

# Flixton House Limited

# Flixton Manor

## Inspection report

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Date of inspection visit:  
02 May 2017  
03 May 2017

Date of publication:  
27 June 2017

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on the 2 and 3 May 2017 and was unannounced, which means they did not know we were coming.

Flixton Manor is registered to provide accommodation with personal care with nursing for up to 38 older people. At the time of our inspection there were 34 people living at the home, the majority of whom were living with dementia. Accommodation is provided over three floors, including a basement level, ground floor and first floor. All bedrooms are single occupancy. Newer bedrooms have an en-suite toilet. There are two communal lounges and a small dining area on the ground floor.

The service had a registered manager who had been in place since September 2016. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The previous inspection took place in September 2016 where six breaches of the Health and Social Care Act 2008 were identified. The provider was placed into special measures by the CQC. We took enforcement action and issued two warning notices to the provider.

This inspection was carried out to check what improvements had been implemented since our last inspection. We found that improvements had been made and these were sufficient for the CQC to be able to take the service out of special measures.

People and their relatives told us they felt safe living at Flixton Manor. Staff had undertaken training in safeguarding vulnerable adults and were able to describe the different types of abuse and how they would report any concerns.

The number of staff on duty in the morning had been increased since our last inspection. However we noted that staff were very busy and task orientated. People and relatives told us they sometimes had to wait for staff to be available to support them to use the toilet. However other relatives told us their loved ones always looked well cared for.

Staff had little time to speak with and interact with people. We observed that some staff interacted well with people when they were supporting them, whilst others did not. The management team at Flixton Manor were aware of this and had taken some steps to address this issue.

We saw no activities taking place during our inspection although an activities officer was due to start work at the service in June 2017. They would be able to interact with people and organise activities for people to participate in. The activities officer was also due to complete details of people's life histories. We did note

that more external entertainers were now being arranged to come to the home. People had daily papers available and the home had Sky TV installed which some people enjoyed for watching football.

The care plans and risk assessments had been reviewed and any duplication removed. They provided clear person centred guidance for staff to follow in order to meet people's care needs.

Staff had completed training to give them the knowledge to undertake their roles. However we observed three occasions of an unsafe moving and handling procedure (called a drag lift). We have made a recommendation for the service's moving and handling training is reviewed so it meets current best practice guidance for safe moving and handling techniques.

Team meetings and staff supervisions had been introduced. This meant staff were better supported in their roles.

Handovers were held between each shift to update the staff on any changes in people's needs or health. This meant staff had the information to support people and meet their needs.

The staff recruitment procedure had been improved so staff were safely recruited who were suitable to work with vulnerable people.

We saw medicines were administered as prescribed. Guidelines for any 'as required' medicines such as pain relief had been introduced.

Some improvements in the environment had been made. Signs were in place to assist people living with dementia, carpets had been replaced, a new accessible bath was being installed and a sloping floor on the first floor was now clearly identifiable.

Systems were in place to meet people's health and nutritional needs. People told us they enjoyed the food. Some staff raised concerns about the presentation of the food when the part time chef was on duty. The registered manager was aware of this and was addressing it with them. People were regularly weighed in line with the assessed risk and referrals made to the Speech and Language Team (SALT), district nurses and other medical professionals as needed. Medical professionals told us the service made appropriate referrals and followed any advice they were given.

People's wishes for their care at the end of their lives were established with them or their relatives. Staff had received training in end of life care.

All areas of the home were clean. On our arrival we checked the lounge chair cushions had been cleaned by the night staff and found that they had been. Procedures were in place to prevent and control the spread of infection.

Systems were in place to deal with any emergency that could affect the provision of care, such as a failure of the electricity and gas supply. Regular checks were in place of the fire systems and equipment.

The registered manager had introduced relative meetings, although they were not well attended. A relatives survey had been handed to people and had a good response. This meant the service was now seeking feedback and involvement from relatives. Relatives also told us the service kept them fully informed about any changes in their loved ones health or wellbeing. The service had a system in place to respond to concerns and complaints.

A series of audits were in place, including for medicines and care plans, so the registered manager could monitor and improve the service. The registered manager and clinical lead attended provider and nursing forums. This meant they could keep up to date with current best practice and seek advice from other registered managers.

The provider had provided a link to the last inspection report on the CQC website when we requested that they do this. However the overall rating from the last inspection was not displayed on the provider's website. The last inspection report was available at Flixton Manor.

During this inspection visit we found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to safe moving and handling techniques, lack of staff interaction with people who used the service, not displaying the overall rating of the last inspection on the provider's website and the governance of the service due to the issues we found at this inspection. You can see the action we took at the end of this report.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

A more robust safe system of staff recruitment was now in place. Staffing levels had been increased in the morning. However some people and relatives told us they still had to wait for support with personal care during the day. We saw staff were task orientated and there were periods of the day when there were no staff present in the lounge areas of the home.

We observed care staff using unsafe moving and handling techniques.

Care records included information about the risks people may face and guidelines for staff in how to minimise or eliminate the risks. The trip hazards on the first floor had been addressed.

People received their medicines as prescribed and guidelines were now in place for any 'as required' medicines.

**Requires Improvement** 

### Is the service effective?

The service was not always effective.

Staff received the training and support they required to undertake their role. However the moving and handling training needed to be reviewed in line with nationally recognised guidelines.

The home worked within the principles of the Mental Capacity Act (MCA). Staff gave people everyday choices about their care.

People's nutrition and health needs were identified and referrals to other medical professionals were made when required. Food and fluid charts had been improved since the last inspection. However some concerns were made about the presentation and choice of food when the part time chef was on duty.

Some improvements had been made to the environment to support people living with dementia, although there was nothing to assist people living with dementia to identify their own rooms.

**Requires Improvement** 

### Is the service caring?

The service was not always caring.

We observed some staff did not engage with or re-assure the person when providing support. Other staff interacted well with the people they were supporting.

People's life histories were not recorded in their care files. The new activities officer due to start work in June 2017 was due to complete these.

People's wishes for the support they wanted at the end of their lives was recorded. Staff had received training in end of life care.

**Requires Improvement** ●

### Is the service responsive?

**Good** ●

The service was responsive.

Care plans and assessments of people's needs were person centred and gave clear guidance for staff in how to meet people's needs. Relatives were involved in developing and agreeing their loved ones' care plans.

Staff now had access to the care plans through the Care Sys computer system.

An activities officer had been appointed. This should improve the stimulation and activities available for people.

The registered manager responded to informal and formal complaints as per the organisations policy.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well led.

Improvements had been made since our last inspection, however the issues identified in this report remained outstanding.

The ratings from the last inspection report had not been displayed on the provider's website.

Notifications were now being sent to the Care Quality Commission as required by the service's registration.

Staff said they enjoyed working at the home and the senior management team were approachable.

# Flixton Manor

## Detailed findings

### Background to this inspection

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

This inspection took place on 2 and 3 May 2017 and was unannounced. The inspection team consisted of one inspector and an expert-by-experience on the first day of the inspection.

An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of services for older people. The inspector returned for the second day of the inspection.

We did not ask the provider to complete a Provider Information Return (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law. We contacted the local authority commissioning and safeguarding teams as well as the local Healthwatch board.

Healthwatch is an organisation responsible for ensuring the voice of users of health and care services are heard by those commissioning, delivering and regulating services. Healthwatch had completed an enter and view visit at Flixton Manor in February 2017. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement.

During the inspection we observed interactions between staff and people who used the service. As some people were not able to tell us about their experiences, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with seven people, nine relatives, the registered manager, the care co-ordinator, eight care staff,

two medical professionals and a social worker. We observed the way people were supported in communal areas and looked at records relating to the service. These included six care records, four staff recruitment files, daily record notes, medication administration records (MAR), maintenance records, audits on health and safety, accidents and incidents, policies and procedures and quality assurance records.



# Is the service safe?

## Our findings

People we spoke with said they felt safe living at Flixton Manor. One said, "Yes, I feel safe here." Relatives also thought that their loved ones were safe at the home. We were told, "I think she is safe" and "I feel she is safe."

At the last inspection we found a breach of Health and Social Care Act 2008 Regulations (Regulations) in regards to the number of staff on duty not being sufficient to meet people's needs in a timely manner. At this inspection we found the staffing rota had been increased to six staff, a registered nurse and clinical lead on duty in the morning during the week. In the afternoons there were five staff, a registered nurse and clinical lead on duty. At weekends there was one nurse on duty during the day with five care staff. We also noted that in addition the new care co-ordinator worked five days a week. At night there were two care staff and a registered nurse on duty. We were told that the home used agency staff to cover any shortfalls in the rota.

Staff told us they thought there were enough staff on duty for each shift. We were also told that new staff had been recruited which meant fewer agency staff were now used. This helped with the continuity of care and support for people living at the home. We saw some comments in staff supervision notes stating that staff sometimes found it hard to meet everyone's care needs depending who they were working with, for example if agency staff were covering a shift. However a nurse we spoke with said that only having one nurse at weekends was difficult. The registered manager told us the service was struggling to recruit an additional nurse. We had a mixed response about the staffing levels from people who used the service and relatives. Some said they had to wait before being supported to use the toilet, with one relative saying, "Taking [name] to the loo can take a while; she has to wait" and another told us, "If you get up at 8am they are waiting until 1pm and beyond (to go to the toilet)." Others told us they received support when they requested it, saying, "I don't have to wait long" and a relative said, "If you ask for anything they do it straight away."

The Healthwatch enter and view report from February 2017 also noted that the main concern raised with them was the time people had to wait to be supported to go to the toilet.

During our inspection we were told the staff were organised into two teams, one supporting people on the ground floor and the other supporting people on the first floor and basement level. We noted that more people since our last inspection were supported to change in their bedrooms rather than accessing the ground floor toilet. This meant there was not a queue for the toilet as there was at the last inspection. However we noted periods of time when there were no staff present in the lounge areas of the home as they were supporting people in the bathrooms or in their own rooms. We also observed people having to wait for support after asking for it. This was because, as at the last inspection, the majority of people living at Flixton Manor required two staff to support them with moving and handling. Therefore they had to wait until two staff were available to support them and at the time there was only one staff member in the lounge area.

We also observed that staff were very busy and task orientated. This meant they had little opportunity to sit and talk with people during the day. Relatives also told us their loved ones always looked well cared for. One told us, "[name] has her hair done, she is clean and tidy" and another said, "Not once have I found [name] in

dirty clothes. Her hair is always combed and she wears her own jewellery." This showed that staff spent sufficient time to meet people's personal care needs; however people sometimes had to wait for support to be provided.

The registered manager told us that if the home became full she would look to have seven staff on duty in the morning along with a registered nurse and clinical lead. This meant that there had been an increase in the morning staffing levels since our last inspection; however people still had to wait for support at busy times and staff were task focused.

At the last inspection we found a breach in the Regulations due to the lack of references and full employment history for new staff. At this inspection we found improvements had been made.

We looked at four personnel files for recently recruited staff members. We saw the application form had been re-written and now requested information about the last ten years employment history. Each person had two references in place. We saw proof of identity documents, including a photograph and work permit where applicable, and a criminal records check from the Disclosure and Barring Service (DBS). The DBS identifies people barred from working with vulnerable people and informs the service provider of relevant criminal convictions or cautions noted against the applicant. We saw the registration PIN numbers for the qualified nursing staff had been checked with the nursing and midwifery council.

This meant that the service now had a more robust system in place for recruiting staff who were suitable to work with vulnerable people.

At the last inspection we found a breach in Regulations due to trip hazards from rumpled carpets and a slope where two buildings had been knocked through into one. At this inspection we found improvements had been made. The carpet had been replaced. A strip of a different coloured carpet had been inserted on the slope between the two buildings and clear signs were in place. This meant the slope could be clearly seen which reduced the risk of someone tripping. We also noted that the storage for the home had been improved which meant there were no items stored in the basement corridors.

Staff told us, and confirmed by records, we saw that they had completed training in safeguarding vulnerable adults. Staff were able to explain different forms of abuse. They told us they would report any concerns to the care co-ordinator, clinical lead or nurse on duty. They were confident that any concerns would be followed up. This should help ensure people were protected from abuse.

We looked at how medicines were administered and stored by the service. We saw the medicines administration records were fully completed. Details were recorded if people were sometimes reluctant to have the medicines, with information for supporting and encouraging them noted. The quantity of medicines held corresponded with the amount recorded on the MAR. This meant people received their medicines as prescribed.

Medicines classed as controlled drugs were appropriately stored and recorded. A stock check was completed at every handover. This minimised the risk of errors or misuse.

At the last inspection we found there were no guidelines in place for when people may need an 'as required' (PRN) medicine to be administered. At this inspection we saw these guidelines were in place, including details of how the person would inform staff, either verbally or non-verbally through facial expressions or behaviour, that they required a PRN medicine.

Care staff applied any topical (non-medicated) creams prescribed and signed to a cream chart when they had completed this. A clear body map indicated where the creams needed to be applied. At the last inspection we saw one cream chart that had not been fully completed. At this inspection we again saw one cream chart that had missing signatures. The other cream charts showed the creams had been applied as prescribed.

We saw the nursing staff had received training on the administration of medicines. This was refreshed annually. The clinical lead also recorded observations made of the nurses as they administered medicines. Any issues identified with medicines administration were addressed by the clinical lead through supervisions and additional observations of practice. This meant nursing staff were provided with the skills and knowledge to administer medicines safely.

We saw the computerised care records identified risks to people's health and wellbeing, including the risk of falls, moving and handling, pressure ulcers and malnutrition using the Malnutrition Universal Screening Tool (MUST). We saw these were evaluated on a monthly basis and appropriate care plans were developed to mitigate the identified risks. From records kept, we saw people were regularly repositioned in bed to reduce the risk of developing pressure sores. At the time of our inspection no one living at Flixton House had any pressure sores.

Moving and handling assessments identified the equipment to be used to support people safely. However during our inspection we observed unsafe moving and handling techniques being used on three occasions. Staff supported people to stand up by being lifted under the arms (drag lifted). Another person was drag lifted by the armpits to be moved further back into the chair they were sitting on. Drag lifts are unsafe and pose a risk of injury to the individual being moved and the staff members.

This was a breach of Regulation 12, with regard to 2(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we found the same risk had been assessed using different tools. This had resulted in different levels of risk being identified by each assessment tool for the same risk. At this inspection we found one assessment was in place for each identified risk. This meant it was clearly identified what the risk was and how it was to be managed and mitigated.

We saw incidents and accidents were recorded by the service and reviewed by the registered manager. A summary for each month was compiled so that any patterns could be established. The action taken following an accident or incident to reduce the likelihood of any re-occurrence was recorded.

We saw the home was clean throughout our visit. A relative said, "[name's] room is always clean and tidy." The night staff we spoke with confirmed it was the role of the night staff to clean the lounge chairs, cushions and equipment such as wheelchairs and walking frames. When we arrived at the service we checked that the seat cushions had been cleaned overnight and found they had been. The home had recruited two more domestic staff who were due to join the service in the next month.

There had not been an infection control inspection carried out by the local authority since our last inspection. Actions noted at the previous inspection had been completed. We saw staff used appropriate personal protection equipment (PPE) such as gloves and aprons when supporting people with personal care tasks.

We checked the systems that were in place to protect people in the event of an emergency. We found

personal emergency evacuation plans (PEEPs) had been written for people who used the service. These contained details of the support a person would need to leave the building in the event of an emergency, either if they were in bed or if they were sat in the lounge area of the home. Contact information and guidance was seen for staff to deal with any emergency situations such as a gas or water leak.

At the last inspection we made a recommendation for a formal plan to be written in the event the building needed to be evacuated. The registered manager had contacted a local health service provision and verbally agreed they could use their facilities if people had to be evacuated from Flixton Manor. This was in the process of being formally written up and agreed. If people were unable to return to the home the registered manager was compiling a list of other local care homes to contact. This meant the staff would have a plan to follow in the case of an emergency resulting in the evacuation of the building.

The service held records of weekly and monthly tests completed for the fire alarm, fire extinguishers and the water systems. Fire drills were held each month. A fire risk assessment had been completed by an external contractor following which the home had completed, or was undertaking, all the actions noted in the fire risk assessment report. For example new evacuation sledges had been purchased. Records showed equipment within the home had been serviced and maintained in accordance with the manufacturer's instructions. This should help to ensure that people were kept safe.

## Is the service effective?

### Our findings

At the last inspection we found a breach of Regulations due to a lack of training for staff, supervisions and staff meetings did not take place. At this inspection we found improvements had been made.

We saw courses had been arranged for fire awareness, moving and handling, stoma care, dementia awareness, food safety, basic life support, and infection prevention since our last inspection. One staff told us, "We've had loads of training recently" and another said, "The dementia awareness course was very useful; it means we understand the reasons why people may repeat themselves." Nursing staff had received training in catheter care and dysphagia (risk of choking) training.

However as noted previously in this report, we observed unsafe moving and handling techniques being used by staff. We recommend that the moving and handling training course is reviewed and staff are trained to use nationally recognised safe moving and handling techniques, for example as recommended by the National Back Exchange.

All the courses completed were logged on the home's computer system. This highlighted when staff were due to have refresher training and when any training was overdue. This meant the registered manager had an overview of the training requirements of the staff team. We saw that staff training was up to date.

New staff also told us they had been enrolled on the Care Certificate when they started working at the service. The Care Certificate is a nationally recognised set of standards that health and social care workers adhere to in their daily working life. Staff had been enrolled on nationally recognised qualifications in health and social care.

This meant the staff now received the training in order to carry out their roles.

We saw the care co-ordinator had started completing supervisions with staff members. These were planned to be completed every three months; however not all had been completed within this timescale. The supervisions consisted of observations of staff practice. For example staff had been observed completing manual handling tasks and supporting people to eat their meals. Verbal feedback was also given and staff were able to discuss their role with the care co-ordinator. Registered nurses received clinical supervisions every three months and an annual appraisal from the clinical lead. All the staff we spoke with said they had received supervisions and felt supported by the care co-ordinator, clinical lead and registered manager.

We saw staff meetings were now being organised every three months. The minutes showed that they were not well attended; with some staff not able to attend on their day off and the home needing staff to continue to support people during the staff meeting. The minutes of the meetings were made available for those who were unable to attend. The minutes showed, confirmed by the staff we spoke with, that staff were able to contribute to the team meetings. The two meetings held since the last inspection discussed individual people's care, teamwork, the rota, the organisation of the shifts and record keeping.

This meant staff were provided with the support through supervisions and team meetings to complete their role.

We observed the morning handover meeting between the night shift and the incoming day shift. The night shift nurse gave an update on people's wellbeing and any changes in their needs, for example stating that one person had not slept well and had been shouting. This meant staff had up to date information about people's current needs at the start of their shift. Staff told us that if they had been off for an extended period, for example through annual leave, they would ask the nurse or clinical lead for an extended handover to ensure they were aware of any changes in people's needs. They also said they would discuss any changes with their colleagues. This meant staff were provided with up to date information about each person's wellbeing so they were able to provide appropriate support and a continuity of care.

At the last inspection we found a breach of Regulations due to a lack of bathing facilities and the environment not helping to promote the well-being of people living with dementia. At this inspection we found improvements had been made.

The first floor bathroom was in the process of being refurbished, with a fully accessible bath being installed. As noted previously in this report the staff were organised into two teams and more people were supported with their personal care needs in their own bedrooms, which had en-suites. This meant there was less of a queue for the toilet facilities.

The home had purchased dementia friendly signs, for example for the dining area and lounge, to assist people living with dementia to maintain their independence and orientate themselves in the home. Two dementia friendly clocks, clearly showing the time, day and date and specific items designed for people living with dementia to fiddle with were available. However one relative told us these items were not always given to people to use. The home had been redecorated since our last inspection and stencils had been applied to the walls in the basement and ground floor. These made Flixton Manor look more homely. The registered manager told us they were also planning stencils for the first floor. People's bedroom doors had their name on them, but did not have a picture or memory item to assist people to recognise their own room. We saw people's bedrooms were personalised and contained photographs and ornaments.

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.

A capacity assessment was completed when people moved to Flixton Manor. This detailed the decisions that were required, for example consent to personal care, medicines and nutrition. A copy of the social services assessment of people's ability to consent to their care and treatment was kept on file. Where required an application for DoLS was then made. A list of all people who had an authorised DoLS in place and people where an application for DoLS had been made and was waiting for authorisation by the local

authority was available in the staff office.

Staff we spoke with were aware of the MCA and were able to explain the day to day choices people were able to make, for example what clothes they wanted to wear. Staff told us how people might make choices, for example either verbally or by being shown two options to enable them to choose one.

We noted that the registered manager had requested relatives to provide a copy of any Lasting Power of Attorney (LPA) that was in place. An LPA is a legal document which allows a named person to make decisions in a person's best interest if they lack the capacity to make the decision in question themselves. This meant the home would have proof of who was able to make which decisions on a person's behalf.

We noted that some consent forms had been signed by people's relatives if they were unable to sign the form themselves. Unless a relative has a LPA in place they are not able to sign consent on behalf of their loved one. However, it is important that relatives are involved in developing people's care plans and in their care. The form should state they are signing their agreement to the care plans if they do not have a LPA.

This meant the service was meeting the requirements of the MCA.

We looked at how people were protected from poor nutrition and supported with eating and drinking. The care records we looked at all contained a risk assessment regarding people's nutritional intake. Where people were at risk they had been referred to a dietician or the Speech and Language Team (SALT). Appropriate food supplements were prescribed and offered. Regular weekly or monthly checks were made on people's weight. At the last inspection we found the food and fluid charts did not contain the amount of food or fluid actually consumed. At this inspection we saw new food and fluid charts had been introduced which included the amounts of food eaten and fluids drunk. We discussed with the clinical lead about highlighting on the food and fluid charts those people who had been prescribed thickeners to ensure staff, especially new or agency staff, were aware of who needed thickened fluids. The care co-ordinator monitored the charts to establish if people's food and fluid intake was increasing or decreasing.

We observed the lunchtime experience in the home. More people were supported to eat their meals in the dining area than at our last inspection, however we saw there were not enough places for everybody to eat there. We were told new dining tables and chairs had been ordered. The majority of people ate their meal in the lounge areas.

People told us they enjoyed the food at Flixton Manor, saying, "The food is pretty good; I like the rice pudding", and "The food is very nice; they ask you what you would like. There is always an option of a sandwich if you don't want the cooked meal."

We saw the chef on both days of our inspection asking people what they wanted for their meals. They took time to explain what was on the menu and allowed people to decide what they wanted. We saw details of people's dietary needs were available in the kitchen, for example if a person needed their food pureed or was a diabetic. However concerns were raised with us during the inspection that the part time chef, who worked two days a week at the service, did not always respect people's choices for their food and did not present pureed food in separate portions, but pureed it all together.

We spoke to care staff about this who said the part time chef did not present the food as well as the regular chef, but it did meet each person's need for soft or pureed food. Some staff said that separate portions of pureed food were provided but others said it was all pureed together. We were told people's choices for main meals were respected, although sometimes people would not have a choice of what sandwiches they



wanted. We were told the part time chef's portions were generally larger, which could over face people.

We discussed this with the registered manager who said they were aware of the issues raised and had spoken with the part time chef. Improvements had then been made, with separate portions of pureed food being provided.

The most recent inspection from the environmental health department in January 2017 had awarded the service a 5 (Very Good) rating.

This meant people's nutritional needs were being met, but there were some concerns about the presentation of the food when the part time chef was working.

Each person was registered with a local GP. We saw referrals were made to the Speech and Language Team (SALT) and the dementia crisis team when required. A medical professional we spoke with said, "They are highly organised; [clinical lead] knows the residents inside out." We were also told appointments were made appropriately and clinical observations and all relevant information was available when they visited the home. Any advice provided to the home was followed.

We saw that people at risk of developing pressure sores had the appropriate pressure relief equipment in place and records were kept of when people were supported to re-position. A relative told us, "[Name] had a pressure sore on admission here. It was gone within five weeks; they got it sorted."

Before the inspection we were aware of concerns raised by relatives about the timeliness of when an emergency ambulance was called for their loved one. We spoke to the clinical lead and registered nurse about this. They explained how they made clinical judgements about a person's health, would contact the GP or out of hours doctors service and if required call 999 for an ambulance. The nurse also said they were able to call the clinical lead for advice if the clinical lead was not on shift at that time. They told us communicating with relatives was key to ensure families were aware of what the home was doing, as the ambulance service can sometimes advise the home to wait for the GP or to observe the person before attending the home.

This meant people's health needs were being met by the service.



## Is the service caring?

### Our findings

All the people and relatives we spoke with said that the staff were kind and caring. People told us, "They (the staff) are very nice in here", and "They (the staff) are very kind." Relatives said, "The staff are kind and patient", "They are all so lovely here, so helpful. Nothing is too much trouble to them" and "I've never heard anyone shout or not talk nicely to people."

At the last inspection we found a breach in the Regulations because people sat for long periods with no interactions with staff and people were not always engaged or re-assured when support was provided. At this inspection we found some improvements had been made. However we observed two staff supporting people with the hoist. They did not explain to the person they were supporting what they were doing. We saw one staff member move a person who was sitting in a specialist chair which had wheels on. They pulled the chair from behind so the person was not able to see them and did not provide re-assurance whilst moving the person. One person told us some staff would walk into their bedroom at night without knocking.

At lunch time we noted one person pushed away their food, both main course and pudding. The staff did not enquire why they had not eaten and didn't ask if they wanted an alternative meal. We noted people were sat on the slings used when using the hoist. This is not dignified and may cause pressure area issues due to the seams of the slings rubbing against people's skin.

We also observed good practice during the inspection, with staff calmly explaining what they were going to do and ensuring the person was aware of this. We saw staff supporting people to eat and talking with them whilst doing this.

We found this to be a continued breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with the care co-ordinator, clinical lead and registered manager about what we had observed. They said they were aware that some staff did not interact with people as they should when they were supporting them. They said they addressed this through staff supervisions. We saw disciplinary procedures had been followed where one staff member had not spoken with a person's relatives in a respectful way. The care co-ordinator was also training new staff on how to support people and re-assure them during support as part of their induction. The clinical lead told us they reminded staff of the need to re-assure people during their support at handovers. This meant the management team knew there was an issue with some staff not engaging with people when they were supporting them and were taking steps to try to address the issues.

At the last inspection we found the care files did not contain any information about people's personal history or likes and dislikes which meant the staff did not have the background information to talk with people or support them if they had some memory loss, especially when they first moved to the home. At this inspection we found this still to be the case. The registered manager told us a new activities officer was due

to start work in June 2017. One of their tasks would be to complete life histories and one page profiles with people and their families where appropriate. We will check this had been completed at our next inspection.

The home is registered with the Six Steps end of life programme. This is a recognised system for supporting people at the end of their lives. We saw people or their relatives were involved in discussions about the care people wanted at the end of their lives and their wishes after their deaths. The senior carer explained how the GP was involved in any decisions about possible resuscitation and anticipatory medicines were obtained to ensure the person was comfortable and pain free. One relative said, "We have decided to have no more hospital admissions. It was dealt with very efficiently and in a caring way. [Clinical Lead] explained it to us."

The clinical lead wrote a new care plan for people's end of life support needs. Staff had received training in end of life care and support. This should enable the home to provide the appropriate support people wanted at the end of their lives.

## Is the service responsive?

### Our findings

At the last inspection we found a breach in the Regulations as there were incomplete and contradictory assessments of people's needs, a lack of access to the care plans for care staff, incomplete recording and the lack of involvement of people or their relatives in the care plans. At this inspection we found big improvements had been made.

Care plans and assessments were held on a computer system called Care Sys. We looked at six people's care files and found completed assessments of need, care plans and risk assessments. There were no duplications of different assessments. A document called Care Needs detailed people's care and support needs, was person centred, individual and provided clear guidance for staff in how to meet these needs.

Staff told us they now had access to the Care Sys and could look at people's care plans. The care co-ordinator said, "It's helpful having the care plans available for the staff as we can go through them as part of their induction and training." Senior care staff also now input people's weights into the Care Sys instead of the nurses being the only ones able to access the system. We were shown that copies of the Care Needs document had been printed and were made available for the agency nurses to refer to when required. We discussed with the registered manager about these being available for care staff to refer to as well. They told us they would inform staff where the Care Needs documents were kept so they could look at them if they needed to.

We saw that people's care plans were evaluated each month and any changes in people's needs noted. All sections of the Care Sys documentation were kept up to date; including professionals visits. This meant people's assessed needs were clear and accessible to the staff team. The staff we spoke knew people needs and were able to explain them to us.

We found the daily notes written for each person were very brief and did not fully document the support people had received. We saw charts were used to record the personal care support provided, catheter care charts and re-positioning. However we noted the bath / shower monitoring sheet was not always completed by staff. A senior carer told, "I check the records have been completed and talk to staff if they haven't been. The recording is getting better." Feedback from the local authority commissioning team also said that the recording at the home had improved since our last inspection.

We noted that the care plans had been discussed with people or their family. The clinical lead completed an initial assessment of people's needs. Full assessments and care plans were completed once the person had moved to the service and the staff had got to know them more. The clinical lead involved professionals from the person's previous care setting, including the hospital staff if appropriate. Families were informed that they were able to view the care plans at any time if they wanted to and signed a consent form to this effect.

Staff told us they were verbally given details of people's needs before they moved to the home and the initial assessment was available for them to read. They all said they had enough information to meet people's care and support needs when people first moved to the home.

We noted that the local funding authority completed annual reviews of the care and support people required. The social worker we spoke with told us they invited the person's family to all reviews and would telephone them after the review if they were unable to attend. One relative told us, "There was a review meeting recently, I was impressed with the nurses records. [Clinical Lead] was on the case."

This meant people and their families were involved in the assessment and review of their loved ones care and support needs.

At the last inspection we found a breach in the Regulations as people's need for stimulation and activity were not being met. At his inspection we found a few changes had been made, with more regular external entertainers visiting the home. We were told people enjoyed these sessions, especially the singers and a group who brought owls to the home. People had access to daily newspapers and the home had Sky TV which some people enjoyed to watch the football. However during our inspection we did not see any activities being organised. One person told us, "There's not much activity here." As noted previously in this report the staff team were very busy supporting people and so did not have time to spend talking with people or organising any activities. The home had recruited an activities officer who was due to start work in June 2017. This would enable people to have interaction with the activities officer whilst the care staff were busy supporting people with their care needs. This should provide people with more stimulation and activities. We will check that this is happening at our next inspection.

At the last inspection we found a breach in the Regulations as the provider had not responded to a family's complaint. We saw a complaints policy was in place. The registered manager showed us how they had responded to two complaints, one of which was an informal verbal concern, made since our last inspection. The nature of the complaint was documented along with the action taken by the registered manager. We noted the responses were within the timescales set by the organisations complaints policy. During the inspection one relative raised with us that the provider had not responded to a letter they had written to him. We discussed this with the registered manager who contacted the provider. The provider stated they had not received a formal letter or email from the relative. We had seen the registered manager had previously spoken with the relative and written to them about the issue they had raised with us. The registered manager said they would speak with them again. This meant the registered manager had a system in place to receive and respond to complaints, whether they were made formally or informally.

We were shown a relatives survey that had been completed in November 2016. The survey had been handed personally to each relative who visited and 15 surveys had been returned. The results of the survey were mainly positive. Comments included 'the cleaner does an excellent job' and 'the staff give me complete peace of mind in the way they are looking after mum.' Five comments were made about not enough staff being available to support people and five about not enough activities being organised. The registered manager told us they had spoken with people about the survey results and taken action. For example there were more staff on duty in the morning now than at the time of the survey and an activities organiser had been recruited.

We also saw that relatives meetings were now being arranged, although we were told that not many people attended these meetings. Further meetings were planned. The registered manager said that they asked visitors if they had any concerns or issues they wanted to raise / discuss when she saw them at the home.

Relatives we spoke with said the home kept them informed of any changes in their loved ones health or needs. One said, "[name] had an infection; they phoned the GP and phoned me to let me know" and another, "We are listened to and what we say is acted upon."

This meant the registered manager had established a system to involve the relatives in the running of the home and to gain their feedback on the service provided.

## Is the service well-led?

### Our findings

The service had a registered manager in post as required by their registration with the Care Quality Commission (CQC). They were supported by a clinical lead and care co-ordinator.

Services providing regulated activities have a statutory duty to report certain incidents and accidents to the CQC. At the last inspection there was a breach in Regulations as the service was not notifying the CQC as required. At this inspection we found improvements had been made with CQC being notified of all incidents, deaths and authorised Deprivation of Liberty Safeguards as required.

At the last inspection there was a breach in Regulations as the auditing system had not identified the issues found during our inspection. At this inspection improvements had been made. Changes had been made in care planning, risk assessments and their evaluation, recruitment procedures, staff now had access to the care plans, staff supervisions and team meetings had been established and feedback from relatives was sought through surveys and relatives meetings. The social worker we spoke with said, "The home has really worked hard and tried to improve."

However staff continued to be task orientated and they had little time to speak with and interact with people as they were busy supporting people. Plans were in place for a designated activities organiser to start work in June 2017 which should provide more stimulation for people. Some staff also continued to not engage and re-assure people when they were supporting them. We observed staff using unsafe moving and handling techniques. One relative told us, "I think the trained staff need to be more involved in teaching beside the other staff."

We found this to be a continued breach of Regulation 17(1) with reference to 2(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The staff we spoke with all said the registered manager and senior team were approachable. Staff felt supported and were positive about the changes made at the service since our last inspection.

Relatives also told us the registered manager was approachable and would listen if they had any concerns. They said that action was taken to address any issues they raised. Relatives said, "Any issues raised have been dealt with" and "[registered manager] and [clinical lead] are always approachable and friendly." Another relative told us that their relationship with the staff team had not been affected when they had raised a concern.

We saw a system of audits was in place for medicines, care plans, analysing incidents, checking pressure mattresses, records (for example personal care and food and fluid charts) and kitchen and laundry checks. Any actions required following the audits were noted.

The registered manager told us they and the clinical lead now attended the local authority provider forums and nurse forums. These forums provide an opportunity to keep up to date with current developments and

issues and be able to learn from other providers. The registered manager was now able to contact the registered manager from another local care home for advice when needed. We saw they had provided information for suitable evacuation aids which the registered manager had then purchased for Flixton Manor. This meant the service was able to keep up to date with current best practice and ask for advice when needed.

It is a requirement for providers and services to display the Care Quality Commission (CQC) rating from the latest inspection conspicuously. We saw the CQC inspection report from the inspection completed in September 2016 was available at Flixton Manor for people to read. However the ratings were not displayed on the provider's website. We informed the service of this and the provider put a link on their website to the inspection report on the CQC website, but the overall CQC rating was still not displayed on the provider's website. This was a breach of Regulation 20A (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found improvements had been made since our last inspection, however there were still areas that needed to be addressed. The registered manager had plans in place for some of these, for example the recruitment of a new activities officer. We will check the issues identified in this report have been addressed and that the improvements have been sustained at our next inspection.

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 10 HSCA RA Regulations 2014 Dignity and respect
Treatment of disease, disorder or injury	Some staff did not interact with the people they were supporting, for example when supporting people with a hoist they did not re-assure the person.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	We observed staff use an unsafe moving and handling technique called a drag lift.  Regulation 12 with regard to 2(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Staff continued to be task orientated and they had little time to speak with and interact with people as they were busy supporting people. Some staff continued to not engage and re-assure people when they were supporting them. We observed staff using unsafe moving and handling techniques.  Regulation 17(1) with reference to 2(a)