

Coveleaf Limited

# Hope Manor Residential 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?

**Requires Improvement** 

Is the service well-led?

**Good** 

# Summary of findings

## Overall summary

We carried out an unannounced inspection of this service on 23 March 2016. We returned to the service on 24 March 2016 and this visit was announced.

Hope Manor is a residential care home located in Salford, Greater Manchester and is owned and operated by Coveleaf Limited. Hope Manor is registered with the Care Quality Commission (CQC) to provide personal care and accommodation for up to 26 people. At the time of our inspection the service had full occupancy.

The home is situated off a busy main road and close to local amenities. Parking facilities are available at the front of the home which also facilitates wheel chair access. Hope Manor is an older building with accommodation that is set over two floors.

We last inspected Hope Manor on 25 and 27 August 2015. During this inspection we found six breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 in respect of person-centred care, safe care and treatment, meeting nutritional and hydration needs, premises and equipment, good governance and staffing. The service was rated 'inadequate' at that time and placed into special measures. We took enforcement action against the provider and four warning notices were issued in respect of safe care and treatment, meeting nutritional and hydration needs, good governance and staffing.

Since our last inspection of Hope Manor, CQC had worked with the local authority and NHS community services to monitor improvements at Hope Manor against an action plan submitted by the service. During this inspection, we found significant improvements had been made across all areas of the service. However, we found two continued breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 in respect of person-centred care and staffing. You can see what action we have taken at the end of this report.

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

Since our last inspection, we found that improvements had been made to staffing. For example, a new deputy manager had been recruited, care staff were no longer required to complete laundry duties, and the service had a new activities co-ordinator. However, we found that between the hours of 7.00am and 11.00am there remained insufficient numbers of staff on duty to consistently keep people safe and to ensure people's needs were met.

We found the service had appropriate systems in place to help protect people from abuse. The service had a safeguarding policy and associated local procedures which were up-to-date. We saw that there were safeguarding posters on display in the office and in the hallway on the notice board. Staff had completed

dedicated safeguarding training.

Accidents and incidents were appropriately recorded and included details of preventive strategies used by the service to reduce the likelihood of such events occurring in the future.

Each care file included a Personal Emergency Evacuation Plan (PEEP), which contained information about the level of assistance the person would require in the event of an emergency evacuation.

The service had an appropriate medicines management policy and associated procedures. We found safe procedures for ordering, storage, administration, recording and disposal of medicines. People's individual Medicine Administration Record (MAR) front sheet contained a photograph and information relating to allergy status.

We looked at recruitment procedures and found robust and safe recruitment practices were in place. This was evidenced through our examination of employment application forms, job descriptions, proof of identity, written references and training certificates. Disclosure and Barring Service (DBS) checks had been undertaken to ensure the applicant's suitability to work with vulnerable people.

We looked at health and safety and building maintenance records and saw documentation and certificates which demonstrated that relevant checks had been carried out in respect of gas and electrical safety, risks associated with waterborne viruses and hot water temperature checks. Records were also maintained to demonstrate that visual safety checks had been completed for portable electrical appliances. We checked that upper floor windows were compliant with safety regulations and found appropriate window restrictors were in place.

The staff induction programme for new starters was robust and included mandatory training and opportunities for shadowing of more experienced staff. Existing staff were well supported with opportunities for on-going training and professional development.

We looked at the meal time experience and found this to be pleasant and relaxed. Staff assisted people to the tables and explained the food choices to them as they asked for their preferences. Staff chatted with people and were patient whilst people who used the service decided what they wanted to eat and drink. Gentle encouragement was offered to those who required it and assistance given to others.

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 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 on authorisations to deprive a person of their liberty were being met.

There were capacity assessments, which outlined the level of understanding of the individual and where they may require assistance with decision making. There was a DoLS policy in place which included information about restraint and MCA. We saw that DoLS authorisation paperwork was kept in the files, with

conditions outlined.

Hope Manor was involved in the 'Six Steps' End of Life Care Programme. This is the North West End of Life Programme for Care Homes and is co-ordinated by local NHS services. This means that for people who are nearing the end of their life, they can remain at the home to be cared for in familiar surroundings by people they know and could trust.

Since our last inspection, we found that a significant amount of work had been completed to improve people's care and support plans. However, we did not see a great deal of evidence in people's care files to demonstrate how people who used the service, and their relatives or lawful representatives, were involved in reviews and changes to care. We also found that where people who used the service were living with a sensory impairment, the service had not fully considered their individual needs.

The service had recently redeployed an existing member of staff into the role of activities co-ordinator. People we spoke with told us this new role had been very positive and a welcome introduction.

We found positive changes had been made to the operational management of Hope Manor. A new deputy manager had been employed by the service and we saw what a positive contribution they had made alongside the registered manager. We also saw how senior care assistants were now making a positive contribution to the day-to-day operation of the service through effective direction and supervision of staff.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

Reduced staffing levels first thing in the morning meant people who used the service were left unsupervised for extended periods of time.

Recruitment and selection of staff was robust and the service followed safe recruitment practices.

Medicines were administered, stored, ordered and disposed of safely with clear guidance provided.

### Is the service effective?

**Good** ●

The service was effective.

New members of staff received a comprehensive induction.

Access to training and development opportunities for continuous professional development was good.

Supervision was effective and completed on a regular basis.

### Is the service caring?

**Good** ●

The service was caring.

People who used the service, their relatives, and external professionals told us they thought the service was caring.

The atmosphere at Hope Manor was calm and welcoming.

Staff demonstrated a genuine caring ethos and people who used the service clearly responded well to this.

### Is the service responsive?

**Requires Improvement** ●

Some elements of the service were not responsive.

Peoples' involvement in support planning and reviews was not clearly evidenced.

The needs of people living with sensory impairments were not always fully considered.

A newly appointed activities co-ordinator was having a positive impact within the service.

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

**Good** ●

The service was well-led.

The service benefited from an experienced manager who was knowledgeable and knew the service well. A newly recruited deputy manager was also proving effective and competent.

Staff told us they felt valued and respected by the new management team.

Audit and quality assurance was completed on a regular basis and covered a variety of topics with clear examples of lessons learnt when issues had been identified.

# Hope Manor Residential Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

We carried out an unannounced inspection of this service on 23 March 2016. We returned to the service on 24 March 2016 and this visit was announced. The inspection team consisted of two adult social care inspectors from the Care Quality Commission.

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding and incidents, which the provider had informed us about. A notification is information about important events, which the service is required to send us by law. We had requested the manager complete a Provider Information Return (PIR) and this was fully completed ahead of our inspection visit. A PIR is a form that asks the registered manager to give some key information about the service, what the service does well and improvements they plan to make.

We liaised with external professionals including the local authority, local commissioning teams and NHS community services. We reviewed the previous inspection report, each of the four warning notices' and an improvement plan submitted to us by the registered manager.

As part of our inspection we spoke with four people who used the service, two managers, four care workers, three visiting relatives, two visiting professionals, and the proprietor of Cloveleaf Limited.

We looked in detail at eight support plans and associated documentation, five staff files including recruitment and selection records, a variety of training and development records, audit and quality assurance, policies and procedures, and safety and maintenance certificates.

## Is the service safe?

### Our findings

We spoke with four people who used the service and each person told us they felt safe at Hope Manor. One person told us, "I feel very safe here. The staff look after me well and keep me safe." A second person commented, "I feel safe, especially at night. The staff always come when I press my buzzer." A third person told us, "I've never felt unsafe living here." The fourth person we spoke with said, "I sometimes didn't feel very safe living at home on my own but I feel much safer here, especially at night." One visiting relative told us, "My [relative] is at a high risk of falling but the home couldn't have done anymore to try and stop [my relative] from falling over. They have brought in other professionals to do assessments and provided equipment to help keep [relative] safe. As a family, we couldn't ask for anymore."

Since our last inspection, we found that improvements had been made to staffing. For example, a new deputy manager had been recruited, care staff were no longer required to complete laundry duties, senior care assistants played a more active role in the deployment of staff, and the service had a new activities co-ordinator. However, on day one of our inspection, we arrived at Hope Manor at 7.00am and found that between 7.00am and 8.00am the night staff assisted people who used the service that chose to get up early, to go down into the dining room for breakfast. The night staff then served people their breakfasts and then continued with their duties elsewhere in the home, leaving people in the dining room unsupervised. The consequence of this was that people who used the service were at greater risk in the dining room during these unsupervised periods.

Furthermore, at 8.00am the day staff arrived and one senior care assistant was supported by three carers. However, the service had stopped using a kitchen assistant to support breakfast time service so from 8.00am until 11.00am, a care assistant was deployed into the kitchen. This meant that between these hours, staffing levels were equivalent to those at the time of our last inspection.

Staff we spoke with acknowledged that improvements had been made. One member of staff commented, "Now that we have an activities co-ordinator the care staff have more time to spend on caring for people." A second member of staff told us, "At this moment in time I feel there are enough staff but if we got a challenging resident we would struggle."

We shared our concerns with both the registered manager and owner, who assured us staffing levels and the deployment of staff would again be reviewed.

This was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in regard to Staffing.

We found the service had appropriate systems in place to help protect people from abuse. The service had a safeguarding policy and associated local procedures which were up-to-date. We saw that there were safeguarding posters on display in the office and in the hallway on the notice board. Staff had completed dedicated safeguarding training with Salford NHS Clinical Commissioning Group (CCG) and each member of staff we spoke with demonstrated a good level of understanding around safeguarding, in particular, how to



recognise and respond to allegations of abuse.

Accidents and incidents were appropriately recorded and included details of preventive strategies used by the service to reduce the likelihood of such events occurring in the future. We looked in detail at eight care plans and saw that they included appropriate risk assessments relating to areas such as dependency, manual handling and falls. Of the eight care plans we looked at, four people had previously experienced unwitnessed falls. However, we found that appropriate referrals had been made to NHS community services and that appropriate safety equipment had been put in place such as fall alert mat's and/or hip and limb protectors.

Each care file included a Personal Emergency Evacuation Plan (PEEP), which contained information about the level of assistance the person would require in the event of an emergency evacuation.

The service had an appropriate medicines management policy and associated procedures. We found safe procedures for ordering, storage, administration, recording and disposal of medicines. People's individual Medicine Administration Record (MAR) front sheet contained a photograph and information relating to allergy status. A protocol for medicines which could be administered 'as and when required' was present, along with people's homely remedy authorisation signed by their GP.

During the inspection, we also checked the controlled drugs record book and verified the written entries against the stock levels and found these to be in order.

We looked at recruitment procedures and found robust and safe recruitment practices were in place. This was evidenced through our examination of employment application forms, job descriptions, proof of identity, written references and training certificates. Disclosure and Barring Service (DBS) checks had been undertaken to ensure the applicant's suitability to work with vulnerable people. However, we found that for longer serving members of staff, no steps had been taken to ensure historical DBS certificates were still valid.

We recommend the service reviews the latest government guidance entitled 'DBS checks: guidance for employers' dated 02 February 2016.

The service had a whistleblowing policy which gave clear guidance on how to raise a concern. Staff told us they were confident in raising concerns and felt confident these would be taken seriously and acted upon.

We looked at health and safety and building maintenance records and saw documentation and certificates which demonstrated that relevant checks had been carried out in respect of gas and electrical safety, risks associated with waterborne viruses and hot water temperate checks. Records were also maintained to demonstrate that visual safety checks had been completed for portable electrical appliances. We checked that upper floor windows were compliant with safety regulations and found appropriate window restrictors were in place.

Although the service had yet to finalise its business continuity plan, emergency contact information was readily available in the event of an incident which may stop the service such as a flood, fire or loss of power.

We looked at how well people were protected by the prevention and control of infection and found that Hope Manor had recently scored 98% in its most recent infection control audit carried out by the local authority. Personal protective equipment such as disposable gloves and aprons were readily available throughout the home via dedicated wall mounted units. The home appeared visibly clean and was free from any odours.

## Is the service effective?

### Our findings

We looked at induction and training and professional development that staff received to ensure they were fully supported and qualified to undertake their roles. We looked at five staff files. There was evidence that staff recruited recently had undertaken a comprehensive induction, including all mandatory training and staff members being required to complete a workbook. Staff files also included certificates relating to each individual's training, including infection control, moving and handling, nutrition, dementia, first aid, medication, health and safety, fire awareness, safeguarding and Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff we spoke with told us that they were now being paid for attending training and this had been a very positive change for them.

We saw the training matrix which demonstrated that a number of staff were booked on training courses in the next two months, including dementia, first aid, medication administration, MCA and DoLS, health and safety, fire awareness and safeguarding. The vast majority of care staff at Hope Manor were qualified to nationally recognised standards such as NVQ level two or three. Staff without such qualifications were enrolled on courses and about to start their training. We also saw that Hope Manor had recently been presented with an award for staff training through the Qualifications and Credit Framework (QCF) awards. This was presented by a local college in recognition of the services commitment to staff training.

Supervision sessions were completed on a regular basis and appropriate records were maintained. We saw that discussions had taken place around training and professional development, and conduct at work. Annual appraisals were also completed and records maintained.

We undertook a Short Observational Framework for Inspection (SOFI) at lunchtime. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. There were three carers and a senior all assisting to serve people with their lunches and the atmosphere was calm and relaxed. Staff wore appropriate personal protective equipment (PPE) such as disposable aprons whilst they served. Some people chose to eat in their rooms and we saw staff taking their choice of food and drink to them.

Staff assisted people to the tables and explained the food choices to them as they asked for their preferences. Staff chatted with people as they offered a choice of juices with the meal and were patient whilst people who used the service decided what they wanted. Gentle encouragement was offered to those who required it and assistance given to others. Where assistance was given, staff members sat on a level with the individual so that they were able to interact easily. Staff took time to go to each person and offer condiments with their main meal and extra portions of food were offered. People were given time to finish their meals and assisted back to the lounges when they were ready.

We looked at the menus on the tables and saw there was a range of cereals, porridge, toast and preserves for breakfast as well as eggs on toast. The main meals were provided by a commercial frozen food supplier. During the first day of our inspection we saw there was a choice of two main courses at lunchtime and a choice of two desserts. Lighter options were provided at teatime along with a choice of deserts.

Staff told us the dining room had recently been decorated and it was bright and pleasant. The tables were set with tablecloths and flowers and there were flowers on the window sills. We looked in the kitchen and saw that there was a list of people's needs, such as fortified food for those with poor appetites, soft diets, caffeine free, thickened foods, diabetic diets and pureed food. People's preferred drinks were also on the list.

We looked at five care files and saw that they included a range of health and personal information. There were initial assessments, care plans and a number of risk assessments and monitoring documents, such as weight and BMI records, falls, waterlow and manual handling risk assessments, which were reviewed on a monthly basis and were complete and up to date. Issues such as weight loss and nutritional needs were highlighted within the files to help ensure staff were aware of them, and action plans put in place where required. Daily records were comprehensive and up to date.

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 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 on authorisations to deprive a person of their liberty were being met.

There were capacity assessments, which outlined the level of understanding of the individual and where they may require assistance with decision making. These documents were reviewed monthly and were complete and up to date.

There was a DoLS policy in place which included information about restraint and MCA. There was also guidance on the process. We saw that DoLS authorisation paperwork was kept in the files, with conditions outlined. If people had a Do not Attempt Resuscitation (DNAR) or a DoLS in place, this was recorded on the top sheet of the file for staff to see easily. There was also information about how to deal with a death when a person is subject to a DoLS to help reduce the risk of upset and confusion at this sensitive time.

There was a DoLS file which included a log of authorised DoLS. This helped to ensure that the service was aware when a DoLS was due for renewal. There was a poster on display in the office, outlining the basic principles of DoLS.

We saw evidence that the service worked closely with external agencies and that appropriate and timely referrals were made. This included regular contact with primary care services such as GP and district nursing, and appropriate referrals were made for Continuing Health Care (CHC) assessments as and when required.

# Is the service caring?

## Our findings

Without exception, people who used the service, and their visiting relatives, told us they thought staff at Hope Manor were caring. One person who used the service told us, "The staff are lovely here, they really take their time with me and don't rush." Another person commented, "The staff are wonderful and very caring." A third person who used the service told us, "I've never had any complaints about the staff, I find them all very caring and considerate." A fourth person told us, "I've no complaints. The staff have always been very kind and caring towards me."

A visiting relative we spoke with said, "All of the staff are very approachable, kind and considerate." A second relative told us, "Without doubt people are caring. I have no worries when I go home after visiting [my relative]."

Throughout the inspection we observed staff treating people with respect and dignity. We saw staff supporting people in a sensitive and respectful manner, smiling and encouraging people when undertaking routine tasks such as supporting people with eating and drinking. We noted this was done in a sensitive and discreet manner, which respected the person's dignity and choice. This interaction was typical of the many positive interactions we saw during the inspection. We saw staff maintained people's privacy and dignity by ensuring doors were closed when supporting people with personal care and ensuring people were appropriately dressed when leaving their bedroom.

We asked staff how they promoted people's independence, one member of staff told us, "For those people who are able, we try and encourage them to do little things, help themselves as much as they can. For example, I would fill the sink and then encourage them to wash themselves". A second member of staff commented, "We always encourage people to use their walking frames as opposed to using a wheelchair. It's about people maintaining their dignity as well as their independence."

During our inspection, one person who used the service was approaching the end of their life. The relatives of this person kindly agreed to talk to us about their personal experience. Comments made to the inspection team included, "The staff have been wonderful and provided fantastic tender loving care to [my relative]; "The staff have gone above and beyond what is expected"; "[my relatives] care needs were anticipated by the staff and steps taken to put things in place even before they were actually required. We couldn't have asked for better care".

At the time of our inspection, three members of staff from Hope Manor were undertaking the 'Six Steps' End of Life Care Programme. This is the North West End of Life Programme for Care Homes and is co-ordinated by local NHS services. This means that for people who are nearing the end of their life, they can remain at the home to be cared for in familiar surroundings by people they know and could trust. A visiting district nurse told us the staff were, "Very enthusiastic and engaged with the process".

Since our last inspection, restrictions on visiting hours have now been removed. This meant that relatives and friends of people who used the service were able to visit their loved ones and friends without restriction

and at a time that was convenient.

Resident and relatives meetings were held on a six monthly basis. We saw that minutes of meetings were kept which provided details of the issues discussed. The registered manager told us about future plans to introduce a regular newsletter which would eventually be widely circulated.

## Is the service responsive?

### Our findings

We asked people if they thought the service was responsive to their needs. One person who used the service told us, "The staff always come quickly when I press my buzzer. I never really have to wait." A second person commented, "It's been wonderful recently, we've started to do more activities during the day which is great." A third person we spoke with said, "I love to get involved and join in with activities. Its nice we all get to chat and have fun."

A visiting relative told us, "I've seen some real improvements over recent months. [My relative] has lived here many years and this is the first time I've seen activities taking place on a regular basis. It's a real change for the better." A second relative told us, "[My relative] seems so much brighter and happier over the last few months. There's been a real positive change around the place and I think this makes staff happier which in turn makes the residents happy."

Since our last inspection, we found that a significant amount of work had been completed to improve people's care and support plans. The care files we looked at included a pre-admission assessment and personal profile. The personal profile included sections about 'what people like about me', 'what is important to me', and 'how best to support me'. This helped staff know more about the personality of each person in order to offer person-centred care to each individual. People's preferences with regard to food, information about individual nutritional needs were documented. There were also sections about communication, social needs and sleeping, which were regularly reviewed and were up to date.

However, we did not see a great deal of evidence in people's care files to demonstrate how people who used the service, and their relatives or lawful representatives, were involved in reviews and changes to care. We also found that where people who used the service were living with a sensory impairment, the service had not fully considered their individual needs. For example, people who are deaf or visually impaired will not always be able to participate in wider activities that are offered to non-sensory impaired people. A consequence of this is that people living with a sensory impairment are at greater risk of isolation.

This is a breach of Regulation 9 the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of Person-centred care.

We saw that there had been the recent addition of reminiscence pictures of the local Salford area. These were displayed along the communal corridor and helped people remember and converse about their lives and the area in which most of them had lived.

Since our last inspection of Hope Manor, the service had recently redeployed an existing member of staff into the role of activities co-ordinator. People we spoke with told us this new role had been very positive and a welcome introduction. During our first day of inspection, we observed a lively reminiscence session taking place in the communal lounge. The activities co-ordinator was using real household props and artefacts from the 1950's and 1960's to bring back memories. We saw how this in turn generated a huge amount of interest amongst people who used the service and stimulated some lively conversations. Throughout the

session, people who used the service were laughing and clearly enjoying themselves. Later in the day, we spoke with the activities co-ordinator who told us how they had started to work with Salford Museum and Art Gallery to access reminiscence resources which could be loaned free of charge. We also saw that an activities notice board was prominently displayed in the communal corridor which detailed all the activities on offer. These included healthy hips and hearts, play your cards right, hair dresser and hand and nail day, quizzes and bingo. At the time of our inspection visit, an Easter party was also being planned. We also saw how the activities co-ordinator was working with a number of people who used the service on a one-to-one basis. For example, one person had recently been taken out to the local shops and had enjoyed an afternoon shopping. We learnt about the positive impact this had on this persons mental well-being.

We saw there was a complaints policy and procedure in place. This clearly explained the process people could follow if they were unhappy with any aspect of the service at Hope Manor. Details of the complaints process was displayed around the home to guide people and their relatives regarding the procedure. The service had a low number of complaints and those which had been made, were dealt with a responded to appropriately and in a timely manner.

## Is the service well-led?

### Our findings

Since our last inspection of Hope Manor, CQC had worked with the local authority and NHS community services to monitor improvements at Hope Manor against an action plan submitted by the service. During this inspection, we found significant improvements had been made across all areas of the service. Throughout this time, the management team from Hope Manor have been transparent and fully engaged with all stakeholders.

People we spoke with told us they thought the service was well-led. One person who used the service told us, "Since [the manager] has taken over here, things have improved beyond belief." A second person commented, "Things are so much better now than they have ever been." A visiting relative told us, "Both the manager and new deputy are great. They are very approachable and really easy to take to." A second relative commented, "My relative has lived here for many years and the place has never been so well run. I can't fault the managers and staff." One visiting professional told us, "The changes that have occurred since the new manager has been in post are really good. We just hope they are sustained."

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like the registered provider, they are Registered Persons. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Since our last inspection of Hope Manor, a new deputy manager had been employed by the service. We saw what a positive contribution the deputy manager had made to the overall improvement of the home since they had been in post. We also saw how senior care assistants were now making a positive contribution to the day-to-day operation of the service through effective direction and supervision of staff. Issues that may arise from time to time within the service were often effectively resolved on an informal basis.

We saw that staff meetings were held on a regular basis and appropriate records were maintained. Staff told us they were able to contribute to agenda items and that staff meetings were useful and productive. More widely, we found a management philosophy within the service which promoted a culture of openness and honesty. Managers were highly visible and involved in every aspect of the service.

The vast majority of policies and procedures relating to the effective operation of the service were up-to-date and readily accessible by staff.

Audit and quality assurance was completed on a regular basis and covered a variety of topics. We saw that where internal audits had identified issues, action was taken and lessons learnt. We also looked at how accidents and incidents were managed and found accident and incident forms were completed and prevention measures or remedial action taken by the service to reduce the likelihood of such events happening again.

We saw that customer satisfaction surveys had been distributed and the results were published on a notice



board in the entrance hall.

During our inspection, we asked for a variety of documents to be made available. We found documentation was kept securely locked away and was well organised enabling the documentation requested to be accessed promptly. We found all the records we looked at were structured and organised which assisted us to find the information required efficiently. This made information easy to find and would assist staff if they were required to find information quickly.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>We found insufficient evidence to demonstrate how people who used the service, and their relatives or lawful representatives, were involved in reviews and changes to care. We also found that where people who used the service were living with a sensory impairment, the service had not fully considered their individual needs. This was a breach of Regulation 9 (3)(d)(e)(f)(g)(h).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>We found that between the hours of 7.00am and 8.00am, there were insufficient numbers of staff on duty to consistently keep people safe. This was because people who used the service were left unsupervised in the dining room for prolonged periods. We also found that the deployment of a care assistant into the kitchen from 8.00am until 11.00am meant that staffing levels were not sufficient to meet peoples needs during this time. This was a breach of Regulation 18 (1).</p>