Mr & Mrs M Jingree

The Old Rectory

Inspection report

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Ratings

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

Overall summary

We carried out this unannounced comprehensive inspection on 12 October 2015. This inspection was undertaken to ensure improvements had been implemented by the service following our last inspection on 08 January 2015.

At the previous inspection on 08 January 2015 the home was found to have five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches related to: the provision of sufficient staffing numbers; the provision of appropriate food in relation to people's requests; the management of medicines; the provision of appropriate training, personal development; supervision and appraisals for staff; seeking the views of people who used the service and people acting on their behalf. At the comprehensive inspection on 12 October 2015 we found that improvements had been made to meet the relevant requirements previously identified at the inspection on 08 January 2015.

The Old Rectory provides personal care and accommodation for up to ten people. At the time of our inspection there were nine people using the service. The

Summary of findings

home has eight single rooms on the first floor, of which four have en-suite facilities and one shared room on the ground floor. The first floor is accessible by a passenger lift. There is a garden area to the rear of the home and a small car park within the grounds.

There was a registered manager at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of the inspection there was also an acting manager who had been in post since July 2015, who was gaining experience.

The provider told us that it was their intention for this manager to become the registered manager for the service and an application to become the registered manager would be submitted to CQC in due course. The home was also supported by an area manager who worked a few hours each week to provide support within the home.

People who used the service and their relatives told us they felt the service was safe. There were appropriate risk assessments in place with guidance on how to minimise the risks. We observed good interactions between staff and people who used the service during the day. People felt staff were kind and considerate.

Safeguarding policies were in place and staff had an understanding of how to report concerns.. Recruitment of staff was robust and there were sufficient staff to attend to people's needs. Rotas were flexible and could be adjusted according to changing needs.

Medication policies were appropriate and comprehensive and medicines were administered, stored, ordered and disposed of safely. We saw that people's nutrition and hydration needs were met appropriately and they were given choices with regard to food and drinks.

Care plans included appropriate personal and health information and were up to date. We saw evidence within the records of appropriate assessments and risk assessments being undertaken, which were reviewed regularly.

The environment was not consistently effective for people living with dementia and provided little stimulation. There was insufficient signage to aid people's orientation and help them to be as independent as possible. The environment was also in need of some refurbishment.

Staff responded and supported people with dementia care needs appropriately. People's health needs were responded to promptly and professionals contacted appropriately. Records included information about people's likes and dislikes and we observed that people had choices, for example, about when to get up and when and where to eat. There was an appropriate complaints procedure and complaints were followed up appropriately.

There was a staff training matrix in place, but there were some gaps in staff training records.

There was a staff supervision cycle in place in addition to an annual appraisal. This meant that the home was now meeting the schedule identified in their supervision policy.

There was a four week menu cycle in use with at least two daily choices and two vegetable choices. Fresh fruit was also available and drinks and biscuits/cakes were served in between meals People could choose the time of their breakfast and could have a drink or snack whenever they wished.

There were appropriate records relating to the people who were currently subject to the Deprivation of Liberty Safeguards (DoLS.) There was documentation of techniques used to ensure any restrictions placed on people were as minimal as possible. There were appropriate Mental Capacity Act (MCA) assessments in place, which were linked to screening tools and restrictive practice tools which outlined the issues and concerns.

Staff sought verbal consent from people prior to providing support to them. This ensured that people gave their consent to the care being offered before it was provided. People's health needs were recorded in their files and this included evidence of professional involvement. Relatives we spoke with told us they were kept informed of all events and incidents and that other professionals were called upon when required.

Summary of findings

People's bedrooms were personalised with individual items such as family photographs and personal objects. The home had a Service User Guide and Statement of Purpose which was given to each person who used the service. There was a monthly schedule of activities on display which included a wide range of activities

People using the service were treated with kindness and respect. Care staff spoke with people in a respectful manner, knocking on people's bedrooms doors and waiting for a response before entering. There was a 'privacy and dignity' policy, which was up to date and recently reviewed in March 2015.

There was also an up to date 'human rights' policy, a residents 'charter of rights' and a policy on autonomy and choice, which helped staff to understand how to respond to people's different needs. Staff were aware of these policies and how to follow them.

Care plans were easy to understand, person-centred in their format and contained a personal profile which identified personal relationships and family history.

Meetings with people who used the service were taking place regularly and information was shared with those people unable to attend and their families.

The home had procedures in place to receive and respond to complaints. There was a complaints policy and procedure in use and this was up to date reviewed in March 2015. Details of how to make a complaint were available and on view in the home on a notice board.

The service undertook a range of audits which were competed each month. There was also a business continuity plan in place.

Records of staff competency assessments via observations were carried out and these included individual feedback to staff on their performance.

Accident and incident forms were completed correctly and records included the action taken to resolve the issue and the corresponding statutory notification form required to be sent to the Care Quality Commission. The service had notified the CQC of all significant events which had occurred in line with their legal responsibilities. Policies and procedures were all up to date, having been reviewed in March 2015.

The service worked in partnership with a variety of other organisations in order to facilitate access to the local community.

The home undertook a range of audits and information from these was shared at staff meetings.

There was a staff meeting and staff supervision schedule in place.

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?
The service was safe.

People who used the service and their relatives told us they felt safe.

Staffing levels were sufficient on the day of the inspection to meet the needs of the people who used the service.

Staff recruitment was robust.

There were a range of policies and procedures that were up to date.

Good

Is the service effective?
The service was not consistently effective.

The service worked within the legal requirements of the MCA and DoLS and there was direction on how to assist someone in the decision making process.

The design of the environment was not always effective for people living with dementia, in aiding their orientation and helping them to be as independent as possible.

There was a staff training matrix in place but there were some gaps in training records.

Requires improvement

Is the service caring?
The service was caring.

People who used the service and their relatives told us they felt the service was caring.

Care staff spoke with people in a respectful manner.

There was a monthly schedule of activities on display which included a wide range of activities.

There was a 'privacy and dignity' policy, which was up to date and recently reviewed.

Good

Is the service responsive?
The service was responsive.

People who used the service had a care plan that was personal to them.

All care plans were easily understandable and person-centred in their format.

There was a complaints policy and procedure in use and this was up to date reviewed in March 2015. Details of how to make a complaint were available and on view in the home on a notice board.

Good

Summary of findings

Residents meetings were held on a regular basis and information was fed-back to people who could not attend and their families.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post.

People spoke favourably about how the service was managed.

Staff meetings were held regularly.

The service undertook a range of audits which were competed each month.

The service worked alongside other professionals and agencies in order to meet people's care requirements where required. The service also worked in partnership with a variety of other local groups in order to facilitate access to the local community.

The Old Rectory

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 12 October 2015 and was unannounced.

The inspection team consisted of one adult social care inspector, one adult social care inspection manager and a pharmacist inspector. Prior to the inspection we reviewed information we held about the home in the form of notifications received from the service such as accidents and incidents. We also contacted Wigan Local Authority Quality Assurance Team, who regularly monitors the service and the local Healthwatch. Healthwatch England is the national consumer champion in health and care.

We spoke with five people who used the service, four visitors and six members of staff including care staff the registered manager, the deputy manager and proprietor. We also looked at records held by the service, including four care files and four staff personnel files. We undertook pathway tracking of care records, which involves cross referencing care records via the home's documentation, in order to establish if people's needs were being met. We observed care within the home throughout the day including the morning medicines round and the lunchtime meal.

Good

Is the service safe?

Our findings

A relative of a person who used the service said "I feel (my relative) has been safe since being here and I would say (my relative's) mental health has improved one hundred percent. I have no qualms about the service." Another relative told us that the service was: "Very homely." A person who used the service told us that they enjoyed being at the home and had made new friends since they came into residence.

At the previous inspection on 08 January 2015 we found there was a breach in Regulation 22 of the Health and Social Care Act 2008 (Regulated Activates) Regulations 2010, which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because people were not supported by sufficient numbers of staff at all times. At the inspection on 12 October 2015 we saw this had improved since the last inspection and the service was now meeting this regulation.

Staffing levels were sufficient on the day of the inspection to meet the needs of the people who used the service. We looked at the staff rotas for September and October 2015 and these consistently demonstrated that there were sufficient care staff on duty to meet the needs of people using the service. When determining the level of staff required to meet people's needs, the service took into account people's needs and their dependency level, using a dependency level tool. This identified a dependency level score and a dependency rating of low, medium or high for each person. From this rating the home was able to identify safe staffing numbers relative to individual peoples' needs. This was completed for day time hours, night time hours and weekends.

The manager told us that a new member of domestic staff had been recruited to ensure cleanliness within the home. This task was previously completed by care staff, who now had more time available to help meet people's needs. Another member of care staff had also recently been recruited. The manager told us that since the date of the last inspection, staff turnover had now settled and only one care staff member had left due to other commitments but had remained as a 'bank' staff member, and could be contacted to provide support to the home 'on occasions.' The manager also had additional 'supernumery' hours available to enable them to work alongside care staff when necessary and to assist with monitoring staff performance.

We looked at four staff personnel files and there was evidence of robust recruitment procedures. The files included application forms, proof of identity and references. There were Disclosure and Barring Service (DBS) checks undertaken for staff in the files we looked at. A DBS check helps a service to ensure the applicant's suitability to work with vulnerable people.

There was an up to date safeguarding policy in place, which referenced legislation and local protocols. We spoke with three care staff who demonstrated an awareness of safeguarding and were able to describe how they would make a safeguarding referral.

The home had a whistleblowing policy in place. We looked at the whistleblowing policy and this told staff what action to take if they had any concerns or if they had concerns about the manager and this included contact details for the local authority and the Care Quality Commission. Staff we

spoke with had a good understanding of the actions to take if they had any concerns.

During the inspection we looked around the premises. We saw the home was clean and free from any malodours. We saw that bathrooms had been fitted with aids and adaptations to assist people with limited mobility when bathing and toileting. We saw that liquid soap and paper towels were available in all bathrooms and toilets. The bathrooms were well kept and surfaces were clean and clutter free and the premises were clean throughout.

There was an up to date a fire policy and procedure. Fire safety and fire risk assessments were in place. People had an individual risk assessment regarding their mobility support needs in the event of the need to evacuate the building. We saw that an external audit was conducted by Greater Manchester Fire and Rescue Service on 1 October 2015. At the time of the inspection the report of the audit had not yet been produced.

Cleaning products were stored safely and Control of Substances Hazardous to Health (COSHH) forms were in place for all the cleaning products in use. COSHH information was also displayed on the wall in the laundry room in addition to a colour coding system for cleaning equipment used for different tasks. A 'best practice for achieving outstanding wash results' guidance form was

also displayed in the laundry room. Additionally a 'food safety programme' was also in use which identified different areas of the kitchen to be cleaned and the cleaning product to be used.

There was an accidents and incidents book in use which included a record of the accident or incident, whether or not it was reportable under RIDDOR, a summary chart and action plan. We checked historical accident records and found that they had been appropriately completed and included a body map identifying the area of injury (where applicable) and the action to be taken to reduce the potential for further injury in the future. We saw that for one person who did not have any family members, Wigan Council Central Duty Team had been informed of a previous incident. There was an accident audit sheet in use which identified accidents and incidents on a monthly basis.

At the previous inspection on 8 January 2015 we were concerned about how the service managed medicines because the medication administration systems used within the home did not ensure people received their medication in a safe manner and did not protect the staff administering them.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) 2010 Regulations, which corresponds to a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At the comprehensive inspection on 12 October 2015 we found that improvements had been made to meet the relevant requirements of this regulation.

When we arrived at the home we observed staff administering the morning medicines to people, including eye drops. The staff member did this in a friendly and professional way, talking to people before administering any medicine so that they were aware of what was happening and were able to give their consent. The staff member made correct entries on the Medication Administration record (MAR) charts immediately after the medicine had been taken. We asked the staff member about what they would do if a person refused to take their medicines and they gave a clear and appropriate answer about how they would deal with the situation.

The MAR charts for all nine people living at The Od Rectory were well organised in a folder with a photograph of the person on the front and their allergy status clearly documented. There were no missing signatures on any of the MAR charts. There was a separate folder for topical preparations and these included body-maps of where individual products should be applied. These were correctly completed. 'As required' or PRN medications were highlighted and all records were correctly annotated.

Medicines were stored securely in a locked trolley in a small medication room. There was a fridge for cold items that had a thermometer and daily temperatures were being recorded. The medication room was small but well-ordered and tidy. There was a British National Formulary (BNF) book in use as a reference resource although this was a 2001 edition and needed to be updated. The BNF is a pharmaceutical reference book that contains information and advice on medicines. Shortly after the date of the inspection the manager informed us that the latest (2015) NICE Guidelines on Medication had been obtained and staff were in the process of reading it. The latest BNF had also been ordered and was due to be received in the very near future.

The controlled drugs (CD) cabinet was attached to a wall in the office. We looked at this and saw there were no CD's on site. An additional medication trolley was located in the dining room and this contained excess stock. This trolley was securely stored and a risk assessment had been completed regarding its usage.

We looked at the medication policy, which was up to date and relevant and contained appropriate processes for people self-medicating or receiving covert medication. We saw that no-one was subject to these circumstances on the day of inspection. A medication error and near miss process was in place and we saw evidence of reporting and subsequent actions being taken as a result of reported incidents.

All but one staff member had undertaken medication training. This person was booked on a training course in January 2016 and the manager told us that this staff member did not currently administer medicines.

We looked at how the service managed the control of infectious diseases. We saw that monthly audits were in place and included areas such as beds and mattresses, furniture, bedrooms and the general environment and equipment. Personal protective equipment (such as gloves and aprons) was available throughout the home.

Good

Is the service safe?

The home was adequately maintained and we saw evidence recorded for the servicing and maintenance of equipment used within the home to ensure it was safe to use.

Requires improvement

Is the service effective?

Our findings

At the previous inspection on 08 January 2015 the service had failed to ensure that staff received appropriate training, personal development, supervision and appraisal. This was a breach of Regulation 23 – (1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations, which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At the comprehensive inspection on 12 October 2015 we found that improvements had been made to meet the relevant requirements of this regulation.

We looked at staff training, staff supervision and appraisal information and saw that a supervision cycle was now in place. Annual appraisals had either taken place or where scheduled for October 2015 and there afterwards. Supervision sessions for care staff were conducted by the manager and dates for meetings were identified in a '2015 supervision cycle' document. The manager told us they received supervision from the area manager and the office administrator held these meetings with the proprietor. This meant that the home was now meeting the schedule identified in the supervision policy. We verified this by looking at the notes of staff supervision meetings.

There was a staff training matrix in place. Care staff had completed training in mandatory areas. For example all staff had completed manual handling training and 90% of care staff had completed training in food hygiene and 80% had attended training in dementia care.

There were some gaps in staff training records, for example one member of care staff had yet to attend training in medicines but at the time of the inspection this person did not administer medicines and a date had been identified in January 2016 for this person to attend the relevant training. Similarly 20% of care staff had yet to attend training in Infection Control.

At the previous inspection on 8 January 2015 we had concerns over the lack of choices, availability and variety of the food offered in line with people's preferences. This was a breach of Regulation 14 – (1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations**,** which corresponds to Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**.** At the comprehensive inspection on 12 October 2015 we found that improvements had been made to meet the relevant requirements of this regulation.

When we arrived at the home at 7.15am there was an inviting aroma of food preparation and we observed the breakfast meal. We saw two people eating breakfast which was cereal, toast, jam or marmalade and a warm drink. There was also a choice of a hot breakfast on request, such as fried or boiled eggs or a full English breakfast and this was clearly displayed in the dining room. The menu was also displayed in the lounge and in the hallway area. Fresh fruit was also available and drinks and biscuits/cakes were served in between meals.

There was a four week menu cycle and the lunchtime meal service was provided by Wrightington, Wigan and Leigh Trust's (WWL) cook-chill service. Prepared meals were delivered in the morning and reheated on site in a purpose built trolley. Food temperatures were recorded at each meal before serving and the temperature of the daily fresh milk delivery was also recorded. People using the service had at least two daily choices as well as two vegetable choices and chose their meal the day before, but could choose an alternative option on any day if they wished, which we witnessed on the day of the inspection. The home did not employ catering staff but 90 % of the care staff had attended food hygiene training, which we verified by looking at the staff training matrix. People were allowed to choose the time of their breakfast and could have a drink or snack whenever they wished which we observed was happening throughout the day.

A person who used the service said: "The food is good here and we have a good variety. I'm eating well since being here." Another person told us that they had no issues with the food and felt it was nice. Another person said: "You can't fault the food, it's marvellous." A family member pointed out to us the menu that was on display in the lounge and identified the different options for the day. A person who was from a different cultural background had their specific dietary needs met through WWL's service, their family and the home.

The Care Quality Commission has a duty to monitor activity under the Deprivation of Liberty Safeguards (DoLS). The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living

Is the service effective?

are looked after in a way that does not inappropriately restrict their freedom. Although the registered manager had yet to complete training in this area they demonstrated a good understanding of the principles of the MCA and were booked onto a training course in November 2015 provided by Wigan Council. We saw that 20% of care staff had yet to attend and the Deprivation of Liberty Safeguards (DoLS) training and dates had been scheduled in November 2015 for these staff.

There were appropriate records relating to the people who were currently subject to DoLS. There was documentation of techniques used to ensure restrictions were as minimal as possible. There were appropriate MCA assessments in place, which were linked to screening tools and restrictive practice tools which outlined the issues and concerns. There were applications for DoLS where the indication was that this was required and these were up to date and reviewed regularly to capture any changes in the person's capacity. We also saw that the conditions relating to DoLS authorisations, such as ensuring safety within the building were met and related to what was recorded within the care plans about people's support. Appropriate supporting policies and procedures were in place, for example, the service had policies on Physical Restraint, DoLS and MCA, Safeguarding Adults and Prevention of Abuse, Residents Charter of Rights, Restraint Policy and Procedure, Deprivation of Liberty Safeguards –Flowchart C, and Advocacy Policies and Procedures.

Each care plan contained a variety of risk assessments and included areas such as nutrition, mobility, pressure sores, physical health, mental health and pain management.

Throughout the course of the inspection we heard staff seeking verbal consent from people prior to providing support to them. This ensured that people gave their consent to the care being offered before it was provided. People's health needs were recorded in their files and this included evidence of professional involvement, for example GPs, podiatrists or opticians where appropriate. Relatives we spoke with told us they were kept informed of all events and incidents and that professionals were called when required.

People's bedrooms were personalised with individual items such as family photographs and personal objects. We found there were people living at The Old Rectory who were living with dementia. We saw staff responded and supported people with dementia care needs appropriately. However, there were few adaptations to the environment to make it dementia friendly or that would support these people to retain independence within their home. We saw people's bedroom doors did not have their photograph on it, which could make it difficult for people to find their room.

Although adaptations had been made to the bathrooms and toilets to assist people with limited mobility, there were no adaptations such as contrasting handrails, directional signage or themed areas that would have assisted people living with dementia to mobilise round the building or understand where they were if assisted by staff. We found that some doors, including those leading to bedrooms did not have anything visual to identify where that door led. This would make it hard for some people living with dementia to find their bedrooms.

We recommend that the service reviews current best practice guidance on developing dementia friendly environments.

Good

Is the service caring?

Our findings

The relative of a person who used the service said: "I feel staff are very kind and caring." Another relative told us that staff were: "Consistently caring and kind." A relative told us they found The Old Rectory to be: "Very homely," and that they felt very involved in (their relatives') care planning.

We observed people were treated with kindness and dignity during the inspection. Care staff spoke with people in a respectful manner. We saw that the care staff knocked on people's bedroom doors and waited for a response before entering. We saw that people living at the home were well groomed and nicely presented.

One person was living at the home for whom English was not their first language and we saw that one member of staff was able to communicate with them in the person's own language. The proprietor introduced us to this person and explained the nature of our visit to them. During the day we observed a staff member interacting and speaking with this person, sitting beside them and playing culturally specific music on occasions. We saw that staff encouraged this person to finish a drink they had requested in order to ensure the intake of sufficient fluids.

The home had a Service User Guide and this was given to each person who used the service in addition to the Statement of Purpose, which is a document that includes a standard required set of information about a service. The guide contained information on how to raise any issues of concern and referenced the local authority and the Care Quality Commission. The guide also identified that the home had an open visiting policy which meant that relatives of people who used the service could visit at any time, though visiting at meal times was discouraged in order to ensure people were not interrupted whilst eating their meals.

Throughout the course of the inspection we heard lots of laughter between staff and people and there was a positive atmosphere within the home. Staff interacted with people throughout the day and it was clear that they had a good understanding of the people using the service. One staff member said: "It's more personal here and you can really get to talk to and interact with people. It means you can get to know people as individuals."

We saw there was a 'privacy and dignity' policy, which was up to date and recently reviewed. There was also an up to date 'human rights' policy, a residents 'charter of rights' and a policy on autonomy and choice, which helped staff to understand how to respond to people's different needs. Staff were aware of these policies and how to follow them.

We saw that prior to any new admission a pre-assessment was carried out with the person and their relative(s) and a trial period of residence was offered. We verified this by looking at care records.

At the time of the inspection no person was in receipt of end of life care. Each care file had a section about advanced decisions. Where people had made an advanced decision regarding end of life care this was recorded correctly, dated and signed appropriately, including where and 'appointee' had been identified.

Good

Is the service responsive?

Our findings

A relative told us their family member's mental health had improved 100% since being at The Old Rectory and that: "Communication with staff is good. I feel that if I tell one (staff member) something about (my relative) then all the staff will know. They said they felt very involved in everything about their family member and that any issues they identified were responded to. A person who used the service told us: "I like to help out at dinner time by putting the mats out on tables and other things." This was consistent with what was identified in the care records for this person.

We looked at people's care records and saw that people who used the service had a care plan that was personal to them. This provided staff with guidance around how to meet their needs and what kinds of tasks they needed to perform when providing care. People's choices and preferences were documented in the care records, including information about people's interests and what they liked to do, what clothes they liked to wear, how they liked to spend the day and what food they preferred. Each care file had a picture of the person on the front and the names of the staff members and their designation was also included, which would assist people and their relatives to recognise staff when accessing the home.

Care plans contained pre-admission documentation that demonstrated people's needs had been assessed prior to moving in to the home. Care files had a picture of the person on the front to assist staff with ease of recognition. We saw that people's care had been reviewed and any changes to people's health needs were reflected in the care plan documentation. We saw that referrals to other healthcare professionals such as GPs, the optician and the district nursing team had been made as required.

All care plans we looked at were person-centred in their format and contained a personal profile which identified personal relationships and family history. There was a section that identified communication with families and details of people's social and recreational preferences. A pre-admission assessment and risk assessments appropriate to each individual had been completed. Each person also had a contract of residence. There was a section called 'key and lockable safe facility' which identified if the person wanted a key to their room and a secure safe. These were completed correctly and included the signature of the family member where the person using the service was unable to sign the document themselves. Care plans were reviewed in detail on a monthly basis.

One person who used the service was from a different cultural background and their first language was not English. We saw that a member of staff was able to speak a few words in the person's preferred language and we observed this happening throughout the day of the inspection. Care staff were also learning a few common phrases to enable communication with this person. We saw that this person was assisted with their lunchtime meal which was culturally specific. We noted there was a sign on the kitchen wall advising of the persons' cultural dietary requirements for certain days in the month. Additionally, the person watched morning prayers on DVD in order to meet their spiritual requirements as well as watching culturally specific TV channels and attending religious festivals with the assistance of staff and family members.

Other people's spiritual needs were met through the provision of regular visits from different faith groups. One person living at the home accessed a Sunday service with assistance from family members.

We observed staff interacting with people through the day of the inspection. We saw many occasions when staff spoke gently to people before they provided care. For example one staff member asked a person if they were in pain and wanted a tablet to which the person responded positively. The staff member then asked the person if they would like a drink of water to take the tablet with and the person said; "yes." The staff member then asked the person what their secret was to their old age which prompted laughter and discussion.

On another occasion we observed staff assisting a person to get up from a chair using a hoist. Staff were caring and respectful in their presentation and were not rushed. They asked the person if they would like to move and gained their permission before carrying out any support. Staff clearly explained what was happening through the course of the interaction.

We looked at the care records of a person who was in bed throughout the day. In their room was a separate folder documenting the care they received during the day and this included regular position changes to negate against the risk of pressure sores, and a fluid balance chart to

Good

Is the service responsive?

ensure the appropriate intake of fluids. There was also a similar folder that was completed by night staff showing regular night checks and position changes which was thoroughly completed with no omissions. This demonstrated that the home had appropriately responded to the needs of this person.

We looked at the records of 'residents meetings'. Actions from meetings with people who used the service and their relatives included the need to inform people who were unable to attend the meeting of what was discussed, in order to obtain their views on the issues raised. Another action was to speak to the relatives of those people who were unable to communicate their views or understand what was being discussed in order to gain insight into what (the person) felt regarding the issues discussed.

We looked at how the service managed complaints and we found that the home had procedures in place to receive and respond to complaints. There was a complaints policy and procedure in use and this was up to date reviewed in March 2015. We observed the compliments and complaints files and saw that there was only one complaint documented relating to creased bed-sheets and there were actions in place to respond to this concern. The compliments folder contained lots of positive feedback regarding trips out and activities that had taken place. There was information displayed on the relatives' notice board on the process to follow if they wished to make a complaint. Relatives of people we spoke with told us they knew what action to take if they needed to make a complaint.

There was a monthly schedule of activities on display, which included a wide range of activities such as bingo, 1-1 chats, reminiscence afternoon, manicures, newspaper reading, ball and card games, dominoes, films and games. Photographs of activities previously undertaken were evident throughout the home and a visit to Blackpool illuminations and a celebration of Halloween and bonfire night were planned for the near future. A trip to a safari park had recently been undertaken and the home had also held a coffee morning which raised money for a national charity.

People's choices were recorded in the 'likes and dislikes' section of their care plan, for example with regards to food, clothing and recreational activities.

Good

Is the service well-led?

Our findings

There was a registered manager in post and an acting 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.

People spoke favourably about how the service was managed. A relative told us they had noticed "lots of little changes that were good", such as an increase in the number of relatives' meetings. Another relative said: "I have no qualms whatsoever but I would know where to go if I needed to complain. The manager is really very good." A staff member told us they felt well supported and that: "We're making progress because people's records are now clear and this is making everything easier." Another staff member said: "It's really very nice here and I receive good training and support."

At the last inspection on 08 January 2015 the service had failed to regularly seek the views of people who used the service and people acting on their behalf. This was a breach of Regulation 10 (2) (e) of the Health and Social Care Act 2008 (Regulated Activities) 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made to meet the relevant requirements of this regulation.

We reviewed documents which the service used to monitor the quality of its service by seeking feedback from people who used the service, their families, staff and visitors. We found that residents' meetings had been held at least bi-monthly since the date of the last inspection. Records of these meetings were detailed and showed that various issues had been discussed such as food and menu, activities and outings, the staff group, the provision of care and peoples' well-being, laundry and housekeeping. Records of these meetings included an action plan that identified the action required, details of the action taken, the date this was completed and the signature of the relevant person. Names of people who attended and those who were unable to attend were also recorded and the notes of the meetings were given to those people and their families who were unable or did not want to attend the scheduled meetings. This meant that the culture within the home was open and transparent.

Details of how to make a complaint were available and on view in the home on a notice board. The service had an up to date complaints policy. People who used the service and their families told us they knew how to make a complaint.

The service undertook a range of audits, which were competed each month and these included housekeeping, the kitchen, people's social needs, general building maintenance, nurse call-bells, fire and evacuation, infection control, health and safety and people's care files. A record of these audits was kept and this was signed and dated.

We looked at medicines audits that had been completed both internally by the service and externally by a quality assurance advisor. There was evidence in minutes of team meetings that findings from audits were communicated to staff and actions taken. Records of staff competency assessments via observation were also available and these included individual feedback to staff on their performance.

Accident and incident forms were completed correctly and included the action taken to resolve the issue and the corresponding Statutory Notification form required to be sent to the Care Quality Commission. The service appropriately submitted Statutory Notifications to the Care Quality Commission (CQC) as required and had notified the CQC of all significant events, which had occurred in line with their legal responsibilities.

The service worked alongside other professionals and agencies in order to meet people's care requirements where required. Involvement with these services was recorded in care plans and included opticians, chiropodists and doctors.

There was a business continuity plan in place that identified actions to be taken in the event of an unforeseen event such as the loss of utilities supplies, catering disruption, flood disruption and lift breakdown. Policies and procedures were all up to date, having been reviewed in March 2015.

There was a staff meeting and staff supervision schedule in place. Records of meetings were detailed. Regular meetings between the manager, staff and the provider were taking

Good

Is the service well-led?

place, which discussed current issues within the home and how to manage them effectively. We looked at records of recent staff meetings that had taken place since the date of the last inspection. These included an agenda, a record of attendance and detailed minutes of discussions. An action plan associated with the areas discussed was produced after each meeting which identified the action planned, the action taken, whether completed or not, the date and the signature of the responsible person. Each monthly staff meeting included a 'policy of the month' such as medication, infection control and the fire policy and procedure.

The service also worked in partnership with a variety of other local groups in order to facilitate access to the local community. People who used the service accessed a tea dance every alternate Friday morning at a nearby community centre. Some people were able to access the local hairdresser, which was their choice, with assistance from staff. An activity schedule identified regular visits from external entertainers and all people were registered with the local 'Ring and Ride' service. This meant that people had access to the wider local community.

Shortly after the date of the last inspection the home had worked alongside Healthwatch Wigan in order to support an 'Enter and View' inspection. Healthwatch Wigan gathers the views of local people and makes sure they are heard and listened to by the organisations that provide, fund and monitor social care services.

There was a variety of information available within the home from Age UK and The Alzheimer's Society for people who used the service and their relatives.