

Denehurst Care Limited

# Passmonds House

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Good** ●

Is the service caring?

**Good** ●

Is the service responsive?

**Good** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

This was an unannounced inspection, which took place on the 9 and 10 January 2017. At our last inspection in December 2015 we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements were needed to the standard of accommodation provided and the training and development of staff. The service had also been without a registered manager since August 2015. The provider sent us an action plan telling us what action they had taken to meet the regulations. During this inspection we checked to see if the breaches in regulation were now met.

Passmonds House provides accommodation and support for up to 35 people. The home has been extended to offer accommodation, in two double and 31 single rooms. 22 of the rooms have en-suite facilities. The home also provides three lounges and two dining rooms. The home is set in its own grounds adjacent to Denehurst Park and is approximately 1½ miles from Rochdale town centre. Parking is provided to the front of the house. Ramped access is provided to all entrances. At the time of the inspection there were 28 people living at the home.

The service had a manager who had completed their registration with the Care Quality Commission in November 2016. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During this inspection we identified two breaches in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the report.

All information and checks required when appointing new staff were not in place ensuring their suitability for the position so that people were kept safe.

Clear and accurate records were not maintained to show that people received their prescribed creams and thickeners safely and effectively. Suitable arrangements were in place with regards to the management of people's oral medicines.

We found the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions. Where people lacked mental capacity steps were taken to ensure decisions were made in their best interests.

Staff were aware of their responsibilities in protecting people from abuse and were able to demonstrate their understanding of the procedures and confirmed they had completed or were scheduled to complete relevant training.

We found staff received on-going training and support essential to their role so they were able to do their job safely and effectively. Adequate numbers of staff to meet people's individual needs were in place.

People were supported by staff in a friendly and respectful manner. Staff responded promptly when people asked for assistance and were seen to support people in a patient and unhurried manner. People's visitors told us that staff were kind and considerate and they were always made welcome when visiting the home.

A range of opportunities were made available for people to participate in activities both in and outside the home promoting their independence and choice.

Care plans were person centred and contained good information about the current needs, wishes and preferences of people. Where risks had been identified, additional plans and monitoring had been put in place so that staff could quickly respond to people's changing needs.

People were offered adequate food and drink throughout the day. Where people's health and well-being was at risk, relevant health care advice had been sought so that people received the treatment and support they needed.

People told us and records showed that people had regular access to health care professionals so changes in their health care needs could be addressed.

Suitable arrangements were in place in relation to fire safety and the servicing of equipment was undertaken so that people were kept safe. On-going improvements were being made to enhance the standard of accommodation and facilities provided for people.

We saw effective systems to monitor, review and assess the quality of service were in place so that people were protected from the risks of unsafe or inappropriate care.

The registered manager had a system in place for the reporting and responding to any complaints brought to their attention. People and their visitors told us the manager and staff were approachable and felt confident they would listen and respond if any concerns were raised.

## 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 always safe.

Relevant information and checks were not always completed when recruiting new staff ensuring their suitability to work at the home. People told us they felt safe and that there were adequate numbers of staff to meet their individual needs.

Clear and accurate records were not maintained to show that people received their prescribed creams and thickeners safely and effectively. Suitable arrangements were in place with regards to the management of people's oral medicines.

Arrangements were in place to ensure hygiene standards and equipment were adequately maintained so that people were kept safe. Systems were also in place to help protect people from the risk of harm or abuse.

### Is the service effective?

**Good** 

The service was effective.

Where people were being deprived of their liberty the registered manager had sought the necessary authorisation. Decisions which needed to be made in a person's 'best interest', involved relevant parties so people's rights were upheld.

Suitable arrangements were in place to meet people's nutritional needs. Relevant advice and support had been sought where people had been assessed at nutritional risk.

Opportunities for staff training and development were provided enabling staff to develop the knowledge and skills needed to meet the specific needs of people.

On-going redecoration was being completed to enhance all areas of the home so that people were provided with a good standard of accommodation.

### Is the service caring?

**Good** 

The service was caring.

People told us they were happy living at the home and staff were polite and respectful towards them. People's visitors also described staff as helpful and that they were always made welcome when visiting the home.

Staff spoken with knew people's individual needs and personalities. Staff were described as attentive and were seen to respond appropriately for people's request for assistance.

People's records were stored securely so that people's privacy and confidentiality was maintained.

### Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved and consulted with about how people wished to be cared for. Care records provided clear information to guide staff about their individual likes, dislikes and preferences and how they wished to be cared for.

A range of activities and opportunities were provided helping to promote people's health and mental wellbeing.

A review of records and comments from people and their relatives demonstrated that the provider listened and responded to people's complaints and concerns.

### Is the service well-led?

Good ●

The service was well-led.

The service had a manager who was registered with the Care Quality Commission (CQC).

Systems to monitor and review the quality of service provided were in place to help protect people from the risks of unsafe or inappropriate care and support. Opportunities were made available for people and their relatives to comment on the service provided.

CQC had been notified of incidents, which had occurred within the home as required by legislation. The registered manager was reminded that once authorisations to deprive people of their liberty had been approved these too would need to be notified to CQC.

# Passmonds House

## 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.

Prior to the inspection we contacted the Local Authority Commissioners to seek their views about the service. We also considered information we held about the service, such as notifications and whistle blower information we had received since our last inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This helps to inform some of the areas we look at during the inspection.

This inspection took place on the 9 and 10 January 2017 and was unannounced. The inspection team comprised of one adult social care inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

As some of the people living at Passmonds House were not able to clearly tell us about their experiences We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spent time speaking with eight people who used the service, three visitors, three care staff, the activity worker, the cook, the deputy manager, registered manager and provider.

We looked at the environment and the standard of accommodation offered to people as well as three care files, six medication administration records (MARs), four staff recruitment files and training records as well as information about the management and conduct of the service.

# Is the service safe?

## Our findings

We asked people living at Passmonds House if they felt safe and if their needs were met properly. Everyone we spoke with said they felt safe and supported. People commented; "I feel safe and cared for", "I feel safer, it's better than living alone" and "I always feel safe." One person's relative also commented "I know [relative] is safe here, [relative] can't wander off like they did at home." Another visitor said, "Yes [relative's name] is safe, I would move her if not" and "I've never had reason to question it."

We looked to see how people were supported to manage their prescribed medicines. All the people we spoke with said they received their medicines regularly and could see their doctor when they needed to.

We looked to see how the medicine system was managed. Medicine stocks, including controlled drugs (very strong medicines that may be misused) were stored securely. We were told that only those staff trained in medicines were responsible for the administration of people's medicine. We checked the stocks and medicine administration records (MAR's) for six people. Stock balances corresponded with the MAR's. Records were completed in full and relevant codes had been used when medicines had not been given. Information was also available to guide staff where people were prescribed 'when required' or 'variable dose' medicines.

We found that where people were prescribed topical creams of thickeners, records were not maintained to show when they had been used. Thickeners are added to drinks, and sometimes food, for people who have difficulty swallowing. This helps to prevent a person from choking. We discussed the recording of thickeners with the deputy manager. We were told that all fluids were recorded on a fluid chart however this did not provide details of the amount of thickener to be given and whether this had been provided. We were told that senior staff responsible for the administration records would sign the MAR to show this had been provided on four occasions each day. This did not accurately reflect the administration of thickeners.

We also explored how topical creams were recorded to show they had been applied as prescribed. We were told by the deputy manager that care staff would inform senior staff that creams had been applied so that the MAR's sheet could be signed. This too did not provide an accurate record. We were shown cream charts which included a body map. We were told these would be implemented for all people prescribed topical creams so that accurate records could be maintained as well as providing information for staff about how it is to be used.

Records did not demonstrate people received all their medicines as prescribed. This was a breach of Regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We looked at what information and checks were completed when recruiting new staff. We looked at the personnel files for four staff employed since our last inspection. The staff files contained proof of identity, an application form and written references. However not all necessary information and checks had been carried out. We found the application form did not request dates of employment or education therefore it was unclear if applicants had any gaps in employment which needed to be explored and three of the files

did not include a second reference. We also found that interview records had been partially completed for three of the four applicants and there was only one file which contained a score sheet evidencing the decision to appoint the person. This did not correspond with the home's recruitment policy and procedure. Robust recruitment procedures need to be followed so that only suitable candidates are offered employment at the home. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On one file we found the person had commenced employment prior to the Disclosure and Barring Scheme check (DBS) having been received. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. This was reviewed by the registered manager and following the inspection we were advised that this member of staff had completed training and an induction during this period however had not been providing care to people until the check had been received.

We looked at what systems were in place to safeguard people who used the service from abuse. Staff had access to policies and procedures to guide them as well as a programme of training. Records showed that of the 22 care staff, 16 had completed training. Further training had been planned for the remaining members of the team. This training helps staff understand what constitutes abuse and their responsibilities in reporting and acting upon concerns so that people are protected. Staff spoken with were aware of the procedure to follow and said if they had any issues or concerns they would report it to the registered manager.

We spent some time looking at the staffing arrangements in place to support people living at Passmonds House. We spoke with people who used the service, looked at staffing rotas and observed the support offered throughout the day.

We were told that in addition to the registered manager, staffing levels comprised of five care staff on the early shift and four care staff on the late shift with three staff available during the night. In addition to this care staff were supported by kitchen, laundry and activity staff. A review of staff rotas confirmed what we had been told. The registered manager told us there were currently no care staff vacancies and a recent appointment had been made for domestic staff. People we spoke with did not raise any issues about the availability of staff. All the people we spoke with said there were always enough staff around. Two people told us, "There are always people around if I need them" and "The staff are great, they are quick to come if needed." From our observation we found staff were well organised and easily accessible to respond to people's needs.

We looked at people's records to check that areas of risk had been assessed and planned for. We found that assessments had been completed in areas such as behaviours that challenge, poor nutrition, risk of falls or risk of choking. Records showed that management plans had been put in place as well as increased monitoring so that people's needs could be kept under review. We saw several interactions where staff intervened with people who had become anxious and distressed. This was done in a calm and reassuring way putting people at ease.

During this inspection we looked at what systems were in place should an emergency arise. The provider had a contingency plan, which was last reviewed April 2016. This provided information and relevant contact details for agencies should there be a loss of mains, supplies or failures within the building.

We saw that internal checks were carried out with regards to fire safety. Records showed that up to date individual personal emergency evacuation plans (PEEPs) had been completed for each person living at the



home. This information helps to assist the emergency services in the event of an emergency arising, such as fire. We saw a fire drill had been undertaken in December 2016. Further drills were to be carried out so that all new staff were included. The registered manager completed checks with regards to fire exits, equipment and the alarm. Whilst records stated checks should be completed on a weekly basis these had not always been done. We discussed this with the registered manager and provider. We were told that as a deputy manager had now been identified checks would be shared so that the system was maintained.

Other records to show equipment and services within the home had been serviced and maintained in accordance with the manufacturers' instructions and were seen. These included checks to the gas safety, small electrical appliances, fire alarm and equipment and hoisting equipment. We found the 5 year electric check was overdue. We raised this with the registered manager and provider. We were told a more recent check had been completed. Following the inspection the provider sent us information to confirm an up to date check had been completed.

During the inspection we spent some time looking at hygiene standards throughout the home. We were told the service did not currently have a domestic. Appointment had been made and relevant employment checks were being completed. We were told that laundry staff were providing additional support with some tasks being completed by night staff. People we spoke with told us they thought the home and their bedrooms were kept clean. One person commented, "The place is clean, they do a good job."

We saw staff had access to personal protective equipment (PPE) such as, disposable gloves and aprons and were seen wearing them when carrying out personal care tasks. Hand-wash sinks with liquid soap and paper towels were available in bedrooms, bathrooms and toilets. Yellow 'tiger' bags were also used for the management of clinical waste and red bags were used for soiled items sent to the laundry. Policies and procedures were in place to guide staff and records showed that staff had completed training in health and safety and infection control procedures. This helps staff to understand what they need to do to minimise the risk of cross infection to people.

# Is the service effective?

## Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed.

When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We saw information to show that applications to deprive people of their liberty had been made to the relevant supervisory body (local authority). Applications had been made for everyone living at Passmonds House. The registered manager told us that whilst they had been advised by the supervisory body (local authority) that authorisation had been approved for some people, the relevant documentation to support this had not been provided. This was being followed up by the registered manager.

We saw that policies and procedures were in place to guide staff on the MCA and DoLS procedures. Records showed that of 22 care staff, 16 staff had also completed DoLS training and 12 had completed training in MCA. Two care staff we spoke with were not able to demonstrate their understanding of the MCA principles or DoLS procedures. The registered manager told us that further training had been planned for the remaining members of the team. This training is important and should help staff understand that where a person lacks the mental capacity and is deprived of their liberty, they will need special protection to make sure their rights are safeguarded.

We looked at how the service enabled people to make decisions about their care and support. We saw evidence in the care records to show that either the person who used the service and/or their family had been involved and consulted with about the care to be provided. The registered manager spoke about two current issues involving people's safety and residency where the person had been assessed as lacking the capacity to make the decision for themselves. Arrangements had been made to meet with the person, their family, where appropriate, advocacy support and a representative from the local authority. Any decision made would be done so in the persons 'best interests'. This helped to ensure that people's rights were protected.

During the last inspection we identified that appropriate supervision and support had not been provided to assist staff in carrying out their duties. During this inspection we looked at how staff were supported to develop their knowledge and skills.

We saw that a programme of induction had been completed with new staff over a three day period. This explored the role of the worker, health and safety procedures, staffing and conduct. This did not fully explore

the programme of training outlined by the Care Certificate. The Care Certificate, developed by Skills for Care and Skills for Health is a set of minimum standards that social care and health workers should apply to their daily working life and must be covered as part of the induction training of new care workers. This helps to prepare staff, particularly those new to care worker, in carrying out their role and responsibilities effectively. The area manager told us that the care certificate self-assessment forms were to be introduced to help identify the individual needs of staff and the training modules needed to be completed.

We saw opportunities were provided for staff to discuss their work on an individual and group basis. Staff told us occasional team meetings had been held as well as individual supervision sessions. These had been held with the registered manager enabling them to talk about their work and any training needs they may have. The registered manager had developed a supervision schedule identifying when meetings were to be held with staff. Records we looked at confirmed what we had been told.

A discussion with the registered manager, care staff and a review of records showed that training opportunities were made available to enable staff to develop their knowledge and skills. Training was provided through e-learning, distance learning and practical training facilitated by an external training provider. Training over the last year had included; moving and handling, fire safety, managing behaviours, infection control, MCA and DoLS, safeguarding and health and safety. A review of the training records showed that some areas of training had yet to be provided and some staff required updates in training. The registered manager told us that further training had been planned in end of life, diabetes, dementia care, medication, safeguarding, MCA and DoLS.

Staff spoken with told us they felt supported and had received the training they needed to carry out their role. Staff told us, "We [staff] help each other, supportive", "The way we work is good, organised" and "We work as a team, it's good."

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. We looked at the kitchen, food stocks and spoke with the cook. Sufficient supplies of fresh, frozen, tinned and dried foods were available. The cook maintained daily cleaning records and temperature checks were carried out on hot foods, fridge and freezers. The cook was aware of people's dietary needs and said that care staff kept them up to date with any changing needs.

We observed the lunch time period. The majority of people ate their meal in the main dining room. Support was well organised, staff spent time talking with people and those people who needed additional support were helped by staff.

We saw the daily menu was clearly displayed in the dining room. A good choice of meals was available, with alternative options provided if people did not want the menu options available. This was seen during the inspection. Hot food was provided at each meal with drinks, fruit and biscuits served during the morning and afternoon. We saw some people, where able, made their own drinks in the kitchen area in the large dining room. People told us that the meals were good, commenting; "I like the food, there's a good choice", "The food is quite nice and plenty of it" and "I like the ice cream." The relatives of two people also told us, "They make sure my relative is eating" and "The quality and choice of meals has very much improved under the new management."

The care records we looked at showed that additional monitoring was completed where people were at risk of inadequate nutrition and hydration. We saw that action was taken, such as referral to a dietician or their GP, if a risk was identified.

We saw that people had access to other healthcare professionals so that their changing needs were met. Information we looked at showed that advice and support had been sought from people's GP, district nurses, dietician, physiotherapists, opticians and the local hospice. This helped to ensure people changing needs were responded to so that their health and well-being was maintained.

We asked people's visitors if they were kept informed about their relatives care. One visitor gave an example where staff had not been quick to keep them informed when an issue had arisen with their relative and that they had needed to contact the home for information. However another visitor said "They keep me informed about how my relative is doing."

Passmonds House provides accommodation and support for up to 35 people. Bedrooms are provided on the ground and first floor and accessible by a small passenger lift. People have access to two lounges and a dining room on the ground floor. Some of the bedrooms we looked at had been personalised with belongings from home.

At our last inspection we identified that work was required to improve the environment. During this inspection we spent time looking around the home to see what work had been completed. We saw work had been carried out to enhance external areas. The front of the property had been landscaped providing better parking facilities for visitors. In the rear garden a large decking area had been created with level access to the building providing a safe place for people to enjoy the garden area.

Inside the home we saw that a number of bedrooms had been redecorated and new flooring fitted, the hallway near the main entrance had been redecorated and new handrails fitted, the large lounge had been refurbished and new armchairs had been purchased. We were told the large lounge was to be redecorated and new lighting fitted as people found the décor too dark. Further work had been identified throughout the home so that all areas were enhanced. Immediately following our inspection visit we received an up to date refurbishment plan detailing when the outstanding work was to be completed. This will ensure people are provided with comfortable, well maintained accommodation in which to live.

## Is the service caring?

### Our findings

During this inspection we spent some time speaking with people who used the service, their visitors and staff. We also spent time observing how staff interacted and supported people in meeting their individual needs.

People told us they were happy living at Passmonds House and staff supported them when they needed it. People commented; "They look after me", "The staff are brilliant, I know where I'm up to with them", "It's top class, the staff are outstanding and they don't mind doing anything for me" and "If I want anything I can just ask, I know they are there for me." One person's relative told us, "There's a big difference, [relative's name] has improved so much since moving into the home 18 months ago, both in her mental state and health." Other comments from relatives included, "The staff are very nice", "Staff are very attentive", "They treat people as an individual" and "I'm glad I picked this home for my relative, they have made friends here."

Staff encouraged people to maintain their independence and offered support and encouragement when needed. We observed care staff transferring a person to a chair from a wheelchair. This was carried out by two staff who were seen to talk to the person explaining what they were doing offering encouragement and reassurance. One person told us, "They encourage me to be as independent as possible." The home provided sufficient aids and adaptations throughout including handrails, assisted bathing, raised toilet seats and grab rails. These helped to promote people's independence and keep them safe.

We saw that people were free to move around the home freely and had access to their bedrooms when they wanted. Staff respected people's decision to spend their time in the privacy of their own room. One person told us, "I like to stay in my room and that's not a problem, I still feel there's someone nearby if I need them." Those people who smoked were also able to easily access the covered veranda provided in the back garden.

For those people not able to tell us about their experiences, we spent some time observing how they were spoken to and supported by staff. Staff were seen to refer to people by their preferred name and understood their individual needs. Interactions were seen to be kind and compassionate and people were treated with respect.

We saw people received visits from family and friends. Interactions with staff were polite and friendly. One person told us, "My sister visits and is always made welcome." Another person's relative also commented, "I'm always made to feel welcome and can call in any time."

From our observation we saw people had been assisted to address their personal appearance and looked cared for, were clean and appropriately dressed. Staff completed personal care charts to show what care had been provided. We noted that this included oral care. However whilst looking at people's rooms we found some people did not have a toothbrush or paste or brushes were unused. We discussed this with the registered manager who said this would be addressed with staff and additional items would be purchased for people.

We were told that there was currently no one who was very ill and at the end of their life. The registered manager had arranged for 10 staff to enrol in a distance learning course in 'end of life'. Contact was also to be made with the local hospice, which also provided training for staff. This training will enable staff to deliver appropriate end of life care.

Staff told us and we saw that people's care records were stored securely in cabinets in the main office. This help to ensure confidentiality was maintained.

## Is the service responsive?

### Our findings

We looked at what opportunities were made available to people offering variety to their day. We spent time speaking with and observing people and spoke with the activity worker about their role.

The service had an activities worker who was employed on a full time basis. Activities were provided in the morning and afternoon and varied depending on what people wished to do. The activity worker said they had spoken with people and their relatives about things they were interested in. An example of the activities included card making, drawing, bingo, armchair aerobics, a snooker contest, dancing and singing. During the summer there had also been trips out and the new decking had meant people were able to sit out and enjoy the garden in the good weather. Two visitors told us, "The activity worker is doing a brilliant job" and "It's becoming a bit of a community." One person we spoke with also said, "I enjoy the company of others."

On the first day of the inspection we observed the activity worker sat reminiscing with thirteen people in the lounge talking about films and music, prompting people with photos and papers. In the afternoon people spent time painting and drawing. On the second day of inspection a group of people told us they had chosen to do a quiz, crafts and board games. We found the activity worker had a good understanding of people needs and abilities and encouraged them to take part. Over the two days of inspection we saw some people were actively engaged with the activities.

In addition to the activities provided people had access to a large lounge area on the first floor. This provided a quiet area for people to watch television, listen to music or read. There was also a snooker table. We saw there were a selection of books, CD's and DVD's available for people to use. One person commented, "There's a good library I can help myself to."

We saw photographs displayed in the hallways showing activities and events people had taken part in. These included; afternoon tea in the garden, a Halloween party involving dressing up and a buffet, fundraising events for cancer research and children in need and a Christmas party including a carol service from children at a local school. This demonstrated that people were offered a range of opportunities providing variety to their day and promoted people's choice and independence.

We looked at the care records for three people to see how their needs were assessed and planned for. Information included a pre-admission assessment completed by the home and information from the funding authority. This helped the service determine if they were able to meet the assessed needs of people. We were told that prospective new residents and their families were able to visit and look round the home to help them with their decision. During the inspection we saw two families being shown around the home. One person we spoke with who had recently moved into the home told us, "The manager interviewed me and helped with the transfer to the home, everything went well" and "The staff have been so helpful."

The care records we looked at contained detailed information to guide staff on what support people needed and how they wished to be cared for. We saw two booklets had been introduced, 'life story book' and 'what if – celebrating life'. These provided personal information about the individual wishes, likes, dislikes and

preferences of people including what care and support they would like when at the end of their life. We saw that monthly reviews were completed to ensure information was accurate and up to date.

During this inspection we asked the registered manager to show us how they handled complaints and concerns brought to their attention. One person we spoke with told us, "I know about the complaints procedure but I've never had to complain about anything." A visitor to the home also said, "I've never had to complain, but know I can speak to staff and the manger about anything." Another visitor we spoke with told us they now felt any issues were welcomed and the registered manager was proactive in dealing with things quickly. A third visitor said they had previously raised concerns about the laundry service and this had been quickly resolved, adding, "If you raise anything, you know it will be dealt with."

We saw a copy of the homes complaints procedure was displayed within the home as well as each bedroom making it easily accessible to people and visitors. We looked at how the registered manager responded to any complaints or concerns brought to their attention. We saw three issues had been raised since the last inspection, records showed these had been appropriately responded to. This helps to demonstrate people's views are taken seriously and acted upon.



## Is the service well-led?

### Our findings

The home had a manager in place, who had completed their registration with the Care Quality Commission (CQC) in November 2016. The registered manager was supported by the provider, an area manager and deputy manager.

We asked people, their visitors and staff their views about the management of the service. Staff spoken with said, "Management is better now", "She is there for us" and "The manager is very supportive." One staff member also told us, "Things are getting better" adding that improvements made by the registered manager had included, "Better staffing levels, more training and support for staff." People's visitors also spoke positively about the change in management. One visitor told us, "It's the best it's been". Another visitor described the registered manager as having a "Good attitude" and was "Fair and proportionate."

Before the inspection we checked our records to see if accidents, incidents or allegations that CQC needed to be informed about had been notified to us by the registered manager. Information about certain events within the home had been provided. The registered manager was reminded that notifications were also required once DoLS authorisations had been received from the supervisory body (local authority). This information helps CQC to monitor the service ensuring appropriate and timely action has been taken to protect people.

We asked the registered manager how they monitored and reviewed the service provided. We were told and saw information to show that audits were completed and action reviewed on a monthly basis. Checks included areas such as medicines, infection control, complaints, accidents and incidents, care plans, weights and fire safety. In addition to this the area manager also carried out further audits to ensure all in-house checks had been completed and any action required had been addressed. The area manager had also introduced monthly spot checks at night. The purpose of these visits were to check that night staff were completing all tasks expected of them. Effective monitoring systems help to develop and improve the quality of service provided for people.

We were told that monthly management meetings were to be held involving the area manager and the registered managers from each of the provider locations. These meetings were to help managers share good practice ideas as well as offering consistency across the provider's homes. The registered manager also told us they attended the 'care home provider' meetings held with other providers across Rochdale and that they undertook regular training to ensure their knowledge and skills were up to date. They were currently completing a national vocational qualification as an assessor so that they were able to support and guide staff through the training.

We asked the registered manager how they sought the views of people who used the service and their relatives about their experiences. We were told that feedback survey's had been distributed during 2016. Responses were received from 10 people. People identified improvements were needed with regards to the choice of activities and the environment. In response the home had produced a newsletter advising people of the action taken. This included the appointment of the activity worker and some redecoration.

We were also told that a relative/resident meeting had been held to introduce the registered manager. The registered manager had also met with people and their relatives on a one to one basis to discuss people's individual care plans. Records also showed that periodic staff meetings were held to discuss work issues and events within the home. Staff spoken with confirmed this. One staff member said staff were able to approach the registered manager at any time if they wished to discuss anything and that morale had improved because of this.

Policies and procedures were in place to inform and guide staff on their practice. These were reviewed on an annual basis to check that information for current.

As part of this inspection we contacted the local authority commissioning team. We were told that a recent routine monitoring visit had been completed. A report had been sent to the registered manager detailing areas of improvement needed. The registered manager was responding with an action plan detailing how they intended to make the improvements needed.

Whilst looking around the home we saw the provider had displayed information to show the quality rating achieved at the previous inspection and a copy of the report was made available.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Records did not demonstrate people received all their medicines as prescribed. This was a breach of Regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Robust recruitment procedures were not followed ensuring only suitable candidates are offered employment at the home. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.