

Briarmede Care Limited

Briarmede Care Home

Inspection report

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26 October 2017

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We inspected Briarmede Care Home on the 25 and 26 October 2017. The first day of the inspection was unannounced.

Briarmede Care Home is registered to provide accommodation for up to 32 older people who require personal care. There were 30 people using the service at the time of the inspection. Briarmede Care Home is a detached converted building situated on the main road which connects the towns of Middleton and Rochdale. There is a frequent bus service that passes the home and there is a car park to the rear. Bedrooms are provided on the ground and first floor and accessible by a small passenger lift. People have access to a large open plan lounge/ dining room on the ground floor.

We last inspected Briarmede Care Home on 01 March 2017 where we found there were several breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to; People's medicines were not always managed and administered in a safe way, management plans were not in place where risks to people's health and safety had been identified, there were no effective systems in place to monitor the service and facilities provided, limited activities for people, information in the care plans was not complete and up to date and the recruitment system was not safe. The service was placed into Special Measures following the last inspection which meant it was kept under regular review and inspected within six months of the last inspection. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

During this inspection we found there had been a significant improvement and the provider had met all the previously breached regulations apart from the management of medicines. Due to the improvements seen on this inspection the provider has been taken out of Special Measures.

We found that the management of medicines continued to be unsafe. Although there had been an improvement in the storage, handling and disposal of medicines, there was not always guidance in place for 'when required' or 'variable dose' medicines were prescribed. We also saw that several of the medication administration records had handwritten prescriptions that had not been checked and countersigned by another staff member to ensure their accuracy. These had been previous requirements from the last inspection. This was a continued breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we also found additional breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2009. The provider had failed to provide the Commission with information that is required by legislation. This was in respect of the Provider Information Return (PIR).

We also found that not all records, necessary for the management of the home, were in place. Inspection of the fire log book showed that the required weekly or monthly checks on the emergency lighting, fire

equipment, escape routes and the activation of the fire alarm, although we were told they had been undertaken, had not been recorded since May 2017. There were no fire drills recorded. There was also no evidence to show that the annual gas safety check had been undertaken since July 2016.

The home did not have a registered manager. There had been no registered manager since July 2017. The provider was present during the inspection and told us that a new manager had recently been appointed (two people wanting to undertake a 'job share') but they had not started the process of registering with the Commission at the time of the inspection. Failure to have a registered manager is a breach of a condition of the provider's registration and it is an offence.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

We have advised the provider that consideration needs to be given to ensuring the signage and layout of the building is improved to help promote the well-being of people living with dementia.

All areas of the home were clean and procedures were in place to prevent and control the spread of infection. Records showed that, apart from the gas safety check, equipment and services within the home had been serviced and maintained in accordance with the manufacturers' instructions.

We found that suitable arrangements were in place to help safeguard people from abuse. Staff knew what to do if an allegation of abuse was made to them or if they suspected that abuse had occurred.

We found people were cared for by suitably skilled and experienced staff who were safely recruited. We received mixed views in relation to the staffing levels within the home. Overall we found there were enough staff on duty to meet people's needs. The provider told us they would keep the staffing levels under review. We were told they were in the process of recruiting more care staff and were using agency staff in the interim period.

People's rights were protected as the operations manager knew the procedures to follow if people were to be deprived of their liberty. Staff we spoke with had a good understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

We saw people looked well cared for and there was enough equipment available to ensure people's safety, comfort and independence were protected. People told us they considered staff were kind, had a caring attitude and felt they had the right skills and knowledge to care for them safely and properly. We saw that staff treated people with dignity, respect and patience.

Due to the employment of an activities organiser there was an increase in the activities available. People told us they enjoyed the activities and that the increased activities had made a welcome difference to their daily routines.

People's care records contained enough information to guide staff on the care and support required. The records showed that risks to people's health and well-being had been identified and plans were in place to help reduce or eliminate the risk.

People were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. People told us they enjoyed their meals. We saw that food stocks were good and people were able to choose what they wanted for their meals.

To help ensure that people received safe and effective care, systems were in place to monitor the quality of the service provided. Regular checks were undertaken on all aspects of the running of the home and there were opportunities for people to comment on the facilities of the service and the quality of the care provided.

Records we looked at showed there was a system in place for recording complaints and any action taken to remedy the concerns raised. Records showed that any accidents and incidents that occurred were recorded.

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 managed safely. People were at risk of not getting their medicines in accordance with their needs and wishes.

A safe system of staff recruitment was in place and suitable arrangements were in place to help safeguard people from abuse.

The care records showed that risks to people's health and well-being had been identified and plans were in place to help reduce or eliminate the risk.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Consideration needs to be given to ensuring the signage and layout of the building is improved to help promote the well being of people living with dementia.

People's rights were protected as staff knew the procedures to follow if people were to be deprived of their liberty.

Staff received the essential training necessary to enable them to do their job effectively and care for people safely.

People were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met.

Is the service caring?

Good ●

The service was caring.

People spoke positively of the kindness and caring attitude of the staff.

We saw that staff treated people with dignity, respect and patience.

Is the service responsive?

Good 

The service was responsive.

People's care records contained enough information to guide staff on the care and support required.

There were lots of activities available for people to take part in and people told us how they enjoyed them.

Suitable arrangements were in place for reporting and responding to any complaints or concerns.

Is the service well-led?

Requires Improvement 

The service was not always well-led

The home did not have a manager who was registered with the Commission.

The provider had failed to supply to the Commission the Provider Information Return that had been requested and is required by legislation.

Records that were necessary for the management of the home were not always in place.

Briarmede Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 was a comprehensive inspection which took place on 25 and 26 October 2017. The first day of the inspection was unannounced. The inspection was undertaken by two adult social care inspectors and an expert by experience on the first day and one adult social care inspector on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. This expert by experience had experience of services for older people and dementia care.

Prior to the inspection we requested that the provider complete and send to us the provider information return (PIR) document. This is a form that asks the provider to give us some key information about the service, what the service does well and what improvements they plan to make. The provider did not complete and send us the PIR. This is reported on in the Well-led section of the report.

Prior to the inspection we also looked at the previous inspection report and information we held about the service and provider, including notifications the provider had sent to us. A notification is information about important events that the provider is required to send us by law.

As some of the people living at Briarmede Care Home were not able to tell us about their experiences, we undertook a Short Observation Framework for Inspection (SOFI) observation. A SOFI is a specific way of observing care to help us understand the experience of people who are not able to talk with us.

During the inspection we spoke with nine people who used the service, one visitor, the provider, the operations manager, the deputy manager, four care assistants, the cook and the administrator.

We looked around all areas of the home, looked at food provision, three people's care records, sixteen medicine administration records and the medicine management system, four staff recruitment files, training records and records about the management of the home.

Is the service safe?

Our findings

Comments made to us showed that overall people felt safe. Their comments included; "I feel fairly safe here, the medicines are OK and the staff know how to show respect", "I'm safe and happy here. I would always speak up if anything was wrong" and "I've never felt frightened here." Also "I think it's safer for my [relative] to be here."

During the last inspection of 01 March 2017 we found that medicines were not managed safely and there was a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found there was a continued breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked the medicine administration records (MARs) of 16 people who used the service. The MARs showed that overall people were given their medicines as prescribed. We saw however that on a stock balance sheet, one person had been given two paracetamol tablets on the 26 November 2017, the second day of the inspection. We asked to look at the MAR but it could not be found. The senior care staff member could offer no explanation as to why there was no MAR despite the paracetamol being given and signed for on the balance sheet. We discussed if there was a possibility that the staff member could have followed the instructions from the box they were dispensed in instead of from a MAR. The operations manager told us this would be investigated. We emphasised the importance of ensuring staff always followed the prescribed instructions on a MAR.

We saw that information was not always in place for those medicines that had been prescribed as, 'when required' or as a 'variable dose'. If information is not available to guide staff people could be at risk of not having their medicines when they actually need them. This had been a previous requirement from the last inspection.

We also saw that several of the MARs had handwritten prescriptions that had not been checked and countersigned by another staff member to ensure their accuracy. If checks are not made on the accuracy of handwritten entries then people could be given incorrect doses and/or incorrect medication. This had also been a previous requirement from the last inspection.

We found there had been an improvement in the storage, handling and disposal of medicines. Medicines that were no longer needed were now stored in a tamper proof box and information was in place with regards to any medication allergies that people had. We found that medicines, including prescribed creams and controlled drugs (very strong medicines that may be misused), were stored securely.

People told us they received their medicines when they should. We were told, "No problems there. I get my medicines when I need them" and "They always ask if I need my painkillers and they give me what I need." Also "[staff member] has given me a painkiller and I feel a little better" and "My medication is managed well."

I'm quite happy that I'm receiving my medicines when I should."

We saw that personal emergency evacuation plans (PEEPs) had been developed for all the people who used the service. These were kept in a central file in the unlocked downstairs office; ensuring they were easily accessible in the event of an emergency.

Records showed that the hoists, the passenger lift and portable electrical appliances had been serviced and maintained in accordance with the manufacturers' instructions. We saw that the hot water outlet temperatures were checked weekly and legionella safety testing was undertaken annually as required.

The registered provider had taken steps to ensure the safety of people who used the service by ensuring the windows were fitted with restrictors and radiators were suitably protected with covers.

Prior to the inspection we received a copy of the infection control audit undertaken on 14 September 2017 by the Infection Prevention and Control Nurse from Rochdale Council. The overall score for the home was 57%. The provider told us they were working through the actions that were required. We were made aware that further infection control training had been arranged for the staff for 8 November 2017.

We looked at the on-site laundry facilities. We found there was sufficient equipment to ensure safe and effective laundering. Hand-washing facilities and protective clothing of gloves and aprons were in place. There was no lock on the laundry door. This meant that people who lived in the home could gain access to the laundry. The provider told us this would be addressed by the maintenance person as a matter of priority.

During the last inspection of 01 March 2017 we found that the recruitment of staff was not safe and there had been a breach of Regulation 19 (1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found that the recruitment of staff was safe.

We looked at four staff recruitment files. The staff files contained proof of identity, application forms, a medical questionnaire, a job description and two professional references. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

We received mixed comments about the staffing levels within the home. Comments from people who used the service included; "They are sometimes short staffed", "When they are short staffed, we have to wait a long time to get their attention" and "I don't have a problem. They look after me when I want them to. I don't wait long for them to see to me."

Staff told us, "Sometimes we are a bit busy and could do with an extra pair of hands to get everything done and spend some time with people" and "Sometimes we run on minimum staff here and some days we don't get chance to stop." Throughout the inspection we found that staff were busy but attended to people in a kind and unhurried way. We saw that people were adequately supervised.

A discussion with management identified that there was no formal process for identifying the level of staffing needed. We were told that staffing hours were determined according to the support needs of people who used the service. Inspection of the staffing rosters showed that for the 30 people who used the service the home operated on one senior carer and three or four care assistants between the hours of 08:00 to 20:00 hours. In addition the operations manager worked between the hours of 09:00 to 17:00 hours for four days of the week and the deputy manager worked between the hours of 09:00 to 17:00 for five days of the week. The

care staff were supported by domestic, catering and administrative staff. In addition an activities co-ordinator had been employed for 25 hours per week.

The provider told us they would keep the staffing levels under review. We were told they were in the process of recruiting more care staff and were using agency staff in the interim period.

During the last inspection of 01 March 2017 we found there were no risk assessments in place for people who were at risk of choking. This was a breach of Regulation 12 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2017. During this inspection we found that risk assessments were in place for people at risk of choking. They were also in place for identified risks such as poor nutrition, falls and the development of pressure ulcers.

Records showed that any accidents and incidents that occurred were appropriately recorded.

Policies and procedures for safeguarding people from harm were in place. These provided staff with guidance on identifying and responding to signs and allegations of abuse. The training records we looked at showed that staff had received training in the protection of vulnerable adults in February 2017 or June 2017. One staff member told us, "I would feel happy reporting any safeguarding issues to them, such as if I felt a resident was being exploited or harmed in some way. I know where the policy is on safeguarding if I need any guidance."

We saw the home had a whistleblowing policy. This told staff how they would be supported if they reported poor practice or other issues of concern.

Is the service effective?

Our findings

People we spoke with told us about the care they received. Comments made included; "The staff here are OK and I'm happy with everything", "The GP is called out for me and I have to be hospitalised from time to time with my condition and they sort it for me" and "They would call the GP for me if needed."

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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 were being met. During a discussion with the operations manager and deputy manager it was evident that they had a good understanding of the MCA and DoLS and knew the procedures to follow if an authorisation was required. Records showed that most of the staff had undertaken training in the MCA and DoLS.

The Care Quality Commission is required by law to monitor the operation of the DoLS and to report on what we find. Records showed that 10 people were subject to a DoLS.

During the last inspection of 01 March 2017 there was no evidence to show how the staff at the home had determined that an application to deprive a person of their liberty was necessary. During this inspection we saw information in people's care plans that showed their mental capacity had been assessed. The assessment then clearly identified if a DoLS was required.

One staff member we spoke with told us, "I know about aspects of the Mental Capacity Act and I try to ensure that people have as much control over their lives as possible and they are given choices. If I'm not sure about something I will speak to the manager."

We looked to see how staff were supported to develop their knowledge and skills. We looked at the training plan that was in place for all the staff. It showed staff had received the essential training necessary to safely care and support people who used the service. Training certificates were kept in each staff member's individual personnel file.

The records we looked at showed systems were in place to ensure staff received regular supervision and appraisal. Supervision meetings help staff to discuss their progress and any learning and development needs they may have and also raise good practice ideas.

Staff comments to us included; "Since I have worked here I have done training about nutrition and fluids, moving and handling and first aid. I have regular 'one to ones' and feel well supported" and "Sometimes we have team meetings so we can discuss issues about the home and residents."

We looked to see if people were provided with sufficient food and drink to ensure their health care needs were met. People we spoke with told us they liked the food and that they had enough to eat and drink. Comments made included; "The meals are generally OK. They are homemade and we have a choice of food", "I like the meals here. They're home-cooked and usually quite tasty" and "The food is good. They will make something special if I don't like what they are serving."

We looked at the kitchen and food storage areas and saw good stocks of fresh, frozen and dry foods were available. A four week rotation menu was in use. The main meal was served at lunch time and a lighter meal was served in the evening. The cook told us that the kitchen was always open and food was available 'out of hours'.

We spent time observing lunch being served. The dining room offered a pleasant dining environment. The tables were set with clean tablecloths, cutlery; condiments; glasses with white napkins in them; and an elegant table decoration, which was later found to have been made by one of the domestic staff.

People were offered hot and/or cold drinks throughout the meal and throughout the day. We saw that people who required assistance with their meals and drinks were offered encouragement and where necessary, given support individually and discreetly. We did note that one person was having difficulty keeping their food on the plate whilst they were eating. A plate guard would have helped keep the food on the plate. We were told they did have plate guards and adapted cutlery and we saw evidence of them being in place when we visited the kitchen. We reminded the staff of the importance of using plate guards and adapted cutlery as it could help support a person's dignity and independence.

There were no pictorial prompts for the menu and no menu choices displayed. We did see however that there was always a choice of meal and dessert.

A discussion with the cook showed they were knowledgeable about any special diets that people needed and were aware of how to fortify foods by the addition of dried milk, butter and/or cream to help improve a person's nutrition. The cook told us they had received training in relation to special diets and people with swallowing difficulties.

The service had received a three star rating from the national food hygiene rating scheme in January 2016. The highest rating awarded is five star. We were told that improvements had been made since the last inspection but no further inspection had taken place.

The care records we looked at showed that people were weighed regularly, had an eating and drinking care plan and were assessed in relation to the risk of inadequate nutrition and hydration. We saw action was taken, such as a referral to the dietician or to their GP, if a risk, such as an unexplained weight loss, was identified. The care records also showed that people had access to external healthcare professionals, such as opticians, chiropodists and dentists.

Briarmede Care Home is registered to accommodate up to 32 people who require personal care. People have access to a large open plan lounge/ dining room on the ground floor. Bedrooms are provided on the ground and first floor and are accessible by a passenger lift.

The bedrooms had numbers on the doors but no names or photographs of the person whose room it was. During the inspection we saw that one person who used the service did not know which was their bedroom and was walking into somebody else's room. Having people's names and/or photographs on the doors could aid recognition of their room and help with people's independence and autonomy. Consideration needs to be given to improving the signage and layout of the environment to help promote the well-being of people living with dementia and to enable them to retain their independence and reduce any feelings of confusion and anxiety. We were aware that there was a refurbishment programme in place and that several doors had been repainted and new flooring had been laid in corridors and toilets. The provider told us people's names/photographs would be affixed to the doors wherever possible.

Is the service caring?

Our findings

We asked people who used the service and a visiting relative if they felt the staff were caring. Comments made included; "I think the staff are lovely. They go out of their way to help you", "The staff are, for the most part, patient and kind. They usually treat me with respect and they listen to me", "The staff are OK. They know how to show respect" and "Most staff are kind and caring. We shouldn't grumble." A relative told us, "The staff seem to know my [relative] well. They're kind and caring here and my [relative] gets the right kind of support when needed and is treated with dignity and respect.

As some of the people living at Briarmede Care Home were not able to tell us about their experiences, we undertook a Short Observation Framework for Inspection (SOFI) observation. A SOFI is a specific way of observing care to help us understand the experience of people who are not able to talk with us. Staff interactions with people were seen to be frequent, gentle and polite.

The atmosphere in the home was calm and relaxed. We saw that people looked well cared for, were clean and appropriately dressed.

Staff told us they encouraged people to maintain their independence, such as encouragement to walk independently with the use of walking aids where necessary. We saw that suitable aids and adaptations were fitted throughout, including handrails on corridors, assisted bathing and grab rails. This helped to promote people's independence and keep them safe.

Bathrooms, toilets and bedrooms had overriding door locks and we saw that staff knocked and waited for an answer before entering. This was to ensure people had their privacy and dignity respected.

A relative told us, "My [relative's] quality of life is better in here than it would have otherwise been at home. They do try as far as possible to support [relative's] mobility and independence skills.

Staff told us that people's religious and cultural needs were always respected and that people could choose to have their own clergy visit them. There was no person resident in the home who was from a different ethnic or cultural background from the people who were living in the home. Staff told us however that they would be able to provide the appropriate care, support and facilities if and when there became the need to do so.

We asked a staff member to tell us how they ensured a person's dignity and privacy were maintained. We were told, "I ensure people's dignity and privacy by making sure that I close their doors whilst attending to their personal care needs and keep people covered up as much as possible when I'm helping them."

A discussion with the deputy manager showed they were aware of how to access advocates for people who had nobody to act on their behalf. An advocate is a person who represents people independently of any government body. They are able to assist people in many ways; such as, writing letters for them, acting on their behalf at meetings and/or accessing information for them.

We asked the operations manager to tell us how staff cared for people who were very ill and at the end of their life. We were told about The Palliative Care Education Passport training that had been started by some of the staff but had not yet been completed. The training had been developed by the education staff at the local hospice. The programme was developed to assist care homes within the region to deliver quality end of life care. The training accredits the actual care worker rather than the organisation they work for so when staff changed their employment they took their skills, knowledge and accreditation with them. The Palliative Care Education Passport training enables staff to recognise and meet the physical, emotional and spiritual needs of the dying person and their family. We were also told that the staff at the home received good support from the community nurses and from GPs.

We saw that all care records were held securely. This should help ensure the confidentiality of people's personal information.

Is the service responsive?

Our findings

We asked people if they felt the staff responded well to their needs. Comments made included; "The staff are generally good. All my [relative's] needs are being met in here and I'm able to visit regularly. They do liaise with my [relative's] GP" and "I've never felt frightened here. I can make a lot of everyday choices, for example, I have chosen the clothes that I'm wearing today and they know the foods that I do and don't like."

During the last inspection of 01 March 2017 we found that the care plans were not 'person centred' as they did not always reflect the person's individual care needs and preferences in relation to the care and support they required. This was a breach of Regulation 9 (3)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2017

During this inspection we found there had been an improvement in the care plans. The three people's care plans we looked at showed people were assessed before they were admitted to the home. This was to ensure their individual needs could be met. We found the care plans in place gave sufficient detail to guide staff on how to provide support to people in a way that met their physical, social and psychological needs. They had been reviewed regularly. We saw that changes were made to the care plans and risk assessments when people's support needs changed.

During the last inspection of 01 March 2017 we found there were limited opportunities for people to undertake activities and there was a breach of Regulation 10 (2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2017. During this inspection we found there had been an improvement.

The home had employed an activities organiser who worked 25 hours a week. We saw that the social care delivered to people was 'person-centred'. It was evident from speaking to the activities organiser that they were aware of people's previous hobbies and interests.

The activities organiser told us, "I haven't been working here for long as the activities coordinator and am trying to build up resources and different activities. We recently went to Blackpool on an executive coach. Most of the residents were able to go and we had 1 to 1 support as the residents' friends and family members came to assist. We managed to see the Golden Mile and have a little walk. We also had fish and chips at a café off the main road beyond the south pier. It was a good outing and a change to the usual routine, which the residents all seemed to enjoy."

We were also told that the home had started to undertake some work with the school next door. The activities organiser told us that one of the school's pupils was undertaking work experience at the home. We were also told that people who used the service had been invited to the school for a Christmas event.

People who used the service told us; "[The activities organiser] has made a big difference to me. She is easy to talk with and I enjoy doing some of the activities with her. I think that there are plenty of activities and there are residents' meetings every two months, which I attend. We are all knitting scarves at the moment. This is the one I am working on and there's a drawer full of others there. I enjoy playing card games and

dominoes. The activity this morning was good as well, because it makes you feel quite happy remembering times in your life linked to the pictures. [The activity organiser] listens and you feel that there is a proper conversation with her. She manages to take me out from time to time" and "I like listening to music and talking about past times. [The activity organiser] is like a ray of sunshine around here."

We asked the deputy manager to tell us how staff were kept up to date with people's changing needs to ensure they provided safe and effective care. We were told staff were made aware of any changes in a person's care needs at the 'handover' which happened at the start of each shift and that they had access to the care records and daily report. One of the care staff that we spoke with confirmed that this information was correct.

We asked the operations manager to tell us how, in the event of a person being transferred to hospital, information about the person was relayed to the receiving service. We were told that, in addition to a copy of the person's MAR sheet, a copy of the person's 'front sheet' that contained all their personal details would be sent with them. This helps to ensure correct information is passed on and that continuity of care is maintained.

We looked at what information was made available to people and visitors should they wish to raise any complaints or concerns. We saw that the complaints procedure was displayed in the reception area. Records we looked at showed there was a system in place for recording complaints and any action taken to remedy the concerns raised.

Is the service well-led?

Our findings

The home did not have a registered manager. There had been no registered manager since July 2017. Failure to have a registered manager is a breach of a condition of the provider's registration and it is an offence. Following the resignation of the previous registered manager in July 2017, a new manager had been appointed by the registered provider. The newly appointed manager left their employment however before their application to become registered was forwarded to CQC.

The provider was present during the inspection and told us that a new manager had recently been appointed (two people wanting to undertake a 'job share') but they had not started the process of registering with the Commission at the time of the inspection.

Prior to the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make and helps to inform some of the areas we look at during the inspection. The provider had failed to provide the Commission with the PIR. Failing to provide the Commission with the information is a breach of Regulation 17(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that not all records, necessary for the management of the home, were in place. Inspection of the fire log book showed that the required weekly or monthly checks on the emergency lighting, fire equipment, escape routes and the activation of the fire alarm had not been recorded as being undertaken since May 2017. The deputy manager told us they regularly undertook fire drills and checked the fire alarm and escape routes but they had not been recording them in the new book that had been provided. Failing to record when fire checks had been undertaken could result in them not being checked at the required intervals. This could place the health and safety of people at risk of harm.

We looked at the systems in place in relation to fire safety within the home. We saw that a fire risk assessment had been undertaken in July 2017. Fire safety requirements had been made following the assessment. The deputy manager told us that they were sure the requirements of the fire risk assessment had been met but no record of compliance could be found.

There was also no evidence to show that the annual gas safety check had been undertaken since July 2016. The operations manager told us they were certain it had been undertaken as it was inspected on an annual basis. There was also no business continuity plan available, although we were shown the completed document during the last inspection of 01 March 2017. Failing to have records that are necessary for the management of the home is a breach of Regulation 17 (2) (d) (ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the operations manager to tell us what systems were in place to monitor the quality of the service to ensure people received safe and effective care. During the last inspection of 01 March 2017 we found that the lack of a robust quality assurance system was a breach of Regulation 17 (2) (a) of the Health and Social

During this inspection we found there had been an improvement. Systems were in place to monitor the quality of the service provided. The operations manager told us they had set up an audit calendar to ensure all aspects of the running of the home were checked. We were shown the monthly audits that had been undertaken on the medication system, care plans, the health and safety of the environment, infection control and mattress checks.

We asked the operations manager to tell us how they sought feedback from people who used the service to enable them to comment on the service and facilities provided. We were told that the last satisfaction surveys had been sent out in June 2016. We were informed that it was the provider's intention to start sending out six monthly satisfaction surveys from January 2018. We were told the delay in sending them out during the year of 2017 was because they had been sending out satisfaction surveys on behalf of Rochdale Adult Care Services.

During the last inspection of 01 March 2017 we identified that meetings were not held for people who used the service and their relatives. During this inspection we found that meetings were held every two months. People we spoke with told us, "There are regular residents meetings taking place at the moment which is much better than before" and "[Activities organiser] sorts out the meetings and we have a say in what we want. Much better."

We saw there was a suggestions box in the reception area. Leaflets were also available for 'review us on carehome.co.uk'. This was to enable people to submit their reviews about the service on a national website.

We were told that staff meetings were held regularly. Staff meetings are a valuable means of motivating staff, keeping them informed of any developments within the service and giving them an opportunity to discuss good practice. One staff member told us, "I have regular one to one's and feel well supported. Sometimes we have team meetings so we can discuss issues about the home and residents."

Staff spoken with also made the following comments; "[The deputy manager] is very approachable and hands on. She will always help us if we are short staffed and the culture is very open here", "Managers are helpful and we can be open about any concerns", "I think the home seems to be gradually improving over time" and "Morale seemed to have improved amongst the staff since the last manager left."

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the operations manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.

From 01 April 2015 it has been a legal requirement of all services that have been inspected by the CQC and awarded a rating, to display the rating at the premises and on the service's website, if they have one. Ratings must be displayed legibly and conspicuously to enable the public and people who use the service to see them. We saw that the previously awarded rating was displayed conspicuously in the reception area. The service presently does not have a website.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to have some records in place that are necessary for the management of the home.</p>

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not managed safely.

The enforcement action we took:

A Warning Notice was served

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to provide the Commission with the Provider Information Record

The enforcement action we took:

A Fixed Penalty Notice was served,