

Four Seasons (Bamford) Limited







Holly Court Care Home

Inspection report

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Ratings

Overall rating for this service		Good	
Is the service safe?	Requires Improvement 		
Is the service effective?	Good 		
Is the service caring?	Good 		
Is the service responsive?	Good 		
Is the service well-led?	Good 		

Overall summary

This unannounced inspection was carried out on the 22 January 2015.

Holly Court Care Home is situated in Salford and provides accommodation and support for people with various types of dementia. Accommodation comprises of 25 single en-suite bedrooms over two floors. At the time of our inspection there were 25 people living at the home. There is parking for several cars to the front of the property. The home is close to local amenities and bus routes.

Holly Court had a manager who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

At the last inspection carried out in April 2014, we identified concerns in relation to safe recruitment procedures of staff, we found not all people were

Summary of findings

adequately protected against risk and some people did not have suitable care plans in place to meet their needs. As part of this visit we checked to see what improvements had been made by the home to address these concerns.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We looked at how the service managed people's medicines and found that not all aspects of the service were safe. We found records supporting and evidencing the safe administration of medicines were not always completed. This meant it was not possible to tell if a course of treatment had been taken correctly. In line with good practice, it is essential that staff involved with the administration of medicines maintain an accurate record of which medicines have been administered and by whom.

Whilst observing staff administer medicines to people who used the service, we found that one medicine had not been stored in line with manufacturer's instructions as it required cold storage.

When we checked the medication fridge temperatures, we found several gaps in records. This meant staff were unable to ascertain if the medication had been stored at the correct temperatures and was safe to use.

This is a breach of Regulation 13 of The Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2010, because the service did not have appropriate arrangements in place to manage the safe administration of medicines.

People who used the service and visiting relatives told us they believed they or their loved ones were safe at Holly Court Care Home. One person who used the service told us; "I feel very happy and perfectly safe here." A visiting relative said "No concerns, very happy, X is safe here. X seems very happy here."

As part of our inspection, we checked to see how people who lived at the home were protected against abuse. We found the home had suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse.

During our last visit we identified concerns about the safe recruitment of staff. We looked at a sample of five staff files and found each contained records, which demonstrated that staff had been safely and effectively recruited.

During our last visit we found some people were not adequately protected against risk. We looked at a sample of five care files of people who used the service and found there was a comprehensive range of risk assessments in place designed to keep people safe from harm.

On the day of our inspection, there were 25 people living at the home divided between the ground and first floor. We found there were sufficient numbers of staff available including care staff and ancillary staff.

Holly Court Care Home was part of the Pearl Project, which was a specialised dementia care programme developed by the provider. On the ground floor of the home, we found themed corridors had been introduced to help orientate people and provided sensory stimulation. Themes were artistically exhibited in corridors with visual clues.

A comprehensive schedule of e-learning training was undertaken by all staff, which we verified by looking at training records. We looked at supervision and annual appraisal records and spoke to staff about the supervision they received. Staff told us they received support and training to undertake their roles effectively.

During our last inspection we found not all people had an appropriate care plan in place to meet their needs. We found care files reflected the current health needs of each person who used the service. These included a needs assessment and detailed individual care plans which provided direction to staff on the type of support each person required.

The Care Quality Commission has a duty to monitor activity under the Deprivation of Liberty Safeguards (DoLS). We found all staff demonstrated a good understanding of the legislation and all had received training, which we verified from looking at training records.

We found the meal time experience to be relaxed and well organised. We observed staff washing their hands and asking people whether they wanted to wear an apron

Summary of findings

during the meal time. We saw people being asked what they wanted to eat and were offered a choice of foods. For people who had difficulty communicating, we saw picture cards being used to demonstrate the choices available.

We observed people were clean and nicely dressed. We found staff were kind and attentive and engaged with people in a pleasant manner.

Visiting relatives told us they were regularly consulted about the needs of their loved ones and felt confident in raising any issues with the management, which would be listened to.

The home was part of the North West End of Life Care Programme known as Six Steps to Success. Three members of staff had received training in this end of life care programme, which enabled people to have a comfortable, dignified and pain free death.

We found people's needs were assessed and care and support was planned and delivered in accordance with people's wishes following a needs assessment and included religious and spiritual needs.

The service employed an activities coordinator and maintained individual journals for people detailing their involvement in any activity. Events organised included

games, visits and pub lunches, themed parties such as Halloween, baking, craft and cinema sessions that included popcorn. During the afternoon we observed a quiz session which was lively and good natured and involved a number of people.

We found the service routinely listened to people's concerns and experiences about the service. Resident and family meetings were undertaken together with the circulation of a newsletter. An annual questionnaire was also circulated.

People told us they thought the home was well run and managed. They were able to speak freely to staff and the manager about any concerns and were confident these matters would be addressed by the home.

Both staff and people told us the manager who was very approachable was responsible for an open and transparent culture at the home. Comments from members of staff included; "The manager is very good, we are all very happy with him." "The manager is very open. We have an open culture here and the freedom to say what we want."

The service undertook an extensive range of audits of the service to ensure different aspects of the service were meeting the required standards.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Not all aspects of the service were safe. We looked at how the service managed people's medicines. We found records supporting and evidencing the safe administration of medicines were not always completed. This meant it was not possible to tell if the course of treatment had been taken correctly.

As part of our inspection, we checked to see how people who lived at the home were protected against abuse. We found the home had suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse.

On the day of our inspection, there were 25 people living at the home divided between the ground and first floor. We found there sufficient numbers of staff available including care staff and ancillary staff.

Requires Improvement



Is the service effective?

The service was effective. Holly Court Care Home was part of the Pearl Project, which was a specialised dementia care programme developed by the provider. On the ground floor of the home, we found themed corridors had been introduced to help orientate people and provide sensory stimulation. Themes were artistically exhibited in corridors with visual clues.

A comprehensive schedule of e-learning training was undertaken by all staff, which we verified by looking at training records. We looked at supervision and annual appraisal records and spoke to staff about the supervision they received. Staff told us they received support and training to undertake their roles effectively.

We found care plans reflected the current health needs of each person who used the service and included a needs assessment and provided direction to staff on the type of support each person required.

Good



Is the service caring?

The service was caring. We observed people were clean and nicely dressed. We found that staff were kind and attentive and engaged with people in a pleasant manner.

Visiting relatives told us they were regularly consulted about the needs of their loved ones and felt confident in raising any issues with the management, which would be listened to.

The home was part of the North West End of Life Care Programme known as Six Steps to Success. Three members of staff had received training in this end of life care programme which enabled people to have a comfortable, dignified and pain free death.

Good



Summary of findings

Is the service responsive?

The service was responsive. We found people's needs were assessed and care and support was planned and delivered in accordance with people's wishes and included religious and spiritual needs.

The service employed an activities coordinator and maintained individual journals for people detailing their involvement in any activity. Events organised included games, events such as pub lunches, themed parties such as Halloween, baking, craft and cinema sessions that included popcorn. During the afternoon we observed a quiz session which was lively and good natured and involved a number of people.

We found the service routinely listened to people's concerns and experiences about the service. Resident and family meetings were undertaken together with the circulation of a newsletter. An annual questionnaire was also circulated

Good



Is the service well-led?

The service was well-led. Both staff and people told us the manager who was very approachable was responsible for an open and transparent culture at the home.

We looked at minutes from staff meetings and noted that issues such as training, quality of care files and safeguarding had been discussed.

The service had policies and procedures in place which covered all aspects of the service delivery. The policies and procedures included safeguarding, whistleblowing and complaints. These were regularly reviewed by the provider to ensure they reflected legislation and current good practice.

Good



Holly Court Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 unannounced inspection was carried out on the 22 January 2015, by one adult social care inspectors and an expert by experience. An expert by experience is a person who has experience of or caring for someone who uses this type of care service.

Before the inspection, we reviewed all the information we held about the home. We reviewed statutory notifications and safeguarding referrals. We also liaised with external

professionals including the local vulnerable adult safeguarding team and the local NHS infection and prevention control team. We reviewed previous inspection reports and other information we held about the service.

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.

During our inspection we spoke with eight people who lived at the home, six visiting relatives, and 10 members of staff. We also spoke to three health care professionals who were visiting the home on the day of the inspection.

Throughout the day, we observed care and support being delivered in communal areas that included lounges and dining areas, we also looked at bathrooms and people's bedrooms. We looked at the personal care and treatment records of people who used the service, staff supervision and training records, medication records and the quality assurance audits that were undertaken by the service.

Is the service safe?

Our findings

People who used the service and visiting relatives told us they believed they or their loved ones were safe at Holly Court Care Home. One person who used the service told us; “I feel very happy and perfectly safe here.” A visiting relative said “No concerns, very happy, X is safe here. X seems very happy here.” Another visiting relative told us; “Very good, we have no concerns at all. X is safe, no concerns with staffing levels.” One visiting health care professional told us that they thought people were safe at the home and that they had never had cause to raise any concerns.

We looked at how the service managed people’s medicines and found that not all aspects of the service were safe. We found the service used guidance from the National Institute for Health and Care Excellence (NICE) for managing medicines. Staff had received training on administering medication safely and regular checks were undertaken by the manager to ensure staff remained competent to administer medicines safely.

We found records supporting and evidencing the safe administration of medicines were not always completed. We looked at 12 medication administration records (MAR), which recorded when and by whom medicines were administered to people who used the service. Of the 12 records we looked at, 11 contained signature gaps. This meant it was not possible to tell if the course of treatment had been taken correctly. In line with good practice, it is essential that staff involved with the administration of medicines maintain an accurate record of which medicines have been administered and by whom. We subsequently established that medicines had been administered but records had not been completed accurately by staff.

Medicines were stored in a secured trolley that was locked away in the treatment room when not in use. Whilst observing staff administer medicines to people who used the service, we found that one medicine had not been stored in line with manufacturer’s instructions as it required cold storage.

When we checked the medication fridge temperatures, we found several gaps in records. This meant staff were unable to ascertain if the medication had been stored at the correct temperatures and was safe to use.

This is a breach of Regulation 13 of The Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2010, because the service did not have appropriate arrangements in place to manage the safe administration of medicines.

As part of our inspection, we checked to see how people who lived at the home were protected against abuse. We found the home had suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse. We looked at the notice board in the main reception area which contained safeguarding information using illustrations as well as words. This explained the types of abuse and the action people could take if they had any concerns. We looked at the service safeguarding adult’s policy and procedure, which was on display in the reception area and looked at how the service managed safeguarding concerns. We found where concerns had been identified, referrals had been made to the local authority for investigation. We also saw that the home’s whistleblowing arrangements were displayed in the reception area.

We found that all staff had received training in safeguarding vulnerable adults, which we verified by looking at training records. Staff we spoke with were able to demonstrate a good understanding of safeguarding people and what action they would take if they had any concerns.

Staff also spoke very favourably about the open and transparent culture at the home and found the manager approachable who was always willing to listen to them about any concerns. One member of staff told us; “I feel very supported in what I do and I have no concerns about this place or the safety of residents.” Another member of staff said “We have a safeguarding notice board in the reception, I would speak to the manager if I had any concerns. With whistleblowing, we can ring a confidential number, but I have never had cause to.” Other comments from staff included; “Any concerns I would see the manager who is very approachable. The regional manager as well, they are all approachable.” “There is a very open culture here. I would be happy to raise any issues. I’ve been here a long time and I’m confident they would respond to any concerns I raised.”

During our last visit in April 2014, we judged the service to be in breach of Regulation 21 (a) (b) HSCA 2008 (Regulated Activities) Regulations 2010, as it did not have robust procedures in place to ensure recruitment practices were

Is the service safe?

safe. As part of this inspection, we checked to see what improvements had been made. We looked at a sample of five staff files and found each contained records, which demonstrated that staff had been safely and effectively recruited. Appropriate criminal records bureau (CRB) disclosures or Disclosure and Barring Service (DBS) checks had been undertaken and suitable references obtained.

As part of our last inspection in April 2014, we found the service to be in breach of Regulation 9(1) (b) (ii) HSCA 2008 (Regulated Activities) Regulations 2010, as we found some people were not adequately protected against risk. We looked at a sample of five care files of people who used the service and found there was a comprehensive range of risk assessments in place designed to keep people safe from harm. These included: mobility; risk of choking, falls, nutrition; urinary and how to deal with behaviour that was challenging. In one example we looked at relating to a risk assessment for verbally and physically aggressive behaviour, we saw that clear instruction were recorded for staff on how to deal with such situations. This included ensuring the safety of people, leaving the person alone to calm down, one to one interaction and distraction/descalation techniques. We observed one member of staff efficiently assisting a person who had become agitated in a sensitive and professional manner.

To ensure the safety of people's property and their dignity and privacy was respected at all times, each person, their relative or advocate was asked to specify their choice in relation to whether they wished to have bedrooms locked when they were not in use. This was intended to prevent people with dementia entering other people's rooms and interfering with personal property. One person who used the service told us; "I chose to lock my bedroom to stop people wandering in."

We looked at how the service ensured there were sufficient numbers of staff to meet people's needs and keep them safe. The provider used a Care Home Equation for Safe Staffing (CHESS) dependency tool to determine staffing levels within the home. This tool was described as being driven by people's assessed needs and determined staffing numbers and the skills mix required.

On the day of our inspection, there were 25 people living at the home divided between the ground and first floor. We found there were sufficient numbers of staff available including care staff and ancillary staff. From speaking to the manager and looking at staff rotas, we found that during the day there were four members of care staff on duty including senior care staff. Two members of care staff were allocated to each floor during the day. Additionally, there was a registered manager on duty together with a domestic, activities coordinator and a maintenance person. At night time we were told staffing levels were reduced to three members of staff for the whole home.

We asked people whether they had any concerns about staffing levels. People who used the service and relatives felt staffing levels were adequate to meet people's needs. One person who used the service told us; "There appears to be sufficient numbers of staff. The staff are very good, if I need anything they will always help." Three visiting health care professionals told us that they thought people were safe at the home and that there was always plenty of staff on duty to meet people's needs. A visiting relative said "There can never be enough staff, but I don't get a sense they don't have enough staff."

The majority of staff we spoke told us they had no concerns about staffing levels, though some felt there should be more staff on at night time. One member of staff told us; "I think staffing levels are ok and people are safe here." Another member of staff said "I don't think the current staffing levels at night is enough as people can get agitated which can be difficult when dealing with residents." Other comments from staff included: "Three is normally enough at nights, but when we are busy we could do with more staff." "Staffing is generally ok, but if we are short it can be busy." "Seems to be plenty of staffing, everyone helps out." "I feel there should be more staff to provide a better quality of care, but we manage alright and no one is at risk." "The manager will always help out on the floor."

Is the service effective?

Our findings

Holly Court Care Home was part of the Pearl Project, which was a specialised dementia care programme developed by the provider. The ethos of this dementia care service was to appreciate the person as an individual and provide support enabling them to live their lives as closely as possible to the way that they always have. Throughout the project, the home was supported by the Project Manager and also the Dementia Care Advisor who provided training in all aspects of dementia care.

On the ground floor of the home, we found themed corridors had been introduced to help orientate people and provide sensory stimulation. Themes were artistically exhibited in corridors with visual clues. For example, there was a vineyard/garden theme that led to the outside garden area. Other themes included music and sport supported by visual objects on the walls such as posters, vinyl records and guitars. We were told that the first floor would be designed in a similar fashion in the near future.

Regard had been given to the design and signage features within the home that would help to orientate people, such as all toilet doors painted in the same colour to other doors in order to be easily identifiable.

We looked at the training staff received to ensure they were fully supported and qualified to undertake their roles. Staff explained they had undertaken a comprehensive induction before commencing their role, which included a period of shadowing more experienced staff and their progress was regularly reviewed over a three month period. A comprehensive schedule of e-learning training was undertaken by all staff, which we verified by looking at training records and included; dementia; basic life support; medication; conflict resolution; first aid awareness; manual handling and food hygiene.

We looked at supervision and annual appraisal records and spoke to staff about the supervision they received. Supervisions and appraisals enabled managers to assess the development needs of their staff and to address training and personal needs in a timely manner. Staff told us they received support and training to undertake their roles effectively. One member of staff told us; “The manager is very supportive, he listens and is very supportive and tries to help where he can. I’m happy with the way we are managed and we do receive a lot of

training. I get individual supervision on a regular basis with the manager.” Another member of staff said “We have had conflict management training to help us deal with challenging behaviour. I feel very supported.” Other comments included; “We get plenty of training, I feel very supported without a doubt. I never feel I can’t ask for anything.”

During our last visit in April 2014, we judged the service to be in breach of Regulation 9 (1) (b) (i) (ii) HSCA 2008 (Regulated Activities) Regulations 2010, as not all people had an appropriate care plan in place to meet their needs. As part of this visit, we looked at five care files. We found care files reflected the current health needs of each person who used the service and included a needs assessment and detailed individual care plans which provided direction to staff on the type of support each person required. These included; medication; mobility; nutrition; skin integrity and personal hygiene. Care files included details of when referrals had been made to other health care professional and included; GP; dieticians and Speech and Language Therapists (SALTs) when needed.

We spoke to three health care professionals who were visiting the home during our inspection. We were told that staff knew their residents well and always followed instructions well, such as changes to medication. We were also told the home was organised and well-run and that the manager was pro-active in his approach and had been particularly good at organising advance care planning meetings for people who used the service. One visiting relative told us; “My mother has had her medication changed by the GP and I’m confident the staff have addressed that matter and continue to do so.”

We witnessed a staff handover meeting involving the night and day staff where each person who used the service was discussed with any issues highlighted. People who used the service were referred to by their first name and an overview was provided of how they were during the night-time. This enabled the new shift to be kept up to date with any changing needs or concerns. During this meeting, staff demonstrated a good understanding of each person’s needs and the care and support required.

The Care Quality Commission has a duty to monitor activity under the Deprivation of Liberty Safeguards (DoLS). This legislation protects people who lack capacity and ensures decisions taken on their behalf are made in the person’s best interests and with the least restrictive option to the

Is the service effective?

person's rights and freedoms. Care home providers must make an application to the local authority when it is in a person's best interests to deprive them of their liberty in order to keep them safe from harm.

We saw there were procedures in place to guide staff on when a DoLS application should be made and a number of applications had been made to the local authority by the manager. We spoke with staff to ascertain their understanding of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. We found all staff demonstrated a good understanding of the legislation and all had received training, which we verified from looking at training records.

During our inspection we checked to see how people's nutritional needs were met. As part of the inspection we used the Short Observational Framework for Inspection (SOFI) during lunch. Lunch was provided in two dining rooms across the home. The food had been prepared in a sister home located next door to Holly Court Care Home and was served from a hot trolley that was wheeled into the building.

We found the meal time experience to be relaxed and well organised. We observed staff washing their hands and asking people whether they wanted to wear an apron during the meal time. We saw people being asked what they wanted to eat and were offered a choice of foods. For people who had difficulty communicating, we saw picture cards being used to demonstrate the choices available. We

found the atmosphere to be both jolly and personable. When staff supported people with their eating at a table, they also engaged with other people at that table in a friendly manner encouraging people to eat their meals. During the meal time, which was not rushed, people were provided with both cold and hot drinks.

We observed one person who declined the choices available and requested sandwiches. The kitchen was informed and sandwiches were provided. We saw one person was also provided with a diet to meet their religious needs. Comments from people who used the service included; "The food was barely warm," "The food is very good actually" and "The food was nice." One visiting relative said "I think the food is reasonable here. There is plenty to eat and drink and choices available. They have sandwiches in the evening. Something is always available." Another visiting relative told us; "The always give him a choice at lunch, they just don't dump it on him." We witnessed a homemade cake prepared by the cook being offered to people in the afternoon with a cup of tea.

We looked at care files and found that individual nutritional needs were assessed and planned for by the home. We saw evidence that when people were assessed as being at nutritional or hydration risk, professional advice had been obtained from other health care services. Care plans included nutritional and oral assessments, weight monitoring and mealtime information guidance for staff.

Is the service caring?

Our findings

People and visiting relatives told us that staff were kind, considerate and caring. One person who used the service told us; "Could not wish for a better lot. They look after me very well." Another person who used the service said "I'm happy here and people are kind." Other comments from people who used the service included; "Staff are very good, they always help you." "I feel on top of the world." One visiting relative told us; "They are very good, no complaints at all." Another relative said "No reservations on the quality of care here. The staff are fantastic, they are like a family." One visiting health care professional told us they thought their patient's room was very nice and personalised. Another professional said the atmosphere was always calm with regards to the needs of people when they visited.

We saw people were clean and nicely dressed. We found staff were kind and attentive and engaged with people in a pleasant manner. We saw one member of staff talking to a person who used the service in a sensitive and compassionate manner about the person's needs and their family. There was lots of laughing and reassurance with appropriate touching.

We saw one person who was wandering in the corridor was invited to join a member of staff at a table and proceeded to have a cup of tea together. This was very indicative of the quality of interaction we saw between staff and people who used the service throughout our visit. We also witnessed warm hearted rapport between the manager and people who used the service throughout the inspection. One person who used the service said "The gaffer is good, you can have a laugh with him."

Even where communication was difficult with some people who used the service, the interaction with staff was a

positive experience. We spoke to the member of staff who was the designated 'dignity champion' at Holly Court Care Home. They had received training and led on good practice within the home on personal dignity issues. They told us; "The priority here are the residents." We observed staff knocking on doors before entering bedrooms and asking people for permission before supporting them in anyway, such as at meal times and going to the toilet. We also observed the maintenance person and domestic cleaner engaging with people as they went about their tasks in a friendly and homely manner.

People were encouraged to be independent, for example we saw one person making a cup of tea for themselves and a member of staff. When people were assisted to the bathroom we heard staff asking them whether they needed assistance or whether they could manage on their own. Again during meal times, people were encouraged to be independent, though support was provided where required.

Visiting relatives told us they were regularly consulted about the needs of their loved ones and felt confident in raising any issues with the management which would be listened to. One visiting relative told us; "I'm fully involved in my X's care needs. I raised one issue with the manager and it was immediately resolved so I have confidence to say something." Another relative said "I'm definitely involved in their care, they keep me informed and updated with their needs."

The home was part of the North West End of Life Care Programme known as Six Steps to Success. Three members of staff had received training in this end of life care programme which enabled people to have a comfortable, dignified and pain free death.

Is the service responsive?

Our findings

People and relatives told us the home was very responsive to their needs and concerns. One visiting relative told us; “I had a discussion with the manager, the GP and my X to determine her wishes regarding end of life care and hospitalisation which is written in her care plan.” Another relative said “I have read my X’s care plan when I visit. Any changes are always communicated to me.” Other comments included; “They listen to what we have to say and are very responsive.”

We found people’s needs were assessed and care and support was planned and delivered in accordance with people’s wishes following a needs assessment and included religious and spiritual needs. We were told a priest conducts a monthly church service at the home and saw evidence that people’s religious needs in respect of food preparation were catered for.

We looked at a sample of five care files. Care files provided clear instructions to staff on the level of care and support required for each person. This included detailed instructions on people’s rights, consent and capacity needs, medication, mobility, human behaviour needs, cognition and breathing. Relatives confirmed to us that they were actively involved in determining and reviewing care needs of loved ones. The service was responsive to people’s needs, because regular reviews of care plans and risk assessments were undertaken to ensure the service effectively met the changing needs of each person who used the service.

The service employed an activities coordinator and maintained individual journals for people detailing their involvement in any activity or event. The home provided sensory stimulation involving pets that were kept at the home, which included a rabbit and budgies. Other events organised included games, events such as pub lunches, themed parties such as Halloween, baking, craft and cinema sessions that included popcorn. During the afternoon we observed a quiz session which was lively and good natured and involved a number of people.

We asked the activities coordinator how they involved all people in such events. They said “I always ask people

whether they want to join and ask them what they want to do. With one lady who is deaf, she likes knitting. So I always involve her in group activities even though she carries on with her knitting.” They also told us; “Staff help out with activities and encourage people to join in. The cook provides all the ingredients for our baking sessions.” Relatives told us that people received physical and mental stimulation to meet their loved ones needs. One visiting relative told us; “There are plenty of activities here, the coordinator has taken him out for lunch and to visit old Trafford.” A visiting health care professional told us they always had activities on to stimulate residents.

We found the service routinely listened to people’s concerns and experiences about the service. Resident and family meetings were undertaken together with the circulation of a newsletter. An annual questionnaire was also circulated, however we were told that the analysis for the 2014 period had yet to be finalised by the provider. In the reception area displayed on the wall, were the findings of the previous year’s questionnaire and action taken by the service to address issues raised. For example, poor exterior lighting and poor floor coverings in corridors had been identified, both of which had been addressed by the service.

One person who used the service told us; “Any concerns or complaints I would go straight to whoever was in charge of the unit.” One relative told us; “That due to the far distance I live, I am unable to attend meetings scheduled at the home and therefore I receive minutes of the meetings.” Another relative said “I’m aware that there are family and resident meetings and I have completed a questionnaire. I think it is an open culture here, yet they respect people’s confidentiality.” Other comments included; “I have returned a questionnaire in the last three months and I’m kept fully informed.” “We do have resident meetings, but I don’t attend. They do send me minutes of the meeting.” “If we ever have issues, I know things will get sorted. Never had cause to complain or worry.”

The service policy on compliments and complaints provided clear instructions on what action people needed to take. We looked at the complaints file and saw all complaints had been dealt with in line with the provider’s policy and in a timely manner by the manager.

Is the service well-led?

Our findings

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. The registered manager was present throughout our inspection. The home worked closely with its sister home located next door. The homes shared catering and laundry facilities.

People told us they thought the home was well run and managed. They were able to speak freely to staff and the manager about any concerns and were confident these matters would be addressed by the home. The manager spoke knowledgeably about people in their care and maintained a very visible presence throughout our inspection, liaising with staff and engaging with people who used the service. People were addressed by their first names and clearly knew the manager.

Both staff and people told us the manager, who was very approachable, was responsible for an open and transparent culture at the home. One person told us “The man who runs this place is a good man, he took me out a few times for a drive.” Comments from members of staff included; “The manager is very good, we are all very happy with him.” “The manager is very open. We have an open culture here and the freedom to say what we want.” “No concerns about the running of this home. The manager insists we record everything as some people can be challenging.” “We have a very open culture here and feel safe talking to anybody including the manager.”

The service undertook an extensive range of audits of the service to ensure different aspects of the service were meeting the required standards. The manager undertook a

‘daily walk about,’ which included observing the environment, staff engagement and the atmosphere within the home. We found that regular reviews of care files and care plans were undertaken. Regular checks were undertaken of fire safety equipment including the emergency alarm and emergency lighting. Other audits included monthly hoist checks, dining experience, food safety audit, care files, night visits and medication audits.

Medication audits had also been undertaken. We spoke to the manager and regional manager about the effectiveness of monthly medication audits undertaken by the manager, both of whom were very receptive to improving the service. We found that previous audits had identified poor record keeping, which had been addressed at subsequent staff meetings by the manager. However, in view of the concerns we identified about continuing poor record keeping of some medication records, the manager and regional manager suggested increasing auditing from a monthly to a weekly event. This would enable the manager to address deficiencies in a timelier manner.

We looked at minutes from staff meetings and noted that issues such as training, quality of care files and safeguarding had been discussed.

The service had policies and procedures in place which covered all aspects of the service delivery. The policies and procedures included safeguarding, whistleblowing and complaints. These were regularly reviewed by the provider to ensure they reflected legislation and current good practice.

Providers are required by law to notify CQC of certain events in the service such as serious injuries and deaths. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines</p> <p>The service did not have appropriate arrangements in place to manage the safe administration of medicines.</p>