Mr Bradley Scott Jones & Mr Russell Scott Jones

Amadeus

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

Overall summary

This unannounced inspection was carried out on the 17 February 2015.

Amadeus is a private residential care home providing accommodation for up to 39 people, requiring personal care only. The home is a detached property located in Eccles, Greater Manchester.

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

At the last inspection carried out in July 2013, we did not identify any concerns with the care provided to people who lived at the home.

People who used the service and their relatives consistently told us they believed they or their loved ones were safe at Amadeus.

Summary of findings

During our inspection, we checked to see how the home protected people against abuse. We found suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse.

We found there was a range of risk assessments in place designed to keep people safe from harm. Where risks were identified, clear instructions were provided for staff to reduce the risks and keep people safe.

We looked at how the service managed people's medicines and found the arrangements were safe. We found all staff administering medication had received training, which we verified by looking at training records. Staff were also subject of annual competency checks to ensure they were safe to administer medicines.

On arrival and during the entire inspection, we judged there were sufficient numbers of staff on duty to meet people's needs and ensure they were safe. On the whole, both people who used the service and staff told us there were sufficient numbers of staff on during the day to provide support to people. However, some staff felt the current numbers of three staff at night time was not enough and needed to be increased by a further member. Though, they did not believe people were subject of any increased risk with the current numbers of staff. The registered manager told us the service used a dependency tool supported by a staffing guide to determine staffing levels, which was continually reviewed.

Some areas of the home including the main corridor and stairway appeared cluttered with furniture and wheelchairs. This was apparent outside the laundry room in the main corridor, which was used to store clean clothes on hanging rails. This affected the space that was required to move freely around, especially when care staff were moving people in wheelchairs.

On the whole, we found the environment to be clean and saw posters in bathrooms advising about hand hygiene together with supplies of hand gel and paper towels available for staff. Staff we spoke with could describe measures they took to prevent cross infection including the use of personal protective equipment (PPE) and spillage kits. However, we saw that PPE was not used by staff entering the kitchen even though it was available in the kitchen lobby.

We looked at the training staff received to ensure they were fully supported and qualified to undertake their roles. One member of staff told us; "I have done a level II National Vocational Qualification (NVQ) and have done plenty of training here. I'm currently doing meds at the moment which will allow me to give medication. When I started here I received training in infection control, first aid and safeguarding as part of the induction."

We spoke with four health and social care professionals who were visiting the home during our inspection. One professional told us they used the service often for placements as they believed the home was very much geared up to re-enablement and providing person centred care. We were also told that the home was very prompt at raising any concerns and responded positively to any guidance provided.

The Care Quality Commission has a duty to monitor activity under the Deprivation of Liberty Safeguards (DoLS). The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We saw there were procedures in place to guide staff on when a DoLS application should be made.

We found regard had been given to the design and signage features within the home that would help to orientate people living with dementia and included toilet doors painted in the same colour to other doors in order to be easily identifiable. Corridors were given street names such as 'Market Street', which was clearly signed and intended to help orientate people.

Throughout the day we observed staff seeking consent from people before undertaking any tasks. This included routinely asking people whether they wanted to wear an apron during meal times, or whether they wanted a drink or to use the bathroom.

Lunch was provided in the dining area within the home, though some people chose to have their meals in their rooms or in the lounge area. We saw staff speaking individually to people to discuss their choices for lunch that day. If people did not like the two cooked choices an alternative of sandwiches was offered. We looked at care files and found that individual nutritional needs were

Summary of findings

assessed and planned for by the home. We saw evidence that for people who were assessed as being at nutritional or hydration risk, professional advice had been obtained from other health care services such as dieticians.

People told us that they found staff were always kind, caring and friendly. One person who used the service told us; “No complaints about staff, I’m quite happy and everybody is friendly and nice.”

Throughout our inspection, we observed instances where staff demonstrated a thorough understanding of respecting people’s privacy, dignity and choices. We observed staff knocking on doors before entering bedrooms and asking whether they could enter.

Family members told us they could visit at any time during the day, which we confirmed from our own observations. Visitors and people who used the service could choose to sit in the main lounge or seek the privacy of their bedrooms. One relative told us they often used the rear lounge which was always quiet, where they would bring fish and chips for their relative and as a family have tea together in the room.

The home was responsive to people’s individual and changing needs. One relative told us; “She has had her hair washed for the first time in years. They have given her the confidence to have it washed. Here she has the confidence to sit on a chair in the shower.” Another relative said “They would listen to any concerns we had and respond.”

We looked at a sample of eight care files. We saw that each care file had a one page summary on the front of the file, which highlighted people’s preferences and main support needs. New care plans were added as they were needed, for example when a person began to refuse medication. The structure of the care plan was clear and easy to access information.

The service employed an activities coordinator and maintained an individual record detailing people’s involvement in any activity or event that had been arranged.

We found the service did listen to people’s concerns and experiences about the service. The registered manager adopted an open door policy which relatives confirmed. We found questionnaires had been completed during July 2014. We found that the last minuted resident’s meeting undertaken by the service had been in March 2013, which discussed issues such as staffing, care planning and end of life care.

People who used the service and staff told us they believed the home was well run. They were able speak freely to staff and the registered manager about any concerns and were confident these matters would be addressed by the home

We observed that the home’s mangement were visible throughout our inspection and demonstrated a good knowledge of the people who lived at the home. Throughout the day we saw the registered manager engaging with people who lived at the home and staff. The atmosphere was relaxed and comfortable.

The home undertook a range of audits of the service to ensure different aspects of the service were meeting the required standards. These included care file audits, medication audits and annual medication competency checks on staff. Regular checks were undertaken of fire safety equipment including the emergency alarm and emergency lighting. Other audits included weekly inspecton of escape routes and fire drill training. Accidents and incidents were also monitored closely.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Not all aspects of the service were safe. Some areas of the home including the main corridor and stairway appeared cluttered with furniture and wheelchairs. This was apparent outside the laundry room in the main corridor, which was used to store clean clothes on hanging rails. This affected the space that was required to move freely around, especially when care staff were moving people in wheelchairs.

People who used the service and their relatives consistently told us they believed they or their loved ones were safe at Amadeus.

On the whole, we found the environment to be clean. Staff we spoke with could describe measures they took to prevent cross infection including the use of personal protective equipment (PPE) and spillage kits. However, we saw that PPE was not used by staff entering the kitchen, even though it was available in the kitchen lobby.

Is the service effective?

Good

We found the service was effective. The Care Quality Commission has a duty to monitor activity under the Deprivation of Liberty Safeguards (DoLS). The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. We saw there were procedures in place to guide staff on when a DoLS application should be made.

We found regard had been given to the design and signage features within the home that would help to orientate people living with dementia and included toilet doors painted in the same colour to other doors in order to be easily identifiable. Corridors were given street names such as 'Market Street', which was clearly signed and intended to help orientate people.

We looked at care files and found that individual nutritional needs were assessed and planned for by the home. We saw evidence that people who were assessed as being at nutritional or hydration risk, professional advice had been obtained from other health care services such as dieticians. Care plans included nutritional assessments, direction on frequency of weight monitoring and mealtime information guidance for staff.

Is the service caring?

Good

The service was caring. People and relatives told us they were involved in making decisions about their care. They told us they had been involved in determining the care they needed and had been consulted and involved in reviews of care.

Summary of findings

Throughout our inspection, we observed instances where staff demonstrated a thorough understanding of respecting people's privacy, dignity and choices. We observed staffing knocking on doors before entering bedrooms and asking whether they could enter.

Family members told us they could visit at any time during the day, which we confirmed from our own observations. Visitors and people who used the service could chose to sit in the main lounge or seek the privacy of their bedrooms.

Is the service responsive?

Good

The service was responsive. We looked at a sample of eight care files. We saw that each care file had a one page summary on the front of the file, which highlighted people's preferences and main support needs.

The service employed an activities coordinator and maintained an individual record detailing people's involvement in any activity or event that had been arranged.

We found the service did listen to people's concerns and experiences about the service. The registered manager adopted an open door policy which relatives confirmed. We found questionnaires had been completed during July 2014.

Is the service well-led?

Good

The service was well-led. People who used the service and staff told us they believed the home was well run. They were able speak freely to staff and the registered manager about any concerns and were confident these matters would be addressed by the home

Throughout the day we saw the registered manager engaging with people who lived at the home and staff. The atmosphere was relaxed and comfortable.

The home undertook a range of audits of the service to ensure different aspects of the service were meeting the required standards. These included care file audits, medication audits and annual medication competency checks on staff. Regular checks were undertaken of fire safety equipment including the emergency alarm and emergency lighting.

Amadeus

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 unannounced inspection was carried out on the 17 February 2015, by two adult social care inspectors and an expert by experience. An expert by experience is a person who has experience of or caring for someone who uses this type of care service.

Before the inspections, the provider is asked to complete 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. On this occasion, CQC had not requested this information.

We also reviewed all the information we held about the home. We reviewed statutory notifications and safeguarding referrals. We also liaised with external professionals including the local vulnerable adult safeguarding team and the local NHS infection and prevention control team. We reviewed information sent to us by us by other authorities. We reviewed previous inspection reports and other information we held about the service.

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

During our inspection we spoke with 12 people who lived at the home, five visiting relatives, and 10 members of staff. We also spoke to four health and social care professionals who were visiting the home on the day of the inspection. Throughout the day, we observed care and support being delivered in communal areas that included lounges and dining areas, we also looked at the kitchen, bathrooms and people's bedrooms. We looked at the personal care and treatment records of eight people who used the service, staff supervision and training records, medication records and the quality assurance audits that were undertaken by the service.

Requires Improvement

Is the service safe?

Our findings

People who used the service and their relatives consistently told us they believed they or their loved ones were safe at Amadeus. They told us they had the freedom to move about the home and into the garden. One visiting relative told us; “Staff are lovely with her. She is safe here and we have peace of mind.” One social care worker who was visiting the home at the time of the inspection told us that from what they had seen and been told by families they had no concerns about the home. A visiting relative told us that they believed the home felt safe and said “I’m not worried about leaving her here.”

During our inspection, we checked to see how the home protected people against abuse. We found suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse. Staff had completed training in safeguarding vulnerable adults, which we verified by looking at training records. Staff also told us they felt management were approachable and would listen to any concerns they had. One member of staff told us; “If I had any concerns I would go straight to the manager who is very friendly and approachable.” Another member of staff said “No one has any concerns about speaking their minds. It is open and honest here.” Staff were able to demonstrate a understanding of the different types of abuse and what action they would take if they had any safeguarding concerns. We looked at the service safeguarding adult’s policy and saw how the service managed safeguarding concerns.

We found there was a range of risk assessments in place designed to keep people safe from harm. We looked at a sample of eight care files during our inspection and found these included a number of risk assessments which had been designed to keep people safe following a needs assessment undertaken by the service. We looked at a number of risk assessment which included; mobility, moving and handling, the environment, nutritional, skin integrity, bathing and personal hygiene and pressure sores.

Where risks were identified, clear instructions were provided for staff to reduce the risks and keep people safe. For example, one person who was risk of malnutrition, the care plan stated what action staff were required to take, which included weekly weighing, referral to the dietician and GP, encourage the person to eat and drink regularly and use of food supplements. Staff we spoke with demonstrated a good understanding of the risks people faced and the actions they needed to take to reduce such risks.

We looked at how the service managed people’s medicines and found the arrangements were safe. The service mainly used a 'blister pack' system for people to store their medication. 'Blister pack' is a term for pre-formed plastic packaging that contains prescribed medicines and is sealed by the pharmacist before delivering to the service. The pack has a peel off plastic lid and lists the contents and the time the medication should be administered. We found all medicines were stored securely in two metal trolleys within the home.

Controlled drugs were stored in a secure metal cabinet within the main office. We looked at a sample of ten medication administration records (MAR), which detailed when and by whom medicines were administered. We found accurate records were maintained without any signature gaps in any of the records we looked at.

We observed medicines being administered by a senior care member of staff who told us that people’s identification was confirmed by looking at a photograph on the medication administration records. We were able to confirm each record contained a photograph and personal details of the person including a list of any allergies. We observed staff recording the administration of medicines correctly, after people had swallowed their tablets.

Where medicines required cold storage, daily records of temperatures were maintained. We found all staff administering medication had received training which we verified by looking at training records. Staff were also received annual competency checks to ensure they were safe to administer medicines. The service also undertook weekly audit checks on records, practices and stocks.

We looked at how the service ensured there were sufficient numbers of staff to meet people’s needs and keep them safe. On the day of our inspection, there were 38 people living at the home. From speaking with the registered manager and looking at staff rotas, we found that during the day there were five members of care staff working which included senior care staff. They were supported by the registered manager, a cook, a domestic cleaner and a house keeper. An activities coordinator also worked three

Requires Improvement

Is the service safe?

hours each day. A volunteer also came into the home on two days of the week. On arrival and during the entire inspection we judged there were sufficient numbers of staff on duty to meet people's needs and ensure they were safe.

On the whole, both people who used the service and staff told us there were sufficient numbers of staff on during the day to provide support to people. However, some staff felt the current numbers of three staff at night time was not enough and needed to be increased by a further member. Though, they did not believe people were subject of any increased risk with the current numbers of staff.

One visiting relative told us; "It's very good and staff have been great. No concerns about staffing levels." Another relative said "It's good, always staff in the lounge and they keep you updated with everything." One member of staff told us; "Generally staffing is ok, mornings are busy. People are not at risk as far as I'm concerned." Another member of staff said "We could always do with more staff but people are safe. I think it is a good home. I have no concerns for the safety of residents."

Other comments from staff included; "I think we need more staff at nights as we are so busy. I know others have raised staffing levels with the manager." "Personally, I have no concerns apart from staff numbers at nights." "I don't think current numbers of staff on nights is enough, though I don't think people are at risk, but we are kept on our toes." "We could do with an extra staff member at nights, we could do with an extra pair of hands, but no one is at risk."

We spoke with the registered manager regarding the concerns raised about night time staffing levels who confirmed that they were already aware of the concerns. We were assured that staffing levels were closely monitored depending on people's individual needs. The registered manager told us the service used a dependency tool supported by a staffing guide to determine staffing levels, which was continually reviewed.

We reviewed a sample of recruitment records, which demonstrated that staff had been safely and effectively recruited. Appropriate criminal records bureau (CRB) disclosures or Disclosure and Barring Service (DBS) checks had been undertaken and suitable references obtained.

Some areas of the home including the main corridor and stairway appeared cluttered with furniture and wheelchairs. This was apparent outside the laundry room in the main corridor, which was used to store clean clothes on hanging rails. This affected the space that was required to move freely around, especially when care staff were moving people in wheelchairs. We spoke with the manager about this concern and the potential hazard it caused. They ensured us that steps would be taken to remove these items.

On the whole, we found the environment to be clean and saw posters in bathrooms advising about hand hygiene together with supplies of hand gel and paper towels available to staff. Staff we spoke to could describe measures they took to prevent cross infection including the use of personal protective equipment (PPE) and spillage kits. However, we saw that PPE was not used by staff entering the kitchen even though it was available in the kitchen lobby. We also noted that domestic staff were not given clear priorities on commencement of their duties, which meant that areas that needed to cleaned immediately were sometimes not addressed until later in the morning. We spoke with the registered manager about these concerns who stated they would include domestic staff on morning handover to ensure that cleaning concerns could be identified and prioritised.

Good

Is the service effective?

Our findings

We looked at the training staff received to ensure they were fully supported and qualified to undertake their roles. One member of staff told us; "I have done a level II National Vocational Qualification (NVQ) and have done plenty of training here. I'm currently doing meds at the moment which will allow me to give medication. When I started here I received training in infection control, first aid and safeguarding as part of the induction." Another member of staff said "I do all the mandatory training and other training like dementia and health and nutrition." We found the home used an outside provider to meet all their training requirements and looked at training records to confirm what training staff had received. This included; medication; manual handling and food hygiene.

We were told by the registered manager that individual senior carers were also 'service leads' on a number of areas, such as stroke, end of life care and sensory issues. They provided an advisory role to other staff and coordinated training in those areas. One member of staff said "My additional role is sensory issues like hearing aids and glasses. I ensure regular checks are done to make sure aids are cleaned and working and people's needs are up to date."

We looked at supervision and annual appraisal records and spoke to staff about the supervision they received. Supervisions and appraisals enabled managers to assess the development needs of their staff and to address training and personal needs in a timely manner. Staff told us they felt very valued and supported in their role and received regular supervision. One member of staff told us; "I do feel appreciated by the home." Another senior care staff member said "I do supervision with the carers and we do have annual appraisals, mine's due in fact." We verified this by looking at staff supervision records.

We were told by the registered manager that a volunteer, who had a relative at the home, also provided support on two days of the week. This involved supporting people with activities such as nail care. We spoke to the registered manager about what support and training the volunteer had received, we were told that the volunteer was about to be included in all mandatory training and provided with any additional training to support them in their role.

We spoke with four health and social care professionals who were visiting the home during our inspection. One professional told us they used the service often for placements as they believed the home was very much geared up to re-enablement and providing person centred care. We were also told that the home was very prompt at raising any concerns and responded positively to any guidance provided.

During our visit we witnessed a staff handover meeting involving the night and day staff. This involved a walk around each bedroom, where the night duty care staff member explained to the day shift what sort of night the person had had, whether they were up and any issues of concern. People who used the service were referred to by their first name. During this walk around, staff demonstrated a good understanding of each person's needs and the care and support required.

Staff told us they spent time with people who were newly admitted discussing their needs and explaining the routine at the home. We looked at pre admission assessments, which included the social needs of the person and found an assessment on admission was also undertaken, which was reviewed monthly.

The Care Quality Commission has a duty to monitor activity under the Deprivation of Liberty Safeguards (DoLS). The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

We saw there were procedures in place to guide staff on when a DoLS application should be made. We spoke to the registered manager, who was able to demonstrate that the service had submitted a number of applications in line with guidance from the local authority. One application we looked at related to the person leaving the building unaccompanied.

We spoke with staff to ascertain their understanding of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. Senior staff told us they had recently received a training input on the legislation. However, a number of staff we spoke to stated they would welcome further training. We spoke to the registered manager about these concerns, who was able to reassure us that training had been scheduled for all staff.

Good

Is the service effective?

We found regard had been given to the design and signage features within the home that would help to orientate people who were living with dementia and included toilet doors painted in the same colour to other doors in order to be easily identifiable. Corridors were given street names such as 'Market Street', which was clearly signed and intended to help orientate people. Signs indicated where the lounge, dining areas and gardens were located. The registered manager told us that the service intended to introduce themed areas within the home in an effort to provide a dementia friendly environment for people who used the service in line with current good practice guidance.

Throughout the day we observed staff seeking consent from people before undertaking any tasks. This included routinely asking people whether they wanted to wear an apron during meal times, or whether they wanted a drink or to use the bathroom. One member of staff told us "With consent for people with no capacity, I talk to them and make sure they understand what we want to do. I know if they don't want anything done by their response or body language."

During our inspection we checked to see how people's nutritional needs were met. As part of the inspection we used the Short Observational Framework for Inspection (SOFI) during lunch. Lunch was provided in the dining area within the home, though some people chose to have their meals in their rooms or in the lounge area. We saw staff speaking individually to people to discuss their choices for lunch that day. If people did not like the two cooked choices an alternative of sandwiches was offered. There were notice boards in the two dining areas summarising people's dietary needs such as fortified food. We found that tables had been laid out with napkins available. The atmosphere in the dining area was calm, relaxed and friendly. People were asked where they wanted to sit and were supported to sit comfortably at the table.

We observed one person who used the service suddenly become disruptive on one table to the annoyance of other people. Two members of staff immediately intervened in a professional and calm manner and assisted the person who wanted to leave the table. The other people were then able to continue with their meals undisturbed.

The meal consisted of a choice of fishcakes or chicken kiev with mixed vegetables and mashed potato, some of which looked overcooked and unappetising. Fresh pancakes were made for dessert. Most people we spoke with were happy with the overall quality of meals provided. One person who used the service said "The food is fine and there is plenty of it, you can have as much or as little as you want. I have no complaints about the food." Another person who used the service told us that if anyone did not like the food provided, the cook would always find a cooked alternative. Another person who used the service said "The food is very good, I eat well. Nicely cooked and no complaints." One visiting relative told us; "From what I've seen the food looks quite nice and the presentation is ok." Other comments included; "Some of the food is very good and some average" and "The lunch is very nice."

Some people described the evening meal as boring as it consisted mainly of soup and sandwiches or something on toast. We spoke with the manager about these concerns who stated that he would address these issues through a residents meeting to establish exactly what people wanted.

We looked at care files and found that individual nutritional needs were assessed and planned for by the home. We saw evidence that people who were assessed as being at nutritional or hydration risk, professional advice had been obtained from other health care services such as dieticians. Care plans included nutritional assessments, direction on frequency of weight monitoring and mealtime information guidance for staff. We looked at weight charts and were able to confirm people were weighed in accordance with instructions in care plans such as weekly or monthly requirements. This was also confirmed to us by one visiting health care professional in relation to turning charts to manage pressure sores.

Good

Is the service caring?

Our findings

People told us that they found staff were always kind, caring and friendly. One person who used the service told us; "No complaints about staff, I'm quite happy and everybody is friendly and nice." Another person who used the service said "If there was something wrong I would tell them, all of them do a very good job. They do not have time to sit and chat but the staff know me well. I think they sparkle, if I had to speak to any member of staff they are all approachable." Other comments included; "I have no problems with any of them, all of them are a very high standard."

One visiting relative told us; "Care is excellent, they see to things straight away. Since she has come here, she's looking better. She has put on weight, has her hair done regularly and she has lost ten years." Another relative said "Staff are very friendly, my X loves a bit of fun. I feel reassured she is here. She has improved since coming here, she is interacting with people, playing bingo and games and has become lot more mobile." Other comments included; "It's excellent, you only have to walk through the door and know what it's like, it's lovely here."

People and relatives told us they were involved in making decisions about their care. They told us they had been involved in determining the care they needed and had been consulted and involved in reviews of care. One person who used the service told us; "The staff keep my family informed. And the family leave messages for me so I'm not worried." One visiting relative said "We were very involved in determining what care X received. We have also been involved in reviews."

Throughout our inspection, we observed instances where staff demonstrated a thorough understanding of respecting people's privacy, dignity and choices. We observed staff knocking on doors before entering bedrooms and asking whether they could enter. Before undertaking any task such as placing an apron on a person at meal time or supporting a person with their mobility, staff repeatedly sought consent from the person and their choices were respected. This was indicative of our observations of staff behaviour throughout the day. One person who used the service told us; "The carers always make sure you are ok at night but they always knock on the door first, very lightly." Another person told us that they were currently going through a very difficult personal time and that the manager in particular, had been very good and supportive.

When providing personal care, doors and curtains were closed. In one bedroom we were invited in to inspect by the person who was resident in the room, we found a member of staff was shaving the person. The person was appropriately dressed and covered. The interactions by the member of staff were sensitive and encouraging. Both the person and staff member were laughing and joking and it was clear this was a positive experience for the person who used the service. Staff demonstrated genuine affection and care for people who used the service by touching and soothing them appropriately. We observed staff supporting people in a patient and unhurried manner.

Family members told us they could visit at any time during the day which we confirmed from our own observations. Visitors and people who used the service could chose to sit in the main lounge or seek the privacy of their bedrooms. One relative told us they often used the rear lounge which was always quiet, where they would bring fish and chips for their relative and as a family have tea together in the room.

The home was part of the North West End of Life Care Programme known as Six Steps to Success. Several members of staff had received training in this end of life care programme, which enabled people to have a comfortable, dignified and pain free death. Staff were able to describe end of life arrangements to ensure people had a dignified and comfortable death. We looked at care files and saw evidence that advanced care plans were in place which involved planning discussions with people who used the services, families and heath care professionals.

Good

Is the service responsive?

Our findings

The home was responsive to people's individual and changing needs. One relative told us; "She has had her hair washed for the first time in years. They have given her the confidence to have it washed. Here she has the confidence to sit on a chair in the shower." Another relative said "They would listen to any concerns we had and respond." Other comments included; "As soon as we ask for things they respond straight away." "The registered manager is always available and approachable." "I asked for mustard and before I finished that meal there was mustard for me. That's really good care." "I normally go to bed around 8pm and get up at 5am. They bring me a cup of tea before breakfast."

We looked at a sample of eight care files. We saw that each care file had a one page summary on the front of the file, which highlighted people's preferences and main support needs. New care plans were added as they were needed, for example when a person began to refuse medication. The structure of the care plans was clear and easy to access information. All care plans were reviewed monthly. Care files provided clear instructions to staff on the level of care and support required for each person. This included detailed instructions on people's capacity needs, medication, mobility, personal cleansing and dressing, eating and drinking.

People's sexuality and spiritual needs were also considered. During our inspection, a local minster attended the home to deliver a multi denominational service which they undertook on a weekly basis. One person who used the service told us: "It's a really nice service" and went on to explain that they also have a Catholic priest who comes into the home.

Relatives confirmed to us that they were actively involved in determining and reviewing care needs of loved ones. The service was responsive to people's needs, because regular reviews of care plans and risk assessments were undertaken to ensure the service effectively met the changing needs of each person who used the service. Staff we spoke to demonstrated a good understanding of each person's needs and the care and support required. One member of staff told us; "When I undertake a review, I sit with patients and their families and talk about their needs. In each care plan we have a communication section for families which is where we record any issues they raise."

Another member of staff said "People's needs are discussed with them an they have to be in agreement, If people do not have capacity then their families have to sign."

During our inspection, we identified that four people who used the service had problems with their hearing aids. From speaking to staff, it was not clear to us why these issues had not been resolved earlier. We spoke to a senior carer, who informed us that the problem had been on-gong since the beginning of January 2015 when they identified the problems with the hearing aids. They had immediately contacted the audiology department who had initially provided advice on possible solutions. However, as the problem had persisted they suspected that the hearing aid were faulty and had arranged appointments for the people with the audiology department. We were concerned to learn that the earliest date that the audiology department could accommodate an appointment was the 05 March 2015. We were satisfied the service had taken reasonable steps to resolve the concerns, but were dependant on specialist services to resolve the faulty hearing aids.

The service employed an activities coordinator and maintained an individual record detailing people's involvement in any activity or event that had been arranged. On the day of our visit people received hand and nail care. During the afternoon, pancakes were cooked and prepared for people. We did not have an opportunity to speak to the activities coordinator, but records indicated that activities consisted of quizzes, bingo, visiting entertainers and occasional trips. We found no activities programme displayed, so it was unclear to us what scheduled activities were planned on any day. We saw the home had a mobile tuck shop, which was taken around the home in the afternoon.

We were told by a number of people that there was a regular entertainer at the home. We were told that there were regular chair based exercises every week, manicures and bingo every Friday. In addition, there had been occasional trips to The Lowry Theatre, a shopping trip to Salford Quays and one person told us; "They took me to the football the other night, Manchester United." Another person who used the service said "A couple of people have been to the pictures at Salford Quays, or you can ask the

Good

Is the service responsive?

staff to take you out to do some shopping for toiletries or clothing, they get a taxi and take you out in a wheelchair." A visiting relative told us; "At the Christmas Party there was an artist, it's fabulous. It was standing room only."

When asked if the care staff ever sat and chatted to people who used the service. One person told us; "No they don't have time to sit and chat they are too busy but they are very friendly." Other comments included; "Not really any activities from what I see." "They have a singer, play cards and they do take people out. A lady does their nails and hair." "I know they have bingo and they get their hair done. They all win something in bingo and all have a laugh and giggle."

The service policy on compliments and complaints provided clear instructions on what action people needed to take. Most people told us that they had no complaints whatsoever about the care they received. However, they also said that should they ever have a reason to complain they would speak directly to the manager. One visiting social health care professional told us the management team was stable and very willing to listen to ideas and concerns.

We found the service did listen to people's concerns and experiences about the service. The registered manager adopted an open door policy, which relatives confirmed. We found questionnaires had been completed during July 2014, where concerns around choices available for catering were raised. One person who used the service reported attending a residents meeting where people were consulted on the menu. We saw resident's satisfaction questionnaires in the reception area. One person told us they had completed one of these recently and it had led to a discussion at the residents meeting.

A relative's meeting had been arranged for later that week and was displayed in the entrance hallway of the building inviting families to attend. We found that the last minuted meeting undertaken by the service had been in March 2013, which discussed issues such as staffing, care planning and end of life care. The registered manager stated it was their intention to hold more regular meetings in the future.

Good

Is the service well-led?

Our findings

People who used the service and staff told us they believed the home was well run. They were able to speak freely to staff and the manager about any concerns and were confident these matters would be addressed by the home. One visiting relative told us; “The manager, I think he’s brilliant, very helpful, a really good guy. I tried so many homes before I found this, I just called in on spec to look at it and it was not a problem to him.”

Staff we spoke with had a good understanding of their roles and responsibilities. They told us they believed there was an open and transparent culture within the home and would have no hesitation in approaching managers about any concerns. One member of staff told us; “There’s an open culture here, any issues we can always speak to the manager.”

Other comments from staff included; “Any issues and I would go straight to the manager who is always prepared to listen and resolve matters. No concerns about how the home is run.” “It’s very open, any complaints they do listen to you.” “It’s an open culture here, the manager always listens to what I have to say.” “No one has concerns about speaking their own minds here. It’s open and honest here.”

There was a registered manager in place. 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 observed that the home’s management were visible throughout our inspection and demonstrated a good knowledge of the people who lived at the home. Throughout the day we saw the registered manager engaging with people who used the service and staff. The atmosphere was relaxed and comfortable.

The service undertook a range of audits of the service to ensure different aspects of the service were meeting the required standards. These included care file audits, medication audits and annual medication competency checks on staff. The manager undertook environmental checks to monitor safety and cleanliness of the home. We found that regular reviews of care plans and risk assessments were undertaken. Regular checks were undertaken of fire safety equipment including the emergency alarm and emergency lighting. Other audits included weekly inspection of escape routes and fire drill training. Accidents and incidents were monitored closely.

The service had policies and procedures in place which covered all aspects of the service delivery. The policies and procedures included safeguarding, dementia care, choice falls prevention.

Providers are required by law to notify CQC of certain events in the service such as serious injuries and deaths. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service.

We looked at minutes from staff meetings and night staff meetings. In one meeting dated the 12 February 2015, senior staff had been provided with an update on recent DoLS legislation. Other issues covered included supervision and end of life care.