

Briarmede Care Limited

Briarmede Care Home

Inspection report

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Middleton
Manchester
Greater Manchester
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29 January 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

This inspection took place on 23 and 29 January 2019 and was unannounced.

At our last inspection in October 2017 the service was rated as required improvement. This was the fourth time in succession that the home had been rated as either inadequate or requires improvement. The last inspection identified breaches of two regulations in relation to safe care and treatment and good governance.

At this inspection we identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were continued breaches of the regulations relating to good governance and safe care and treatment and an additional breach for premises and equipment. You can see what action we told the provider to take at the back of the full version of the report.

We are considering options in relation to enforcement action. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to the end section of reports after any representations and appeals have been concluded.

Briarmede Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Briarmede Care Home is registered to provide care for up to 32 people, with accommodation in single or shared bedrooms over two floors. It is situated in Middleton, Greater Manchester. At the time of the inspection there were 25 people living in the home.

There were two registered managers in post. 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.

We made three recommendations. We made a recommendation to support further improvement to help ensure the home is dementia friendly. We have made a recommendation about the Equality and Diversity Act 2010 and a recommendation about data protection.

A new system was introduced during the inspection to manage people's prescribed creams safely. Records were kept in people's bedrooms and did not include clear instructions or body maps.

Better oversight was required to ensure that checks were in place to ensure that staff employed continued to be suitable.

Recommendations in a fire risk assessment had not been followed in a timely manner. We made a referral to a fire safety officer because of these concerns. Systems were in place to monitor the safety of other equipment and all other required checks were up to date, including gas and electric safety checks.

There were health and safety shortfalls including unlocked doors to hazardous areas, missing window restrictors, unsecured wardrobes and these issues were not acted upon until we informed the Registered Managers during the inspection.

Systems were in place to ensure sufficient numbers of staff were provided and people reported feeling safe. Staff were aware of their responsibilities to safeguard people from abuse and risks to people's safety were assessed with guidance on how to minimise the risks. The service had a whistleblowing policy and staff reported feeling able to report poor practice if required.

The home was clean and staff had received training and understood their infection control responsibilities. Accidents and incidents were recorded on a regular basis including any responses and outcomes and there was a business continuity plan in place to help staff respond appropriately to any emergencies that could arise.

People's nutritional and hydration requirements and food preferences were recorded and adhered to. The premises were adapted appropriately for the people who lived there.

People's needs were assessed before admission and a support plan was put in place to meet these needs. This was reviewed and updated monthly.

The service worked closely with other agencies to provide the care that people needed. Positive feedback was received during the inspection from three health care professionals about the support offered by staff. The local council had also reported improvements had been made to the service within the last three months.

Relevant authorisations were in place where people were being deprived of their liberty. Care records show that capacity and consent had been considered when planning people's care and support.

Staff felt supported in their roles and were provided with an induction to prepare them for the role. The provider told us a new training provider will be assessing training needs in February 2019.

Staff interactions were kind, caring and respectful. People's dignity and privacy was respected. People were encouraged to be as independent as possible and independent advocacy was promoted to help safeguard people's rights.

Care planning did not fully consider the Equality Act 2010 and confidentiality and data protection had not been covered by the induction or staff training.

Care files were person-centred and included information about people's likes and dislikes. People were supported to pursue their individual interests and pastimes. Those who lived at the service told us they could make choices in their daily lives.

People's religious needs were met and people were supported to access the community. The accessible information standard was met. People were routinely assessed to ascertain what their communication preferences or abilities were.

There was an appropriate complaints policy and procedure in place and people told us they knew how to complain.

The home had an end of life policy that provided guidance to staff and the home actively involved family as much as possible.

The management team were visible, hands on and staff reported an open culture. Staff supervisions, team meetings and handovers were held regularly and staff reported feeling supported in their roles.

Audits and quality monitoring had not been effective and better oversight was needed.

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 always safe.

The service had not responded in a timely way to issues identified in their fire risk assessment.

Shortfalls in health and safety included unlocked doors to hazardous areas, missing window restrictors and unsecured wardrobes in bedrooms.

Staffing levels were sufficient and people reported feeling safe.

Is the service effective?

Good ●

The service was effective.

People's needs were assessed before they moved to the home. Care files included sufficient information about people's support needs.

People's nutritional and hydration requirements and food preferences were recorded and adhered to.

The service was working within the legal requirements of The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Requires Improvement ●

The service was not always caring.

Improvements were required to embed the Equality Act 2010.

Confidentiality was not covered in the staff induction and staff had not received training.

Is the service responsive?

Good ●

The service was responsive.

Care files were person-centred and included information about people's likes and dislikes. Those who lived at the service told us they could make choices in their daily lives.

There was an appropriate complaints policy and procedure in place and people told us they knew how to complain.

End of life care was good and the accessible information standard was met.

Is the service well-led?

The service was not always well led.

Quality assurance was not effective. There were shortfalls in fire safety, medication audits, confidentiality and health and safety.

Staff felt supported in their roles and there was a calm and caring culture in the home.

Inadequate ●

Briarmede Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

The inspection took place on 23 and 29 January 2019 and was unannounced. The inspection was carried out by one adult social care inspector, one assistant social care inspector and one 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 care service.

Before our inspection the provider completed a provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

To help us plan our inspection we reviewed information we held about the service. This included the inspection report from our last inspection in October 2017 and statutory notifications that had been sent to us. A statutory notification is information about important events, which the provider is required to send to us by law.

Before the inspection visit we contacted the local authority safeguarding and commissioning teams about the service to gather relevant information. The commissioning team had reported significant improvements to the service since their meetings with them in November 2018 and January 2019. We also contacted Healthwatch Rochdale. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Healthwatch shared their 'enter and view report' dated October 2018. This report is publicly available.

During the inspection we spoke with thirteen people who used the service, two registered managers, four care staff, one cook, an activity coordinator, two visiting relatives and three visiting professionals.

We undertook a Short Observation Framework for Inspection (SOFI) observation. A SOFI is a specific way of

observing care to help us understand the experience of people who are not able to talk with us.

We looked at records relating to the management of the service. This included policies and procedures, incident and accident records, safeguarding records, complaint records, three staff recruitment files, training and supervision records, three care plans, team meeting minutes, satisfaction surveys and a range of auditing tools and systems and other documents related to the management of the service.

Is the service safe?

Our findings

At the last comprehensive inspection of the service in October 2017 we found the service was not always safe and was rated as required improvement. We found the service was not managing medicines safely. This was a breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found in this inspection that the required improvements had been made for this particular issue.

Medication systems had improved. Guidance was now in place for 'when required' medicines, and instructions for 'variable dose' medicines were now being followed. Medicines were stored securely and were only accessible to those staff responsible for the administration of people's prescribed medicines. Staff were trained in the safe administration of medicines. We saw evidence that staff competency checks were carried out annually and that medication audits took place monthly.

We observed medicines being administered to nine people and we looked at eleven medication administration records (MARS). We saw controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) were managed appropriately in line with legislation. Temperatures were monitored daily to ensure medicines were stored in accordance with manufacturer's guidance.

Concerns were identified during the inspection about the management of people's prescribed creams. Records were kept in people's bedrooms and did not include clear instructions or body maps to support the safe application of the creams. A safe system was put in place by the registered managers during the inspection.

At our inspection in October 2017 there were concerns around fire safety. Some improvements had been made. Inspections of the alarm system and emergency lighting systems were up to date and there was an up to date fire system safety certificate. Everyone living at the home had a personal evacuation escape plan (PEEP). PEEPs explain how each person would be evacuated from the building in the event of an emergency.

However, we still had concerns because of information in the most recent fire risk assessment. The action plan had not been completed to demonstrate that the recommendations made in the report had been followed in a timely manner. This included fire extinguishers that had not been serviced and maintained. We called a fire safety officer who carried out a visit of the home and are considering the appropriate action to take. This was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were up to date servicing certificates and safety certificates for other equipment and utilities including, the passenger lift, gas safety and electrical wiring. There was evidence of regular testing of water temperatures and flushing of shower heads to manage the risk of legionella.

There were several health and safety issues identified during the inspection. This included securing

bedroom furniture to the walls, fitting window restrictors on the two landings between the first and second floors and ensuring that rooms and doors that needed to be locked were locked. These rooms included the laundry, a room with hazardous substances and a room where the door needed to be closed as there was risk of electric shock. This was a breach of Regulation 15 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home had recruitment procedures which aimed to protect people against the risk of unsuitable staff. Their policy required that each person's Disclosure and Barring Service (DBS) was updated every three years. DBS checks record any criminal convictions and help employers to assess the suitability of their staff. We looked at three staff personnel files to check that the procedure had been followed. We established during the inspection that better oversight of the procedure was required as one staff member did not have their DBS updated after three years, as required by their policy.

All thirteen residents that we spoke with reported feeling safe, "Yes I do feel very safe here, the staff always help me and they are very helpful here", "Oh yes I feel very safe, the doors are always locked and I like being in familiar surroundings with nice people", "I feel safe here because of the way they look after me".

Policies and procedures for safeguarding people from harm were in place to support staff. The staff we spoke with knew how to keep people safe and knew what action to take if they suspected abuse was happening. The training records showed that not all staff had received safeguarding training and it was not covered in the induction for new staff. The registered manager explained that safeguarding was covered when interviewing new staff and they agreed to include it in all future inductions. We were told a new training provider is coming to assess training needs in February 2019 and safeguarding will be included in the plan to ensure that all current staff are trained. Appropriate safeguarding information was on display to support residents and families to raise concerns if they needed to.

The home had a whistleblowing policy. This told staff how they would be supported if they reported poor practice or other issues of concern. Staff we spoke with felt confident about raising concerns if they needed to.

We looked at staffing levels across the service. We spoke to people who used the service, staff, registered managers and reviewed the staff rota's. Sufficient numbers of staff were deployed to keep people safe and meet their individual needs.

Inspection of care records showed that risks to people's health and well-being had been identified. We saw care plans had been put into place to help reduce or eliminate the identified risks including the completion of nutritional risk assessments and up to date falls risk assessments. One person whose records we reviewed was at risk of choking. This risk had been assessed and clear guidance was in place to guide staff.

General risk assessments were also in place and focused on issues such as fire risk and general health and safety. Risk assessments were regularly reviewed and updated as changes occurred.

Accident and incident files had been recorded appropriately. This included the staff response and the outcomes for each. The registered managers agreed to add a column to track and analyse any emerging trends each month to ensure that future risks are mitigated. We will check this when we next inspect.

We found the home was clean, tidy with no malodour. We saw that there were infection control policies and procedures in place. This included guidance on preventing the spread of infection; effective hand washing and use of personal protective equipment (PPE) including uniform, disposable gloves, aprons and hand gel.

Staff received infection control training and understood their infection control responsibilities. We observed staff using PPE during the inspection.

We looked at the on-site laundry facilities. We found that there was sufficient equipment to ensure safe and effective laundering and hand washing facilities and protective clothing were available and in use. To minimise the risk of staff handling heavily soiled laundry, the laundry was placed in special bags that disintegrated when placed in very hot water in the washing machine. The door to the laundry now had a lock although it was not in use as we were able to enter the room, when it was unattended, on several occasions during the inspection. This was not safe as people in the home could have gained access to the laundry. We spoke to the registered manager who agreed to ensure that the door is kept locked in future.

The front door was securely locked. This helped to keep people safe by ensuring the risk of entry into the building by unauthorised persons was reduced. It also helped to prevent people who were assessed as being at risk if they left the home alone, from leaving the building unsupervised. People who were able to leave unsupervised were not restricted.

There was a business continuity plan in place help staff deal with any emergencies that could arise, such as utility failures and other emergencies that could affect the provision of care. Key contact numbers were listed to enable an effective response.

Is the service effective?

Our findings

At the last comprehensive inspection of the service in October 2017 we found the service was not always effective and was rated as required improvement. There were concerns about the lunch time experience and concerns about the environment not being dementia friendly. At this inspection we found that the required improvements had been made.

We observed lunch both in the dining area and in the lounge. Tables in the dining area were laid with clean table linen, doilies, serviettes, condiments and flowers. Each table had a menu printed in large print displaying a lunchtime choice of mince and suet pudding or fish in sauce, potatoes and vegetables followed by jam and coconut sponge and custard, yogurt, ice cream or fruit. People could choose where to eat, the atmosphere was calm and pleasant, and staff were attentive to people's needs. Dignity was preserved by some residents wearing protective aprons and additional serviettes were handed round following the meal.

All the residents reported being satisfied with the food. Comments included, "The food is very good, tasty and plenty of it", "The meals are very nice here and they've got some good chefs", "The meals are good. We have a choice of a cooked breakfast or porridge, cereals, toast. For lunch the chef comes around and asks you what you would like, usually a choice of two hot dishes served with potatoes and vegetables. If you don't like those meals, then they will make you something else. For tea it's usually soup and a sandwich or like today there is quiche and beans. There is usually some cake then or a bit of fruit, ice cream and yogurt. If you want supper they will make you some toast with a hot drink".

The kitchen had achieved a good hygiene rating of 4 stars in November 2018 and it was clean and tidy. People's dietary requirements had been assessed and appropriate care plans and risk assessments were in place. The cook was knowledgeable about providing different diets and there was a diet notification folder in the kitchen which had a section for each resident. This included information about their diet, likes and dislikes, allergies and speech and language therapist's assessments. There were no residents who had dietary requirements related to culture or religion.

The home and the premises were adapted appropriately for the people who lived there. Where appropriate the bedroom doors now had names and photographs of the person whose room it was. This information on doors helps to promote independence as people with dementia are more likely to find their rooms without assistance if the doors are clearly labelled. We saw aids and adaptations were provided to promote independence as well as maintain people's safety. These included handrails, assisted bathing, accessible bathrooms and raised toilet seats. Adequate signage was now in place. Signage for bathrooms, for example, can help to reduce any feelings of confusion or anxiety caused by feeling lost.

The toilet seats and grab rails in the bathrooms and toilets were not of a different colour than the toilet. Research has shown that coloured seats and grab rails assist people living with dementia to recognise the toilet more easily. We recommend that the service looks at best practice guidance to ensure that it continues to improve and to meet the needs of people living with dementia.

Staff reported that the décor was old and dated. We observed that the lounge, dining room and residents' rooms were clean and in reasonable decorative order. However, we did observe some of the walls and skirting boards to be scuffed and marked and some wallpaper peeling off the wall. The backs of some dining chairs were showing signs of wear.

People's care needs were appropriately assessed prior to admission to the home and a support plan was put in place to meet these needs. We could see evidence of this in all three care files that we looked at. Support plans had information about all key areas of care including physical and mental health, nutrition, communication, personal care and mobility.

The service worked closely with other agencies to provide the care that people needed. Positive feedback was received during the inspection from three health care professionals about the support offered by staff. Comments included, "There has been a dramatic improvement in the last six months. This was due to better relationships and better communication. Staff are always welcoming and friendly and staff have a genuine desire to care", "Pleasant, receptive and open and helpful staff" and "I have always found the staff to be nice and helpful".

Daily records were maintained of all healthcare visits and contacts. The three files we looked at included visits and contacts with podiatry, opticians, dieticians, the falls team, speech and language therapists, GPs, social workers, independent advocates and district nurses.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

Where people were being deprived of their liberty relevant authorisations were in place. At the time of our inspection authorisations for DoLS were in place for twelve people. The registered managers had appropriate systems in place to monitor this and to keep all applications up to date. This meant appropriate action could be taken in advance of the expiry date so that people were not being unlawfully restricted whilst living at the home.

We saw that policies and procedures were in place to guide staff on MCA and DoLS. A review of people's records evidenced that capacity and consent was explored. We saw that where people had capacity, people consented to their care and support and best interest meetings had taken place when people who were unable to give consent.

The induction checklist involved taking staff through key policies and procedures including manual handling, care plans, pressure relief, infection control, nutritional support and whistle blowing. Shadowing was not recorded as part of the induction checklist although staff informed us that they had completed two weeks of shadow shifts before working unsupervised.

Staff's competencies in key areas such as administering medicines were also checked and were up to date. Staff could only administer medication after they had been assessed as being competent. The registered

manager explained that new staff shadowed experienced staff to learn about moving and handling. They agreed that competency in this area of practice should also be tested and they have now added this to the induction and all current staff will be competency checked. Competency checks for person centred care had already been introduced prior to the inspection.

Staff reported being happy with the supervision and support that they received. We saw that staff supervisions and team meetings were held regularly and gave staff the opportunity to voice their concerns or make suggestions. One commented, "The door is open all the time, the managers ask if you are concerned about anything. I like that". Information in three staff personnel files that we looked at showed that staff received both supervision and appraisals.

All thirteen residents told us they thought the staff were well trained and knew what they were doing. The staff we spoke with were happy with the training that they received. They commented, "Yes, although I have worked in another care home in Rochdale, I repeated the training, moving and handling, oral hygiene, so much here", "Yes, I have had hand washing, I've not done my moving and handling yet", "Yes they go through absolutely everything, I can't think of anything that they miss".

Is the service caring?

Our findings

At the last comprehensive inspection of the service in October 2017 we found the service was caring and was rated good. We rated the service as requires improvement for this key question.

Improvements were required to embed the Equality Act 2010. We looked at how the home considered areas of equality and diversity when planning people's care and support. Care files did not record whether people were being given the choice to share information about relevant protected characteristics which could apply to them.

There are nine protected characteristics, including age, disability, religion and sexuality that are protected by law to prevent discrimination. This information helps to inform care planning and removes barriers to providing good care. The registered manager agreed to rectify this by producing a one-page form that covered all nine protected characteristics. A draft was shown to us during the inspection. Staff will also be provided with specific equality and diversity training. We will check this when we next inspect.

To fully embed the principles of equality, diversity and human rights in all aspects of people's life, we recommend that the service also consults CQC's public website and seeks further guidance from the online toolkit entitled; Equally outstanding: Equality and human rights - good practice resource.

Filing cabinets storing people's information were situated in a communal area of the home and we spoke to the registered managers about the need to ensure that they are kept locked when unattended. The communication book was also left unattended on top of these cabinets. This contained confidential information. Confidentiality was not covered in the induction and staff had not received training. The registered manager explained that it was covered in the interview and that they would add it to both the induction and the training matrix to ensure that current staff are trained. We recommend that the service looks at best practice to ensure that the home is compliant with the requirements of data protection.

All the people we spoke with, and visiting family and professionals were complimentary about the attitude and kindness of the staff. Comments included, "The staff are very good here, they look after us well", "I'm well looked after here, the staff are kind and it serves its purpose", "They've done everything they can for me here", "The staff here have been great with me they've brought me up from when I was in a bad place and now I'm looking to go and live in a bungalow on my own".

During the inspection we observed kind and caring interactions by staff members. They addressed everyone by name and spoke in a respectful manner. Their verbal and nonverbal communication and body language demonstrated kindness and consideration. The staff had a good rapport with people and knew them well and were able to adjust their responses to meet people's individual needs. We saw this when we observed medication being administered as people required different levels of support to take their medication.

The residents we spoke with told us they were treated with dignity and respect. Comments included, "The staff always knock on my door. When they take me for a shower or a bath they cover me up", "When they

take me to the toilet, they leave me in private then come when I call them".

The residents we spoke with told us they were encouraged to be independent with activities of daily living including eating, drinking, washing and dressing.

Routines were flexible with people rising and retiring at different times. The main lounge was large and provided space to cater for people who wanted to sit quietly and space for people who wanted to be more sociable. The atmosphere within the home was relaxed and calm.

There were policies on autonomy and choice, and a human rights policy. Independent advocacy services were encouraged and promoted and we saw evidence of their involvement. One advocate was present during the inspection. People can have a legal right to an advocate in some circumstances under the Care Act 2014, and when they are under a DoLS. The role of the advocate is to act as a safeguard and to check that people's rights are being met.

Is the service responsive?

Our findings

At the last comprehensive inspection of the service in October 2017 we found the service was responsive and was rated good.

People's care plans showed that an assessment of their needs had been undertaken before any care and support was provided. Care plans were divided into sections that related to people's individual care needs and included personal care, mobility, nutrition, sleep, behaviour, epilepsy, dementia and continence. Each section included a clear description of what was required to meet the identified need, the persons view and each section was reviewed monthly by staff. People's care plans also provided information on how to manage specific health conditions and included best practice guidance to support staff. Records of professional visits, including doctors, district nurses and other healthcare professionals, were kept in people's care files.

Each care file had a resident's profile that covered people's likes and dislikes, information about their backgrounds and their life history. Other sections of the care file were not easy to access and needed a more consistent format to enable quick access to information and to support good auditing of the contents. This was discussed with the registered managers during the inspection and they agreed to review the format of the files.

The registered managers explained that the activities coordinator had been meeting with each resident on a one to one basis to check with people that the care plans were accurate and up to date from their perspective. Most people, with capacity to do so, had signed their care plans once this process had been completed.

People told us they could make choices in their daily lives. They were able to choose when to get up and go to bed, what to eat and where to go or what to do during the day. Comments included, "Oh yes they let me go out with my family when they can get here", "Yes I'm allowed out on my own and my grandchildren take me out", "Yes they let me go up onto the top floor and have a cigarette, it's a smoking area".

The home employed a part time Activities Co-ordinator. We observed them playing games and browsing photos and newspapers with some people during the afternoon. One person was playing the piano which other people living at the home enjoyed. Notification of activities was displayed on a board along the corridor, at the entrance to the home, along with a file of photographs taken of previous outings and activities.

The activities coordinator explained that they completed a getting to know you form with each individual to find out what people liked to do. They kept a record of what activities each person had participated in each day. They also carried out room visits to ensure that people who chose to stay in their rooms were involved. Activities included aromatherapy hand massage, reminiscence therapy, baking, reading, dominoes, cards and bingo. A singer also visited once a month. A 'gentleman's' club had also been set up to encourage the men to socialise more together as it had been noticed that the men often sat alone in the lounge.

The home bought a sit-down bike to encourage exercise and used a tablet that showed scenery that changed as people pedalled. The home participated in a Christmas card international exchange. We were shown letters which had been written in Christmas cards by the residents and had been sent all over the world. They had received responses from New York, Australia, Canada and Wrexham in North Wales.

A Church of England minister visited every two weeks and carried out a Eucharist service and brought a couple of visitors from his congregation who spent time with the residents. People were supported to access the local community, including three people who attended a local social club and others who attended a luncheon club set up by the local councillors. One of the councillors arranged for someone to lay a wreath at the cenotaph. Manchester dogs home visited with two pugs for animal therapy twice a year and local singers from the local primary school came twice a year. A local primary school came for Christmas carols and 13 people went to their Christmas party at the school.

People made the following comments about the activities, "We sometimes get taken out to a Community Centre where we pay £3 for our lunch, play bingo, but not often as there aren't enough staff" and "The activities coordinator takes me out to Middleton shopping occasionally. We went to Blackpool last year and that's about it. We had some people who came in at Christmas and sang. I knit and watch television."

The service met the Accessible Information Standard (AIS). The AIS aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need from health and social care services. Section 250 of the Health and Social Care Act 2012 states that all organisations that provide NHS care or adult social care must follow the standard. The home routinely assessed people's communication needs and preferences and these were clearly recorded in care files that we looked at.

We looked at how the service managed people's complaints and concerns. No one we spoke with had felt the need to complain. All the people we spoke with told us they would speak to the senior carer on duty or one of the managers if they were not happy with something. Information about how to complain was included in the statement of purpose and it was displayed in communal areas. The procedure outlined how to complain and where to go externally if people weren't happy with the outcome of the complaint. All four complaints that had been received in the last 12 months were logged and been responded to appropriately. We reviewed the most recent complaint and found that appropriate action had been taken and corrective actions put in place.

The home had collected fourteen compliments from relatives and health and social care professionals in the previous twelve months. A podiatrist had commented, "The last two visits to the home have been marvellous, efficient, friendly, a joy to work in. Whatever you do don't change the current staff."

We asked the registered managers to tell us how staff cared for people who were very ill and at the end of their life. The home had an end of life policy that provided guidance to staff and the home actively involved people's families as much as possible. This included families staying overnight if required. At the time of our inspection, no one at the home was receiving end of life care. We were shown feedback from a relative whose father had been on end of life in the home. They had written a letter stating, "they tended to his every need...every staff member took time to sit and talk to him...the care given for my Dad's end of life was exemplary, without exception." The home had an end of life champion in place and they had good links with the local hospice. Staff had attended end of life training.

Is the service well-led?

Our findings

The quality monitoring systems in place had not been effective in identifying and resolving issues with safe recruitment, medication, fire safety, confidentiality and other health and safety issues. The health and safety issues could have resulted in avoidable harm. We rated the service as inadequate for this key question. There were continued breaches of the regulations relating to good governance and safe care and treatment and an additional breach for premises and equipment.

At the last comprehensive inspection of the service in October 2017 we found the service was not always well led. The provider had failed to submit the provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This had been resolved, and the most recent PIR was submitted as required.

At the last inspection there was no registered manager in place and two managers had left in a short space of time prior to the inspection. There were now two registered managers in post. The first was registered with the service in July 2018 and the second was registered in December 2018. Each registered managers areas of responsibility had been defined clearly to ensure clear lines of accountability. 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 managers supported the inspection throughout and they had been working hard to improve the service. The Local Authority was also working closely with the service and had reported significant progress in the last three months.

During the inspection we requested that the registered managers reorganised systems for recording safeguarding, falls and personal care to ensure better oversight and analysis.

It was agreed with the registered managers that better oversight was also required through improved audits and quality assurance. There was a range of quality monitoring in already in place, but these had not been effective in identifying and resolving issues with recruitment, medication, fire safety, confidentiality and other health and safety issues. This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was good feedback from staff and good communication and support was in place. The on-call system was effective and included managers being on call twenty-four hours a day and the senior on the previous shift was also on call to support the following shift if required.

Staff informed us that care files detailed people's needs clearly and that any changes were communicated through staff handovers. Staff commented, "Yes they are clear, yes there is absolutely everything in them", "Yes, we have handovers, so you know if any changes are happening", "We have handovers every morning,

every evening and you read back from when you were last on shift.'

Policies and procedures were available and up to date and covered all aspects of service delivery including safeguarding, medication, whistleblowing, recruitment, complaints, equality and diversity, moving and handling and infection control.

We saw evidence that resident's meetings and surveys with relatives had taken place and the home had made improvements based on feedback. The home gave examples where they had changed the food to include more spicy food and had improved the activities available to people.

The law requires that providers of care services send notifications of specified changes, events or incidents that occur within their services to the Care Quality Commission. We checked and found that appropriate notifications from the service were being sent.

Ratings from the last inspection were clearly displayed in the reception area of the home. The service did not have a website. From April 2015 it is a legal requirement for registered providers to display their CQC ratings. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Appropriate systems were not in place to ensure people received safe care and treatment. The registered person had failed to respond to the recommendations made by a fire risk assessment.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment Appropriate systems were not in place to ensure that the premises were safe.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Appropriate systems were not in place to ensure good governance within the home.

The enforcement action we took:

A Warning Notice was served.