

Weston Park Care Limited

Weston Park Care Home

Inspection report

Moss Lane
Macclesfield
Cheshire
SK11 7XE

Date of inspection visit:
12 March 2018
13 March 2018
16 March 2018
15 April 2018
24 April 2018

Date of publication:
12 June 2018

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on the 12, 13 and 16 March and 15 and 24 April 2018 and was unannounced.

Weston Park was previously inspected on 3, 4 and 5 October 2017. During the inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 related to: staffing; training; recruitment of staff; safeguarding service users from abuse and improper treatment; records; medicine management; seeking consent in accordance with the Mental Capacity Act 2005; providing person centred care and governance arrangements. We also found a breach of the Care Quality Commission (Registration) Regulations 2009 as the registered person had not always notified the Commission of incidents or allegations of abuse.

We took enforcement action and we rated the service as 'Inadequate' and placed it into Special Measures. Following the inspection, the provider formulated an action plan and sent us updates in response to the breaches and concerns we had identified. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures. At this inspection the overall rating for the service is 'Requires Improvement'

At this inspection, we found that the provider was taking action to address the previous concerns we had raised. Further improvements were still required and the provider remained in breach of Regulations 12, 13 and 17 of The Health and Social Care Act 2008 (Regulated Activity) Regulations 2014 in relation to management of risk, safeguarding and good governance. We considered however, that sufficient action had been taken to meet the further breaches identified at the last inspection.

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

Weston Park accommodates up to 103 people across four separate units, each of which have separate adapted facilities. Two of the units had been temporarily closed and there were 58 people living at the home during the inspection.

At the time of the inspection there was no 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. A new manager had been appointed in January 2018 and had made an application to register with CQC.

Overall people, relatives and staff told us that they had seen improvements to the service. People were

generally positive about the support they received.

There remained some concerns that staff did not always follow safeguarding procedures in a robust manner. We found that some improvements were being made to manage risks more safely, however there remained some gaps in the effective implementation and evaluation of risk assessments.

At this inspection we found that the usage of agency staff had reduced significantly. There had been a period of recruitment including a new chef, head housekeeper, a nurse and care staff. Managers had taken a lead on recruitment, which focussed on quality to fill staffing gaps and was on-going. There were sufficient staff to meet people's needs and provide personalised care and support with activities. There was a new management team in place including the home manager, quality assurance manager and two unit leads. There had been a focus on the organisation and allocation of roles within the staff team, however there remained some inconsistencies in the oversight of staff skill mix.

Recruitment and selection of staff was carried out safely with appropriate checks made before new staff started working in the home.

We saw that accidents and incidents, along with any pressure ulcers and weight loss or gain were monitored. At this inspection we made observations and saw that call bells were accessible to people. We saw other examples where equipment had been used to help manage potential risks such as sensor beams, low beds and crash mats.

There were no records of fire drills carried out at the service. The provider assured us that fire drills and evacuations incorporating night staff would be undertaken as soon as possible and a system was implemented to ensure that the management team had oversight of these drills.

We found that staff needed further guidance to ensure that The Mental Capacity Act 2005 (MCA) was applied robustly. Improvements had been made and staff now carried out mental capacity assessments and these were decision specific. However, we found some examples where the principles of the MCA had not been followed.

Since our last inspection, the provider had focused on staff training and had updated training records to evidence the training completed by staff. There was a significant improvement in the number of staff who had undertaken mandatory e-learning. A new training induction had been introduced. We received assurances from the provider and manager that this was work in progress which they would continue to focus on. Staff supervisions and appraisals was being implemented but needed to be embedded.

The provider had employed a new chef, who was knowledgeable about people's dietary needs. We saw that she took time to speak with people to seek feedback about the food and choices available. We found that people's nutritional needs were being monitored. However, we noted that whilst there had been some improvements in the recording within daily charts, there remained inconsistencies and charts had not always been fully completed.

We found that the new management team were focused on the quality of the care provided. We saw examples where the management team had tackled and addressed areas of concern and this was an on-going process. People were complimentary about the way they were treated by staff and told us they were treated with dignity and respect.

The service had received a number of compliments. We reviewed relatives' comments received within letters, about the improvement of the home. During the inspection a number of relatives actively sought out

inspectors to share their positive feedback about the service.

Previously we found that daily charts had not always been completed in accordance with people's care plans. On this inspection we found that staff were aware of the importance of accurate and up to date record keeping but identified gaps in recording that could put people at risk. We were advised that nurses and unit leaders were actively monitoring the completion of charts on a daily basis, however we found that this remained insufficient.

Since our last inspection we saw that a significant number of the care plans had been re-written. Overall we found improvements to the information recorded, which in most cases was detailed and person centred. We saw that people's wishes and preferences were respected.

The home had two activities coordinators, one on each of the units. There was an activities programme and entertainment available. They explained to us that under the new management there was now a bigger focus on activities.

The provider had a complaints policy and procedure in place, which was on display in the reception at the home. At our last inspection we found that the system for recording and responding to complaints was insufficient. At this inspection we found that improvements had been made.

Quality assurance systems needed to be more robust. Whilst the management team advised us that a schedule of audits was in the process of being embedded to help monitor and improve the quality and safety of the service provided, the systems needed to be strengthened further

We found that improvements had been made to the leadership of the service. The provider had recruited a new management team including a quality assurance manager and had also employed the services of a specialist consultancy agency with a view to making the necessary required improvements.

Staff commented on improvements and their confidence in managers, unit leads and seniors. A schedule of audits was in the process of being embedded to help monitor and improve the quality and safety of the services 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?

Requires Improvement ●

The service was not consistently safe.

Risk management processes were not always sufficiently robust.

Safeguarding procedures were not always followed effectively.

The use of agency staff had reduced and the provider had prioritised recruitment.

There was a satisfactory recruitment process in place.

Improvements had been made to the management of medicines.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff were more compliant with the MCA, however further improvements were required.

There had been a focus on staff training and a new induction had been introduced.

Staff told us that they felt more supported. Formal supervisions and appraisals had commenced and were planned but these needed to be embedded.

People were more complimentary about the food and people's nutritional needs were being met.

Is the service caring?

Requires Improvement ●

The service was not consistently caring.

Improvements had been made to the continuity of staff which helped them to build effective relationships with people.

We observed staff treating people in a kind and caring manner.

Work was being undertaken to include people and their relatives

in decisions on their care through care plan reviews.

Is the service responsive?

The service was not consistently responsive.

We identified on-going concerns in relation to the management of records. Systems to ensure that records such as daily charts were completed were insufficient and could put people at risk.

Work had been undertaken and was on-going to re-write all of the care plans. We found that these were more detailed and person centred.

People had the opportunity to take part in activities and events, these were being developed further.

Systems for managing and responding to complaints had been reviewed to ensure all complaints were recorded, investigated and acted upon.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

Quality assurance systems needed to be more robust.

A new management team had been appointed and said they were committed to making the necessary changes.

The management team said had taken time to listen to staff and understand the culture of the service, to enable them to make improvements.

Requires Improvement ●

Weston Park Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 12, 13 and 16 March and 15 and 24 April 2018 and was unannounced.

Prior to this inspection concerns had been raised by members of the public in relation to the standard of care provided by the service, specifically in relation to access to food and drink and safe moving and handling. We took this into account during this inspection. We had also been made aware of an incident which had occurred which was being dealt with by the police. This incident is being examined outside of this inspection process. This related to safe practice around the use of bedrails. We reviewed the use of bed rails and bed rail check/audits during this inspection.

Following the first three days of inspection we received further information of concern. We were notified of a specific incident about a person living at the home resulting in a safeguarding enquiry. The information in relation to this incident is being reviewed by the Commission. The information shared with CQC about the incident indicated potential concerns about the training, supervision and management of staff. We undertook two further inspection days and examined those risks.

The inspection was carried out by two adult social care inspectors, an assistant inspector, a specialist nurse advisor and two experts by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The service was aware of our visit to conclude the inspection on the second and third days. The final two days of inspection were undertaken by an adult social care inspector and an inspection manager.

Prior to the inspection we gathered and reviewed information from a number of sources. This included notifications sent from the service about key events, complaints, and compliments and safeguarding investigations. The provider was not requested to complete a provider information return (PIR) prior to the inspection. A PIR 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.

We contacted the local authority, who told us that the service was subject to an improvement plan and they were monitoring the service. Some actions identified had been completed. We also reviewed the report from Health Watch following a visit in August 2017. Healthwatch is an independent organisation whose purpose is to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf. Recommendations were made around the quality of the food, accessibility within toilets and the garden.

We talked to 16 people who used the service and 14 relatives and visitors. 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 spoke to 17 staff including the manager, quality assurance manager, managing director, nursing staff, care staff, catering staff, activity coordinators, maintenance and domestic support.

We looked at a range of records including eight care plans belonging to people who used the service. This process is called pathway tracking and enables us to judge how well the service understand and plan to meet people's care needs and manage any risks to people's health and well-being. Examples of other records viewed included, policies and procedures, seven staff files; minutes of meetings, complaint and safeguarding records, rotas, staff training, activity records, maintenance and audit documentation.

Is the service safe?

Our findings

We asked people whether they felt safe living at Weston Park, they told us, "The staff look after me" and "I'm as happy as I can be. I have no worries". Visiting relatives said, "Now there's the same group of carers which is good, this has improved" ; "(Name) tells me she feels happy here" and "I feel my husband is safe with the staff, as they know his needs".

At our last inspection on 3, 4 and 5 October 2017, we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to 'safe care and treatment'. This was because the provider had not done all that was reasonably practicable to mitigate all risks and the provider had not ensured the proper and safe management of medicines. At this inspection we found the provider had started to make some improvements but remained in breach of this regulation.

We were advised that work was being undertaken to re-write all of the care records. Care files contained some individual risk assessments which identified risks to the person and gave instructions for staff to help manage the risks. These risk assessments covered areas such as nutrition, pressure ulcers, falls and choking. However we found that some risk assessments had not been evaluated appropriately and there were examples where records did not reflect the action taken to mitigate risks.

For example we were made aware of a safeguarding incident. When we reviewed the person's risk assessment and care plan several days following this incident, we found that they had not been reviewed. We would have expected them to have been reviewed to ensure that all action had been considered to mitigate any further risk. We spoke to a member of staff who was uncertain about the details of the incident or further action taken in response. Therefore we were not assured that all reasonable action had been taken to mitigate the future risk.

We also saw that one person used a wheelchair and tended to use their feet to move the wheelchair and were at risk of falling. We reviewed the person's care plan and spoke with the nurse who told us that staff took action to ensure that the person was not left alone whilst seated in the wheelchair and that a motion sensor was in place. Whilst we were advised that action had been taken to reduce the risk of falls, this had not been recorded in the person's care plan. We saw another example where someone had fallen from their chair but their care plan had not been reviewed but a number of actions had been implemented to manage this risk.

This is a continued breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that accidents and incidents, along with any pressure ulcers and weight loss or gain were monitored. Accident and incidents forms were being used more effectively to report and analyse the risk of harm to people. These forms recorded what action had been taken to investigate the accident/incidents and to reduce the risk of it reoccurring. However we found an incident where an investigation had been started but not completed. This meant that any potential concerns or lessons learned may not have been

identified. During the inspection the new manager investigated this incident and found that staff had taken appropriate action at the time, but that the investigation had not been completed due to an oversight following staff changes. We were assured that the new process for the manager to review any accidents and incidents was now more robust. We saw that a monthly analysis was also carried out to identify whether there were any themes or trends, so that necessary action could be taken to reduce further incidents. Any accidents and incidents were also discussed at the morning meeting and further actions were considered by the staff team.

Previously we were concerned that people did not always have access to their call bells. At this inspection we saw that call bells were accessible to people. We saw other examples where equipment had been used to help manage potential risks such as sensor beams, low beds and crash mats. The Herbert Protocol had also been implemented for one person. The Herbert Protocol is a national scheme being introduced by the police and other agencies, which encourages care staff to compile useful information, which could be used in the event of a vulnerable person going missing.

At our last inspection on 3, 4 and 5 October 2017, we found a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to 'safeguarding service users from abuse and improper treatment'. This was because the registered person had failed to establish and operate effective systems and processes to protect people using the service from abuse and improper treatment. At this inspection we found the provider had started to make some improvements, however there remained concerns and the provider remained in breach of this regulation.

Following our visits in March we were notified of a safeguarding incident. However, there had been a short delay in the reporting of this incident and it was identified that the staff on duty at the time had not followed the provider's procedures to report the incident. The management team were made aware of the issue via a visitor to the home and the concern was then reported as required to the local authority and the Commission.

We were also advised by the local authority that issues had been identified regarding the provider's initial response to another recent safeguarding contact. A safeguarding concern had been reported to the local authority but we were informed that the information was incomplete and had not been shared in a timely manner. The provider had taken some action to investigate and deal with the concerns identified however they had not sought appropriate advice from the authorities before taking this action and had therefore not followed safeguarding procedures in a robust manner.

This is a continued breach of Regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a policy and procedure in place to safeguarding vulnerable adults. Staff had undertaken online safeguarding training and those spoken with knew how to alert any concerns to their managers. Training records detailed that 78% of the staff team had completed safeguarding adults training. This training was on-going. There was a whistle-blowing policy, which staff had to read and sign when they started. Staff were able to provide examples where they had raised concerns with their line manager over the way that some agency staff worked and said that the manager had taken actions.

We looked at the safeguarding records for the service and a safeguarding folder had been implemented. This evidenced some improved recording and analysis of safeguarding incidents. Prior to the inspection we had been made aware of a potential safeguarding concern raised by a member of the public, this was referred to the local authority and is being investigated.

At our last inspection on 3, 4 and 5 October 2017, we also found a breach Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to 'staffing'. This was because the registered person had failed to ensure sufficient numbers of suitably qualified, competent skilled and experienced persons were deployed at all times. The provider had taken steps to address this and they were no longer in breach of this regulation, although there was some inconsistency in staff deployment.

Previously we were concerned because the provider was very reliant on agency staff and systems to deal with last minute staffing problems were not always effective. At this inspection we found that the usage of agency staff had reduced although this remained variable. However when we visited on 15 April 2018 we found that there were again a significant proportion of agency staff on duty. There were six members of staff working on the Weaver Unit and six members of staff working on the Mulberry Unit. Five out of the six staff working on the Weaver Unit were agency staff. As a result we found that the Weaver Unit was not as organised and some people looked unkempt and as though their personal care had not been attended to. We could not be certain that people had been given sufficient to eat and drink because their monitoring charts had not been maintained and some staff were having difficulty conversing with the people they were caring for due to language barriers. Whilst we were advised that due to circumstances it had been appropriate to move the permanent nurse to the Mulberry Unit, we were concerned about the level of oversight to ensure that there was an appropriate skill mix of staff throughout the building.

Furthermore, the arrangements for handover, to ensure that all staff working were aware of the needs of each person were not sufficiently robust as we found that some key information was missing from the handover sheets, for example, there were no directions as to which people were at risk of pressure ulcers and some dietary needs were omitted.

This is a continued breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. the provider did not have sufficiently robust systems in place to assess the quality of the care being provided.

There had been a period of recruitment including a new chef, head housekeeper, a nurse and care staff. Managers had taken a lead on recruitment, which focussed on 'quality rather than quantity' to fill staffing gaps. This meant for example out of 15 interviews in the previous week, nine candidates had been unsuccessful; six had been offered a position. There were further interviews taking place throughout the week of the inspection.

Staff described and relatives' feedback suggested that staffing had become more consistent. We heard that this was also achieved through booking more regular agency staff where needed. Staff and relatives told that the use of short-term agency had decreased and there were more regular agency in use now.

We checked the induction for agency staff used in the week commencing 5 March 2018 on one of the units. We found one induction checklist completed for one of the five daytime agency staff provided. We did not see induction checklists for the four night staff. However, the manager stated there were "other checklists which had been completed but not added". A senior carer assured us that they completed checklists with all new agency staff with them.

There was an agency profile folder, but this appeared mostly out of date. We did not find agency profiles for all of the agency staff on the rota. We were advised that this was due to last minute changes made by the agency. It is important that the provider has a profile for each member of agency staff to ensure they have the relevant training, qualifications and are of good character. We were assured that action would be taken to address this with the individual agencies.

There were sufficient staff to meet people's needs and provide personalised care and support with activities. Staff told us, "We actually used to have more staff, but things were not getting done properly, there was no focus on the little things. Now there are fewer of us, but we work much better together. I feel safe now" and "It's more organized, cleaner and the charts are filled in. You can trust in your staff now." There was a new management team in place including the home manager, quality assurance manager and two unit leads. There had been a focus on the organisation and allocation of roles within the staff team.

However, on the first morning of the inspection we found that one of the units was disorganised and staff told us that they were "behind" because of a medical emergency. Throughout the rest of the inspection the home appeared calm and organised. Some comments received from people suggested that at times people were kept waiting but this varied and other people and relatives were positive about the support in place. Comments included "They are sometimes short staffed but on the whole we manage"; "They are short staffed at the moment, I press my buzzer and they come when they can" and "There's always staff around." During the inspection we observed that staff responded promptly so that people did not have to wait too long for support or assistance. We heard call bells being answered and staff were visible around the home at all times.

The provider with support from a consultancy agency had introduced a new staffing tool to calculate the number of staff required and this was dependent upon the needs of people living at the home. The managing director informed us that the size and layout of the home was taken into account and that the staffing hours currently in use were much higher than those identified as the minimum required by the tool.

At our last inspection on 3,4, and 5 October 2017, we found a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to 'fit and proper persons employed'. This was because the registered person had not ensured that recruitment processes were effectively operated. At this inspection we found the provider had met their legal requirement and that action had been taken to address the breach.

The provider had undertaken a review of all staff files to ensure any gaps in staff records were identified and addressed. Recruitment and selection of staff was carried out safely with appropriate checks made before new staff started working in the home. All staff files reviewed at this inspection evidenced that a Disclosure and Barring Service (DBS) check was completed before they started work in the home. The DBS checks applicants' records, including criminal and barring registers. The checks help to protect people using the service and support employers to make safer recruitment decisions. We found that all staff had at least one professional reference from their previous employer. In addition staff had another professional reference or character reference and had provided suitable forms of identification.

We found that recruitment files had been audited, including those of long-standing staff. The contents lists and recruitment checklists did not always show all of the information, although checks and references appeared to have been completed. Checklists also had space for managers to sign them off, which we did not see completed. We discussed with managers the effectiveness of checklists, which may need to be reviewed.

We looked at the administration and recording of medicines. Medicines were stored securely and temperatures were monitored to ensure that storage facilities remained within the required temperature range. We observed medicines being administered safely by staff who were trained. We saw that competency assessments had been undertaken for all staff administering medicines. The provider worked with a local pharmacy who had recently undertaken a medication audit.

We reviewed the medication administration records (MARs) and found some minor short falls in the recording of medicines administration. For example we noted that there were three gaps in the records. Appropriate action had been taken in response and we were advised that these gaps had been investigated and medication counts undertaken to verify whether medication had been given or not, this confirmed in this instance they had. Blood sugar monitoring (BM's) was being taken and recorded daily where necessary. Copies of monitoring forms were available in each MAR folder for the people requiring monitoring. We found that that concerns raised at the last inspection about the safe use of thickeners had been addressed

Creams and lotions were labelled with the name of the person who used them. We saw there were charts in place for staff to sign when they had applied any creams, however there were some gaps in these and information was not always clearly recorded on the charts about when the creams should be applied. This could lead to potential confusion and treatment not being administered as prescribed. We discussed this with the nurse who told us that action would be taken to address this straight away.

The service employed a maintenance person and we saw from the records that he completed various daily, weekly and monthly checks to ensure the safety of the premises. These included checks on the safety of equipment used. We found that most maintenance checks and records we checked were up to date, such as gas safety certificates, fire equipment checks and lifting equipment checks. Some assessments needed to be renewed and some repair actions were outstanding. The head office maintenance person stated the home's own maintenance person had left a few weeks earlier and they were addressing any outstanding issues.

The checks and repairs for emergency lighting needed addressing. An external maintenance inspection carried out on 9 November 2017 identified faults. The head office maintenance person assured us that they would start addressing all the repairs needed straightaway. We were advised following the inspection that arrangements were being made for a contractor to carry out the work, which would be confirmed when completed.

There were no records of fire drills carried out at the service. The Head Office maintenance manager stated that 2017's records may have been archived, but there was no record of a drill for 2018. On the day of the inspection the fire alarm sounded, this was a false alarm but we saw that staff followed appropriate procedures in response. The provider assured us that fire drills and evacuations incorporating night staff would be undertaken as soon as possible and a system was implemented to ensure that the management team had oversight of these drills. We found that the people living in the home had an individual Personal Emergency Evacuation Plan (PEEP) in place. PEEPs are recommended by the fire authority and would be used if the home had to be evacuated in an emergency such as a fire.

The fire risk assessment was valid from 4 November 2016 until 4 November 2017 and needed to be reviewed. We pointed this out to the provider who ensured that the assessment was reviewed during the course of the inspection.

We carried out a tour of the premises and we saw that people were cared for in a clean and hygienic environment. Staff were wearing appropriate gloves and aprons to reduce the risk and help the prevention of infections. Visiting relatives told us that they had seen some improvements in relation to the cleanliness of the environment. The new management had acted on concerns raised about the cleanliness of a person's bedroom and new cleaning checklists had been introduced.

Due to the need for on-going and sustained improvement in areas such as risk management and safeguarding we have rated this key question as requires improvement. We recognised that action was being taken to address the previous concerns. We will check the improvements which were made following

our inspection at our next planned comprehensive inspection.

Is the service effective?

Our findings

People living in the home and their relatives offered positive comments about the care and support provided. They told us "The staff know what they are doing, I'm very happy"; "The food is much better" and "The food is alright and got better recently. I now go to breakfast and lunch". Relatives commented, "Staff are very effective and helpful" and "The staff have changed but are getting better at what they are doing".

At our last inspection on 3, 4 and 5 October 2017 we found that the provider was not fully compliant with The Mental Capacity Act (MCA) and we were not assured that people were being deprived of their liberty lawfully. This was a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found improvements had been made and the provider was no longer in breach of this regulation. However we found that further improvements were still required.

The 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).

DoLS applications had been submitted appropriately to the supervisory body (local authority). There was a DoLS matrix in place to alert the management team to when renewal applications were due to ensure authorisations were kept up to date. We checked and found that this was accurate and up to date. Where Lasting Powers of Attorney (LPAs) were in place, we saw that copies were kept on file, which helped to ensure that staff knew who held legal responsibility for decision making. The clinical lead told us that this work was on-going and were obtaining copies of all relevant LPAs for their records.

We found that staff needed further guidance to ensure that the MCA was applied robustly. Improvements had been made and staff now carried out mental capacity assessments and these were decision specific. For example there were assessments for decisions around care and treatment, maintaining a safe environment and covert medication. We saw that where people lacked capacity to make certain decisions, best interest decisions were then being made on their behalf and the records of these decisions and the people who were involved was kept on people's care files. However, we found some examples where the principles of the MCA had not been followed. We saw that a mental capacity assessment had been completed where it was identified that the person did not have any mental impairment, and therefore was unnecessary. We also saw that an "authorisation" form had been signed by the relative of a person for a flu vaccination rather than a best interest decision being undertaken and recorded.

We found that improvements had been made to the process followed when administering medication on a covert basis (when food is hidden in food or drink). In the care files reviewed, we found that the MCA had been followed correctly.

At our last inspection on 3, 4 and 5 October 2017, we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to 'staffing'. This was because the registered person had failed to ensure that staff had received appropriate training and supervision. At this inspection we found that action had been taken to address the breach and the provider was no longer in breach of the regulation. On-going improvements were required.

During our last inspection we were concerned that the high usage of agency staff meant that staff knowledge was poor and a 'handover sheet' had been introduced to provide staff with an overview of people's needs. However we found the handover sheet was inaccurate which could lead to confusion. The management had reviewed this information following the last inspection and the new manager had introduced another version on the first day of our visit. She explained the new handover had been designed to give better information about people to carers and nurses. This included key points and a guide to other important documents.

We saw that a new programme of induction for new staff starters had been implemented. Two new recruits had commenced the induction programme which included a week of orientation and mandatory training and a second week of shadowing experienced staff and introduction to people living at the home. On the first day of the inspection it was a nurse's first day and we observed how the manager went through the welcome information pack with them. A regular member of staff also asked people if she could share information about them with the new nurse and the new recruit received information about each person before they started to provide any care.

Since our last inspection, the provider had focused on staff training and had updated training records to evidence the training completed by staff. There was a significant improvement in the number of staff who had undertaken mandatory e-learning. The percentage of staff having completed all the required e-learning had increased to 84%. Subjects included, fire safety awareness, diversity and equality, health and safety, MCA, moving and handling and safeguarding vulnerable adults. However we noted from the records that only 57% of the staff who required practical moving and handling training had completed this. The manager told us that one of the unit leads was able to provide this training and that further sessions were being arranged. Face to face training had also been carried out in other subjects.

The new manager was keen to improve the learning and development of staff. The local GP told us that the manager had been in contact to request training and support around end of life care. The new manager had introduced folders to support the nursing staff to maintain their continuous professional development. We received assurances from the provider and manager that this was work in progress which they would continue to focus on.

Records showed that staff had not received regular supervision sessions and the quality assurance manager confirmed that they were starting again with supervision. Supervision is a process, usually a meeting, by which an organisation promotes best practice and provides guidance and support to staff. The quality assurance manager explained that since coming in to post they had created a new timetable for these sessions and we were shown the plan to ensure that everyone had received a supervision by the end of March 2018 and at least one observation and appraisal. Despite this the management team had undertaken informal observations of staff and had provided day to day guidance.

Since our last inspection we found that there had been continued improvement in the provision of food and drink. The provider had employed a new chef, who we spoke with. We found that she was knowledgeable about people's dietary needs. We saw that she took time to speak with people to seek feedback about the food and choices available. Whilst we received a few negative comments about the food, overall people

were more positive and told us that the quality of meals had improved. They said, "There's been a big improvement in the last few weeks and "They don't cook the meat enough but the food is hot enough and I get a choice. The food is getting better'.

We observed the lunchtime meals on both of the units and saw that there were tablecloths, flowers, napkins and condiments on the tables. The food was well presented, looked nutritious and was hot enough, with choice and assistance provided to people where necessary. There were two sittings and we were advised that those people who required assistance with their meals were supported to have their meals first, so that the staff could spend focused time with them. We found that staff were attentive and provided appropriate encouragement to people. They also took into account people's individual needs. For example a hot drink was given to a person with visual impairment and the carer took this into account and explained where the drink was situated and guided them to it.

Prior to the inspection we had received concerns that people's nutritional and hydration needs were not always met. We reviewed this during the inspection. We observed drinks and snacks being offered to people between meals. Jugs of water were available to people in their rooms and we saw staff offering support to those people who needed it. However, we saw that one person's water had a very small amount taken from it during the first day of the inspection. When we discussed this with staff we were advised that the person had been supported with other drinks such as tea and juice and we saw that this had been recorded.

We found that people's nutrition and hydration was monitored to ensure their nutritional needs were being met. However, we noted that whilst there had been some improvements in the recording on daily charts, there remained inconsistencies and charts had not always been fully completed. We also found that charts relating to the previous week had been archived and a carer spoken with was unclear whether there were any concerns about a person's fluid intake from the previous 24 hours which they needed to be aware of. We raised this with the new manager who assured us that these issues were being addressed.

We saw records of people's weights being regularly updated. Where any weight loss was identified, staff had contacted other professionals such as a dietician for advice if required. We saw that one person had lost a significant amount of weight. However, the clinical lead was able to tell us this was due to a recent period of illness and we saw that they had now started to regain some of this weight. Care records included information about each person's nutritional needs. Staff were aware of the need to follow the speech and language therapist (SALT) instructions. We checked one resident's eating care plan and found this had been updated following an incident. The clinical lead had referred this to the SALT, who had recommended a soft diet instead of 'fork-mashable'. This had been updated in the care plan and the person's dependency assessments. The resident had an appointment booked with the SALT a few days after our visit.

People's care records demonstrated how their physical and mental needs were assessed on admission to the home and were now reviewed on a regular basis. Work had been undertaken to ensure that all relevant assessments and risk assessment were in place and up to date.

Records showed a range of health professionals had been involved in people's care. This included GPs, speech and language therapists and dieticians. People were also supported to attend hospital appointments. People told us that they were supported with their health needs, one person told us that they had raised a medical issue to one of the staff and that the doctor saw them quickly the next day. There was a local GP surgery attached to the home and one of the GPs visited at least weekly. We spoke with one of the visiting GPs, who had found some improvements relating to communication and documentation.

We recognised that action was being taken to address the previous concerns. Due to the need for on-going

and sustained improvement in areas such as compliance with the MCA and staff training and supervision, the effective domain has been rated requires improvement. We will check these issues at our next planned comprehensive inspection.

Is the service caring?

Our findings

People and their relatives told us that staff were caring. Comments included, "The staff are kind"; "Very caring staff, they can't do enough for me"; "The staff always listen to me and try and help me" and "Very nice warm carers".

At our previous inspection, we found the provider had not ensured that people were always treated with dignity and respect. This was a breach of Regulation 10 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made and the provider was no longer in breach of this regulation.

Staffing at the home had been through a period of change. Previously we were concerned that the high usage of agency staff meant that staff were not always familiar with people's needs and preferences. Frequent changes of staff had impacted on the development of effective relationships. During this inspection staff spoken with were knowledgeable about the people that they cared for and there was greater continuity of staff. However, this remained variable as on one of the inspection days there remained a significant number of agency staff. We saw feedback from a relative which confirmed this, it said "The reduction in the use of agency staff shows in that the staff know who I am and are able to talk to me properly about how [relative's name] is getting on."

We found that the new management team were focused on the quality of the care provided. They explained to us how they were supporting staff, as well as closely monitoring practice. The manager's approach was to mentor staff and set out clear expectations about the care provision. We saw examples where the management team had tackled and addressed areas of concern and this was an on-going process.

We found that the atmosphere within the home was friendly, relaxed and sociable. Visitors to the home told us that there was an open door policy and that staff were friendly and welcoming when they visited. On the day of the inspection, staff celebrated a person's birthday by singing and providing a cake. Cakes had also been baked for each of the units over the previous weekend for Mother's Day.

Throughout this inspection, we observed staff interactions that were kind and caring. When we alerted staff to a person asking for help, we saw that the carer sat with the person and talked to them for reassurance. A relative told us, "Staff take the time to listen to my mum." We also found that staff were sensitive to people's emotional needs. For example, on the first morning of the inspection, one person had been taken to hospital. We were informed that a member of staff had been specifically chosen to escort the person because they communicated well together and this would provide the person with reassurance.

People told us that they were treated with dignity and respect. One relative commented "Staff treat (name) with respect". We observed that staff knocked on people's bedrooms doors before entering and spoke to people in a friendly and respectful manner. Records contained information to enable staff to support people with dignity and promote independence. For example one care plan gave guidance to staff to enable the person to undertake aspects of their own personal care, "to maintain their dignity." The management team

confirmed that this was an aspect of care they would continue to monitor and address where required.

The service had received a number of compliments. We reviewed relatives' comments received within letters, about the improvement of the home. For example, "The quality and friendliness of the carers has improved dramatically. They spend more time talking to and interacting with [relative]." During the inspection a number of relatives actively sought out inspectors to share their positive feedback about the service.

Overall, we found that people were supported to remain clean and well kempt. Feedback from a relative stated "There is a massive improvement in [relative]'s cleanliness and appearance. His room also appears much cleaner and tidier." However we did receive a couple of negative comments from visiting relatives that on occasions their relative had appeared in need of a shave or wash. There also remained some concerns around the laundry service and the provider had employed a new head housekeeper and laundry assistant. These issues were discussed at the daily meeting and actions discussed to help improve the situation. We were reassured to hear that the provider and management team were keen to listen and obtain people's views to ensure positive outcomes for people using the service.

Care plans were being re-written and contained information about people's life histories. These were being developed with people and their relatives and meant that information was available to give staff an insight into people's preferences, likes and dislikes, to enable them to better respond to the person's needs. Improvements were being made to ensure that people and relatives were involved in people's care. Reviews were being held with people and their relatives as part of the process of re-writing the care plans to ensure that they were involved. This work was on-going and needed to be fully embedded as some visitors told us that they had not been involved in their relative's care plan as yet.

We have rated this key question as requires improvement. We recognised that action was being taken to address the previous concerns. The characteristics of ratings for 'Good' describe a level of consistency. We will check the improvements which were made following our inspection at our next planned comprehensive inspection.

Is the service responsive?

Our findings

We asked people and their relative's whether they service was responsive. They told us "We're very happy with the care" and "I love this place it's very homely."

At our last inspection on 3, 4 and 5 October 2017, we found a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to 'good governance'. This was because the registered person had failed to maintain an accurate and complete record in respect of each service user. At this inspection we found that the provider remained in breach of this regulation.

Previously, daily charts had not always been completed in accordance with people's care plans. On this inspection we found that staff were aware of the importance of accurate and up to date record keeping but identified gaps in recording that could put people at risk. We noted that one person's records in their bedroom had not been updated to reflect a change to the person's dietary needs. We spoke with staff and found they were clear about the person's current requirements and immediately amended the document. However, we discussed with the management the need to ensure that any changes to people's needs were updated in all relevant care records.

Charts were kept to demonstrate that people had received support with for example, personal care, positional turns or food and fluid intake. However we found that these were not always completed consistently. We were advised by the unit lead that nurses and unit leaders were actively monitoring the completion of charts on a daily basis, however we found that this was not sufficiently robust. Staff also told us that problems sometimes arose from the use of 'new agency' that did not know how to complete records or even that agency staff appeared reluctant to complete the records.

For example, we saw that a person was being monitored for signs of constipation. The person's care plan stated that the nurse should be advised if the person had not had their bowels opened for two days or more. We checked the person's charts and saw that there had been a seven day gap before any action had been taken. The nurse told us that action was taken when they were made aware but that they could not be certain of the length of gap as they could not be certain that the records were fully completed. This put people at risk of not receiving the right care and support to meet their needs. We saw further gaps in charts such as, whether personal care had been provided and where 30 minute observations should have been recorded, the records could not be found to demonstrate that consistent checks had been undertaken.

Despite concerns being identified and raised with the manager and registered provider on 16 March 2018 we found a further lack of recording to evidence that people had received checks and positional turns during our visit on 15 April 2018. We reviewed the positional turn charts of five people which were kept in their bedrooms and found that these service user's charts had significant gaps and we were unable to evidence that people had received appropriate care for part of the day.

The registered provider remained in breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection on 3, 4, and 5 October 2017 we asked the registered provider to make improvements to the care and treatment of people and to ensure that their needs and preferences were met in a safe and effective way. The provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made and the provider was no longer in breach of this regulation.

People and their relatives were positive about the care and treatment that they received and told us that staff were responsive to their needs. Since our last inspection we saw that a significant number of the care plans had been re-written. Overall we found improvements to the information recorded, which in most cases was detailed and person centred. For example one stated that a person preferred a male carer to support with shaving. This work was on-going and the care plans had been reviewed since our last inspection to include, personal details, risk assessments; mental capacity information; care plans and clinical support information such as dietician and speech and language reports and audit tools. There were some areas which needed to be improved further for example where people's care needs had changed significantly this information was written into on-going evaluations and wasn't easy to identify the person's current needs in that area. We also found for example that some action taken to mitigate risks was not recorded robustly enough and also where a person's needs around regular observations had changed this had not been reflected in their care plan.

Staff provided support which met people's individual needs, for example the dietician had provided advice that a person should be offered cereal if they had not eaten sufficiently. We saw during the inspection that staff followed this guidance and offered person centred support. In a further example we saw that staff enabled another person with visual impairment to eat their meal. The person had a specialised plate and staff were able to describe where their food was situated in relation to a clock face. We observed staff supporting this person during lunch using this person centred approach and this enabled them to eat independently. People's wishes and preferences were respected, for example one person's care plan said that they preferred to stay in their bedroom with music playing which we saw was respected.

People's care records showed they had been offered the opportunity to discuss their end of life wishes. Where people did not want to be resuscitated in the event of a decline in their health, a signed form completed by a health professional was displayed at the front of their care record. This helped ensure staff had access to important information. The GP also supported the home to develop care plans which considered priorities for end of life care. The new manager told us that recent training with the end of life partnership had taken place and they had sought further guidance and training from the GP in this area.

The home had two activities coordinators, one on each of the units. The coordinators worked different days of the week, which included the weekend. They explained to us that under the new management there was now a bigger focus on activities. One of the coordinators explained that due to staffing problems they had previously often been called away from activities. However, they found with the increased consistency of staff they could focus more and more on activities.

Coordinators gave some examples of activities, which included Macclesfield Football Club coming into the home. We saw some photographs of this on the activity boards. We also heard about plans to connect with local schools, as well as re booking an entertainer who had been popular with residents. People were taking part in making Easter decorations and cards whilst we visited.

On the Weaver Unit, there was an activities folder which recorded the activities that people had taken part in. This noted at times what had been learned about the person's history or what they liked or did not like. When speaking to the coordinators, they showed person-centred knowledge and responding to people's

suggestions. For example a talk was arranged for a person with visual impairment, as well as accessing talking CDs for them to listen to.

We discussed how activities could involve people that might find it difficult to participate in group activities. We found in the activities records that sometimes for several days there had been a record of the person not wishing to join in with anything. The coordinators told us they wanted to develop one to one activities further and to personalise them. They were meeting with managers to discuss further developments.

The provider had a complaints policy and procedure in place, which was on display in the reception at the home. At our last inspection we found that the system for recording and responding to complaints was insufficient. At this inspection we found that improvements had been made. We saw that a complaints and compliments folder had been introduced and that any complaints had been recorded and dealt with in a timely and appropriate manner. There was one complaint from January which had three points; these related to quality of personal care, cleanliness of the resident's room and food. There was an apology and information identifying what action had been taken in response. The apology and the process followed was open and transparent.

We have rated this key question as requires improvement. We recognised that action was being taken to address the previous concerns. The characteristics of ratings for 'Good' describe a level of consistency. We will check the improvements which were made following our inspection at our next planned comprehensive inspection.

Is the service well-led?

Our findings

Feedback received about the management of the service was positive. People and their relative's told us, "It's much better with the new management" and "A vast improvement." Written feedback to the service stated "During the last few weeks the situation has changed for the better with good management and better teamwork from the carers evident. Together with the doctors, your staff have done wonders to improve [relative's name]'s quality of life."

At the time of the inspection there was no 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. A new manager had been appointed in January 2018 and had made an application to register with CQC.

At our last inspection on 3, 4 and 5 October 2017, we found a breach Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regulations relating to 'good governance'. This was because the registered person had failed to establish and operate effective systems and processes to assess, monitor and improve the quality and safety of the service provided. We have identified a continued breach of this regulation.

At this inspection we found that quality assurance systems needed to be more robust. Whilst the management team advised us that a schedule of audits was in the process of being embedded to help monitor and improve the quality and safety of the service provided, the systems needed to be strengthened further. We identified issues during the inspection relating to a number of areas which highlighted that assurance systems were not yet being operated effectively. These related to staff not always following appropriate safeguarding procedures, which included the management team not having sufficient oversight to ensure the correct implementation of local safeguarding policies. Concerns were also identified around the safe management of risk.

We found ongoing issues relating to records in several areas, such as induction of agency staff, administration of topical creams and lotions, environment repairs and the robust implementation of supervision. There were no records to evidence that night staff had undertaken fire drills. A number of audits had been undertaken in February 2018 and we were told that these would be completed regularly moving forward. The quality assurance manager said that the next step would be to collate any issues identified through the audits into an overriding home development plan. We saw that senior staff within the units had also put systems in place to monitor the quality of the care provided. They had introduced trackers and audits for areas such as care plan, mattress checks and wound management so that they had more oversight.

We found that improvements had been made to the leadership of the service. The provider had recruited a new management team including a quality assurance manager and had also employed the services of a

specialist consultancy agency with a view to making the necessary required improvements. The management team was present during our inspection and were supported by the managing director. They all engaged positively in the inspection process and were open and transparent with the inspection team. The management team demonstrated a good knowledge of the service, the needs of the people living there and the staff team and a commitment to the continuous improvement of the quality of service provided. Staff told us that the managing director visited the service on a regular basis to help monitor the service.

The management team said that they had taken time to listen to staff and understand the culture of the service. Managers explained, "Staffing has been a real focus for us. We wanted to understand the culture of the service, observe practice and make ourselves available to staff. We found that there was a lack of communication." This had been the focus point for the managers, to create a stronger culture of teamwork between all units and departments. Staff spoken with confirmed that they felt more supported and they were working more as a team. There were different ways to communicate with the team through various meeting styles. This promoted better communication across the home and better team working.

Staff commented on improvements and their confidence in managers, unit leads and seniors. They all spoke positively about feeling listened to by the new managers and that everyone was working more as a team. Staff told us, "It is good management [we have now]. Staff morale has lifted and there are rules and boundaries" and "When you speak to [managers] they listen. You do not feel as if you are being 'fobbed off'."

Managers and staff told us about new team meetings to help working across teams and remove separation between teams. This included a change to handover meetings, a daily '24 hour review meeting' and a 'huddle'. The 'huddle' was yet to be introduced on Mulberry. This meeting took place daily just before lunch and helped staff to be clear for example on what had been achieved in the morning and what still needed to be done in the afternoon. One staff member said, "We are improving, getting on top of a lot of things."

The management team had taken action to ensure that people and their relatives were engaged in the service improvements. People and their relatives told us that they felt able to approach the new management team with any concerns about the care. Relatives commented "They welcome feedback" and "All staff are very approachable." Relatives meetings had been held once a month and were well attended. Relatives told us they received meeting minutes from these. We saw that people were given the opportunity to provide feedback about the service. The new manager had offered to meet with people on an individual basis if they preferred and we saw a notice in the home to invite people to meet with her.

Cheshire East Council's Quality Assurance Team had issued the provider with an improvement plan and following our last inspection increased their monitoring of the service. Feedback received prior to our recent inspection was positive and confirmed improvements were being noted in the standard of service provided.

Previously the registered provider had not always notified us of significant events in line with their legal obligations. This meant we could not check that appropriate action had been taken. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. At this inspection we checked the information submitted to the Commission and found that we had been notified appropriately. The registered provider was no longer in breach of this regulation.