Care Quality Commission

Mr Bradley Scott Jones & Mr Russell Scott Jones

Brownlow House

Inspection report

142 North Road
Clayton
Manchester
Greater Manchester
M11 4LE

Tel: 01612317456
Website: www.russleycarehomes.co.uk

Date of inspection visit:
13 July 2016
15 July 2016

Date of publication:
13 September 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on the 13 and 15 July 2016 and was unannounced. Brownlow House was last inspected in April 2014 and was found to be meeting all the regulations we reviewed.

Brownlow House is registered to provide accommodation, support and personal care for up to 31 people. The home provides support for people living with dementia or a mental health issue. The home works with people who have had a history of abusing alcohol.

At the time of our inspection 30 people were living at Brownlow House. Twenty eight people had their own room and two people wished to share one room. Brownlow House is an old building with three floors, accessed by a lift. People used shared bathrooms on each floor. There is a dining area, main lounge and two smaller lounges which are quieter. There is a large garden to the rear of the property.

The service had a registered manager in place as required by their Care Quality Commission (CQC) 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.

People told us they felt safe living at Brownlow House and had no concerns about the care and support they received. Staff had received training in safeguarding adults and knew the correct action to take if they witnessed or suspected abuse. Staff were confident that the registered manager would act on any concerns raised.

Existing staff received the training and supervision they required to be able to deliver effective care. Staff were supported to complete a nationally recognised qualification in health and social care. However we found new staff were not always provided with the mandatory training as soon as they joined the service. They were supported by experienced colleagues and the deputy manager was their mentor to guide them about the support people required.

A robust system of recruitment was in place to ensure staff were suitable to support vulnerable adults. We saw there were sufficient staff on duty to meet people's daily needs. However the staff did not have time to organise regular activities for people or to support them to access their local community. Some people were independent and could go out of the home by themselves.

We saw medicines were administered by trained staff. However we saw that creams had not been dated when opened which meant people may be administered creams that had been open longer than the manufacturer's instructions. The registered manager said all opened creams were returned to the pharmacy every four weeks. Two people had run out of 'as required' pain relief medicine. We were told the GP did not want to prescribe additional medicines; however this had not been recorded. Homely remedies were used when 'as required' pain relief had not been prescribed; however no homely remedies were available at the time of our inspection.This meant they may have been in pain and discomfort because the required pain relief medicines were not available. Guidelines for when people needed 'as required' medicines were being written during our inspection.

We found the home to be in need of maintenance and re-decoration. The home was clean. One bedroom had a malodour; all other areas of the home were free from odours. Procedures were in place to prevent and control the spread of infection. Systems were in place to deal with any emergency that could affect the provision of care, such as a failure of the electricity and gas supply. Regular checks were in place for fire systems and equipment.

People told us they received the care they needed. Care records were personalised and identified risks and people's needs. Guidance for staff was included in the care plans. Information about people's background, likes and dislikes were recorded in a one page profile for two out of the three files we reviewed. The care records were reviewed monthly and updated as required.

Systems were in place to help ensure people's health and nutritional needs were met. Records we reviewed showed that staff contacted relevant health professionals to help ensure people received the care and treatment they required.

We found the service was working within the principles of the Mental Capacity Act (2005). Best interest meetings and capacity assessments were held where required. Applications for Deprivation of Liberty Safeguards (DoLS) were appropriately made.

People we spoke with told us that the staff at Brownlow House were kind and caring. During the inspection we observed kind and respectful interactions between staff and people who used the service. Staff showed they had a good understanding of the needs of people who used the service.

The service was registered with the Six Steps end of life programme. We saw people were supported to discuss their wishes for their care at the end of their lives.

Staff told us they enjoyed working in the service and received good support from the registered manager and senior care workers. Regular staff meetings took place and staff said they were able to make suggestions and raise any concerns they had at the meetings.

There were systems in place to investigate and respond to any complaints received by the service. Residents' meetings were held to enable people to comment on the care provided at the home. Relatives' meetings had been arranged but no one had attended. Surveys had been distributed, however few completed forms had been received. All the people we spoke with told us they would feel confident to raise any concerns they might have with the manager.

The policies and procedures in use at the service were not dated, the registered manager said they were current, had been reviewed and updated policies were re-printed when they had been changed.

We noted there were a number of quality audits in the service; these included medicines, care records and health and safety. Actions were identified following the audits. We saw plans were in place to improve the care records, agree personal goals with people and complete the re-decoration and maintenance work at the home. However the service had been slow to implement these plans.

During this inspection we found breaches of Regulations 12 and 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because improvements were required in the management of medicines and the building required maintenance and re-decoration work to be completed. You can see what action we told the provider to take at the back of the full version of the report.

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.

Medicines were not always managed safely. Best practice guidelines were not followed for dating topical creams when opened, two people's 'as required' pain relief medicine were not available and there were missing signatures on the medicine administration record.

There was sufficient staff to meet people's daily needs. However staff did not have time to also arrange regular activities for people to be involved with.

Staff had received training in safeguarding adults and knew the correct action to take should they witness or suspect abuse. A system was in place to recruit suitable staff.

Risk assessments were in place and were reviewed regularly.

Is the service effective?

Requires Improvement

The service was not always effective.

The home was in need of maintenance work and re-decoration. Some work had been completed and some plans were in place; however were taking a long time to be implemented.

Existing staff received the training required to undertake their role. New staff were supported by the deputy manager and their colleagues, however had to wait to complete their mandatory training.

Systems were in place to assess people's capacity to consent to their care and treatment. Best interest decision meetings were held where people lacked capacity.

People received the support they needed to help ensure their health and nutritional needs were met.

Is the service caring?

Good

The service was caring.

People who used the service told us staff were kind and caring in their approach. Staff we spoke with were able to show that they knew people who used the service well.

The home had trained staff to support people and colleagues at the end of people's lives.

People were asked for comments about their care each month when their care files were reviewed. Regular residents' meetings were held to gain feedback and suggestions from people who used the service.

Is the service responsive?

Good

The service was responsive.

The care plans contained included clear information to guide staff on the care and support people required. The plans were reviewed regularly.

Staff clearly explained the nature of person-centred care.

The service had systems in place to record and investigate any complaints they received.

Is the service well-led?

Requires Improvement

The service was not always well led.

A registered manager was in place as required by the service's registration with the CQC.

Quality assurance processes were in place and action plans developed. However improvements to the service and environment had been slow to be implemented and completed.

Staff told us they enjoyed working in the service and found the manager to be both approachable and supportive.

We were told the policies and procedures in use at the service were current; however they were not dated.

Care Quality Commission

Brownlow House

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 inspection took place on 13 and 15 July 2016 and was unannounced. The inspection was carried out by one adult social care inspector.

Before our visit we asked the provider to complete a Provider Inspection Return (PIR) form and this was returned to us. 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 also reviewed all the information we held about the service including notifications the provider had made to us. A notification is information about important events which the service is required to send us by law.

We contacted Manchester Healthwatch and the local authority commissioning and safeguarding teams to obtain their views about the provider. Following the inspection visit we spoke with two social workers from the local authority.

During the inspection we observed interactions between staff and people who used the service. We spoke with seven people who used the service, eight members of staff, the chef, two domestic assistants, the registered manager and two visiting health professionals.

We looked at the care records for three people and eight people's medicine records. We also looked at a range of records relating to how the service was managed, including three staff personnel files, staff training records, policies and procedures and quality assurance audits.

Requires Improvement

Is the service safe?

Our findings

All the people we spoke with said they felt safe living at Brownlow House. One person said, "I'm safe and well looked after here" and another told us, "I'm safe here; I want to stay here for a long time as I couldn't cope when I had my own flat."

We looked at the way medicines were managed in the service. We saw that a medicines policy was in place; however it was not dated so it was not possible to know if it was the current policy. The registered manager said the policy was current, had been reviewed and reprinted if any changes were made. The senior care staff had been trained in the administration of medicines. We saw evidence that annual competency checks and observations of the senior staff members administrating medicines were completed. This meant that they were provided with the skills and knowledge to administer medicines safely.

All the people we spoke with said they received their medicines when they should do. We looked at the Medicine Administration Record (MAR) sheets for eight people who used the service. We saw the medicines were booked in by two staff and all hand written entries on the MAR had been signed by two staff. We found seven MAR sheets had all been signed to confirm people had received their medicines as prescribed. One person had four missing signatures for the application of a topical cream at night. This meant it was not possible to see if the person had had the topical cream applied on those four dates or not.

We saw evidence that medication errors were reported, investigated and action taken to reduce the chance of re-occurrence. We saw missing signatures had been noted by the registered manager for the last four monthly medication audits. We saw evidence that the registered manager had held meetings with all staff who administered medicines to raise the issues with the MAR sheets and completed additional supervisions when they had not signed the MAR sheet.

We noted that guidance for staff to follow when administering 'as required' medicines, for example pain relief, was not in place. This guidance should state how people would inform staff, verbally or non-verbally, that they needed the 'as required' medicine. We saw on the second day of our inspection that guidance was being written for all people prescribed 'as required' medicines.

We found dates of opening had not been recorded for topical creams. This meant that the creams may be applied after they have been open for longer than the manufacturer specifies. This could reduce the efficacy of the creams. The registered manager told us all creams were returned to the pharmacy every four weeks so they could not become out of date. However creams may be prescribed at any point during the four week cycle at the home and does not follow best practice guidelines for dating all medicines when they are opened.

We saw two people had run out of 'as required' pain relief medicine, one on the first day of the inspection and the other three days before. The service was waiting for a delivery of medicines from the pharmacist, which had arrived by the second day of our inspection. This meant that two people may have been in pain and discomfort because the required pain relief medicines were not available. I was told the GP did not want to prescribe more medicines for one person, however this was not documented in their medicines file. I was told homely remedies were offered when prescribed pain relief medicines were not available. However on this occasion no homely remedies were available.

We found not following best practice guidelines for dating opened creams, the continued missing signatures on the MAR sheets, and the unavailability of prescribed or homely remedy 'as required' pain relief and the lack of records with regard to the GP prescribing issues to be a breach of Regulation 12 (1) of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014, with reference to 12(2)(b).

We saw medicines that were controlled drugs were stored and recorded correctly, and a weekly stock check was carried out. Controlled drugs are drugs which by their nature require special storage and recording.

We saw that suitable arrangements were in place to help safeguard people who used the service from abuse. The training records we saw showed that staff had undertaken training in safeguarding vulnerable adults. The staff members we spoke with confirmed this and were able to clearly explain the correct action they would take if they witnessed or suspected any abuse taking place. They told us that they would inform the registered manager and were confident that appropriate action would be taken. We saw safeguarding was discussed as part of team meetings and staff supervisions. This should help ensure that the people who used the service were protected from abuse.

We saw accidents and incidents were recorded appropriately and any falls were recorded in people's care files. Action taken by the registered manager, if applicable, was recorded on the incident and accident forms. A monitoring sheet was used for the registered manager to identify any trends.

We reviewed three staff recruitment files. Two files were for recently employed staff and included an application form, two references, interview notes, proof of identity and a criminal records check from the Disclosure and Barring Service (DBS). The DBS identifies people barred from working with vulnerable people and informs the service provider of any criminal convictions noted against the applicant.

The file for a staff member employed in 2011 did not contain proof of identity or confirmation of a DBS check. It did contain an ISA First confirmation. This can only be requested when a full DBS check is made and ensures the potential staff member has not been barred from working with vulnerable adults. This meant the full DBS check had been requested when the staff member was employed. We were told for staff employed before the current registered manager joined the service full employment records were held centrally by the provider. This meant that the service had a system in place for recruiting staff who were suitable to work with vulnerable people.

People we spoke with gave mixed views on whether there were enough staff on duty at the service to meet their needs. One person said, "There is enough staff; they know me well" and another told us, "There's enough staff; they're always around." However two people told us they thought the staff were always busy and there were not enough staff. We noted during the inspection the staff were busy with little opportunity to spend time with people.

From the rota we saw on most days there were four staff on duty until 2pm, then three staff until 8pm and two staff overnight. However we saw at weekends and some other days, for example all week at the end of July 2016, there were only three staff on duty all day. We were told only two people required two staff to support them with transfers and many people were able to independently get up and go to bed with prompts from staff. The registered manager showed us a dependency tool they used to assess the staffing levels for the home.

All the staff we spoke with said there were enough staff on duty. Staff supported people and also laundered their clothes. We noted there was not an activities officer employed by the service; the staff team had to organise activities as part of their role. Staff said they tried to spend time doing various activities with people and go out locally in the afternoon when it was quieter.

However one staff member told us staff sometimes supported people on the weekend trips or into Manchester on their days off. We saw in minutes from a staff meeting in January 2016 that the service was looking to recruit a staff member to organise activities for people who used the service. However the registered manager told us this was not now going ahead. We saw in minutes of resident meetings people had requested for more activities to be arranged.

We saw records showing the activity for each day in July. Up until and including the 14 July five days had no activity recorded and six days the activity had been a film in the afternoon. On two days there had been a sing a long and on one day two people had been to the local shops with staff. A case manager we spoke with told us people were not able to go out very often due to staff not being available to support people.

This meant there were sufficient staff to support people with their daily needs, however staff did not have the time to organise regular activities for people to join in.

We reviewed three people's care files and found individual risks had been identified, including mobility, smoking, nutrition and the risk of developing pressure sores. Guidance was provided for staff to follow to help reduce the identified risks. The risk assessments had been reviewed and updated where necessary to reflect any changes in people's needs.

We reviewed the systems in place to help ensure people were protected by the prevention and control of infection. We saw the home was clean and there were no malodours present in the communal areas. One bedroom did have a malodour due to the continence issues of the person who lived there. The domestic we spoke with told us they had a carpet cleaner and cleaned the carpets monthly or whenever there had been an accident.

Records showed, and staff confirmed, that infection prevention and control training was undertaken by all staff. The housekeepers we spoke with confirmed they had also completed this training and knew of the action they should take to help prevent the risk of cross infection. One senior carer was designated the infection control champion and had undertaken additional training. They were supporting their colleagues to inform them of best practice for infection control.

Our observations during the inspection showed that staff used personal protective equipment (PPE) such as gloves and aprons appropriately when carrying out tasks. We saw that the local authority had completed an infection control audit in June 2016 and the service had been rated as 'green' (compliant) overall. We also saw some of the actions that had been identified in the audit had already been completed.

We checked the systems in place to protect people in the event of an emergency. We found that personal emergency evacuation plans (PEEPs) were in place for all people who used the service and a copy was kept in the staff office. These plans detailed if a person was independently mobile or what support they would require to evacuate the building during the day and at night. This meant information was available for the emergency services in the event of the building needing to be evacuated.

Records we reviewed showed that the equipment within the home was serviced and maintained in accordance with the manufacturers' instructions. This included the fire alarm, call bell and emergency lighting systems. Records we looked at showed regular checks were carried out on gas and electrical items and the water system. This helped to ensure that people were kept safe.

However on the second day of our inspection we saw two fire doors were propped open. This meant the fire safety of the property was compromised at this time. This meant the fire safety of the property was compromised during these periods. We saw the fire service had attended a fire at the home in December 2015 and that recommendations following the fire had been completed.

We saw a business continuity plan was in place for dealing with any emergencies that could arise. This informed the registered manager and staff what to do if there was an incident or emergency that could disrupt the service, for example a gas leak or an interruption of the electricity supply.

Requires Improvement

Is the service effective?

Our findings

People we spoke with told us the staff knew their needs and how to support them effectively. Staff told us, confirmed by the training records, they received training in first aid, manual handling, food hygiene and fire. Staff had completed the Care Certificate – this is a nationally recognised introduction to working in care. We also saw staff had completed, or had enrolled on, a nationally recognised vocational qualification in care. One staff member said, "I think the training here is really good."

However one staff member, who had joined the service ten weeks ago, had six months of previous experience in care with another employer. Induction records showed that they had had an introduction to the service and had completed training in safeguarding vulnerable adults and fire safety. They told us they worked with more experienced staff; however in a morning they supported people to get up on one floor on their own with the experienced staff member being on another floor of the building. Other mandatory training courses were planned to be completed including manual handling, infection control and food hygiene. The staff member had been registered on the care certificate; however was yet to meet their assessor.

They told us they were being mentored by the deputy manager and said they could ask the seniors, deputy manager or registered manager any questions they had. They said they had also read people's care plans and felt confident supporting people. A person who used the service said about this member of staff, "[Name], she's good she is."

Another member of staff had re-joined Brownlow House six weeks ago after a two year break. They had shadowed experienced staff and completed the homes induction checklist, however had not received any refresher training at the time of our inspection. The registered manager told us the mandatory training was planned to be undertaken within the first three months of employment.

We were satisfied that training was comprehensive and in date for existing staff. However for new or returning staff there could be a delay in attending the training courses they needed to undertake their role.

Staff told us, and records confirmed that regular supervisions, an annual appraisal and staff meetings were held. Staff said they were able to raise any concerns or issues they had at their supervision and team meetings and were confident the registered manager would listen to them. This meant the staff were provided with the support to undertake their role.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

We saw information in people's care plans about their capacity to make decisions. This included decisions about their care, where they lived and day to day decisions and choices. From the logs of professional visits we saw social workers had attended 'best interest' meetings where people had been assessed as lacking capacity to make a decision. However minutes of these meetings were not available as they had not been received from social services. We advised the service to make their own notes of the meetings they attend for their own records.

Where a person had been assessed as lacking capacity to consent to their care a DoLS application had been made. A tracker matrix was used to monitor the ten DoLs that had been requested by the service. We observed staff seeking people's consent before providing care and support throughout our inspection. This meant the service was working within the principles of the MCA.

We observed the morning handover meeting between the night shift and the incoming morning shift. The handover was used to inform staff of people's wellbeing and any changes that had been noted. Staff told us if they had been off work for a period, for example annual leave, they would receive an extended handover from a senior carer on their return to work. This meant the staff were kept up to date with any changes in people's needs and support. A handover book was also used for the senior care staff to inform each other of any relevant information or if appointments needed to be booked.

People told us they enjoyed the food at Brownlow House. One person said, "The food is good; I get a choice of hot meals" and another told us, "The food is good; I've agreed a diet plan and I've now lost some weight." We observed the breakfast and lunch experience at the home. At breakfast, cereals and porridge were available for people to help themselves to. The chef offered a hot breakfast after people had eaten their cereal. We saw the staff were in and out of the dining area during this period as most people were independent when eating their meals and staff were supporting other people to get up. At lunchtime people ate in two sittings which meant there was enough room and support for people to eat. Some people chose to eat in their own rooms. We saw people came for their lunch at various times and were not rushed to eat their meal. One person asked for, and received, a second portion of food as they were hungry. We saw condiments were on each table, tea and coffee were served in individual pots and jugs of juice were available. We saw in the minutes from a residents' meeting in March 2016 that people commented that the food had improved.

We spoke with the chef at the home. They had a list of any person who required a fortified meal or soft diet. The staff informed the chef of any changes to people's requirements as advised by the dietician or Speech and Language Team (SALT). We saw one main meal was available at lunch and tea. People could choose an alternative such as sandwiches, soup or salad if they did not like the main meal that day. The most recent inspection from the environmental health department in September 2015 had awarded the service a 5 (Very Good) rating.

We saw there were systems in place to meet people's nutritional needs. The care files we looked at all contained an assessment of people's risk of malnutrition using the Malnutrition Universal Screening Tool (MUST). People were weighed monthly and their MUST score calculated. People found to be at risk were referred to a dietician or SALT team. This meant people's nutritional needs were being met by the service.

Each person was registered with a GP. We saw referrals had been made to district nurses and other medical professionals when required. One person had a detailed chronic obstructive pulmonary disease (COPD) flare up plan provided by the NHS hospital. This detailed what support the person needed when they were well and what action to take if they showed worsening symptoms. We saw people had been supported to attend the dentist and opticians when required. The two health professionals we spoke with both said the home would ring for advice when needed and would then follow any advice given. They said the staff were always helpful and knew the people they supported well. This meant that people's health needs were being met.

We saw there was clear signage in the home and toilet doors were painted a bright colour to assist people living with dementia to find their way independently around the home. However the home was in need of repair and re-decoration. At the time of our inspection two toilets were not working, one light had been removed from the second floor corridor ceiling and the light in one shower room was very dim. We saw the carpets were worn in communal areas, ceilings were stained by water damage and a small panel of glass in a leaded window was missing; the space was covered by a piece of card. A chair in the quiet lounge had a broken leg. We observed the back door was left open so people could access outside to smoke. However when it rained water came into the corridor, making it a potential slip hazard. We also saw one washing machine waiting to be plumbed in and one dryer was not working. This meant dirty washing was waiting to be completed in the afternoon on the day of our inspection. After the inspection we were told the washing machine was now working.

We saw the keypad to lock for the staff office door was broken. People's care files were stored in the staff office. This meant people who used the service and visitors could access the office when staff were not present. We also saw three food and fluid diaries were kept on a table in the main lounge. This meant people's personal information was not confidentially stored.

We also saw the sluice room / cleaning store room was not locked on either day of our inspection. We were shown that the bolt to secure the door was broken. This meant people who used the service could potentially access the cleaning room where cleaning chemicals were stored.

The registered manager told us the provider had agreed for new carpets to be fitted in the communal areas the week after our inspection. After the inspection we were sent evidence that the lounge had been fully re-decorated and new flooring fitted. We saw a maintenance sheet of jobs required. However we noted that some of the jobs needed to be repeatedly requested by the registered manager before they had been completed. We saw the maintenance staff member for the group of four homes was on site on both days of our inspection undertaking work at the home, including fitting a new toilet to replace one of the broken toilets.

We found the delays in maintaining and re-decorating the home to be a breach of Regulation 15 (1) (e) of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014.

Good

Is the service caring?

Our findings

All the people we spoke with said the staff were kind and caring. One said, "The staff are all okay; I've not got a bad word to say about them" and another told us, "I like the staff; they give me lots of support." A visiting healthcare professional said, "They are lovely caring staff." We noted there was a homely atmosphere at Brownlow House throughout our inspection. The two visiting health professionals and the two local authority case managers we spoke with all commented the home had a warm and friendly atmosphere whenever they visited.

Throughout the inspection we observed kind and caring interactions between staff and people who used the service. We saw staff clearly explaining the support they were going to provide. Staff knew the needs of the people they were supporting.

We saw in two of the three care files we looked at detailed information about a person's background. Likes and dislikes were recorded and a one page profile was at the front of the file for easy access of the information. The third file did not have the one page profile in place; their likes and dislikes were contained within the file and so not as easily accessible.

We were told that each day one person was the 'resident of the day'. We saw records that the deputy manager or a senior carer spoke with the resident of the day to gain their views about their care and support.

We also saw regular residents meetings were held every three months. People were able to make suggestions and comments about the home and the support they received. However we noted that a gazebo had been requested by people smoking outside in resident meetings in February 2015 and March 2016. We were told this had since been actioned; unfortunately the gazebo had blown away. Covered seating had since been arranged for people wishing to smoke outside. Other items suggested, for example trips out, had been arranged to take place. This meant people who used the service were able to comment and make suggestions about the home; however not all suggestions had been acted upon.

We saw people had independent advocates involved in their review and planning meetings with social services if they did not have family members who were involved and could advocate on their behalf.

We observed and were told some people could independently access the local community. We also saw people were able to help themselves to breakfast. People's care files clearly described what tasks, for example bathing or getting dressed, people were able to complete themselves and what prompts or support they required from staff. One staff member said, "I prompt people to have a shower but don't always need to support them when they have their shower." Another told us, "I prompt people to do things for themselves and let them know that I'm there to support them if they need me." This meant people were encouraged to maintain their independence wherever possible.

Staff were clearly able to describe how they maintained people's privacy and dignity when supporting them with their personal care. One staff said, "I re-assure people about what I need to do and check with them that it is okay before doing anything."

We saw that the home had registered with the 'Six Steps' end of life programme. This is a nationally recognised programme for supporting people and their families about making advanced decisions about the care they want at the end of their lives and their wishes after death. The registered manager and deputy manager had been trained in the use of the six steps. They maintained a register of those people at the end of their life and the stage within the six steps they were at. We saw from the minutes of the residents' meeting in March 2016 that people's wishes at the end of their lives were discussed. The registered manager told us some people engaged with advanced care planning for the end of their life and others did not want to discuss it. This meant people were supported to plan the care they wanted at the end of their life.

Good

Is the service responsive?

Our findings

We reviewed three care files in detail and saw they were written in a person centred way. They contained clear information about people's social care needs and preferences. The care plans contained guidance for staff on the support people required and what people could complete for themselves.

We saw initial assessments were completed for people moving to the home. The registered manager explained how the service supported a lot of people who used to abuse alcohol. People who moved to the home had to be abstinent of alcohol or have completed a de-tox programme. The service also did not support people who displayed behaviours that challenged as the environment was not suitable to support people with these needs. The care plans were then developed from the assessments and from talking with and getting to know the person who used the service. The initial assessment was available for staff to read when the person moved in. Staff were also given a verbal handover of the person's needs. This meant staff had the information they needed to meet people's needs.

We noted individual daily notes were not written. A log sheet for the home was kept detailing all personal care provided during the day. A daily log for the service as a whole was completed detailing any visitors (relatives or professionals) and any issues that had occurred during the day. The daily log sheet referenced any additional records completed; for example incident reports, that were kept in people's personal files.

We saw the care files were reviewed each month by the deputy manager or senior care worker as part of the person being the 'resident of the day.' A checklist was completed to state all care plans and risk assessments had been reviewed, medical appointments were up to date and the person's room had been checked for cleanliness and to ensure the furniture was in good order.

We were told and we saw that formal reviews of people's care needs took place. One person said, "I had a review meeting with my social worker about three months ago." The local authority social workers told us staff at the service knew people well and were responsive to people's needs. They said the service kept them informed of any changes in a person's needs. They commented that the staff were available to support people in their annual reviews and the care plans and risk assessments provided all the relevant information. However we saw that people had not signed their care plans as part of the assessment and review process.

Staff explained how they provided person centred care for the people who used the service; one staff member saying, "Everyone is an individual and different; they don't all want the same things."
Staff were also able to clearly describe how they offered people day to day choices, including what time they got up / went to bed and what clothes they wanted to wear. We observed one person who had chosen to get up later in the morning asking for breakfast to be made. This was provided by the chef.

We were told six people were able to access the community without support. People went to a coffee morning at the local church hall, bingo, a hair dresser visited the home every fortnight and one person was supported to visit their family. We saw monthly trips at a weekend were arranged, including going to the Sea

Life centre and the Lowry. We saw Wi-Fi was provided in the home for people who had computers to access the internet. There was also a quiet lounge and another lounge with books and games available for people to use. It was not noted in the records that these had been accessed by people. We were told by one person, and by staff, that one member of staff supported two people to maintain the gardens at the home.

We looked at the systems in place for managing complaints about the service. People told us they would speak to the registered manager if they had any issues or concerns. We looked at the complaints file and saw there had been no formal complaints received in the last twelve months. We noted an older complaint had been investigated and a written response provided to the complainant. The registered manager told us that most issues of concern were resolved informally without the need for a formal complaint to be made.

Requires Improvement

Is the service well-led?

Our findings

The service had a registered manager in post as required by their registration with the Care quality Commission (CQC). The registered manager was supported by a deputy manager and senior care staff.

All the people who used the service and staff said the registered manager was approachable and would listen to any concerns they had. One staff member said, "If I have any concerns I can raise them with [registered manager]," and another told us, "I feel that I'm able to speak my mind and will be listened to." A person who used the service said, "The manager's alright; I know her, she's good." All the staff we spoke with said they enjoyed working at the service.

We looked at the systems in place to monitor quality of the service. We saw evidence of audits related to medicines, health and safety, mattress checks and care plans. Monthly spot checks were also completed of the environment and infection control. We saw the provider also completed a 'walk round' audit every six months. This included speaking with people who used the service and checking care files. Actions were identified from the audits, with evidence seen of the manager following up issues identified with the staff concerned. However we saw that there had been missing signatures on the medicine administration records for the previous four months. The registered manager had addressed the with the staff involved; however signatures were still being missed.

We saw minutes from regular staff team meetings for both day and night staff and senior carers meetings. Items discussed at the meetings included the people who used the service, staff issues and medicines. This helped to ensure the service continued to provide safe and effective care. We also saw that the registered manager attended managers' meetings with the provider and managers from the three other homes in the group. Items discussed included applying for Deprivation of Liberty Safeguards (DoLS) and the introduction of new care plans across all four homes. This showed the registered manager was able to draw on the wider support of colleagues.

The registered manager was keen to develop their senior care staff. One senior staff member had been enrolled on a nationally recognised diploma at level 5. They had also been encouraged to share their knowledge from their training to be an infection control champion and a Malnutrition Universal Screening Tool (MUST) champion. The aim was for all senior care staff to be engaged in these areas so there would be a staff member on each shift with infection control and nutrition knowledge. The registered manager also said they were training the deputy manager and one senior care staff to complete staff supervisions.

We were shown a completed residents' survey form; however few others had been completed so it was not possible to gain usable feedback from the survey. The registered manager also told us a relatives' meeting had been arranged but no one had attended. This meant meaningful feedback from people's relatives was not available to inform any future developments of the service.
However as noted previously in the report regular residents' meetings were held where people who used the service could comment on the home and the support they received. People were also asked for their views about their support when their care plans were reviewed as part of being the 'resident of the day'. We saw

that some, although not all, of the suggestions and comments made had been acted upon by the home.

From the Provider Information Return (PIR) completed by the service in January 2016 we saw that life stories and goals were being developed for people using the service. At our inspection in July 2016, fourteen life stories had been completed by staff with the people who used the service. They had yet to be typed and included in people's files. The registered manager told us the goals had been developed specifically for one person who used the service but had not been implemented for anyone else. The PIR also stated the carpet in main lounge was to be replaced and the programme of refurbishment was to continue. We were told the carpet was due to be replaced the week following our inspection. No date was given for the re-decoration of the communal areas. The registered manager acknowledged re-decoration work was required at the home and we saw these issues had been raised with the provider.

In the local authority commissioning team's monitoring visit in March 2016 it was noted that the introduction of the new care plan format had been slow to be completed. At the time of our inspection we were told there were "two or three" care plans remaining on the old format. The commissioning team also noted the care plans were not signed by the service user. The three care plans we looked at were also unsigned.

This meant that the service had plans to improve the environment and the quality of the information in people's care files; however the implementation of these plans was slow to happen. Maintenance issues also took time to resolve.

The service had a set of policies and procedures in place to guide staff. However none of the policies were dated so it was not possible to know if they were the most update version of the policy or not. The registered manager told us the policies had been reviewed, were up to date and were reprinted whenever changes were made. We also noted the whistleblowing policy did not give details of external agencies who could support staff in line with best practice recommendations. The safeguarding policy did not contain details of the local authority safeguarding team or CQC.

Services providing regulated activities have a statutory duty to report certain incidents and accidents to the CQC. We checked the records at the service and found that all incidents had been recorded, investigated and reported correctly.

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 Lack of dates on opened creams, missing signatures on the MAR sheets, the undated medication policy and the unavailability of prescribed 'as required' pain relief to be a breach of Regulation 12 (1)(2) (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment Delays in maintaining and re-decorating the home to be a breach of Regulation 15 (1) (e)