

HC-One Oval Limited

Barton Brook Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 22 and 25 October 2018. The first day was unannounced.

Barton Brook Care Home provides nursing, personal care and accommodation for up to 120 older people. The home is owned by HC-One Oval Limited. Accommodation is provided in four single storey units with each unit housing up to 30 people. The units are called Moss (Residential Dementia), Monton (General Residential), Brindley (General Nursing) and Irwell (Intermediate Care). There is a large car park available at the front of the building.

At the time of the inspection there were 116 people living at the home, across each of the four units.

Barton Brook is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home was previously owned by Bupa and was sold to HC-One Oval Limited in February 2017 and ultimately re-registered with CQC; however the home retained its inspection history.

Our last inspection of Barton Brook took place in July 2017 when the home was rated as Requires Improvement overall and for the key questions Effective and Well-led. Safe, Caring and Responsive were rated as Good. At that inspection, we identified breaches of the regulations regarding safeguarding people from abuse and improper treatment and good governance (two parts of this regulation). We were sent an action plan following this inspection, which detailed improvements which would be made within the home to address the concerns.

There was a registered manager 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.

Medicines were managed administered, stored and recorded safely.

We found there were enough staff working on each of the units to care for people safely. Some staff spoken with said they felt more staff were needed on the units, however they felt this did not impact on the care people received.

The premises were being well maintained, with regular servicing checks of equipment and the building carried out. The home was clean and tidy throughout, with infection control procedures followed as required.

People who used the service and their relatives told us they felt the service was safe. There were appropriate

risk assessments in place for people, with guidance on how to minimise risk. Staff recruitment was robust with appropriate checks undertaken before staff started working at the home.

We found staff received sufficient training, supervision/appraisal and induction to support them in their role. The staff we spoke with told us they were happy with the training they received and felt supported to undertake their work.

We found the home worked closely with other health professionals and made appropriate referrals if there were concerns. Details of any visits from other professionals were recorded within people's care plans.

Appropriate systems were in place regarding deprivation of liberty safeguards (DoLS) and the mental capacity act (MCA).

People told us they enjoyed the food and we saw people being supported to eat and drink, throughout the day.

We received positive feedback from people we spoke with about the care provided at the home. Visiting relatives said they had no concerns with the care being delivered at the home. People said they felt treated with dignity and we observed staff treating people with respect during the inspection.

There were a range of different activities available to participate in and people told us there was enough to keep them occupied during the day.

We found complaints were responded to appropriately, with compliments also collated where people had expressed their satisfaction about the care provided.

Staff meetings took place, giving staff the opportunity to discuss their work and raise any concerns about practices within the home. We observed a staff handover taking place, where an update was provided about people's care needs from that shift.

Staff spoke positively about management at the home and said the manager was supportive and approachable.

The registered manager was involved in a number of initiatives within the local community and worked closely with other organisations as required.

Policies and procedures were in place and were being reviewed regularly to ensure the information was still current.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

There were enough staff to care for people safely.

People living at the home said they felt safe and staff understood their responsibilities with regards to protecting people from abuse.

Staff were recruited safely with appropriate checks carried out before they started work.

Is the service effective?

Good 

The service was effective.

Appropriate systems were in place regarding DoLs and the MCA.

Staff told us they received sufficient training, induction and supervision to support them in their roles.

We observed staff seeking consent from people throughout the inspection.

Is the service caring?

Good 

The service was caring.

People who lived at the home and visiting relatives made positive comments about the care being provided.

People were treated with dignity and respect.

We observed caring interactions between staff and people living at the home.

Is the service responsive?

Good 

The service was responsive, although we have made a recommendation about ensuring record keeping is improved further.

There were a range of different activities available for people to participate in.

Complaints were responded to appropriately.

Activities were available for people to participate in if they wished to.

Is the service well-led?

Good ●

The service was well-led, however we have made a recommendation regarding the strengthening of some quality assurance systems.

Everybody we spoke with made positive comments about management and leadership within the home.

There were strong links with the local community and the home worked closely with other organisations in the area.

Barton Brook 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.

This inspection took place on 22 and 25 October 2018. The first day was unannounced, however we informed staff we would be returning for a second day to complete the inspection and announced this in advance. The inspection was carried out by three adult social care inspectors from the CQC and an expert by experience on the first day and one adult social care inspector on the second day. An expert by experience is someone who has personal experience of caring for people with needs similar to those living at Barton Brook.

Prior to the inspection we reviewed all of the information we held about the home in the form of notifications, previous inspection reports, expected/unexpected deaths and safeguarding incidents. This would indicate if there were any particular areas to focus on during the inspection. We also contacted stakeholders in the Salford area to establish if they had any information to share with us.

During the inspection we spoke with a wide range of people, including the registered manager, area manager, clinical lead, each of the four unit managers, 10 people who lived at the home, five visiting relatives and 12 care staff, including nurses. We reviewed certain records in order to help inform our inspection judgements.

Records looked at included 13 care plans, three staff personnel/recruitment files, 15 Medication Administration Records (MAR), training records, building/maintenance checks and any relevant quality assurance documentation. This helped inform our inspection judgements.

We undertook a SOFI (Short Observation Framework for Inspection) on Moss unit to establish how staff communicated and interacted with people. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

The people we spoke with told us they felt the home was a safe place to live. One person said, "The staff have helped me to walk again, I feel much better than I did." Another person said, "I feel safe and secure here, I didn't before." A third person added, "When I use my buzzer, night staff come quickly to my room." A visiting relative also told us, "Definitely safe. They have made changes to the environment to help my husband when he is walking."

We looked at how medication was managed on three of the four units at the home (Moss, Irwell and Brindley) and looked at the medication administration records (MARs) belonging to 15 people living in the home. Records of administration were completed for all medicines and we did not identify any missing signatures. We checked a sample of people's medication and found none were left from previous dates which had not been administered. Protocols (extra written guidelines) were in place for people prescribed a medicine 'when required'. Protocols described each person's specific needs and another form was used to record the person's response to the medicine. This enabled staff to give 'when required' medicines for anxiety, pain and other conditions safely and effectively.

Medicines were stored safely in a secure treatment room when not in use. The medication trolleys were also secured during medicines rounds if the trolley was left unattended. Staff applied people's prescribed creams and recorded their use on separate charts. Creams and thickening agents (to help people swallow) were kept securely when not in use to protect people from harm and unsafe usage.

The temperatures of the medicines storage room and medicines refrigerator were monitored in the right way to ensure they were at the correct temperature and remained safe to use. Controlled drugs (medicines subject to stricter legal controls because they are liable to misuse) were stored and recorded in the way required by law. We checked a sample of controlled drugs (CDs) and found that stock balances were correct and accurately recorded.

We found there were sufficient numbers of staff working at the home to care for people safely and viewed a four week sample of the home's staffing rotas to ensure consistent numbers of staff were available. Certain people spent the majority of their day in the main lounge areas and we observed there was a staff presence at all times to support people as required. Others spent the day in their bedroom and we observed staff checking on people in their rooms to see if there was anything they needed and bringing them drinks. We observed people being supported in a timely manner with tasks such as mobilising around the home, being assisted to the toilet and supported to eat at meal times.

Most staff spoken with during the inspection said staffing levels were sufficient for the number of people currently living at the home, although some felt more were required but that people's care needs were not compromised as a result. One member of staff said, "Things are generally okay here at nights and we have a good team." Another member of staff said, "Yes we are okay and the staff do their best. Sometimes there is sickness and holidays, but this gets covered." Another member of staff said, "It's fast paced on here, a lot of needs, especially with the intermediate care beds, so maybe more would be helpful, but we manage."

We looked at how the service managed risk. Each person's file we looked at included a series of risk assessments which contained appropriate information to manage any risks posed to them. Risk assessments in place covered areas such as waterlow (for people's skin), mobility, bed rails and nutrition. People's care plans also contained detailed information about how risks could be mitigated. For example, where people were at risk of falls and needed to use specific equipment, such as walking sticks/frames, this was always available for them during the inspection. One person was at risk of falls, however was able to independently walk around one of the units. Staff had made adaptations to one of the chairs so that they could sit down if they became tired, or felt unsafe, therefore promoting their independence.

People at risk of developing pressure sores had appropriate equipment in place, such as pressure relieving cushions/mattresses and had prescribed creams applied by staff to help reduce the risk of skin break down. We checked a sample of people's pressure relieving mattresses and found they were being maintained at the correct setting to give people adequate pressure relief. Re-positioning charts were also regularly completed by staff if they had assisted people in bed.

Appropriate systems were in place to monitor accidents and incidents. These were investigated and preventative measures put in place to keep people safe and mitigate any further risk. Monthly trends analysis was also completed to monitor any re-occurring events, such as repeated falls. Personal emergency evacuation plans (PEEPs) had been completed for each person and provided emergency services and staff with an overview of how people needed to evacuate the building safely.

Staff recruitment was safe. We looked at three staff recruitment files and noted they contained documents and checks such as photographic identification (ID), application forms, references, interview questions/responses and job offer letters. DBS checks were also undertaken to ensure that new applicants did not have any criminal convictions that could prevent them from working in a care setting with vulnerable people. We noted that all of these checks had been carried out in advance of staff commencing employment.

There were systems in place to safeguard people from abuse. These included having a safeguarding policy and procedure for staff to refer to if they encountered any allegations of abuse. A central log of all safeguarding alerts was held and the training matrix showed staff had received appropriate training. Staff spoken with demonstrated a thorough understanding of how to recognise signs of abuse and report their concerns. Staff told us they were aware of whistleblowing procedures, (used to report any bad practice within the home) and said they would not hesitate to use them as required.

The premises and equipment were well maintained and we saw certificates and relevant documentation of any work that had been completed. These included checks of electrical installation, fire alarms, legionella, portable appliances, hoists/slings and fire equipment. Any remedial work or recommendations had been followed up on to ensure the premises were safe to be used by people living at the home. These were overseen by the homes maintenance person and closely monitored by the registered manager.

We looked at the systems in place with regards to infection control. We observed domestic staff undertaking various cleaning tasks during our inspection. We checked in bedrooms, toilets, bathrooms and communal areas and found they were clean and tidy and staff wore appropriate personal protective equipment (PPE) to reduce the risk of any infections being spread. Relevant facilities such as liquid soap, paper towel and foot operated pedal bins were in bathrooms to ensure people were able to wash their hands, whilst reducing the risk of spreading any infections. Brinley, Irwell and Monton were last inspected by the local infection control team in April 2018, with an overall score of 97%. Moss was inspected separately in August 2018 due to some previous concerns, but now had an overall score of 99%.

Is the service effective?

Our findings

People living at the home told us they felt staff had the correct skills to provide effective care. One person said, "Staff are under pressure, but they do really well from what I can see."

Before people moved into the home, an assessment of their needs had been carried out. This enabled staff to establish the care and support people needed. Each person living at the home had their own care plan in place, covering areas such as mobility, nutrition, hygiene, skin integrity, continence and sleeping. This enabled staff to understand about the care people needed to receive.

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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found DoLS applications were made where people had been assessed as lacking the capacity to consent to the care and treatment they received. Staff spoken with demonstrated a good understanding of when DoLS were required for people and under what circumstances. Each unit also had DoLS information displayed on a notice board so that staff had up to date information to follow.

Where people living at the home had potential restrictive measures in place and lacked capacity, such as the use of sensor mat alarms to help prevent falls, decision specific assessments (known internally as FACE assessments) were carried out to establish if people were able to understand their use. Best interest meetings/discussions had been held where necessary if people were unable to make their own choices and decisions and had involved people's families who acted as their lasting power of attorney. Lasting power of attorney means that friends or family members take responsibility for providing consent to people's care and treatment if they lack the capacity to do so themselves.

During the inspection we observed staff seeking consent from people prior to providing any assistance with tasks such as helping people into comfortable chairs and the use of aprons at meals times to protect people's clothing if they spilled their food. Signed consent forms were also used, giving people the opportunity to state if they were happy to receive care and treatment from staff at the home and for certain decisions such as the use of bed rails.

We looked at how people's nutrition and hydration needs were being met. We saw people had nutrition care plans and risk assessments in place providing an overview of their dietary needs. People's body weight was kept under review, with some people needing to be weighed on either a weekly or monthly basis. Malnutrition Universal Screening Tools (MUST) were completed and provided an overview of the level of risk presented to people regarding their nutritional status.

We saw the home responded appropriately where people had lost weight and provided people with prescribed drink supplements to help them either maintain or gain weight. We saw these were available in sufficient quantities within the treatment room. These were clearly documented on people's MAR charts when they had been given, due to being prescribed by the GP. Referrals were made to other health professionals such as dieticians and speech and language therapists (SaLT) where people were deemed to be at risk and we saw diets such as pureed and fork mashable consistencies being provided to people during the inspection. Some aspects relating to the recording of people's nutritional intake needed to be improved however and we have reported on this within the Responsive section of this report.

We observed the lunch time meal on each of the units of the home to look at how people were supported to eat and drink. We saw people's independence was promoted at meal times, with people being encouraged to eat their own meals if they were able to. Tables were set with condiments in advance of the meal, with staff available to assist people as required. Some of the units had a designated 'Hostess' and their job was to assist people at meal times both in the dining area and in their bedrooms. The people we spoke with made said they liked the food available at the home. One person said, "The food is lovely, you can have drinks all day and night if you want." A visiting relative also added, "Staff cut up my husbands food. He has a fairly decent appetite and eats well. He has gained weight since being here."

Newly recruited staff followed a formal induction programme and were required to undertake a range of mandatory training when they commenced employment. Staff also told us they were introduced to other residents and were given the opportunity to 'shadow' existing and experienced members of staff to gain an understanding of the role. The care certificate was also completed for staff who had not worked in a care setting previously. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should be covered if staff are 'new to care' and forms part of the internal staff induction.

We looked at the training staff were provided with to support them in their roles, with both practical and computer based training available. The current training matrix showed staff had received training in areas such as moving and handling, safety, safeguarding, infection control, first aid, Control of Substances Hazardous to Health (COSHH), health and safety, medication and MCA/DoLS. Each member of staff we spoke with told us they were satisfied with the level of training available at the home.

Staff received supervision to support them in their role and we saw records of this documented. Regular supervision meant staff were supported to discuss any concerns regarding staff or residents, their own development needs and encouraged to make suggestions for continual improvement. Staff appraisals were also carried out where staff had worked at the home for longer than a 12 months. This enabled staff to receive feedback on their performance during the year and evaluate their own performance and how they felt they were progressing.

People were supported to maintain good health. Staff at the home worked closely with other health care professionals and we saw referrals were made to services such as the falls prevention team, dieticians and podiatry service, if there were concerns about people's health or safety. Details of any visits from other professionals was recorded within people's care plans. People's care plans also referenced they were required to have annual eye check ups and documentation was available to demonstrate these appointments had been attended by people. One person living at the home told us, "My legs are very swollen and the home are managing my care with input from the district nurse."

Is the service caring?

Our findings

We asked people living at Barton Brook and their visiting relatives for their views and opinions of the care provided. One person said, "I love it here." Another person said, "I am treated with respect and the staff always knock on my door." A visiting relative also said to us, "The care is very good, we are made to feel welcome and we can talk to the staff. They ring us and keep us up to date with things." Another relative added, "I am very happy with the care. They are really good with my husband and they understand his needs. I am very satisfied overall."

During the inspection, a family visited the home to collect the belongings of a relative who had recently passed away. We spoke briefly with them and they told us they were extremely happy with the care that was provided at Barton Brook.

We noted there were a range of compliments made about the quality of care delivered at the home. Some of them read, 'To all the staff, thank you for giving me a break, I really appreciate it,' and 'Just to say thank you for all the care you gave to my mother. I wanted to thank you for the consideration given,' and 'Thank you for looking after our mum and sending her home fixed,' and 'Many thanks for all your kindness.'

People were dressed appropriately and we did not see anybody looking unclean or unkempt, with staff maintaining records of when people had received a bath, shower and full body wash. We saw people were dressed in clothes of their choice. For example, one person wanted to wear shorts and t-shirts during the day and we saw them wearing this during the inspection after being supported to get dressed by staff. Another person was being cared for in bed and had expressed a preference to wear a night dress. We saw them wearing this in their bedroom as they wished.

We spent time observing interactions between staff and people living at the home. We saw these were kind and caring, with staff engaging in appropriate levels of joking and chatter throughout the day. We saw one person spent most of the day sat in the lounge area reading, however staff interacted with them regularly to check they were alright. Staff spoke fondly of the people they cared for and we saw pictures of residents who had passed away were displayed on the wall so they could be remembered. One relative said to us, "The staff are lovely and are kind and caring towards people, even if they are being aggressive. I have observed they are good with other people too."

During the inspection we observed staff treating people with dignity and giving them privacy if they needed it. People told us they felt well treated and were never made to feel uncomfortable or embarrassed. We observed staff knocking on people's doors before entry and then closing it behind them when delivering personal care. We also saw staff discreetly asking people if they would like to be taken to the toilet which respected people's dignity.

People's independence was promoted by staff and we saw people being able to walk around the home on their own, using equipment such as walking sticks and eat their own meals if they were able to. People were able to make choices about how they spent their day, whether this be in the lounge area, or the comfort of

their own bedroom.

People's equality, diversity and human rights were respected and recorded as part of the care planning process. Several people living at the home were from different ethnic backgrounds and part of their cultural beliefs was to not eat certain food such as pork or beef. We looked at these people's food intake charts and saw these foods were never provided by staff.

Is the service responsive?

Our findings

As part of the inspection, we looked at the care plans of 13 people who lived at the home. People had care plans in place covering areas such as eating/drinking, skin integrity, mobility, communication and sleeping/rest. This helped us understand people's care requirements and if they were receiving care that was responsive to their assessed needs. We checked to see if people were receiving care that was responsive to people's needs and met their preferences.

In one person's care plan, their falls risk information stated staff needed to ensure they wore their glasses when mobilising, as they were at risk of falls, although they were known at times to take their glasses off. We observed this person during the inspection, not wearing their glasses and frequently moving between the lounge area and their bedroom without them on. We noted their glasses were on a cabinet in their bedroom. However, staff did not prompt this person to wear their glasses to make sure they were able to mobilise safely around the home. We raised this issue with staff to ensure they encouraged this person to wear their glasses when they were walking around the home.

We looked at another person's care plan, which indicated they were at high risk of choking and aspiration. Therefore, staff were to ensure they used a small spoon to eat their meals so they ate smaller amounts of food in one mouthful. However, we observed this person eating their breakfast with a large spoon during the first day of the inspection. We raised this with staff on the unit and a smaller spoon was then provided at lunch time.

We checked to see if accurate and contemporaneous records were being maintained within the home. During the first day of the inspection, we raised a safeguarding alert with the local authority due to concerns about one person not receiving the appropriate texture of foods. They required a fork mashable diet, however records indicated they had eaten foods such as biscuits, toast and chicken nuggets which would not be fork mashable options. Following further investigation, it transpired these foods had not been eaten and they were recording errors.

Another person also required a fork mashable diet, however their food charts indicated they had eaten foods such as sandwiches and sausage rolls. The crust on sandwiches and pastry on sausage rolls can place people at risk of choking if it is not removed prior to being consumed. Staff told us this was how the food was given to people, although this had not been clearly recorded to demonstrate it had been given safely.

We found accurate records were not always being maintained regarding people's oral hygiene and staff were not consistently documenting that people had their mouth, dentures or teeth cleaned. For three people living at the home, where gaps in recording were found, staff were able to describe their oral care routines and the assistance they required in the morning and at night. However appropriate oral care plans were not in place to inform new staff and particularly agency staff, what they were required to do to assist people.

We recommend the service strengthens the records they maintain with regards to people's nutritional intake

and oral hygiene.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. Signage was clear and of a suitable size with good contrast between the text and the background to allow them to be read more easily. We saw one person living on Brindley unit who was none verbal. They had a number/letter board stuck onto their wheelchair tray to enable them to communicate their views. We observed them using this to speak with a member of staff, who was then able to determine what they needed effectively.

The home had recognised the importance of communication and were registered with the 'Salford Talking News'. This provided people with large print books and hearing books for those who were partially blind.

People told us there was enough going on at the home to keep them occupied. There were activities available within the home if people wished to take part. The home employed four activity co-ordinators and we observed them spending time with people on each of the units, which people enjoyed. On Brindley unit, people were engaged in a competitive game of dominoes and one person seemed to enjoy organising the game and ensured people knew the rules and what they were doing.

An activity board was displayed on each of the units titled 'What's on', informing people of what was happening during the week. This included karaoke, water painting, quizzes, jigsaws, reminiscence sessions and board games. External entertainers also visited the home regularly and various themed events were also hosted such as an upcoming Halloween party. Various themed activities were also held within the home including strictly come dancing, where external performers visited the home whilst the programme was on live television. Several people had done ballroom dancing previously and enjoyed getting up and having a dance, with people in wheelchairs also taking part.

There were systems in place to involve and seek/respond to feedback from people living at the home, relatives and also staff, in the form of satisfaction surveys and residents/relative meetings. This gave people the opportunity to raise any concerns about the service, or provide feedback about things that were working well so the home could continually improve.

We looked at the systems in place to investigate and respond to complaints. A central log of any complaints made was held within the home, including details about who had raised the complaint, what the issue was, details about the investigation and the outcome. We saw that where any complaints had been made, a response had been provided with any actions to be taken. A complaints policy was in place, which explained the process people needed to follow. The people we spoke with during the inspection had never needed to make a complaint, but were aware of the process to follow, should they be unhappy with the service provided.

We looked at the systems in place regarding end of life care. People had end of life care plans in place, capturing information about people's preferences in the event of death such as people to inform, funeral arrangements and if they wished to be buried, or cremated. Anticipatory medicines (used when people are approaching end of life) were in stock and ready to be used by staff when required. Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms were also completed for each person, detailing if people wished to be resuscitated.

People living at the home were supported to maintain relationships as much as possible, with no restrictions on visiting times. One relative told us how they visited their husband each day and helped with their care wherever possible which was respected by staff within the home.

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like the registered provider, 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.

Barton Brook is owned by HC-One Oval limited, with a head office based in Darlington, County Durham. A staffing structure was in place and the work of the registered manager and staff was overseen by a provider representative from HC-One, who visited the home to see how things were going and carry out audits to ensure standards were being maintained. The registered manager was further supported by a clinical lead, nurses and care assistants. The home also employed maintenance, domestic and kitchen staff who carried out their duties around the home as required. Each of the four units also has a 'House manager', some of whom had worked at the home for a number of years and displayed a detailed knowledge of people's care needs.

The staff we spoke with during the inspection told us there was a good culture amongst staff. We observed staff working well together and assisting people with their care such as assisting people at meal times and helping people in their bedrooms. Staff told us they were happy working at the home and felt well supported in their roles. One member of staff said, "It is a good place to work because of the residents here." Another member of staff said, "I enjoy the job, you get attached to the people living here." Another member of staff added, "All going okay and really enjoy working here."

We received lots of positive feedback about management and leadership within the service. Staff reported that management were approachable, supportive and responsive to any staff concerns. One member of staff said, "It is very good and we can always discuss issues. We feel supported and the unit manager is also one of the best." Another member of staff said, "I feel very well supported and management within the home is very good." A third member of staff added, "The home is well managed. There is good communication and good people working here."

We looked at the systems in place to monitor the quality of service being provided to ensure good governance. A range of internal audits were in place that were completed, covering areas such as accidents/incidents, falls hospital admissions, infection control, weight loss, the dining experience and medication. 'Resident of the day' audits were also done which was in depth review of that particular person's care plan, if it was being followed and if the information was accurate. Spot checks of night staff were also undertaken to ensure high standards were being maintained.

Given some of the issues we identified regarding people's nutritional intake and oral hygiene, we recommend quality assurance systems are strengthened further to ensure these issues concerns are identified in a timely manner.

Team meetings (for both day staff, night staff, nurses, domestic and kitchen staff) also took place, giving

staff the opportunity to raise any concerns effecting their work and receive feedback about aspects of their work. Staff handovers took place between day and night staff to ensure any concerns, or changes to people's care needs could be communicated effectively and we observed these taking place during the inspection.

The home had policies and procedures in place which covered all aspects of the service. These were developed and updated by the provider. Staff were aware of where these documents were kept and how to access them should they require any advice, or support.

Confidential information was being stored safely and we saw documentation such as staff personnel files and care plans were stored securely when not in use. Staff were vigilant about making sure the cupboards were locked and checked this throughout the day.

Registered care providers must submit statutory notifications to CQC when certain incidents such as safeguarding concerns, serious injuries and expected/unexpected deaths occur. This enables us to follow these up accordingly and make further enquiries if needed. We found the registered manager submitted notifications to CQC as required.

The ratings of previous CQC inspection must be displayed within the home and on any corresponding websites operated by the provider. This is to enable people using the service and their relatives to know the standards of care being provided. We saw these were clearly displayed in each of the units and on the HC-One website for people to see.

The registered manager and staff at the home responded to requests from people living at the home wherever possible. An 'American night' had been held following a person's request to visit America to eat a beef burger and this was facilitated with the head chef who was also American. Staff decorated the unit with American flags and people had American stars and stripes hats, with the activities team dressed in American outfits. The activities in the morning were based around an American quiz and in the afternoon following their beef burgers the staff put on the film Oklahoma. People on the unit enjoyed speaking in American accents and using different phrases.

The home had an internal system called "Make a wish" which enabled staff to make people's wishes come true. One person previously loved to swim and expressed they would like to go swimming and thought they would never be able to go again due to dementia and walking with a zimmer frame. Two staff members from the activities team took them to the swimming baths and the team established they were a strong and efficient swimmer. Photographs of this person were displayed on the unit and it was clear they were having lots of fun.

The home had developed a number of links in the local community including schools and local churches. The home worked closely with a local homeless charity called the 'Mustard Tree'. People living at the home had collected food and old clothing which was sorted out and then collected by staff from the Mustard Tree. This gave people the opportunity to contribute to charity work which they had done in the past.

The registered manager had been approached by a team leader from The Gaddum Centre which is a support centre within Salford that supports young carers between 11 and 16 years old. The carers wanted to be involved in 'Youth day' which was on Friday 10th August 2018 and wanted to come into the home to deliver some wellbeing activities. They then organised a session where they supported people to paint plant pots which were decorated with positive messages and designs contributed from young people in Salford with the involvement of community groups and via social media. Each plant pot had a planted flower for

each residents room.

People had benefited from the session due to learning new skills and feeling valued by society, tackle isolation and also loneliness. Another aim of the event was to combat some of the negative perceptions that younger people have of those they see as old and vice versa, promoting a sense of community.

The home worked in partnership with a range of different organisations. The registered manager and staff at the home had been involved and worked closely with the (International Dysphagia Diet Standardisation Initiative (IDDSI), a global framework adopted by The Royal College of Speech and Language Therapists (SaLT) and the British Dietetic Association. The registered manager had arranged for the local SaLT team to have a stand at the home during 'Dysphagia week' and this was an opportunity for all the staff to see the changes with regard to portion size and types of foods in the new categories, and to discuss what training will happen due to the new initiative.

The registered manager and staff had worked closely with other organisations to improve oral health. The home were approached by 'Salford Together' to support the development working in a group to develop a resource file for oral care, with a nurse working at the home put forward to be involved who had a particular interest in oral hygiene. The end product was CHORUS (Championing Oral Care in Community Services). One person who lived at the home was used as a model demonstrating having their teeth cleaned. This resource file is now in use in all of the care homes in the Salford area.

The registered manager had been a participant in the 'Salford care home excellence programme' since 2016, which is a framework used in the Salford area to improve standards. The registered manager had been involved in collecting data for falls used to improve falls services with Haelo and was also involved with the falls initiative within the intermediate care services (IMC). As part of this, all falls were reviewed within the three IMC centres within Salford to identify new ways of working, the cause of the falls, types of falls and review of equipment that could possibly be used.

The registered manager was recommended by the Clinical Commissioning Group (CCG) to represent the Care Home Sector on the Innovation Fund Panel. The registered manager listened to three bids which were connected to the Care Home Sector, with the registered manager asking questions and scoring against each bid. Two of the bids were successful and aimed to improve services within the care homes in Salford. One was to raise funds to employ another team member into the SaLT team to support care homes with regard to the IDDSI initiative. The second one was to educate care staff with regard to how important residents hearing is along side their sight.