

Krinvest Limited

# The Hamiltons Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection of The Hamiltons Care Home was carried out on the 1 and 2 December 2016 and the first day was unannounced.

We last visited The Hamiltons Care Home 28 April 2016. At that time eight breaches of legal requirements were found. These related to a failure to send appropriate notifications of abuse to the Commission. We also found further systems and processes had not been operated effectively to prevent the abuse of people using the service. The service did not demonstrate that they had provided care and treatment appropriate to meet people's needs and reflect their preferences and had failed to assess, monitor and improve the quality and safety of people using the service. The service did not always treat people with respect and had failed to act on feedback from relevant people. The service had failed to ensure the safe management of medicines and had not securely maintained confidential records. The service had failed to establish and operate effective recruitment procedures and had not ensured sufficient numbers of suitably qualified staff were employed. As a result of this the service was rated inadequate.

Following the inspection, the provider wrote to us to identify what actions they would take to meet legal requirements.

During this inspection we found significant improvements had been made to meet legal requirements. However we found the service to be in continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment. This was in relation to medicines management. You can see what action we told the provider to take at the back of the full version of this report.

The Hamiltons Care Home provides accommodation and personal care for up to 18 people. The home is situated close to Atherton town centre and other local amenities. All rooms at the home are for one person but there are two adjoining rooms that can be made into a double room if this was required. Six rooms have en suite facilities and all rooms have a hand wash basin. Toilets and bathrooms are in close proximity to bedrooms and communal areas. There is a small car park at the front of the home.

At time of inspection the service had been without a registered manager for 371 days. However there was a manager in post who had submitted an application to the Care Quality Commission to be registered as the manager for the service. 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.

Medicines were stored in a secure place and there were systems in place to monitor aspects of medicine management practices on an on-going basis. Staff had received training in safe administration of medicines and daily audits were completed. However, we noted a number of medicines administration records (MARs)

were still missing signatures. In addition to this in some instances we saw the lack of omission codes being used for medicines which had been refused or not required

People told us they considered themselves safe whilst living at The Hamiltons Care Home. They also indicated that the care they received was delivered in a professional and caring way and that staff had the correct skills to undertake their role effectively.

People were now provided with personalised care and support based on their individual needs and requirements. Care files contained person centred assessments and support plans to enable the development of the care planning process and support the delivery of care. Effective systems were implemented to maintain independence, by providing a detailed plan covering essential information staff needed to follow. This ensured clear information about people's needs wishes, feelings and health conditions were kept under regular review.

Staff interacted in a positive way with people. Their demeanour was that of a caring, respectful and understanding nature. The promotion of people's dignity and rights were supported which ensured people maintained control over their lives. People were given information about their care and the service to help them make informed decisions. Their opinions were now routinely sought and acted upon by means of questionnaires and one to one meetings and residents meetings were planned for the new year. This enabled them to influence the service they received. Comments were received from people during the inspection which supported these observations.

We found people were protected from risk without compromising their independence. Processes were in place to ensure the safety of people using the service, staff and visitors by means of environmental and individual risk assessments.

Clear safeguarding policies and procedures were in place at the service. These provided staff with guidance and training in recognising the signs of abuse and helped to ensure the staff team were fully aware of action they needed to take should they be concerned about a person's welfare. Staff and the manager displayed appropriate knowledge about how to respond to and ensure any safeguarding issues had been notified to the relevant authorities and the Commission.

Fire risk procedures were in place and detailed environmental fire risk assessments were followed. People using the service had personal evacuation plans (PEEP) in place and staff we spoke with understood the processes to follow in the case of an emergency. The service also had contingency plans in place in the event of failure to utility services or equipment.

The service operated with three staff members on each shift during the day and two staff during the night. We saw on some occasions that only two members of staff were rostered for shifts during the day. The manager told us this was due to a high number of staff sickness and in most cases these shifts would be covered by additional staff. Comments from people supported that there were enough staff to safely meet their needs and people told us they never felt rushed with their routine. Staff informed us that although it could be busy when working with one member of staff down this was not a frequent occurrence and this was never to a dangerous level. The manager told us she had begun to recruit additional staff to alleviate this issue. This will be monitored at the next inspection.

The provider had ensured a robust recruitment system had been implemented. Appropriate steps were now taken to verify new employee's character and fitness to work. Following successful appointment to the role the provider ensured a thorough induction plan was carried out which ensured staff were equipped with the

correct skills and knowledge to effectively support people in an informed, confident and self-assured manner. We noted the provider also offered a variety of training to its staff which ensured the staff team were skilled and experienced in safely and effectively supporting the people using the service.

Mealtimes were relaxed and people told us they did not feel rushed. People told us they were able to request a different meal should they not like the menu choice. Refreshments were offered throughout the day and people were not limited to specific times or amounts of fluids taken. Referrals had been made to health professionals when appropriate and instructions were followed in cases where people had known dietary requirements.

Staff displayed an awareness of the Mental Capacity Act 2005 and had completed appropriate training. Referrals had been submitted to the local authority by the manager when appropriate and conditions were adhered to.

All people spoken with including relatives and staff were very complimentary about the new management structure. People described the manager as helpful and professional and any questions/ issues would be dealt with effectively and professionally. Each person we spoke with told us they felt the service had improved significantly whilst under the new manager.

It was evident that the ethos of the service was now built on care and trust. The manager was very passionate about her role and had brought about a considerable amount of change to the service to ensure compliance with regulations. Although some of these processes were still in their infancy it was evident that these processes had enabled a safer and more person centred way of working. This was also reflected in comments from people.

## 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.

We found that positive changes were being made to the systems and processes in the home in order to improve the service.

We found improvements had been made to how people's medicines were managed. However, there were still occurrences where signatures were missed and omissions codes were not being used effectively.

Safe recruitment procedures were now implemented to ensure suitable staff were employed at the service. Staffing levels were sufficient on the day of the inspection to meet the requirements of the people who lived at the service.

People told us they felt safe. Staff demonstrated an understanding around their roles and responsibilities to protect people from harm. Personal and environmental risk assessments were in place to ensure the safety of people using the service, visitors and staff.

### Is the service effective?

**Good** ●

The service was effective.

We found that positive changes were being made to the systems and processes in the home in order to improve the service.

A training schedule was now in place to ensure all staff completed the right amount of training required for them to competently carry out their caring role.

Mental Capacity legislation was understood and protected.

Staff received a thorough induction prior to commencing employment.

Supervision and appraisal was now being carried out effectively and in line with the provider's policy requirements.

### Is the service caring?

**Good** ●

The service was caring.

People told us they were treated well and their privacy and dignity was respected by staff.

People's care and support was delivered to reflect their wishes and preferences.

People and their families were involved in the initial care planning process and were invited to annual care reviews.

Staff were knowledgeable about people's individual needs.

### **Is the service responsive?**

**Good** ●

The service was responsive.

We found that positive changes were being made to the systems and processes in the home in order to improve the service.

People told us they enjoyed living at the service.

Each person now had a care plan, an assessment of possible risks and a description of the person's needs for support.

People felt able to raise concerns and had confidence in the manager to address their concerns appropriately.

### **Is the service well-led?**

**Requires Improvement** ●

The service was well-led.

The service had a manager in post. However they were not registered with the Care Quality Commission at time of inspection.

Systems were now in place to monitor the quality of the service by means of audits, observation and gathering feedback from people who used the service, staff and visitors.

The manager was approachable and responsive.

# The Hamiltons 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 was 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 the 1, 2 December 2016 and was unannounced. We also contacted staff to conduct telephone interviews the following week. The inspection was carried out by one adult social care inspector. At the time of our inspection there were 17 people receiving care at the service.

Before the inspection we reviewed information we held about the service, including statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. We also reviewed the information we held such as safeguarding information and previous inspection reports. In addition to this we contacted the local authority contract monitoring team who provided us with any relevant information they held about the service.

We used a number of different methods to help us understand the experiences of people who used the service. This included spending time in the company of the people living in the home. We observed how people were cared for and supported. We spoke with eight people who used the service and eight visitors/relatives. We spoke with seven members of staff including the manager and the assistant manager.

We looked around the premises. We looked at a sample of records, including five care plans and other related documentation, five staff recruitment records, medicines records, meeting records and monitoring and checking audits. We also looked at a range of policies, procedures and information about the service. We looked at the results from a recent customer satisfaction survey.

# Is the service safe?

## Our findings

People living at the service talked about the home being a safe place to live. Comments included, "Oh I feel very safe here, why shouldn't I. The staff are wonderful and care for me well." and "I didn't feel well one day and the staff picked up on it straight away and helped me." Similarly comments from visitors/relatives supported this. They told us how they now felt their loved ones were safe due to the new management structure. One person said, "It was a bit iffy previously re the care, but since the new manager has come it has improved a lot" and "Oh the care has improved 100%. The people who were here before we didn't like, but now all we have is praise for all the staff and the manager."

At our last inspection we found a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment. The provider had failed to protect people against the risks associated with the unsafe use and management of medicines. We found people's medicines were not stored safely or securely. People sometimes did not get their prescribed medicines.

During this inspection we found some improvements had been made in the management of medicines and their storage, however further work was required to meet the requirements of this regulation.

We found medicines were now being stored safely and securely. Temperatures were monitored in order to maintain the appropriate storage conditions. There were systems in place to check aspects of medicine management practices on an on-going basis. Staff had access to a range of medicines policies and procedures and nationally recognised guidance which was available for reference. Staff responsible for administering medicines had completed medicine management training. We observed staff administering medicines and noted this was carried out in line with procedural guidance.

Where medicines or topical creams were to be taken when required or as needed we found care staff had been given information to give these medicines safely, consistently and in a way that met people's individual needs and preferences. Body maps were in place providing staff with detail about areas of application. These were completed in full with no missed signatures.

However, we noted a number of medicines administration records (MARs) were still missing signatures. In addition to this in some instances we saw the lack of omission codes being used for medicines which had been refused or not required. We spoke with the manager about this who informed it was her policy to supervise staff via a one to one session to address a medicines error and following this the staff member would also receive a direct observation when administering medicines. We saw evidence of this during the inspection. The manager also added that if this happened more than three times disciplinary procedures would be followed.

We noted that additional audits had been implemented by the manager to identify any errors immediately so they could be dealt with. Senior staff responsible for the administration of medicines were required to 'stock check' and count each person's medicines on a daily basis. This happened in the afternoon of each day. Although these audits were in place we noted errors in the audit documentation. For example, senior



staff were required to count and document each painkiller after administration, however, we noted in some cases when checking this stock count that the number did not correspond with the amount of medicine left. We were told on the day of inspection that following the days audit it was concluded that some staff had not counted the tablets but had deducted the total from the running total on the audit sheet. Following this we were informed that the error had been rectified and the medicines were now correct. The manager told us she was now dealing with the staff members responsible via the disciplinary route. She also added that a full medicines audit was to be carried out and any further errors found would also be dealt with via the disciplinary route.

Whilst positive changes were being made and were evident, further work was required to ensure overall safety of medicine management. This meant there was a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

At our last inspection we found a breach of Regulation 12 (1) (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment. Risks had not been mitigated in some cases where people were at known at risk of falls.

During this inspection we found improvements had been made and the service was now meeting the requirements of this regulation. We looked at how the service managed risk. We looked at five peoples care documents. We saw a range of risk assessments in use including Waterlow (pressure ulcer risk assessment), Malnutrition Universal Screening Tool (MUST), falls and moving and handling. Falls management was now managed well within the service. People were recognised appropriately when they were deemed 'at risk' of falls and referred to the relevant agencies when required. People's care files detailed information to enable staff to appropriately and safely support them with their mobility requirements. Although falls were tracked and audited for trends and themes we noted on one occasion the audit did not reflect the correct amount of falls. We spoke with the manager about this who informed us she would amend this.

At our last inspection we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service had not done all that is reasonably practicable to mitigate risks to people using the service. We found the provider had failed to ensure sufficient numbers of staff were deployed to ensure people received care based on individual need.

During this inspection we found improvements had been made and the service was now meeting the requirements of this regulation. This now meant processes were in place which aimed to maintain consistent staffing arrangements. We looked at rotas from four weeks prior to the inspection date and the week of the inspection. Staff rotas showed that three members of staff would cover the day shift and evening shift with the addition of the management, cook and domiciliary staff. However we noted in some instances only two members of staff were rostered on from 3.30pm until 8pm with the addition of the cook. We spoke with the manager about this who informed us that this was due to staff sickness, however this had only happened on very few occasions and that usually the shift would be covered even though it did not indicate this on the staff rota. The manager assured us the service was not dangerously understaffed and this in effect would be the quietest part of the day.

The manager added that this has only been an issue over the past month and recruitment of staff had commenced to alleviate the issue. Staff we spoke with confirmed that at times they would work from 3.30pm until 8pm with two staff, however they acknowledged that although it can be busy it was never staffed to a dangerously low level. We highlighted with the manager certain dates which we had identified on the rotas. The manager informed us that on those dates she had worked the shift to make up the third

person. Feedback we received from people using the service and relatives was very positive about the staff levels and told us they were able to go to bed when they wished and staff were always attentive to their needs and wishes and were never required to wait an unacceptable time for assistance. We will monitor this at the next inspection.

At the last inspection we found a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safeguarding service users from abuse and improper treatment. Systems and processes had not been operated effectively to prevent the abuse of people using the service. We found the service had failed to refer safeguarding incidents to the local authority for further investigation.

During this inspection we found significant improvements had been made and the service was now meeting the requirements of this regulation. Processes had been implemented to protect people from abuse and the risk of abuse following the previous inspection. There were safeguarding vulnerable adults procedures and 'whistle blowing' (reporting poor practice) procedures for staff to refer to. Safeguarding vulnerable adult's procedures provided staff with guidance to help them protect vulnerable people from abuse and the risk of abuse. The manager informed us that all staff had been required to read policies and sign to evidence this had been done. She added that safeguarding had been identified as one of the more urgent required actions following the previous inspection. She also added that safeguarding training is part of the staff induction. We noted an 'investigation checklist had been created to guide the manager through the steps to take to gather evidence and facts regarding an allegation of misconduct. This was to ensure relevant information was captured.

We discussed safeguarding procedures with staff and the registered manager. Staff spoken with showed a good understanding of safeguarding and protection matters. They were aware of the various signs and indicators of abuse. They were clear about what action they would take and who to contact if they witnessed or suspected any abusive practice. Staff told us they had received training and guidance on safeguarding and protecting adults. The manager was clear about their responsibilities for reporting incidents and safeguarding concerns and worked in cooperation with other agencies. We noted that appropriate referrals had been made to the relevant authorities for example the local safeguarding team and the Commission.

At the last inspection we found the service to be in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, fit and proper persons employed. The provider had failed to establish and operate effective recruitment procedures. We found in some cases people had not been subject to an interview process and the service had not made the necessary checks of good character prior to employment at the service.

At this inspection we found significant improvements had been made to the services recruitment procedures and the service was now meeting the requirements of this regulation. Procedures had been designed to protect people who used the service and ensured staff had the necessary skills and experience. We looked at the recruitment records of five members of staff. The recruitment process included candidates completing a written application form and attending a face to face interview. The five recruitment files we looked at had appropriate information in line with current regulations.

We saw required character checks had been completed before staff worked at the service and these were recorded. The files also included proof of identity and DBS (Disclosure and Barring Service) checks. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. The manager added that all new staff had been subject to a thorough recruitment process and she had ensured all the relevant documents

were now in place for existing staff who were employed prior to her commencing employment with the service. She added that this had been a challenging time, however all files were now complete.

We noted contractual arrangements were in place for staff, which included disciplinary procedures to support the organisation in taking immediate action against staff in the event of any misconduct or failure to follow company policies and procedures. This meant staff performance was being monitored effectively. The manager told us there had been no disciplinary hearings in the past six months since she had taken up post.

We saw the service had fire risk procedures in place and detailed annual fire risk assessments were followed. These risk assessment covered areas such as monitoring the fire alarm and fire drills. We saw fire training was done and up to date. We also noted that each person had a personal emergency evacuation plan (PEEP) detailing areas around mobility, responsiveness to fire alarms and prescribed medicines. There were contingency procedures to be followed in the event of emergencies and failures of utility services and equipment.

Equipment was serviced by a contractor and checks around legionella, electrical and gas appliances had been done and were in date. Other tests such as call systems, water temperature and portable appliance testing (PAT) had also been completed within the last 12 months. The registered manager told us the service used a maintenance person for general maintenance and an external company for any other maintenance and repairs. We noted a person's sink which was loose from the wall in their bedroom. We looked at the maintenance book and noted the job had been raised with the maintenance person some weeks previous. We spoke with the manager about this who informed that the maintenance person was awaiting a new sink unit to be delivered. We saw an audit trail of other requested work with timescales for responses and work being carried out. These had been completed in an acceptable time frame.

## Is the service effective?

### Our findings

People using the service indicated that staff that supported them had a clear understanding of their needs and requirements and felt that they carried out their caring role in a professional and understanding way. Similarly we received positive comments from people's visitors and relatives. One visitor said, "The care is brilliant. We have been coming most days and always at different times of the day and it is always bob on. We can't fault it." A health care professional commented, "I have a very good working relationship with the service, whenever I call the staff are always very informative and helpful and I am never called out unnecessarily."

At our last inspection we found a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 dignity and respect. We found people were not being treated with dignity and respect. In some instances people's consent was not being sought prior to care intervention and we found no evidence of capacity assessments in people's care notes.

During this inspection we found the service was now meeting the requirements of this regulation. People's capacity to make their own decisions and choices was considered within the care planning process. This was in line with the Mental Capacity Act 2005 (MCA) which 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 the mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

We checked whether the service was working within the principles of the MCA and whether any conditions or authorisations to deprive a person of their liberty were being met. The registered manager had made appropriate applications to the local authority for the people using the service which required them. Conditions were also adhered to. We saw evidence of best interest meetings and outcomes. Staff spoken with demonstrated a good understanding around the principles associated with the MCA and understood the importance of gaining consent from people before they carried out any care. All staff had been subject to person centred and dignity/ diversity training.

People were given choices and we saw good staff interaction with people. People told us they were able to make choices about their daily living needs and preferences. One person told us. "Staff are always very respectful. They always ask my permission."

We looked around the premises. We found people had been encouraged and supported to personalise their rooms with their own belongings. This had helped to create a sense of 'home' and ownership. People indicated they were happy with their rooms and felt this was their private space where they could call home.

At our last inspection we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, staffing. The provider had failed to provide staff with appropriate support, training, professional development and supervision. We found not all staff had received training and formal supervision to help them meet people's needs effectively and there were significant gaps in the training records. There was no evidence to support new staff completed a period of induction to become familiar with people and their needs and to have their work performance reviewed.

During this inspection we found the service was now meeting the requirements of this regulation. Training, induction, supervision and development of staff had improved and the registered manager had introduced a training matrix which was a clear and accurate reflection of the current situation along with a 'training tracking workbook' which detailed each training course, when completed and when next due. The manager told us she reviewed this once monthly. She added, "This is a quick reference for me. When I started there was nothing."

We found recent training had been undertaken in areas such as moving and handling, safeguarding vulnerable adults, the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The registered manager told us medicines training was on-going due to staff completing a workbook. This would be complete in December 2016. We will monitor progress with this at the next inspection. Staff had received at least one supervision and support session in the past six months under the new management structure and additional sessions were booked for 2017. Staff we spoke with confirmed this. We will monitor progress with this at the next inspection.

Induction schedules were in the staff files we saw. The registered manager told us that most of the staff team had commenced work in the past six months therefore had been subject to an induction. Staff we spoke with confirmed this. The registered manager told us that staff who had gained employment prior to her being in the management role had been required to re visit all the training to ensure they had the appropriate skills.

We observed the meals service at breakfast and lunch during the inspection. We noted the dining tables were set with table cloths and the food was home cooked; Mealtimes were relaxed and we observed people engaging in conversation with each other. This meant people were able to relax and eat at their own pace. Throughout the day we saw refreshments were offered. These consisted of hot and cold drinks including juice. We observed staff offering 'top up' portions to people once they had finished.

We noted processes were in place to assess and monitor people's nutritional and hydration needs. Nutritional screening assessments had been carried out and reviewed monthly or more frequently if required. People's weight was checked at regular intervals. This helped staff to monitor risks of malnutrition and support people with their diet and food intake. Health care professionals, including general practitioners and dieticians were liaised with as necessary.

# Is the service caring?

## Our findings

Over the two day inspection we heard numerous positive comments made about staff and the manager from people who used the service. Comments included, "Staff are nice, and they treat me with kindness. They will do anything for me, all I need to do is ask" and "They do come and say do you need this and that, you don't need to keep asking they are all so lovely." Similarly comments from visitors/relatives were very positive, they told us the manager was very kind and helpful and staff were always respectful and caring.

From our observations over the two days of inspection, we found staff were respectful to people, attentive to their needs and treated people with kindness in their day to day care. Calls for assistance were responded to promptly and staff communicated well with people. We observed staff members offering caring and compassionate support to people and engaging people in conversations and singing.

Staff we spoke with and the manager had a sound knowledge and understanding of the needs of people they cared for. Staff members told us how they enjoyed working at the service. One staff member said, "I love working here. Everybody is so welcoming and the manager has worked wonders."

Over the two days of the inspection we saw examples of people being offered choices. Staff we spoke with talked about people in a respectful, confidential and friendly way. Daily records we saw were completed by care staff and written sensitively. All staff had been instructed on maintaining confidentiality of information and gave us examples to demonstrate that they understood the procedural guidance. People's records were stored securely. This meant people using the service could be confident their right to privacy was respected with their personal information kept in a confidential manner.

People who used the service indicated their privacy was respected. People told us staff would knock before entering their rooms and when attending to personal care would always ensure their privacy was respected by closing the door and supporting them in a dignified way. Staff we spoke with showed a clear understanding of the measures in place to ensure a person's privacy and dignity was respected and gave appropriate examples.

People told us they felt able to express their views about the service by having conversations with the staff, the assistant manager and the manager. Satisfaction questionnaires had been sent out in September 2016 to people using the service and their relatives and nine were returned, each with positive comments. Comments included, "[My relative] is happy with her second home. I feel assured that they are not being left out" and "Staff are able to have a laugh which brightens the place up and they have plenty patience."

Advocacy information was displayed at the main entrance to the service and also in the service user guide situated in people's bedrooms. Advocates support people to access information and make informed choices about various areas in their lives. At the time of inspection the manager told us that no-one was currently accessing these services.

We looked at compliments received about the caring nature of the staff and registered manager. We saw

numerous thank you cards. Comments included, "Thank you for looking after [my relative] so well. They couldn't have received better care" and "Thanking you all for the high standard of care." Further cards were seen which complimented the carer's attitudes and caring nature.

People told us they were encouraged to take pride in their appearance to help promote independence and boost self-esteem. Visitors/ relatives we spoke with confirmed that people always appeared well groomed.

## Is the service responsive?

### Our findings

Staff were respectful and friendly towards the people using the service. Comments we received from people supported our observations. Comments included, "The staff are very nice and kind to me," "The staff don't hold me back. I am quite able to walk around as I please and do what I want to" and "I have no concerns with my care and all I need to do is ask if I need anything. All the staff are very attentive." Comments from relatives/ visitors supported people's comments. One visitor said, "I thank the lord I found this place, we knew when we arrived it was a homely place. It is so upsetting to be in this situation and we miss [our relative] terribly, but it is a comfort to know they are being cared for in somewhere such as here."

At our last inspection we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, person-centred care. We found the service had not demonstrated that they had provided care and treatment which is appropriate, meets people's needs and reflects their preferences. This was in relation to the lack of stimulation and activities offered to people on a daily basis.

During this inspection we found some improvements had been made to the amount of activities, however noted that the service still did not employ an activities co coordinator. People we spoke with and their visitors told us there were activities on a daily basis. One relative told us, "[My relative] has been on a few trips and she is always doing something when I visit." The manager told us that it continued to be the staff responsibility to provide activities throughout the day. She added, "There are enough people working during the day to enable some meaningful activities to take place each day." Although people gave positive comments about the daily activities we did not see any evidence that this happened at time of inspection. We will monitor this at next inspection.

People talked about the service as their home and it was evident from our observations that people were relaxed in each other company. People we spoke with told us they had friends and loved to sit together and chat.

We looked at what arrangements the service had in place to ensure people received care that had been appropriately assessed, planned and reviewed. We looked at five people's care files which contained social work pre assessments. These were used in conjunction with speaking with the person and family when appropriate. This helped provide a more detailed and holistic pre-admission assessment to inform the persons support plans and risk assessments. Each file we looked at contained a, 'This is me' document. This contained essential information such as the person's daily requirements, likes and dislikes, nutritional requirements and health conditions. Assessments we saw were in date and reviewed monthly or more often depending on the needs of individual people. We noted people had been involved in their assessment and where appropriate the service sought support from their family members. Comments from people and their visitors we spoke with supported this.

Daily reports provided evidence to show people had received care and support in line with their care plan. We noted that records were detailed and people's needs were described in respectful and sensitive terms. We also noted charts were completed as necessary for people who required any aspect of their care



monitoring, for example, skin integrity, weight and falls monitoring.

The service had a complaints procedure in place. The procedure provided directions on making a complaint and how it would be managed. This included timescales for responses. We found the service had systems in place for recording, investigating and taking action in response to formal complaints. People told us they felt confident in making a complaint and informed that manager presence was always seen.

Relatives/visitors we spoke with also expressed their confidence in the manager and felt any complaints would be dealt with effectively. Staff confirmed they knew what action to take should someone in their care or a relative approached them with a complaint.

## Is the service well-led?

### Our findings

At the time of our inspection there was a manager in post who had not yet registered with the Commission. This was due to miscommunication between the provider and the manager. Following the inspection we confirmed that a valid application had been received by the Commission and the manager was now awaiting her interview. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection we found a breach of Regulation 17 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance. The provider failed to have suitable systems and processes in place, to ensure the service was operated effectively. This meant the provider had failed to assess, monitor and improve the quality and safety of people using the service. The provider failed to carry out audits covering areas such as care plans, staff recruitment, staff training, the environment, and medicines. The provider did however have audits to monitor accidents, bed rails, complaints, pressure areas, infection control and weight management, however, these audits had not proven to be effective due to recommended actions not being followed through effectively, for example people who required weight monitoring were not being monitored.

During this inspection we found significant improvements had been made with all audit processes and the service was now meeting the requirements of this regulation. We noted the provider now had a range of audit systems in place to monitor the effectiveness of the delivery of care offered. Audits were now carried out daily for medicines management by senior staff and monthly by the manager. The manager told us that a, "Weekly audit" was carried out which looked at health professional visits, appointments, staff hand over documents and information from sample care plans. The manager informed us she had introduced this as a quick reference guide so she could, "Keep in the loop of what's happening from week to week and ensure professional advice and appointments are being followed up effectively." In addition to this we saw evidence of environmental audits which were completed monthly. Care plan audits were completed monthly and falls and pressure care audits were in date. People weights were also documented effectively and referrals to appropriate agencies were made when required.

Other audits such as infection control and complaints were also completed. We noted that at the last infection control audit carried out by Wigan Council in March 2016 stated the service was not compliant, however, following a recent monitoring programme the service was now found compliant in this area. The manager told us that she was subject to a monthly internal audit which was sent to head office. This audit monitored the services internal processes to ensure they were effective and identifying any areas of concern or improvement. People's care records were stored securely and only accessible by staff to ensure people's personal information was protected. The records we requested were promptly located and well organised.

A maintenance audit was carried out monthly this covered areas such as ensuring fixtures and fittings were in good working order, the building was in a good state of repair, and lighting was sufficient. In addition to

this the manager also carried out an environmental audit of the building which looked at areas such as the cleanliness of the communal areas and bedrooms, if the visitors book was completed in full and if all information/ posters were displayed.

At the last inspection we found a breach of Regulation 17 (2) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to seek and act on feedback from relevant persons. Residents and relatives meetings had not been taking place and satisfaction surveys had not been used to ascertain people's views. This meant that people were not given the opportunity to voice their opinion about the quality of service received.

During this inspection we found improvements had been made and the service was now meeting the requirements of this regulation. The manager informed us that a one to one meeting had been held with each person using the service and their family members where appropriate and that a group resident meeting was planned for the New Year and this was to become a regular occurrence. The manager told us, "I felt a one to one personal meeting was required with each person and their family to discuss in confidence any concern's they may have had prior to my involvement and to look at their files and ensure the information we held about them was correct and a true reflection of their current need. I also felt it was a good way of introducing myself as the new manager too. I have now managed to carry out this meeting with everybody living here and now I will schedule a group meeting for early in the New Year." We will monitor progress with this at the next inspection.

The manager commented, "It has been a difficult time for people living at the service, staff and myself over the past months, however I feel that the service has turned around and now provides safe and effective care to people. I feel that resident, relative, staff and management involvement is now more person centred. I have sat with each person and re visited their care plan in an attempt to give them ownership. This was to also ensure we were meeting people's needs. I feel I had to take it back to basics and have had to introduce new documents. I found that some people did not have care plans, however now everybody has a full detailed plan which meets their needs."

We asked people living at the service, staff, visiting professionals and visitors how they felt the service was managed. Every person we spoke with indicated their satisfaction with the management of the service and spoke very highly about the manager. People described the manager as amenable and approachable. One person said, "The manager is very approachable, she is always dotting about the home. She is lovely." Similarly relatives/ visitors we spoke with spoke very highly of the manager and informed us how they felt the service was now a better place under the new manager. Comments included, "I know the manager has had a stressful time but she has worked her socks off to get the home back to how it should be," "The new manager is fantastic and the deputy. You can always find them, they are always helping out. I honestly have no concerns about how the service is managed" and "There has been an improvement in the standard of management and care. We feel so much happier now and very confident that [our relative] is well cared for."

We saw good examples of the registered manager interacting professionally with people living at the service, staff, visitors and visiting professionals. We found the manager to be very approachable and extremely responsive to issues we raised over the two day inspection. People we spoke with confirmed the registered manager was always visible around the service and felt they could go to her office at any part of the day. Comments we had received supported our observations. One family member/visitor stated, "The manager is very approachable, she runs an open door policy. Any of my concerns have certainly been listened to but I must add I have not had any concerns since she came into post my concerns were prior to her working here but she took time to listen to me."

We saw a range of policies and procedures were in place at the service. These ensured staff were provided with clear information about current legislation and good practice guidelines. We were able to determine that they were regularly reviewed and updated to ensure they reflected any necessary changes. Staff had been given a code of conduct and practice they were expected to follow. This helped to ensure the staff team were aware of how they should carry out their roles and what was expected of them.

We saw evidence that staff meetings had been held frequently since the new manager had been in post. These meetings were used to discuss any issues and feedback any complaints and compliments. Good and bad practice was also noted and discussed. Comments from staff supported that these meetings were a place to discuss any concerns and good and bad practice examples were also discussed.

There were procedures in place for reporting notifiable events to the Care Quality Commission (CQC) and other organisations such as the local commissioners, local authority safeguarding and deprivation of liberty teams. Our records showed that the manager had appropriately submitted notifications to CQC about incidents that affected people who used services.

We noted the service had a 'statement of purpose'. And this was also available in the service user guides located in people's bedrooms. This highlighted that the service's aims and objectives.

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  Further work is required to ensure the overall safety of medicine management.