

Mrs Sally Roberts & Mr Jeremy Walsh

# Alsager Court Care Home with Nursing

## Inspection report

Sandbach Road North  
Church Lawton  
Alsager  
Cheshire  
ST7 3RG

Tel: 08453455743

Website: [www.blanchworth.co.uk](http://www.blanchworth.co.uk)

Date of inspection visit:  
07 December 2015  
11 January 2016

Date of publication:  
11 May 2016

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 7 December 2015 and 11 January 2016. The previous inspection took place on 5 and 18 May 2015 and at that time we found that a number of improvements were needed.

Alsager Court Care Home with nursing is part of the Blanchworth Care group and is registered with The Care Quality Commission (CQC) to provide accommodation and personal care with nursing for up to 27 older people. During the inspection there were 12 people living at the home on the first day and this had increased to 14 on the second day.

The home provides care in a large single storey bungalow in its own grounds in a residential area of Church Lawton near Alsager. All of the rooms are single and 16 of them have en-suite facilities.

At the time of the inspection the home did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The home had a manager in place, but had not yet registered with CQC, the manager told us that they were in the process of applying to become registered.

At the last inspection in May 2015 we found that a number of improvements were needed and breaches of the Health and Social Care Act 2008 had been identified regarding person centred care, dignity and respect, need for consent, safe care and treatment, safeguarding service users, meeting nutritional needs, premises and equipment, good governance and staffing. The provider was placed into 'Special measures' by CQC in relation to these breaches. The purpose of special measures is to ensure that providers found to be providing inadequate care, improve significantly. They provide a framework within which we use our enforcement powers in response to inadequate care and work with or signpost to other organisations in the system to ensure improvements are made. They provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further actions, for example cancel their registration.

During this inspection we saw that improvements had been made in relation to staffing, person centred care, meeting nutritional needs, need for consent, dignity and respect and safe care and treatment. However, there remained concerns in relation to safeguarding service users, premises and equipment and good governance. You can see what action we told the provider to take at the back of the full version of this report.

People told us that they felt safe and well cared for. We saw there were sufficient staff to meet the needs of the people living at the home. Staff were knowledgeable about people's needs and the home was no longer dependent upon agency staff. People received their medicines in a way that protected them from harm. However, we found that safeguarding procedures were not always followed and records were not always

kept to demonstrate that action had been taken to protect people from harm.

Some improvements had been made to the environment and work had been carried out to ensure that there was an adequate hot water supply and that the fire safety regulations were met. Further work was required to ensure that recommendations made by the infection control team were fully carried out, including improvements to the cleanliness of some parts of the home.

Improvements had been made to the way that people were supported with their food and drinks. People were offered a choice of meal and staff had enough time to support people at meal times.

We found that improvements had been made to how a person's mental capacity to consent to care and treatment had been assessed and documented. Best interest decisions had also been made and recorded where appropriate. Applications had been made to the supervisory body under the Deprivation of Liberty Safeguards, to ensure that people's rights were protected. However further improvements were required to ensure that all staff had a full understanding of this process.

People were treated with dignity and respect. Staff were kind and caring in their approach to people living in the home. Improvements in staffing meant that people's needs were met in a timely manner which promoted their dignity. Records were kept securely.

Improvements had been made because an activities coordinator was now in post and activities were being offered to people throughout the day and stimulation was being offered to people on a one to one basis. Care plans were reflective of people's needs and were updated on a regular basis.

People knew how to make a complaint and the complaints procedure was available however we found that the system for recording and dealing with complaints needed to be improved.

There was a manager in place, but the manager had not yet registered with CQC.

People and staff told us that improvements had been made at the home over the past few months. The manager had been focused on improving the standards.

The system in place for monitoring the quality and safety of the service was not robust enough. We were unable to see that regular audits were being carried out on a routine basis. Notifications to CQC had improved but further improvements were required to ensure that these were received consistently.

## 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.

We found that local safeguarding procedures had not been followed or appropriate records kept of actions taken to protect a person.

Some improvements had been made to the environment and hot water was now available. However further attention was still required to ensure that the risk of infection was controlled as well as possible.

Improvements had been made to staffing levels and there were sufficient staff to meet the needs of people living at the home and the provider was no longer dependent upon agency staff

We also found that improvements were made to the way that medicines were managed, which meant that people were better protected.

**Requires Improvement** 

### Is the service effective?

The service was not fully effective.

Improvements had been made to meet the requirements of the Mental Capacity Act 2005 (MCA). Some mental capacity assessments had been completed, A number of applications had been made to the supervisory body for consideration under the Deprivation of Liberty Safeguards (DoLS).

However further improvements were required regarding the manager's knowledge relating to the requirement for a DoLS application and the DoLS policy was not up to date.

Significant improvements were found to the way that people were supported with eating and drinking and their dining experience.

**Requires Improvement** 

### Is the service caring?

**Good** 

The service was caring.

We found that improvements had been made and sufficient staffing levels meant that people's needs were met in a timely manner and people's dignity and privacy were maintained.

Staff were caring, we observed some positive and caring interactions, staff were kind to people.

Records were kept securely and confidentially.

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

The service was not fully responsive.

People knew how to make a complaint and there was a complaints process in place, however robust records had not been kept to demonstrate how complaints had been dealt with

Improvements had been made because activities were being offered to people throughout the day and stimulation was being offered to people on a one to one basis.

Care plans were reflective of people's needs and wishes. We found that staff were knowledgeable about people's support needs.

.

**Requires Improvement** ●

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

The service was not always well-led

There was no registered manager in place.

The manager had focused on making improvements and was supportive of staff. People felt that the manager was approachable and sought the views of people living at the home.

There was a quality assurance system in place but we were unable to find evidence that regular audits were being carried out on a routine basis or the system was robust enough to sustain progress.

Notifications to CQC had improved but were not consistent.

**Requires Improvement** ●

# Alsager Court Care Home with Nursing

## **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 undertook a focused inspection of Alsager Court on the 17 Dec 2015 and 11 January 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the provider after our previous comprehensive inspection on the 5 and 18 May 2015 had been made. Following the last comprehensive inspection the provider was placed into special measures by CQC. This inspection team was made up of two adult social care inspectors on both of the days.

Before the inspection we reviewed information that we had received since the last inspection. This included statutory notifications, safeguarding alerts and any other information provided by the service. We also reviewed feedback that we had received from people who visited the service. We spoke with the local authority quality assurance and contracts team, the infection control and prevention team, the fire service and environmental health. The local authority also shared feedback following reviews of people living at the home.

During the inspection we spoke with six people who lived at the home and two visiting relatives. We talked to six members of staff including the manager, a nurse, the activities coordinator and three care assistants. We looked at five care records of people who lived at Alsager Court, as well as other records which related to the management of the service. These records included staff rotas, quality audits, maintenance records, meeting minutes and complaints information. Throughout the inspection we made observations of the care and support provided to people, including how the staff interacted with the people and made a specific observation of the way that people were supported during lunchtime. We completed a tour of the home and inspected bathrooms, toilets, communal area and some people's bedrooms, with their permission.

# Is the service safe?

## Our findings

Some people who used the service said that they felt safe and were "treated well". A relative commented that the care seemed "good" when they visited. Another visiting relative told us that "the staff seem much better and more stable now".

At our comprehensive inspection on the 5 and 18 May 2015 we found that the service was not safe because there were not sufficient staff, particularly at night to make sure that people could be looked after at all times. Sometimes the provider depended upon too many agency staff, who did not always have the detailed knowledge required to care for people in the home. (Agency staff are staff employed by a separate organisation which provides staff to any service which requires them). This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our latest inspection we found that there were sufficient staff to keep people safe and to meet people's needs. The manager told us that staffing levels during the night had been increased. We saw from the staffing rota that staffing at night time had been increased and maintained since May 2015. Our observations and what people told us confirmed that there were sufficient staff on duty on each shift to meet the needs of the people living at the home. We heard that call bells were infrequent and answered promptly. One person told us that they used the call bell and said "when I need them they come". The manager told us that following a period of recruitment, the home was no longer dependent upon agency staff and we saw that agency staff were last required for one day in the previous month.

We found that the staff were knowledgeable about the needs of the people living at the home. One member of staff told us that they were kept informed by the nurse in charge on a daily basis and gave us an example about a person and their changing mobility needs.

A relative told us that they felt that the home had sufficient staff but also told us that they were concerned that more staff would be needed if the numbers of people living at the home increased. The numbers of people living at Alsager Court have reduced because the local authority had placed a suspension on any new people moving into the home whilst improvements were being made. This suspension had been removed in December 2015.

We asked the manager how staffing levels were calculated and how they related to the needs of the people who were living in the home, especially if the numbers of people living at the home increased. The manager told us that they assessed the dependency levels of the people living at the home and that this information was then sent to the head office, who inputted it into a staffing level analysis tool. This would ensure that there were correct numbers of staff on duty. We saw that this tool had been last completed on 7 December 2015 and analysed the staffing hours needed based on whether people had low, medium or high level needs. The manager told us that they used a pre admission assessment document to determine the dependency levels of people rather than the dependency assessment tool provided by the provider Blanchworth. We were uncertain how robust this system was as the pre admission assessment document did not assess people into same bands as those used on the staffing level analysis tool (low, medium or

high). The manager told us that if she judged it necessary to increase the staffing levels then she would increase them. Following the inspection we received confirmation from the provider that the staffing levels analysis tool was used as a guide and that the manager had the authority and autonomy to increase staffing levels above those determined by the tool if necessary.

At our previous visit in May 2015 we found that care and treatment was not provided in a safe way for service users because medicines were not managed safely or properly. We found previously that when medicines had been prescribed on a PRN or "as required" basis, there were no written protocols in place which would help staff to know when these medicines should be administered. There were also examples of medicines that had been prescribed but no record that they had been given. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On this inspection we reviewed the medicines with one of the registered nurses, who confirmed that a medication policy was in place. Nursing staff had signed to acknowledge that they had read and understood this policy. We spoke with the nurse who was knowledgeable about the safe management of medicines. The service had made improvements to the way that medicines were managed.

All medicines were appropriately stored and we saw that the medication trolley was stored in a safe manner. All medicines were dealt with and administered by the registered nurses. We reviewed a sample of the Medication Administration Records (MARs) which were clear and accurate. We saw that the home used a bio dose system to administer medicines which meant that each person had a blister pack provided by the pharmacist with the correct dosage of medication included; we saw that medicines had been administered appropriately from these packs.

Some people were prescribed medicines "when required" such as painkillers or laxatives. We saw that the home now had written protocols in place for the administration of this medication, which included information about when these medicines should be administered to individuals. The manager told us that she completed regular medication audits, however on the day of our inspection they were unable to locate the folder containing these audits, so we were unable to verify that these had been carried out.

In May 2015 we found that care and treatment was not provided in a way to mitigate risks to the health and safety of people. This was a further breach of Regulation 12 of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that improvements had been made and risk assessments were in place to support care and treatment. Since our last inspection we saw that risk assessments had been re-written or updated. When we inspected the records, we found that information was detailed and had been reviewed on a regular basis. We saw for example that a person had a risk assessment in place around their nutritional and swallowing needs, this included advice from other health professionals and steps that the staff needed to take to reduce any risks. When we spoke to staff they were clearly aware of the support that the person needed with food and fluids to reduce any risks, as highlighted in the care records.

We also found that appropriate risk assessments and care plans were in place regarding a person's behavioural difficulties, the care plan referred to an ABC chart which needed to be completed as recommended by the local mental health team. This was a way of recording incidents and analysing these to help consider how best to support the person, we saw that staff were completing this chart as required.

At our previous inspection we found that the staff spoken with understood the safeguarding procedures and had received training in this. However there were incidents where the staff and the manager had been



assaulted and injured but not recorded in the incident book and there were no other records. Safeguarding referrals had not been made to the local authority. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On this inspection we reviewed the safeguarding records and saw that a matrix had been put in place by the provider to log any incidents that had occurred with the outcome. The manager told us that there were further incidents which needed to be added to this matrix. These were concerns that were being addressed but needed to be added to the log.

During discussions with a person living at the home we became aware of an incident which should have been reported as a safeguarding concern to the local authority. The person told us that their concern had now been sorted out and the manager told us that they had dealt with the concern as an "in house" investigation, but that it had not been reported to the local authority and no records had been kept to evidence that appropriate action had been taken to address the issue. It is important that local safeguarding procedures are followed to ensure that allegations are investigated and dealt with appropriately, this should include referring any safeguarding concerns to the local authority and also notifying CQC.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not followed local safeguarding arrangements to make sure that allegations are investigated internally or externally.

In May 2015 our inspection found that there had been an on-going problem with the supply of hot water. There had also been an infection control audit carried out by a representative from the Clinical Commissioning Group which had highlighted a number of items which required attention to reduce the risk of infection. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. Care and treatment was not provided in a safe way for service users because the risk of infection was not controlled.

We saw that some improvements had been made to the environment since the last inspection. The installation of a new shower room had been completed and decoration in some areas of the home had taken place. The manager also told us that the boiler system had been replaced and the home had a good supply of hot water. We checked the taps in some of the bathrooms and bedrooms and saw that there was adequate hot water. We also inspected records which confirmed that all necessary repairs required by the water regulatory inspector had been carried out.

A recent re-audit in January 2015 by the representative from the infection control team had identified that there were a number of outstanding actions which had previously been highlighted, which still needed to be completed and cleaning in some areas of the home was not of a good standard. The manager informed us that since this visit she had devised a new cleaning schedule and a refurbishment plan had been developed. We saw a copy of this plan and that required works were being carried out in the laundry during the day of our inspection, however the plan did not include some of the actions requested by infection control, such as a replacement suite in one of the bathrooms or improvements to the sluice.

We also noted that there were two toilets adjacent to the dining room, where one of the toilet doors was hanging off and the other toilet door had come off completely. The manager was unaware of this at the time and said that it must have happened over the previous weekend. On the second day we saw that signage had been displayed to inform people that these toilets were out of use. The manager told us that she would arrange for the doors to be fixed but we did not find that this was included on the works schedule.

During our inspection in May 2015 we were concerned to note that the bedroom doors had locks with a snib

mechanisms which meant that a person living at the home could secure themselves in their bedroom and staff would have no means of gaining access in an emergency. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The premises were not suitable for the purpose for which they were being used.

On this inspection we found that action had been taken to remove the snib mechanisms from the locks on all of the bedroom doors, so that they could not be locked accidentally from the inside. However, this also meant that the doors could not be locked from the inside should a person wish to lock their door. We discussed this with the manager and that this could have an impact on a person's privacy and dignity. The manager contacted the fire service during the inspection to seek further guidance on sourcing appropriate locks which would be safe but also enable people to maintain their privacy.

Following our last inspection in May 2015 CQC referred concerns around the locks to Cheshire Fire Brigade who subsequently visited the home to carry out a fire safety audit. Following this audit the fire service issued an enforcement notice which required a number of works to be carried out to ensure that the premises met the appropriate regulations. The fire service have informed us that these works are in progress and the provider has until February 2016 to ensure that the works have been completed. The manager informed us that virtually all of the works have now been carried out.

## Is the service effective?

### Our findings

We asked people whether they enjoyed the food at Alsager Court, comments included "you can't grumble about the food" and another person told us that the food was "champion". Some people also told us that they were able to make decisions about their care for example a person preferred to have "a good wash in the evening" and carers supported them with this.

On our previous inspection we asked the provider to take action to ensure that people's nutritional needs were being met, to ensure that people's rights were adhered to under the Mental Capacity Act (MCA) 2005 and to improve the environment so that it was more suited to the needs of people living with dementia.

At our last inspection in May 2015 we found that people did not always receive food and drink in the right way or with the correct assistance. Staff were not always available to give people the help they required at mealtimes. This was a breach of Regulation 14 of the health and Social Care Act 2008 (regulated Activities) Regulations 2014.

During this inspection we found that improvements had been made and the nutritional needs of people were being met. We made observations during lunch time on both of the inspection days. We found that the dining room was prepared for lunch, tables were laid and music played in the background, the atmosphere was pleasant and calm. We saw that there was a cook who prepared the meals; the meals were sourced ready prepared from a frozen meals company. We saw that drinks were available throughout the day from the drinks trolley and biscuits were also served, we saw that juice was always available in the lounge and people who stayed in their rooms had regular support with drinks.

We saw that people were given a choice of meals and they were able to choose which dish they would like on the day. The food looked appetising and people told us that they were enjoying their food. We saw that people had different types of meals dependent upon their particular requirements, for example one person had a soft mashed diet. We observed that during lunchtime a person changed their mind about what they wanted for lunch as they didn't feel like what they had ordered, they told a carer that they would prefer cereal. We observed that the carer responded positively and ensured that the person was provided with cereal as they preferred and respected their wishes.

We found that there were sufficient staff to support people at meal times. Some people ate their meals in their bedrooms and others chose to eat their meals in the main lounge. We observed that staff were patient and kind and supported people in an unhurried way when they required assistance. One carer explained to a person what was for lunch and chatted in a friendly way whilst they were providing support, for example they asked the person whether they were enjoying their food.

The staff explained to us and we observed that meal times were now organised in a way so that people who stayed in their bedrooms and required more time and assistance with their meal were served first, in order that staff could focus on this support. The rest of the meals were served a little later, this meant that meal times were more efficient and people were not left waiting for long periods of time at the dining table. The

manager also provided support during the lunchtime period.

Staff were responsive to people's needs. For example a staff member saw that a person had not touched their meal, they ensured that the person was feeling okay and discussed with the person what they felt like eating, providing a more suitable alternative.

In May 2015 we found that changes were needed to the physical environment to make it suitable for people living with dementia. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that some changes had been made to make the environment more suitable for people living with dementia. A visiting relative commented that the "décor seemed a lot better". We toured the building and found that there had been some redecoration and some of the bedrooms were being decorated and re carpeted. We saw that a seating area had been arranged in one of the corridors and an activity corner had been introduced in an area of the dining room. We saw that some bedrooms had signs and photographs to help people to identify their rooms. The manager told us that activities coordinator was in the process of organising memory boxes which would be hung next to people's bedrooms to support people with dementia to recognise their belongings and identify their bedroom.

Parts of the building are at different levels and connected by ramps. We saw that there was some signage to alert people to these ramps. We looked at the incident and accident reports for the past three months and did not find that there had been any significant accidents in the corridors as a consequence of the sloping ramps. As noted in the "safe" section there are some other on-going refurbishments which are required and it is important that these improvements are sustained.

In May 2015 we found that the provider had failed to protect the rights of people who lacked capacity to make their own decisions. The Mental Capacity Act 2005 was not being implemented and this was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection we found that some improvements had been made, but further improvements were still required.

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).

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 deprivation of Liberty Safeguards and to report on what we find. We found that the provider had made some improvements in meeting the requirements of the Mental Capacity Act. The local authority informed us that the manager and staff had been supported with training in this area.

We looked at care files and saw that mental capacity assessments were being completed and recorded and where necessary best interest decisions were being made. We found evidence that there had been appropriate consultation with relevant parties when making best interest decisions. We saw that staff sought people's consent to provide support and staff told us that they understood that they needed to support people to make decisions about the way that they receive care. A carer commented "we encourage

residents to decide and make their own choices".

On the second day of inspection we saw that the manager had developed a folder and log sheet to record information about any applications that had been made to the supervisory body (the local authority) where there was a possible deprivation of liberty. We saw that 13 applications had been made and three of these had been authorised by the supervisory body.

We discussed the DoLS with the manager and found that there were some gaps in knowledge around the criteria for a DoLS application. The safeguards only apply when a person lacks the capacity to consent to care and treatment. We saw that the supervisory body had returned one of the applications to the home and had asked for a mental capacity assessment to be completed. The person's care file indicated that this person had no mental impairment and could therefore make decisions and consent to their care, in these circumstances there would be no need to apply for a DoLS authorisation.

We also reviewed the provider's policy on DoLS and found that it was last reviewed on 4 April 2013, therefore the policy did not include relevant information following a Supreme Court ruling in 2014 which changed the threshold for when a person may be being deprived of their liberty. However, the manager told us that the staff had received recent training and were aware of this information. While improvements had been made further improvements were required to ensure that people's rights were fully protected.

A number of new staff members had been recruited to work at the home since the last inspection. They told us that they had undertaken a period of induction and had received training. The manager explained that they were also in the process of recruiting a new clinical lead, which would be a nursing role to support ongoing improvements. The staff told us that they felt that they now worked together better as a team. We saw that handovers were carried out daily and that staff were given daily instructions about the people that they would be supporting during their shift, for example they may have been responsible for ensuring that a person had had appropriate positional changes.

# Is the service caring?

## Our findings

People spoke positively about the way that they were treated and told us that they were well cared for. People said that the staff were caring and one person told us they were treated "wonderfully". A visiting relative commented that the nurses were "outstandingly kind".

We found that staff were knowledgeable about people's care needs and that people should be treated with dignity and respect. A carer commented that "we always make sure that people are respected, I think about how I would like to be treated."

We found in May 2015 that staff failed to treat people with dignity and respect, as care was not always provided to people in a timely manner and at times people's dignity was compromised. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found in May 2015 that staff were not sufficiently familiar with the content of people's care plans. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that improvements had been made. Staffing levels had improved along with the consistency of staff. It was evident that staff had the appropriate time to meet people's care needs in a timely manner. Staff we spoke with told us that they had read the care records of the people they were supporting. We spoke to staff about the needs of the people and they were able to provide detailed information. A carer was able to explain about the people who required equipment with their mobility needs. Another carer was well informed about the recommendations that a dietician had made regarding a person's nutritional needs.

We observed that staff were kind and caring towards the people who lived at the home. We saw that a carer was very patient with a person who was restless at lunch time, they were friendly and reassuring with this person. We also saw that a carer was skilled in supporting a resident with dementia who had become anxious; the carer chatted and effectively distracted the person with "a nice cup of tea".

We saw that dignity signs were hung on people's bedrooms doors so that staff would know when people were being supported with personal care to ensure that their dignity was maintained. We also saw that signs and information were placed around the home to remind people and staff about dignity issues.

During our inspection in May 2015 we found that people's end of life wishes were not recorded in the appropriate detail and it was clear that people were not involved in the development of their end of life care plans. This was a further breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that improvements had been made and there was evidence that people had been consulted with, where appropriate, about their end of life wishes. We inspected people's care records and saw that some people had a "do not attempt cardio pulmonary resuscitation" (DNACPR) order document in place in their records. A DNACPR is a record of an advanced decision that CPR would not be attempted in the event of a

cardiac or respiratory arrest. We saw that these decisions had been made in discussion with the person and the GP. We also saw that where a person did not have the capacity to make this decision themselves, a best interest decision had been made by the person's GP in consultation with the person's family and this had been recorded appropriately on the person's care plan.

Previously we found we found that confidential records were not kept securely and this was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we saw that records were kept securely and were kept in the main office. We did not see any records left in corridors or where visitors might be able to read them.

## Is the service responsive?

### Our findings

People living at Alsager Court told us that the staff were meeting their care needs. Someone told us that the staff support them to have a shower in the evening as "this is what I asked for". People also told us that they were able to make choices about the care that they received and one person told us that that staff supported them "in a way that I like". Other comments included "I could tell a carer if I was unhappy" and they would respond.

At the last inspection in May 2015 inspectors found that no provision had been made for activities. People said that there was nothing to do or that they felt bored. This was a further breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated activities Regulation 2014). The care and treatment of service users did not meet their needs. On this inspection we found that improvements had been made.

An activities coordinator was in post at the home and worked 30 hours per week, these hours were flexible so that activities could be provided during the evening or occasionally at weekends. We saw that an activities programme was on display and an activities corner had been created in an area of the dining room, with a television and stereo, so that people could watch videos and listen to music of their choice. Craft activities had taken place during the morning of the inspection. The activities coordinator told us that she had been working on creating activities which were person centred, for example some people preferred to be helpful and enjoyed setting the tables or sorting out and pairing socks. Other activities included bingo, pat the dog, entertainers, hairdresser and a church service each month. We saw that the activities coordinator also spent time with people on a one to one basis and we observed her supporting a person who had been a little agitated and worried earlier in the day. This person appeared to benefit from the time that the activities coordinator had spent with them and seemed much brighter and reassured afterwards.

One person told us that they preferred their own company and liked to spend time in their bedroom and the staff respected this choice. However this person also said that they would like to join in with the church services but that they were not always informed when these were taking place so felt that they missed out.

We saw that people who were unable to get out of bed were provided with support on a regular basis. The staff had taken steps to support a person to be able to spend some time out of bed during the day following an assessment; the aim of this was to improve the person's wellbeing and quality of life. We inspected the records for care offered and delivered to these people, the daily care charts were completed fully to reflect the care that had been given, which included information about food and fluid, positional changes and general welfare checks.

We reviewed the care records of some people who live at the home. The manager told us that they had all been reviewed and re-written with support from the regional manager. We found that the records contained detailed and person centred information and that staff would know how to support a person from the information contained within them. Staff we spoke with told us that they had read the care records of the people who they were supporting.



We asked the manager about complaints and saw that there was a complaints file in place and the file also contained information about compliments. The complaints procedure was on display on the notice board in the reception area and people told us that they would be able to speak to the staff or the manager if they had any concerns. We noted that there were two complaints recorded in the file, these were from February and March 2015 and were recorded on forms which included information about the complaint. However the forms had not been signed off to say that the complaint had been resolved or the final outcome recorded, there was no record of any learning from these complaints for future improvement of the service. At the time of the inspection the manager told us that there had been no other complaints.

CQC hold information about providers and we were aware that another complaint had been raised with the provider in November 2015, however there was no record of this in the complaints file or information about the actions that had been taken to resolve this complaint. We have since discussed this with the manager who told us that despite there being no record she is now in the process of dealing with the complaint, which had been made directly to the provider. However there were no records to evidence that the complaints procedure had been appropriately followed at the time of our inspection.

We found that this was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities 2014). An accessible system for identifying, receiving, recording, handling and responding to complaints was not being operated effectively.

## Is the service well-led?

### Our findings

People told us that they had noticed improvements in the management of the home over the past few months. A visiting relative told us that the manager is "on hand to discuss any problems". Other comments included "overall things seem better" and we know who the manager is and that "she will help".

Staff were positive about the management of the home, one member of staff told us that they felt "supported" and another commented that "everything has changed for the better".

In May 2015 the home was not well led because there had been no registered manager at Alsager Court for nine months and the current manager had only been in post for three weeks at that time.

At this inspection we found that the manager had now been in post for seven months, she told us that she had still not registered with CQC because there had been some difficulties in the process for obtaining a Disclosure and Barring check, which is required as part of this application. This meant that there had been no registered manager at Alsager Court for 16 months. Alsager Court must have a registered manager as a condition of their registration as set out in The Care Quality Commission (Registration) Regulations 2009. Following our inspection the manager contacted us and confirmed that she had now made an application to CQC to become the registered manager.

We found that the manager was keen to improve the standards of the home and it was evident that she had worked hard since taking on the role of manager. On our inspection we found that the manager was friendly and keen to act on any recommendations made to improve practice. People told us that the manager was visible and they could go to her with any issues. The staff also told us that the manager was supportive and approachable. The manager had recruited new staff and focused on staffing.

We saw that the provider had displayed their CQC rating within the home and on the provider's web-site, as required.

In May 2015 the registered provider lacked quality assurance systems to highlight issues of concern. We also found that the registered provider had not made sustained progress with regards to problems that had been highlighted at a previous inspection; there was no evidence that systems had been implemented to achieve continuous improvements on a sustained basis. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection we found that some improvements had been made, but that further improvements were still required to ensure that progress was sustained.

Cheshire East Council's (CEC) quality assurance and contracts team have been supporting Alsager Court to make improvements and have been monitoring their progress against an action plan with regular visits. Recent feedback from CEC confirmed that they had found that some improvements had been made.

Throughout the inspection we asked to see documentation, not all of the documentation was available on the inspection days and some was forwarded to us after the visits. The manager was in the process of

organising some of the records and for example was creating a file and log to record any DoLS applications. However we found that further improvements were required to ensure that all complaints and safeguarding incidents were logged and any action taken recorded appropriately.

We asked to see the provider's quality assurance systems and any audits that were carried out. The manager held two audit files which included some audits that had been completed, for example a domestic spot check carried out in October 2015, a room check and kitchen spot check carried out in January 2016. The last laundry spot check was carried out in September 2015. The manager informed us that they had developed a nurse's folder which held copies of medication audits; however this could not be located on the days of our inspection, so we could not verify that these audits had been carried out.

We saw that a quality monitoring visit was carried out by the provider and saw a record of the visits carried out over four days in October 2015. This covered a variety of areas including infection control, a care plan audit and a number of other areas, we saw that actions had been identified but there was no further information on this document to indicate that these areas had been addressed and completed.

We saw in another file that medication audits had been completed in June and August 2015. The manager told us that other audits were completed. We asked the manager to provide follow up information about the types of audits carried out and how often these were completed, we asked to see evidence of these audits and also to see the home's quality assurance policy. We have not received all of this information from the provider so have been unable to evidence that these are carried out and how effective these are in monitoring the quality of the service. We saw that some audits were being carried out but were not able to evidence the robustness of these audits. In view of the previous requirements it is important that the quality of the service is monitored effectively to ensure that any improvements are sustained.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider did not operate systems or processes to effectively assess, monitor and improve the quality of the service being provided.

At the previous inspection we found that CQC had not been notified consistently about matters relating to people who lived at the home. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

On this inspection we found that there had been some improvements and that CQC had been notified about some matters such as deaths, serious injuries and DoLS authorisations. However we noted that there remained some inconsistencies in the notifications received. For example, we were told that there were three people who were subject to DoLS authorisations, however when we checked our records we found that CQC had only received one notification of a DoLS authorisation. As noted in the safe section of this report, we also found that we had not been notified about a concern raised by a person about a particular incident; whilst this had been dealt with internally a notification had not been sent to CQC.

This was a continued breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. We are dealing with this as a separate matter with the provider.

We saw that the manager had arranged meetings for people living at the home and their relatives to improve communication and enable people to provide feedback about the care received, these dates were displayed on the notice board in the entrance

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	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment
Diagnostic and screening procedures	During discussions with a person living at the home we became aware of an incident which should have been reported as a safeguarding concern to the local authority. The person told us that their concern had now been sorted out and the manager told us that they had dealt with the concern as an "in house" investigation, but that it had not been reported to the local authority and no records had been kept to evidence that appropriate action had been taken to address the issue.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints
Diagnostic and screening procedures	CQC hold information about providers and we were aware that another complaint had been raised with the provider in November 2015, however there was no record of this in the complaints file or information about the actions that had been taken to resolve this complaint. We have since discussed this with the manager who told us that despite there being no record she is now in the process of dealing with the complaint, which had been made directly to the provider.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or	Regulation 17 HSCA RA Regulations 2014 Good

personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

governance

The manager told us that audits were completed. Some information could not be found on the day of the inspection. We asked the manager to provide follow up information about the types of audits carried out and how often these were completed, we asked to see evidence of these. We have not received all of this information from the provider so have been unable to evidence that these are carried out and that an effective quality assurance system is in place.