting when you open the door." We observed staff behaving in caring and polite ways during the inspection.

Not everyone who used the service, was able to express their views directly on the quality of care they received. We used the Short Observational Framework for Inspection tool (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed a person declined support to mobilise and had become a little agitated, we saw staff stayed with the person and spoke gently with them which resulted in the person looking calmer and reassured. The staff re approached the person who then accepted support to mobilise and remained calm. Staff we spoke with also described how they tried to reassure people who might find it difficult to accept support sometimes.

Care plans included details of people's communication needs and provided guidance and how to support people to communicate. We saw staff understood and followed the guidelines, adapting how they interacted with people depending on their needs and preferences.

People living in the home told us they felt staff treated them with respect and dignity. One person said, "Staff make sure it is private when I have a wash, I used to be embarrassed at first but she [staff] made me feel better." Another person said, "They make sure things are private and they always wear gloves and aprons." One of the staff we spoke with said, "I give people respect and talk to them, I make sure they know what I am doing and I am gentle and do not rush people."

People's cultural needs and backgrounds had been recognised and recorded in their care plans. At the time of inspection there wasn't any one who had a protected characteristic as defined by the Equality Act but the home had access to information when required. Staff had been supported when they had experienced discrimination. We could see the registered manager had fully investigated a concern raised and responded by ensuring the staff had been protected.

People were supported to maintain their important relationships. Contact details were recorded in people's care plans. Some people living in the home had tablets iPads and smart phones and were able to access the home's WIFI to keep in touch with others. Visitors were welcome at all times, some people would meet visitors in their rooms and some would remain in the lounge areas. We saw several people going out with their family and friends during the inspection.

Information about advocacy services was available in the service user guide and was also displayed in the foyer. Two people had advocates appointed to them because they had DoLS authorisations in place and no family to represent them. The people we spoke with told us their family represented them. Where a person

had granted a Lasting Power of Attorney to someone, the home had ensured they had a copy of this to ensure the right people were involved in making decisions.

We observed a lunch service on the ground floor, the kitchen had been refurbished and was just being used again during the inspection. Staff were attentive and provided support and assistance where required in ways that encouraged people to eat. The registered manager told us they had recently changed the way they supported people who needed assistance with feeding by purchasing perching stools to improve the experience for the person receiving support. This showed the home cared about how people felt when being supported.

Is the service responsive?

Our findings

We looked at the care plans for seven people. We found people received personalised care that was responsive to their needs. Care plans included detailed information from a variety of sources which identified the persons health and social care needs, what was important to them and how they preferred their needs to be met. People's backgrounds, histories and interests had been recorded. This provided an overview of the person's life so far. Care plans were reviewed and updated regularly to reflect changes in the persons needs or preferences. People had been involved in their reviews and some relatives we spoke with told us they had been involved or had made their own suggestions which the home had responded to.

People had been referred to other professionals when required. We saw examples of people being referred to the dietician and GP when their weight was not stable. Referrals had been made to the Speech and Language Therapy team (SALT) if people had difficulty swallowing. We saw the advice provided had been recorded and followed in people's care plans for example, where a person had been assessed as needing support and supervision when eating this had been provided.

People were supported at the end of their life in ways that upheld their comfort and dignity. The home were committed to supporting people with this element of their care. The management team had attended a training day and were considering how to develop their end of life support. They are working with the GP to support people to make decisions about their preferences. They home are also considering how to support families and friends and planned to create a family room which would be private and comfortable and provide refreshments. We will review the progress on this at our next inspection.

The home had a range of activities available which reflected people's choices and preferences. There was an activities co-ordinator in post. Regular activities were displayed on boards on both floors. Some of the people we spoke with told us they preferred not to be involved with activities and were content occupying themselves. The home organised trips out, recently this included a sensory farm and garden centres. Some people are involved in maintaining the garden and cultivating flowers. The home involved people in fundraising activities. Some people had enjoyed dogs visiting and the home were looking at establishing links with a charity involved with rescued greyhounds. Entertainment such as visiting singers had been provided.

The home were working with an initiative known as Active Living which had been facilitated by Wigan Council. They planned to take part in the 'Active Care Home Challenge'. This initiative was aimed at increasing people's physical activity. We will review the impact of this at our next inspection.

We looked at how the home managed complaints. There was a complaints policy and we could see the home had followed this when they had received any complaints. There was a log of complaints received which included, the complaint, details of the investigation the home had taken, a record of actions and copies of any letters sent to the complainant keeping them up to date with progress. We noted there had not been any complaints received this year. We spoke with people who lived in the home and their relatives about whether they had made any complaints. People told us they had not had any need to raise a

complaint. Information about how to raise a complaint was included in the service user guide and displayed in the foyer and communal areas. We looked at some of the compliments the home had received, there were cards on display and a log of verbal compliments had been kept. The home ensured staff were aware of compliments when they had been received.

The home regularly sought people's feedback about the care and support they received. There was an electronic survey 'how did we do' in the foyer for quick feedback. The home encouraged people to complete reviews and displayed them on the internet. Surveys and questionnaires were used together with regular meetings for people living in the home and their relatives. A 'You said we did' board displayed in the foyer showed the suggestions the home had received and how they had responded to them. This showed the home valued people's opinions and suggestions.

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 the registered provider, they are Registered Persons. Registered Persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was approachable, responsive and accessible during the inspection. There was a clear management structure in place, members of the team were aware of their roles and responsibilities. The homes values and culture were displayed on boards in the home and included in the service user guide. Staff told us they knew what was expected of them. One member of staff told us, "I know our main values are to keep people safe and treat people with respect." Another said, "We want to provide the best standard of care. Managers are a good example and I can learn from them." Staff felt they were well supported by the registered manager and the management team. One member of staff told us, "Management are very good I can talk to them and they treat me with respect." The home had recently held a 'staff recognition week' to provide treats and thank yous for the staff team.

The home had policies and procedures in place which covered all aspects of the service. These were developed and updated by the provider. Staff were aware of where these documents were kept and how to access them. There was a business continuity plan which provided information and guidance of what action the home would take in the event of an emergency. This included arranging with a local sports club to use their property if the home had to be evacuated in an emergency.

Handovers were completed at each shift change. We attended one in the morning. The senior updated the staff on each person and any changes to their needs. Specific tasks for the day were allocated which meant it was possible to identify who was responsible for each task. This ensured anything missed could be followed up. The home used a keyworker system, individual staff had responsibility for specific people living in the home and ensured their needs were met and reviewed and their records were kept up to date. This also ensured there was a way of identifying who was responsible for tasks which ensured they could be monitored and checked.

A variety of regular meetings were held, including for; management, heads of departments, health and safety, care staff and activities. The minutes showed a broad range of pertinent agenda items and identified what action had been taken. Minutes were available for staff who had not been able to attend.

The registered manager received regular support from the regional manager who visited every week. The regional manager looked at the weekly management reports and reviewed quality audits each month.

Auditing systems checked that all aspects of people's health and social care needs had been met, they were effective and updated regularly. We saw audits in relation to; care plans, infection control, medication and the dining experience. Where these had identified any gaps in record keeping we could see action had been taken to address these. Walk round checks had been completed by the management team of the building

and facilities, actions were developed where necessary and followed through, the frequency of the walk round checks had been varied to respond to issues identified. The management team completed spot checks, we looked at the record for an out of hours visit completed at 3.30am. The check was detailed and included comments about their findings and actions to address any concerns. The spot check was also used to provide updates and information to night staff.

Medication and medicines records were checked daily but there were additional spot checks and observations completed to ensure medicines continued to be managed safely. We could see gaps identified in record keeping had been addressed and followed up with staff in writing. Any more serious concerns had been communicated to all staff to minimise the risk of reoccurrence. The management team had also included members of the care staff in the auditing process to give insight into the role of auditing in maintaining good standards of care.

The home were actively involved with community groups and other organisations to improve their skills and knowledge and the quality of the service they provided. These included; The Kings Fund audit to improve the environment for people living with dementia. Wigan council had provided access to The Butterfly community and The Active Living initiative for the home. The home also had links with other care homes through the care home forum where managers meet to network and share knowledge.