Mr & Mrs K Taylor

Collyhurst

Inspection report

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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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 9 May 2018. The inspection was unannounced.

Collyhurst is a care home registered to provide personal care and accommodation for a maximum of 34 older people. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is located in a residential part of Bedworth and the accommodation is set out over three floors. There were 31 people living at the home at the time of our visit, some of who were living with dementia.

We last inspected Collyhurst in April 2016 when we rated the service as 'Good' overall. However, at that inspection we found some improvements were required in the leadership of the service so the key question of 'well-led' was rated 'Requires Improvement'. At this inspection we found improvements had not been made and systems required better organisation and monitoring to ensure issues impacting on the safety, effectiveness and quality of care were quickly identified and action taken.

The service had a registered manager. This is a requirement of the provider's registration. 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 registered manager knew the service well because they supported people and worked alongside staff on a daily basis. People and staff spoke very positively about the registered manager who they described as approachable and responsive. They felt able to share any concerns with the registered manager, who they were confident would take appropriate action. However, this 'hands on' approach meant the registered manager did not always have time for the managerial and administrative aspects of their role. Quality audits and checks were not consistently effective.

There were enough staff to meet people's individual needs and keep them safe. The registered manager assessed risks to people's health and welfare and wrote care plans that minimised those risks. However, some risks to people's health had not been identified.

People felt safe at Collyhurst and staff understood their responsibility to report any concerns they had about people's health or wellbeing. Staff received support from their managers, but some training needed to be updated.

The home was adapted, decorated and furnished to meet people's needs. The cleanliness of the home was satisfactory, although one area had not been maintained to the same standards.

People were cared for by kind and compassionate staff, who knew people's individual preferences and how they wanted their care provided. Staff understood people's individual needs and abilities and they received updated information at shift handovers to ensure the care they provided was responsive to people's needs. Staff provided people with opportunities for social engagement and there were plans to improve the provision of activities in the home.

Staff worked within the principles of the Mental Capacity Act 20015. They offered people choice and sought their consent before providing care and support. However, there were no written records of people's capacity to make specific decisions or what assistance they might need to make their own decisions.

People were supported to eat and drink according to their needs, which minimised risks of them not eating or drinking enough. Staff ensured people obtained advice and support from other health professionals to maintain and improve their health, and when their health needs changed. People received their medicines as prescribed, but improvements needed to be made to ensure medicines were stored appropriately to maintain their effectiveness.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

The provider assessed people's individual risks and implemented plans to minimise those risks. However, not all risks had been identified. People received their medicines as prescribed, but processes to ensure safe storage of medicines needed to be improved. The cleanliness of the home was satisfactory, although one area had not been maintained to the same standards. Enough staff were available to meet people's individual needs and keep them safe. Staff understood their responsibilities to report any concerns they had about people's wellbeing.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff worked within the principles of the Mental Capacity Act 20015. However, there were no written records of people's capacity to make specific decisions or what assistance they might need to make their own decisions. Staff received support from the management team, but some training needed to be updated. Staff were aware of people's nutritional risks and supported people to eat and drink enough to maintain their health. People were referred to other healthcare professionals when a need was identified.

Is the service caring?

Good

The service was caring.

People were treated with kindness by staff who knew them well and understood them. Staff were highly motivated to promote a homely and welcoming environment for people and their visitors. People's dignity was considered by staff who also respected people's privacy.

Is the service responsive?

Good

The service was responsive.

Staff responded to people's requests for assistance in a timely way. Care plans were regularly reviewed so staff had the information they needed to support people responsively. Staff provided people with opportunities for social engagement and there were plans to improve the provision of activities in the home. People felt confident to share any concerns and knew they would be listened to.

Is the service well-led?

Requires Improvement 

The service was not consistently well-led.

The registered manager knew the service well because they supported people and worked alongside staff on a daily basis. However, this 'hands on' approach meant they did not always have time for the managerial and administrative aspects of their role. Some systems required better organisation and monitoring to ensure issues impacting on the quality of care were quickly identified and action taken. Staff and people felt confident in the management team who they described as approachable and responsive.

Collyhurst

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 fully comprehensive inspection visit took place on 9 May 2018 and was unannounced. The inspection was carried out by an inspector, an assistant inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses this type of service.

Before the inspection visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the information we held about the service. We looked at information received from the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

During the inspection we spoke with seven people who lived at the home and five relatives. We spoke with three care staff and one non-care staff about what it was like to work in the home. We spoke with the registered manager and the deputy manager about their management of the home. We also spoke with a visiting healthcare professional.

Some of the people living at the home were not able to tell us about how they were cared for and supported because of their complex needs. We observed care and support being delivered in communal areas and we observed how people were supported to eat and drink at lunch time.

We reviewed four people's care plans and daily records to see how their care and treatment was planned

and delivered. We reviewed management records of the checks the registered manager and provider made to assure themselves people received a safe, effective quality service.

Requires Improvement

Is the service safe?

Our findings

At our last inspection we rated the safety of the home as 'Good'. At this inspection we found improvements were needed to ensure people consistently received safe care and the rating is now 'Requires Improvement'.

The provider's policy for managing risks included assessments of people's individual risks to their health and wellbeing, such as risks associated with skin damage, malnutrition, falls and moving and handling. People's care plans were regularly reviewed and their risk assessment scores were updated when their needs and abilities changed.

Where people needed special equipment such as airwave mattresses or pressure relieving cushions to reduce the risk of skin damage, we saw these were in place. When staff transferred people from a chair to their wheelchair, they ensured the person's pressure relieving cushion was transferred with them. Pressure relieving mattresses need to be at the right setting for people's weight to maximise their effectiveness. The registered manager had recorded the right setting on each person's mattress pump so staff could ensure it was correctly set. We looked at two people's mattresses and found they were on the correct setting which minimised risks to their skin.

Where people needed mobility aids such as walking frames, staff made sure they were by the side of people in the lounge so they could move around the home independently and safely. One person pointed to their walking frame and told us, "If I have this, I know I am safe."

However, we found that not all risks had been identified and mitigated. For example, two people in the home smoked. There was a lack of management plans to adequately address the risks to enable staff to support these people to smoke safely. We raised this with the registered manager who assured us they would immediately assess the risks to both people's safety when smoking. Following our visit, the registered manager sent a copy of a 'smoking risk assessment' they had implemented within the home. This would ensure any risks were minimised so both people could continue to smoke safely.

One person was diabetic and prescribed insulin to manage their diabetes, but there was no diabetic care plan. The person's blood sugar levels were monitored on a daily basis, however there was no record of what 'safe' blood sugar levels were for this person or in what circumstances insulin should not be given. The registered manager told us insulin would not be given to this person if their blood sugar level was below four. However, on one day the records showed the person did not have their insulin, but the monitoring chart recorded a high blood sugar level. The registered manager assured us the person would have been given their insulin, but could not explain why the records did not reflect this. Following our visit, the registered manager confirmed they had contacted the local commissioning group to gain up to date guidance on implementing an appropriate diabetes care plan for this person.

Overall, we found medicines were managed and administered safely. Most medicines were delivered from the pharmacy in 'blister packs' which were colour coded to indicate when they should be given. Medicines administration records (MARs) showed people received their medicines in accordance with their

prescriptions. One person told us, "I do have medication and they never forget to give it to me."

However, we found improvements were required in the storage of medicines. Medicines were stored securely in a locked medicines room, but not always within the manufacturer's recommended temperature range to ensure they remained effective. Most medicines need to be kept below 25 degrees centigrade. The temperature of the medicines room was inconsistently recorded and when it was, it sometimes exceeded 25 degrees. For example, in the month before our visit the temperature ranged between 27 and 30.5 degrees for a five day period, but no action had been taken.

Some medicines need to be stored at lower temperatures in a fridge. We found temperatures for the fridge had been inconsistently recorded and on the day of our inspection the temperature was significantly higher than the required range of 2 to 8 degrees centigrade. The registered manager assured us they would take immediate action to rectify this, and following our visit sent confirmation they had ordered an air conditioning unit for the medicines room and a new medicines fridge. They confirmed they had spoken with the pharmacist to ensure the effectiveness of the medicines had not been compromised.

There was limited information in people's care plans about why people were taking the medicines they were prescribed, any potential side effects or how they would prefer to take their medicines. Some people were prescribed medicines on an 'as required' basis (PRN) for anxiety and agitation. There were no detailed guidelines to inform staff exactly when they should administer these types of medicines. For example, one medicine was prescribed 'for agitation', but there was no description of what agitation looked like for that person. This meant the medicine may not be given consistently by all staff and may be given when not required. Some people had prescribed medicines in their bedrooms, such as topical creams which are applied directly to their skin. There was no documentation to confirm if this had been risk assessed.

On the day of our inspection visit the deputy manager showed us the new system they had recently implemented to improve the management of medicines that were not dispensed in blister packs, such as topical creams and PRN medicines. Stock checks of these medicines had been introduced so any discrepancies or errors could be quickly identified.

To minimise potential risks for medicines errors, only senior or trained staff gave people their medicines. However, staff had not had their competency to give medicines safely formally assessed. The registered manager assured us they observed staff giving people their medicines, but did not record their observations.

The basic cleanliness of the main home was satisfactory. Bedrooms were clean and tidy although one relative told us, "[Person's] room is clean except for the top of the wardrobe which is dusty and there are cobwebs around." However, we found further deep cleaning was required in some communal areas. For example, we saw spillage stains on the living room walls, foot stools were stained and there was dirt around the rim of the tray on one person's walking aid.

In the grounds of the home was a bungalow which contained four bedrooms. We found the bungalow had not been maintained to the same standards as the main home. In one person's bedroom we noted staining to the wall by their bed and the communal bathroom smelt of urine. The bath had sharp holes where the grab rail had come away which could cause injury and was an infection control risk. The toilet was dirty, as was the pull light cord. There was a strong smell of cigarette smoke within the building which could have been due to the smoking area that was positioned directly outside the front of the bungalow. We raised this with the registered manager who told us they were currently working on plans to refurbish the bungalow. They took action to ensure the immediate issues regarding the cleanliness of the building were dealt with.

During our visit we saw care staff followed good infection control practice. For example, there were hand washing facilities available in the medicines room and staff washed their hands before giving each person their medicine. Where staff were required to handle any medicines, we observed them wearing personal protective equipment such as gloves to minimise the risk of infection.

People and their relatives told us they had complete trust in the staff and felt safe and secure living at Collyhurst. Comments by people included: "I feel safe here because the staff are loving and giving" and, "I feel safe as I don't like living on my own. I feel safe here."

Staff understood their responsibility to report any concerns to people's wellbeing, and were confident the registered manager would take action to keep people safe. Staff recognised that abuse could take many forms with one member of staff describing it as, "When someone is being neglected and not being treated right. It could be physical, verbal or emotional." One person told us they felt able to speak with staff if they had any concerns. They told us, "You can speak to staff if you are worried about anything."

People told us and our observations showed there was enough staff available to meet people's individual needs for practical and emotional support and to keep them safe. One person told us, "I feel safe as I think that there are plenty of staff here day and night." Another said, "I have a buzzer, if I need someone I will press it, they don't take long to come." A relative confirmed, "There always seem to be plenty of staff on and they are always there to answer any questions." Staff told us there were always enough staff, which minimised risks to people's safety.

The provider's recruitment process ensured risks to people's safety were minimised. All prospective staff members had their Disclosure and Barring Service (DBS) checks and references in place before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use services. However, some staff who had worked in the home for over 10 years had not had their DBS renewed in accordance with best practice.

Records showed incidents and accidents were documented by staff in people's care plans, together with the action taken to minimise any risks. For example, one person was referred to their doctor for a review of their medicines following a couple of falls. This was because the registered manager felt the person's medication could be a contributory factor. However, not all accidents and incidents were entered onto the provider's central accidents and incidents records. This meant there was no accurate record to ensure the provider could identify any trends or patterns so they had oversight of risks across the service as a whole.

Risks to the environment were mitigated because the provider used external contractors to check the safety of essential services such as gas and electricity. Equipment such as the lift and electrical items had been checked to ensure they were safe to use.

People who used the service had Personal Emergency Evacuation Plans which would provide emergency personnel with vital information about people's mobility needs in case of an emergency. Emergency equipment such as the alarm system and fire extinguishers had recently been checked to ensure they were in good working order. One person told us "The fire alarm is tested often and when it goes off the doors close."

Requires Improvement

Is the service effective?

Our findings

At our last inspection we rated the effectiveness of the service as 'Good'. However, at this inspection we found improvements were needed in the implementation of the Mental Capacity Act (MCA) 2005 within the home. The rating is now 'Requires Improvement'.

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. 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 are called the Deprivation of Liberty Safeguards (DoLS).

Where the registered manager had concerns about whether people had the capacity to make a specific decision, they had informally assessed people's capacity through talking with the person and monitoring their responses to identify any memory loss or lack of understanding. However, with more complex decisions, such as the decision to live at Collyhurst, the registered manager had not formally recorded the assessments to demonstrate how capacity was assessed or how they had come to the conclusion that a person lacked the capacity to make that particular decision. There was no information about when people might need support to make a decision.

Staff had a basic understanding of the MCA, and despite the lack of records, staff supported people to make decisions when they were able to and asked for people's consent before supporting them. We observed how staff approached people and explained what they were about to do. There was clear communication, and people were asked their opinions about how they wanted to be supported. When one person refused the offer of support with personal care, staff respected their decision and returned later in the day and offered again. Another person told us, "They ask my permission before administering personal care."

People confirmed they were able to make their own everyday decisions and get up and go to bed when they wanted to. One person told us, "I choose how I spend my day and where." Another said, "I choose what clothes I want to wear, and the girls get it for me."

When necessary for people's safety, applications had been made to the local authority to deprive people of their liberty. However, staff were not aware of people's individual restrictions because they did not know who had an authorised DoLS in place.

The registered manager acknowledged that although they had received training in the MCA and DoLS 'several years ago', they had not maintained their knowledge and understanding of recent changes in the implementation of the legislation. They told us they would ensure they, and their staff, received further training so they had all the information they needed to give people maximum choice and control of their lives. Following our inspection visit, the registered manager sent us confirmation of a training course they had booked in the MCA through an external training provider.

Staff told us they had opportunities to refresh their knowledge and skills through 'refresher training'. We checked the registered manager's training matrix and found that whilst manual handling, first aid and fire training were up to date, there were gaps in some other training such as safeguarding and infection control. The registered manager told us five staff members had gone on maternity leave in the previous twelve months. Whilst other staff had covered the shifts to ensure people continued to receive consistent and effective care, this meant some training had been delayed. They were confident the staff team would have time to complete any outstanding training as staff returned from maternity leave.

During our visit we observed staff implemented safe manual handling into their practice. Staff used their skills to assist people with the correct equipment when moving them from chairs to standing positions, and also from standing positions into seated positions. One person told us they felt safe when staff supported them to move around the home and explained, "The carers help me in and out of bed, and on and off the commode, I feel safe when they do this."

New staff completed an induction when they started working at the home which included working alongside more experienced staff so they understood people's individual needs. New staff also received a handbook which set out the provider's key policies and procedures. The induction was linked to the Care Certificate. The Care Certificate covers the fundamental standards of care expected of all health and social care staff. Ideally the Care Certificate should be completed within 12 weeks, but one person who had started working in the home four months prior to our inspection visit, had made little progress in completing the required modules. The registered manager agreed they needed to provide more support so the staff member could complete the modules to achieve the certification.

Staff told us they received support and advice from the managers on a day to day basis, because they regularly worked alongside them. Staff told us the managers were always available and they would feel confident to approach them for any guidance.

All the people we spoke with told us the food was good and they always had a choice. One person told us, "The food is lovely, and we have a choice, they ask at night what you want for the next day." Another person said, "I am happy with the food, I have a choice and they know what I like."

Food and drinks were available throughout the day to encourage people to eat and drink as much as they liked. Regular drinks were important to prevent people from becoming de-hydrated, especially as the weather was warm at the time of our visit. One person told us, "The staff bring me a cup of tea at 11pm, its lovely." Another said, "If I want a drink, it is here." A third person told us, "I do get hungry sometimes, and when I do, they would get me something to eat." The registered manager had ensured there were tables by the side of each person's chair, so drinks and snacks were within easy reach of people.

At lunch time, most people chose to eat in one of the two dining rooms. One person said, "I eat in the dining room because it's a nice atmosphere." When lunch was served, the food looked well balanced and nutritious, but those people who needed assistance to eat did not always get timely support. One staff member was assisting three people to eat at the same time and leaving them in between to go back to the kitchen area. This meant their meal time experience was not as positive as those people who were able to eat independently.

Staff were aware of people's nutritional risks. For example, they knew who needed thickener added to their drinks because they were at risk of choking and who had to have a diabetic diet. Some people were at risk of not drinking enough to maintain their health and had their fluid intake monitored. Staff prompted those people to finish their drinks, but did not total the amount of fluids they had taken to identify when the

person needed to be given extra encouragement because their fluid intake was poor.

People's needs were assessed before they moved to Collyhurst to identify what support they needed with their every day care and to maintain their health. This ensured staff could provide the appropriate level of care required.

People were supported to maintain their health. People's records showed other health professionals, such as GPs, chiropodists, district nurses, opticians and dentists were involved in people's care when needed. We saw that when an issue was identified, staff were prompt in seeking further healthcare professional advice. For example, an audiologist was unable to carry out an assessment of one person's hearing because their ears were blocked. Within 48 hours staff had contacted the person's GP and requested a consultation so ear drops could be prescribed.

People were happy their medical and health needs were met and relatives told us they were kept informed about any changes in their family member's health. One relative told us, "The GP is called if necessary and staff will call us straight away to update us." Another said, "We are well informed, if she has a fall or anything else, they would call us straight away."

We spoke with a visiting healthcare professional who attended the home on a regular basis. They had no concerns about the care people received at Collyhurst and told us staff were good at contacting them if they were at all worried about a person and followed any advice they gave. They told us the healthcare team they represented planned to provide training in the coming months in areas such as skin tears, catheter care, epilepsy and diabetes to support staff practice in the home.

Each person had a document in their care plan which contained important information about their medical history and medication. This document went with the person to hospital or medical appointments so information could be shared effectively with other healthcare professionals involved in the person's care.

The home was adapted, decorated and furnished to meet people's needs. People told us the layout, adaptation and decoration of the home suited them. They told us they thought there was enough space in the home, for them to socialise or spend time alone. One visitor told us, "There are a lot of quiet areas to meet with our relative."

Good

Is the service caring?

Our findings

At this inspection, we found people were as happy living at the home as they had been during our previous inspection in April 2016, because they felt staff cared about them. The rating continues to be Good.

People were treated with kindness by staff who knew them well and understood them. People told us staff were very kind and understanding and they felt well cared for. Comments included: "The staff are friendly and caring" and, "The staff speak and laugh with me when administering personal care." Two people particularly felt cared for because, "The staff know me" and, "Understand me well." One person described their years living at Collyhurst as, "The best five years I have had so far."

Relatives were equally positive about the caring attitude of staff to both them, and their family member. One relative told us, "[Person] came for respite, they loved it and then chose to stay here." Another relative told us, "The staff are lovely, they can't do enough for you." A visiting healthcare professional told us, "The staff are always nice, always polite and helpful."

There was a friendly atmosphere in the home. Staff greeted people with a smile and people appeared to be comfortable and at ease with both managers and staff. For example, we heard one person jokingly say to the registered manager, "Oh come on, the inspectors are here, you can pay me later." Another person enjoyed the 'banter' and told us, "The staff and owner are very approachable, they are always making a joke with you."

Staff were highly motivated about the care they provided to people living in the home. They understood the registered manager was keen to promote a homely, welcoming environment where people felt part of a family and their visitors felt welcome. One staff member told us they enjoyed working in the home because, "It is a really nice, homely feel. You feel like you are part of a family." Another said, "It's lovely. It is a family atmosphere and we all just get on."

This culture was demonstrated throughout the day. When visitors arrived, staff welcomed them by name and spent time talking with them. Some visitors preferred to visit people in their bedrooms, but others enjoyed spending time with their relatives in communal areas, taking the opportunity to engage with others who lived in the home. One staff member explained, "We all get on and we talk to every residents' family, and they are really happy with everything." A relative confirmed, "We can make ourselves at home here, it is homely and feels welcome."

We saw some individual caring moments that showed staff understood how people's needs or anxieties impacted on the person. One person became anxious because they thought they had missed taking one of their medicines. A member of staff told the person they would check with the deputy manager, and quickly returned to assure the person the medicine was only given once a week. We could see the person felt reassured. Another person was asking when their relative was visiting. Staff responded with reassurance and told the person their relative would soon arrive.

Staff were observant of people and checked if people were warm enough or needed any assistance. For example, one person started coughing and a staff member immediately went over to check they were alright. Staff demonstrated thoughtfulness in including people in decisions. We heard one member of staff ask a person, "Do you want the window open?"

We heard staff engaging and including people while they carried out their work. For example, when people were supported to transfer from their chair to a wheelchair, staff explained what they were doing and involved the person in the process.

People's dignity was considered by staff. People looked clean and tidy and wore clothes that reflected their own tastes and preferences. Ladies had been supported with items of jewellery such as earrings and necklaces. When staff supported one person to transfer from a chair into their wheelchair using a hoist, they rearranged the person's skirt to ensure their dignity was not compromised. One person described staff as "very respectful".

Staff promoted people's privacy by knocking on bedroom doors before entering and being discrete when offering people personal care. One person told us, "The staff close the curtains and doors when giving personal care to me." Another person explained that staff encouraged their independence and said, "I do most of my own personal care and they assist with doing my back, but if you ask, you can have a bath. I feel safe when they lower me into it."

The provider's information return stated they promoted people's equality and diversity to ensure their rights were protected. One member of staff told us everybody was different in their own way and they respected their individuality.

Staff felt valued by the managers which was demonstrated by a consistent staff team, some of whom had worked in the home for a significant number of years. One person told us, "The staff here are regular and friendly."

Good

Is the service responsive?

Our findings

At this inspection, we found staff were as responsive to people's needs and concerns as they were during the previous inspection in April 2016. The rating continues to be Good.

People told us staff responded to their requests for assistance in a timely way. One person commented, "The staff do what I want them to do for me." Another person told us staff were responsive to their personal needs because, "I have a shower most mornings."

Each person had a care plan which identified the care they required to meet their individual needs. This included some information so staff knew how people preferred their support to be delivered. For example, what time people preferred to get up and go to bed and whether they preferred a light left on during the night. The registered manager explained, "We try to understand how people want to live their lives. We sit with people and talk about how they want their care to be delivered." One person confirmed they had been involved in planning how their care was delivered and told us, "When I came here they asked my preferences and everything is fine. I wouldn't be here if it wasn't."

Care plans were regularly reviewed to ensure they continued to meet people's changing needs and abilities and staff told us they provided them with the information they needed to support people responsively. One person told us, "I don't remember a care plan, but I do remember review meetings."

People's care plans included a brief life history, which included information about the person's work and home life and their important relationships. One staff member explained it was important to know this information because, "If we have time we will sit and talk to the residents and they do like to talk about their past. If they have forgotten, we try and help them fill in as much as we can." Another staff member said, "If they get upset, we can look at their background and understand what has gone on."

We did find improvements could made to care plans when people could be anxious. For example, one person could become agitated during personal care. There was no information about how staff could distract this person to reduce or ease their anxieties at this time. However, staff knew people well. One staff member explained how they arranged medical appointments in the afternoon for one person because they were less likely to become anxious at that time.

Staff were able to respond to how people were feeling, and to their changing health or care needs because they were kept updated about people's needs at a handover meeting at the start of each shift.

People's sensory needs were identified in their care plans. Guidance for staff explained how they should support the person to understand information and what equipment people needed to enhance their ability to communicate. For example, whether they needed spectacles to read or hearing aids so they could better understand what was being said to them.

People were supported to remain in the home at the end of their life if this was their wish. We found people

had some end of life care arrangements in place. The arrangements included decisions that had been made regarding whether people wished to be resuscitated following a cardiac arrest. Where a need was identified, staff worked with other organisations such as McMillan nurses, district nurses and the hospice at home to ensure people's needs were met and they had all the support and pain relief they required at the end of their life.

We found there could be more person centred information about people's wishes for how they wished to be cared for if they became very ill and were unable to express their preferences. For example, such as in what circumstances they would wish to be transferred to hospital or when they would prefer to remain in the home. Also, any preferences for music, people, flowers, or whether they would like to be alone or surrounded by family or staff at the very end of their life.

At the time of our visit, there was no dedicated staff member responsible for organising and supporting people with their hobbies and interests. The member of staff who had previously organised activities, no longer worked at the home. During the morning there was a busy atmosphere within the lounge because although staff were providing care and support, they used every opportunity to engage and chat with people. For example, staff chatted and interacted with people when offering them drinks and snacks. A member of staff provided nail care to people by offering to manicure their nails as a form of 'pampering', rather than a necessity. Some people were engaged in activities of their choice. One person was doing a 'word search' puzzle and another had headphones on and was listening to music whilst still enjoying the companionship of others in the room.

One person told us they particularly enjoyed the entertainment in the home and said, "The Salvation Army comes in to entertain us and we have singers. I take part in the singing I like that." Another person told us they were pleased that staff supported them to attend regular church services so they could continue to practice their faith.

However, in the afternoon we found there was a lack of stimulation which meant people slept more or watched each other and staff. One person told us, "There has been a long time since we had activities here, it can get boring." We spoke with the registered manager who agreed this was an area they wanted to improve. They told us, "Nine months ago I had the best activities going, but it has gone right down. I have spoken to the residents and they do want to have more activities." They went on to say they had identified a member of care staff who had the right qualities and motivation to take on the role of 'activities co-ordinator' and were confident this appointment would have a positive impact on people's social wellbeing.

The provider had a complaints procedure which was available to people and their relatives. Nobody we spoke with had ever made a complaint, but said they would talk to the registered manager if they were not happy. One person commented, "There is information available to make complaints if we have one, but I don't have a concern or complaint." A relative told us they had raised concerns in the past and, "The staff always listen to concerns or complaints."

We looked at the record of complaints and found the few complaints the provider had received had been responded to in line with their complaints procedure.

Requires Improvement

Is the service well-led?

Our findings

At our last visit we found improvements were required in the management of the service. At this inspection we found quality assurance systems were not always effective so the rating remains 'Requires Improvement'.

The registered manager and deputy manager attended the home seven days a week and were on call 24 hours a day. They worked alongside staff, assisting and supporting people, and clearly knew everyone who lived in the home very well. However, we found the 'hands on' approach and daily availability of the registered manager and deputy manager meant they did not have time for some of the managerial and administrative aspects of their role. Processes and procedures to underpin the safety and effectiveness of the service had not been consistently followed to ensure any issues impacting on the quality of care were quickly identified and action taken.

The registered manager told us Collyhurst was the provider's only home which meant they did not have other managers to contact for support or advice or have other known sources of information to tap into. They said they were unclear where to find changes in legislation or laws, and if those changes had any effect on the running of the home. They said they found it difficult to access or know what was going on within the health and social care environment that could give them ideas or new ways of working. They also explained, that a significant number of staff on maternity leave meant they had to spend more time on the floor helping people which had a negative impact on quality monitoring and continuous improvement.

The registered manager did complete some checks and audits such as medication audits, but these had not identified some of the issues we found around medicines. Health and safety checks were not effective because, for example, they had not identified that food stored in the fridge was not labelled and dated which meant staff could not assure themselves how long the food had been in there.

At our last inspection visit we found there was no central recording process for logging incidents or accidents for people who used the service which meant audits could not be carried out to assess whether there were any trends or common themes. Following that inspection, the registered manager had implemented a central record, but had not identified staff were not recording every incident on it. This meant effective systems were not in place to enable the provider to identify where safety was being compromised so they could respond appropriately without delay.

At our last inspection we found the processes to gather people's views and experiences to improve the service needed to be improved and formalised. At this inspection we found improvements still needed to be made. There were no 'relatives or residents meetings', although people were invited to share their views on a day to day basis and in regular care reviews. One relative told us, "Every so often they decorate and ask what colours they would like." However, another person told us, "We don't have meetings and they don't ask our opinions." We were told the provider had carried out a quality questionnaire in 2017, but the deputy manager was unable to locate the responses at the time of our visit or provide any evidence to demonstrate they had been analysed to identify any areas where improvements were required. They told us they planned

another questionnaire in 2018 and that the outcome would be shared with people who lived in the home.

The registered manager has a legal obligation to notify us about important events that occur in the home, including when people have a Deprivation of Liberty Safeguards (DoLS) in place. The registered manager had not understood they needed to inform us when people's DoLS had been approved by the local authority. The registered manager assured us the notifications would be submitted without delay.

Staff told us they liked working at the home and several staff had worked at the home for many years. Staff told us they felt well supported by the registered manager and the deputy manager because they were approachable and available to discuss any concerns. Staff trusted the registered manager and followed their example in putting people at the heart of the service. When talking about the registered manager one member of staff told us, "He is lovely. You can go to him if you have problems and he will help you. The deputy manager as well, they are really nice people." Another staff member described the managers as, "Lovely and really supportive. You couldn't ask for better managers." However, there was not a regular staff meeting to enable formal discussions within the staff team.

People also spoke positively about the registered manager. Comments included: "We know who the manager is and they are approachable", "I know who the manager is, and they are very knowledgeable about my relative" and, "If I have a problem, I go to that gentleman there [manager] and he puts my mind at ease." People felt the home was well managed and people were well cared for. One person told us, "There is no change in staff attitude across the day and there is always enough staff." Another said, "Yes, I'm really, really happy. I am not going anywhere else."

The registered manager understood there was a lack of external scrutiny and oversight of the service and therefore employed an external company to audit the health and safety of the home on an annual basis. The company were due to audit the home the day after our inspection visit.