

Abbey Healthcare (Farnworth) Limited

Farnworth Care Home

Inspection report

Church Street
Farnworth
Bolton
Lancashire
BL4 8AG

Tel: 01204578555

Date of inspection visit:
13 June 2018
28 June 2018

Date of publication:
05 February 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected Farnworth Care Home on the 13 June 2018. Due to concerns raised following the inspection we undertook a further inspection day which was focused on certain areas on 28 June 2018. Both inspection days were unannounced

Farnworth Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. In some services this may also include people who receive funding from both the local authority and the local care commissioning group (CCG).

The home is a purpose-built home and is situated off the main road leading in to Farnworth town centre. There is adequate car parking at the front of the home. Farnworth Care Home is registered to provide accommodation for up to 120 older people who require nursing and personal care. There were 103 people using the service at the time of the inspection. On Belmont unit 34 people were receiving nursing care. On Firwood unit 30 people were also receiving nursing care. Burden unit provided residential care for 39 people.

We last inspected Farnworth care on 21 October 2015 and the service was rated as good.

A new manager was in post and was in the process of registering with the Care Quality Commission (CQC) to become the registered manager. The manager was on annual leave and was unable to facilitate the inspection on the first inspection day. We were assisted by the deputy manager and the Regional Operations Support Manager. The manager was available on the second inspection day.

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 and associated Regulations about how the service is run.

During this inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of safe care and treatment and governance. You can see what action we told the provider to take at the back of the full version of this report.

The service used the local authority safeguarding procedures to report any safeguarding concerns. Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

Recruitment procedures were robust and ensured new staff should be safe to work with vulnerable adults. Staffing levels were sufficient on both days of the inspection. Staff rotas looked at confirmed the number of staff on both days of the inspection to be correct.

The administration of medicines was not consistently safe despite training records showing that staff had

been trained in the administration of medicines and had up to date policies and procedures to follow.

The home was clean, tidy and fresh. The environment was well maintained. However, we found some safety concerns in some bedrooms. For example, wardrobes were not secured to the wall.

There were systems in place to prevent the spread of infection. Staff were trained in infection control and provided with the necessary equipment and hand washing facilities

Electrical and gas appliances were serviced regularly. Each person had a personal emergency evacuation plan (PEEP). A PEEP informs the fire service what room people live in and what assistance they require to evacuate them safely.

People were offered a well-balanced and nutritional diet and encouraged to eat and drink to ensure they were hydrated and well fed.

There were some activities and social interactions however these were limited especially for those people who were confined to their room.

Staff had been trained in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The manager was aware of her responsibilities of how to apply for any best interest decisions under the Mental Capacity Act (2005) and followed the correct procedures using independent professionals.

New staff received induction training to provide them with the skills to care for people. Staff files and the training matrix showed staff had undertaken sufficient training to meet the needs of people and they were supervised regularly to check their competence. Supervision sessions offer staff the opportunity to discuss their work and ask for any training they felt necessary.

Quality assurance systems were in place. However, some of the checks had failed to identify important issues. For example, shortfalls in the safe handling of medicines and environmental issues.

We observed there were good interactions between staff and people who used the service. People told us staff were kind and caring.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

People told us they had no concerns about their safety. Staff had received training in safeguarding adults. There were systems in place to help ensure staff were supported to report any abuse they witnessed or suspected.

Staff had been safely recruited and there were enough staff on duty to meet people's needs.

The administration of medicines was not consistently safe.

Is the service effective?

Good ●

The service was effective.

We saw that a detailed assessment was completed before people were accepted to the service.

Staff received the induction, training and supervision they required to be able to provide safe and effective care.

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

People were complimentary about the food served at Farnworth Care Home. However, the dining experience for people requiring assistance with their meal required improvement.

Is the service caring?

Requires Improvement ●

The service was not consistently caring.

People who used the service told us staff were supportive and helpful.

People's privacy and dignity was respected. People's personal

care preferences were not always adhered to.

People were involved with care planning and reviews.

Is the service responsive?

Good ●

The service was responsive.

People who used the service were involved in reviewing the support they received. This helped to ensure the service was responsive to people's changing needs.

People were encouraged to provide feedback on the service they received. Any complaints or suggestions were acted upon to help improve people's experience of the service.

There were some activities and social interaction, however these were limited especially for people who were confined to their room.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

The service had a manager in post who was in process of registering with the Care Quality Commission.

Staff told us they enjoyed working at the home and in the main felt well supported both by their colleagues and the managers.

Quality assurance systems in place. However, some of the checks had failed to identify important issues.

Farnworth 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.

The inspection took place on 13 and 28 June 2018 and was unannounced. Day one of the inspection was undertaken by three adult social care inspectors, a pharmacy inspector and two experts by experience. An expert by experience is a person who has had experience in working with or caring for people who use this type of care service. The expert by experiences supporting this inspection had experience in caring for elderly people and those living with dementia. Day two of the inspection was carried out by one adult social care inspector,

Prior to the inspection we looked at the information we had about the service. This included the last inspection report, notifications of deaths, accidents and incidents. We also received a provider information return (PIR) from the provider. A PIR asks the provider to give us some key information about what the service does well and what improvements they plan to make.

Before our inspection we contacted Bolton local authority commissioning team, the local authority safeguarding team and other healthcare professionals. We contacted Healthwatch Bolton to see if they had any information about the service. Healthwatch England is the national consumer champion in health and care. This was to gain their views on the care delivered by the service. No concerns were raised regarding this service.

During our inspection we spoke with 12 people who used the service, 12 relatives and six staff. We observed the lunchtime meal to see the what the dining experience was like for people who used the service.

Over the course of the two days of inspection we reviewed 15 care records, eight staff personnel files, 19 medication records. We also looked at the staff rotas, supervision and training records, meeting minutes and audits.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the home. Comments included, "I don't feel bad at all, there's always people around". Another said, "I love it, they [staff] are brilliant". A visitor told us, "I visit every day, they look after [name] very well". Another said, "I know [relative] is safe and being looked after, she is very happy". People also told us they felt their property was safe and secure.

The home had an up to date and comprehensive safeguarding policy that would support and guide staff in dealing with any allegations of abuse. Safeguarding and whistleblowing procedures were in place. Staff had received training in safeguarding adults. They were able to tell us of the action they would take to protect people who used the service from the risk of abuse. They told us they would also be confident to use the whistleblowing procedure in the service to report any poor practice they might observe. They told us they were certain the manager would take any concerns seriously. However, they were aware of the organisations they could contact, including CQC, if they felt the manager or provider had not taken their concerns seriously.

We checked to see that staff had been safely recruited. We reviewed eight staff personnel files and saw that each file contained an application form with included a full employment history, two references and confirmation of the person's identity. Checks had also been carried out with the Disclosure and Barring Service (DBS) for all applicants. 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. These checks should help to ensure people are protected from the risk of unsuitable staff.

We looked at the staff rotas and found that staffing levels were consistently maintained. On both inspection days we saw that staffing levels were satisfactory to meet the needs of the people living at the home. People spoken with gave mixed views on the staffing levels. Three people spoken with on Belmont unit thought there were enough staff on duty and that call bells were answered quickly. One said, "There are enough staff, I don't have to wait too long".

On Firwood unit one person said, "Perhaps they haven't enough staff, I sometimes have to wait to get up, it seems a long time". Another person said, "Not enough staff, I sometimes have to wait 20 minutes for them to help me use a bottle (urine bottle)". Another said, "I have not got a problem with getting help from the staff". We found due to the size and layout of the home it was sometimes difficult to locate staff immediately. The manager should take in to account how staff were deployed to help ensure that staff are a visible presence and can respond more effectively to people living in Firwood unit as comments about staffing was mainly raised regarding this area of the home.

We saw there was a dependency tool in each care file we looked at. The dependency tool was clear and gave an explanation of how this translated in terms of numbers of staff needed. Some staff spoken with felt the dependency tool was only about numbers and not about people's fluctuating needs. Comments included; "Yes, there are enough staff"; "More staff are always needed"; "There are not enough staff in my opinion"; "There are not enough staff for carers to give meaningful time to residents".

The registered provider had taken some 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. We found however that in Belmont unit two-bedroom wardrobes in the bedrooms we inspected were not secured to the wall. Unsecured wardrobes placed people at risk of harm as these can be pulled over. Following the inspection, we were informed that the wardrobes throughout the home had been secured.

The 15 care records we looked at showed that risk assessments had been completed to identify any potential risk of accidents and harm to staff and people in their care. We saw that, to help reduce or eliminate the identified risks, such as poor nutrition, falls and the risk of developing pressure ulcers, care plans had been put into place following the initial assessments.

Records we looked at showed us all equipment used in the service was regularly serviced and maintained in line with the manufacturer's instructions.

Inspection of records showed that a fire risk assessment was in place and regular checks had been carried out to confirm that the fire alarm, emergency lighting and fire extinguishers were in good working order and the fire exits were kept clear.

All the care files we looked at included a personal emergency evacuation plan (PEEPs). These were updated when changes occurred and outlined the level of assistance each person would require in the event of having to be evacuated. There was a central PEEPs file in the reception areas.

We saw staff wore protective clothing of disposable gloves and aprons when carrying out personal care duties and when handling food. Alcohol hand-gels and hand-wash sinks with liquid soap and paper towels were available throughout. Before the inspection we contacted the Bolton Infection Control team. We received a copy of the last infection control audit carried out in October 2017. The home received a score of 95%.

A pharmacist, medicines inspector, looked at records about medicines and medicines for 19 people living on Belmont unit.

During the inspection we found there were some shortfalls in the safe handling of medicines. We found that the shortfalls found on the Belmont unit had begun to be addressed during the inspection. We looked at the Burnden unit later in the day and the operations manager and the deputy manager gave us assurances that the shortfalls on the Burnden unit would be addressed very quickly.

We checked the stock levels against the stocks of medicines for people and found that they showed that medicines could be accounted for and were given as prescribed.

Medicines which must be given before meals were given at the right time. We saw that not all prescribed medicines which had a minimum time interval between doses were given safely. We saw there were charts in place to ensure that Paracetamol was given safely. We saw for one person who required pain relief to be given every 12 hours that this was not given at the correct times. People may experience pain as a result of medication not being given in a timely manner.

Some people who had swallowing difficulties were prescribed thickeners to prevent them from choking and aspirating. We saw that people were given their thickened fluids safely and appropriate records were made.

Medicines were mainly stored safely. However, the oxygen cylinders were not secured. On 22 June 2018 we

received information informing us that oxygen had been secured and the correct signage had been ordered and displayed.

The home kept homely remedies, medicines that can be bought over the counter without prescription. To give people these medicines their doctor must give their written permission to make sure that the homely remedies did not adversely affect their health or react with their other medicines. No written authorisation was in place. The staff in the home told us that these medicines were rarely used and that they would contact the doctors for permission.

When people needed to have their medicines given covertly, hidden in food and drink, there was no information from the pharmacist to guide staff as to how to give medicines safely.

People were prescribed medicines to be given "when required", we found the information recorded to guide staff how to administer medicines prescribed in this way on Burnden Unit had minimal personalised information. There was no guidance available when medicines were prescribed with a choice of dose. This meant that people prescribed medicines in this way were at risk of not being given them safely or consistently.

We saw that when staff applied medicines in patch form they recorded the site they had last applied the patch. People were prescribed a patch that must not be applied to the exact same skin location for a minimum of 14 days to avoid the risk of skin irritation. The staff failed to do this because they were unaware of the manufacturer's directions.

When people were prescribed insulin their blood sugars must be monitored. We found staff were monitoring the levels but had not recorded the safe range of levels that applied to an individual so it was possible that insulin was not always given safely.

Most of the Medicines Administration Record Sheets (MARS) were printed but some of the MARS in use on the Burnden Unit had been handwritten and despite being countersigned for accuracy none of them had the date on the sheets.

We saw creams were left on bedside cabinets in people's bedrooms. All medicines including creams must be kept securely stored at all times. Staff failed to make complete and accurate records about creams. There was little information about where to apply creams and there was minimal information available to guide staff as to how to assess if creams needed to be applied and in what order creams should be used. We looked at the records about the application of creams and they were poorly completed and did not show that creams had been applied properly. We saw one person who had very dry skin and the records showed that the moisturising creams had not been applied very often to rehydrate the skin. The records showed that barrier creams were not regularly used for people who were incontinent and this meant they were at risk of soreness and their skin breaking down.

We found this to be a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

On the 22 June 2018 we received an action plan from the home which showed what actions had been taken to address the issues to ensure medication was administered safely and as prescribed. This will be checked at our next inspection.

On 28 June 2018 we found that a concern raised on 12 June 2018 about a person's creams on discharge

from hospital had been addressed and GPs had been contacted for a full review of people's creams. We also found that cream recording sheets were now in place to evidence that these had been applied as prescribed.

We saw that accidents and incidents had been recorded and actions taken to identify risk and patterns had been implemented to help prevent reoccurrences.

Is the service effective?

Our findings

All new staff completed a thorough induction which included essential training. We saw that training was on going and refresher courses were planned. New staff were mentored by experienced staff for two to three weeks or until they were confident of their role. Staff spoken with told us that there were lots of opportunities for training offered. We saw evidence of training including moving people safely, medication, health and safety and infection control.

Staff were issued with a staff handbook which included information on equality and diversity, confidentiality, behaviour at work, health and safety and accidents at work.

We saw that all staff received regular one to one meetings and staff appraisals. These meetings provided staff with the opportunity to raise any issues or concerns they may have and to discuss any further training and development they may wish to undertake.

People who used the service and visitors spoken with stated they felt staff knew how to care for their relative. One person told us, "They [staff] are very competent". Another said, "They are all very good". A relative told us, "Yes, but one or two of the new one's rush sometimes". A visitor said, "Yes, you can ask them for anything". A third visitor said, "Yes, there's no favouritism".

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 health and social care professionals, such as; social workers, specialist nurses, opticians, chiropodists and dentists.

Staff told us they received a verbal and written report on each shift change. This was to ensure that any change in a person's condition and subsequent alterations to their care plan was properly communicated and understood.

We asked people about the quality and presentation of the food. One person said, "It's very good most of the time and there is plenty of it". Another said, "Very nice, there's no choice, it's just given to us. There's not a menu with different things". However, we saw a menu was displayed in the dining rooms, and choices were available. A third person said, "There's not enough of it, they don't make meals I like. If I don't like it I send one of my kids for a pizza". People told us they could have whatever they wanted for breakfast, and breakfast was still being served at 11.30. One visitor said, "The food is smashing, she gets enough". Another told us, "The food is lovely, there's plenty to eat".

On 22 June we received a sample of the Summer menus. People who used the service had been consulted about the change of menus. Choices were available at each meal. A range of afternoon tea and snacks were

available and a choice of suppers. We were told a copy of the daily menu was to be placed on each table and that pictorial menus had been ordered to assist people in making choices.

We observed lunch on Firwood Unit. There were several people that required assistance with their meal. The deputy manager told us lunch started at about 12.20 and finished around 13.45. Despite there being eight members of staff in the dining room, there were some people sitting in the dining room that had not been given any lunch at 13.00 waiting for assistance. The action plan received on the 22 June 2018 explained that the manager was looking at way to address this so that people could receive their meals in a timely manner. However, this was not conveyed to the inspection team during the first day of the inspection.

On the 28 June 2018, the second day of the inspection we were informed that the kitchen services manager from Cumbria has visited the home and conducted a dining experience and catering services audit and also a staff training programme. We were informed that pictorial menus had now been ordered for each unit and the new activities coordinators were to be trained to assist with mealtimes to help staff.

We observed lunch on Belmont Unit. The tables were nicely set with tablecloths, napkins and flowers. People were sat chatting with each other and it was an overall pleasant experience. Staff were available to assist people who required help with their meal in a discreet and sensitive way.

We saw that food was served from a heated trolley. The menus showed there was a choice of main meal and dessert for both the lunchtime and evening meals.

We looked around the home. The first and second floors being accessible by a passenger lift. The corridors throughout the home were wide to enable people to move freely around the home with the use of walking aids or wheelchairs. We found the home was clean, fresh and tidy. The fire escapes were clear and free from any obstructions.

All the bedrooms throughout the home had an en-suite shower and toilet that was fitted with aids and adaptations to promote people's safety and independence. Bedrooms had been personalised with photographs and mementoes brought from home.

We were told by staff that the bath on the Belmont Unit was out of use as it was broken. We also found that the bathroom on the residential unit, Burnden Unit, was being used for storage and the door was locked. Although each bedroom had an en-suite shower we required the staff to remove the articles that were stored in the bathroom so that people who wished could have an immersion bath. There were only two baths in working order for 103 people. The articles were removed by the maintenance men whilst we were present. Following the inspection, we were informed by the provider that a request had been submitted for the provision of three new baths, each with an electric hoist. This was not discussed on the first day of the inspection.

We looked at the outside garden space. People could access the garden area and chairs and tables were available for people to sit outside. The home had applied for a Transformation Fund Application and this had been granted. Part of grant was to be spent on the garden area. This was to include raised flower beds, a greenhouse, a water feature and a memorial sculpture. We spent time speaking with people and visitors who were sat outside on the 13 June 2018.

We noted that near the entrance to the garden area it was littered with cigarette ends. This looked unsightly. We discussed this with the management team that area needed cleaning up, they agreed to address this.

On the 28 June 2018 we checked the outside area. We found that signage had put up and a temporary bin was in place whilst waiting for a receptacle to be delivered. The maintenance team were now checking the

area daily to ensure it was clean and tidy.

We asked the registered nurse to tell us how, in the event of a person being transferred to hospital, information about the person was passed to the receiving service. We were told about the 'Red Bag' that was sent with the person. The Red Bag should contain the person's care and medication records, their medication and their personal items.

The Red Bag Initiative was rolled out to all nursing homes across Bolton NHS Foundation Trust. We were told the aim of the initiative was to improve the experience of people when they were admitted to hospital and reduce their length of stay by speeding up the discharge process and improving communication between hospitals and nursing homes.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 can make their own decisions and are helped to do so when needed. When they lack capacity to take 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 were being met.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care home and hospitals is called the Deprivation of Liberty Safeguards (DoLS).

We saw DoLS paperwork within care files and a file for each unit with all DoLS/MCA checklists on each unit, highlighting dates when due and explanations of when DoLS had been declined.

Staff spoken with had good understanding of MCA and DoLS and could tell us who was subject to DoLS and what this meant in practical terms. We noted that where applicable Power of Attorney information was in in the care files.

Permissions forms were signed by people who used the service or their representatives around use of photographs, bedrails, lap straps for wheelchairs, medicines administration, sharing information, treatment and care. These permission forms were not used as consent, but it was clearly outlined that they were to be used in conjunction with best interest's decision-making discussions and meetings. MCA assessments for general everyday decisions and best interests were in place regarding other decisions.

Is the service caring?

Our findings

People told us the staff were kind and caring. One person said, "They [staff] are very friendly they have a chat with you". Another said, "They [staff] are very good, there's no trouble at all". A third person said, "They [staff] are great. The staff are good and friendly and all the nurses are brilliant". One visitor said, "They [staff] are fine. They treat [relative] normally, they are caring appropriately for her needs". Another said, "When anyone comes in they are really friendly, we can tell they like her. If you need anything they [staff] bring it".

People we spoke with told us that staff respected their privacy and dignity. One person said, "Yes definitely". Another said, "They always knock on your door before coming in". A relative told us, "Yes they [staff] do respect dignity and privacy. They shut the curtains and doors".

The home had a Dignity champion and we saw dignity care plans within all care files outlining how to maintain each person's dignity.

We saw that bathrooms, toilets and bedrooms had over-riding door locks. This was to ensure that people's safety was considered whilst respecting their privacy and dignity. We saw that people most looked well cared for, were clean and appropriately dressed.

Kind and caring interactions between staff and people who used the service were observed. Staff were very patient with people especially with one person who kept asking to leave.

There was a friendly and relaxed atmosphere within the home. We spoke with staff about working at the home. Staff comments included; "I enjoy my job. The team are wonderful"; "The best thing about the job is the people that live here and the staff"; "It is lovely, I love working here".

On Belmont Unit we saw that care monitoring charts were up to date. Staff were recording accurately people's fluid and food intake and were recording when their personal care had been delivered.

During the inspection we did receive concerns from a relative on Burnden Unit in relation to the fact that their relative had not received the personal care they required since their admission, 29 days previously. The relative told us that the staff had said it was not possible for the person who used the service to have a bath or shower due to their physical condition. We asked to see this person's personal hygiene care chart to check if this person had received appropriate personal care and that they were having at least daily bed baths or washes. No personal hygiene chart could be found on the first day of the inspection. We were not able to determine on the day what personal care had been provided.

On the 28 June 2018 we checked to see that these concerns had been addressed and that all paper work was in place and that the recording was accurate. We found that GP and the community nursing team had been contacted and that appropriate actions had been taken by the manager to ensure care needs were being met.

On the first day of the inspection two visitors made a comment to the inspector about their relative/friend's fingernails. These were seen to be long and had dirt with brown matter under the nails. One family member said they relative would be very upset knowing his nails were in a state.

On the 28 June we were told by the manager they had requested the family bring in nail clippers so that nails could be tended to by staff. This is part of personal care and checks should have been in place to ensure that people's nails were kept clean.

We saw that people had access to advocates who could be contacted for people who did not have a representative and needed someone to speak for them. One person told us, "My family deal with everything for me".

There was nobody resident in the home from an ethnic minority background. The registered nurse on Belmont Unit told us there was a policy within the home that addressed how people from an ethnic minority background were to be supported and how their culture and rights were to be respected.

There was a service user guide given to people and their families. This provided people with an overview of the home and the facilities available.

Is the service responsive?

Our findings

The care records we looked at showed that assessments were undertaken prior to a person being admitted to the home. This was to ensure their identified needs could be met. The care records showed that information gathered during the assessment was used to develop the person's care plan.

The care records contained detailed information to show how people were to be supported and cared for. It was clear from the information contained within the care plans that people and/ or their family had been involved in the planning of their care. Care files also contained a 'life story'. This included special moments in their life for example childhood memories, special events and what made them laugh. This information could help staff generate areas of conversation with people.

We asked people if they were involved with care planning and reviews. One person told us, "Staff discussed the care plan with me and I signed it." A visitor told us, "I have seen [relatives] care plan and I have signed it". Another said, "I speak with staff regularly, if there are any changes I sign the care plan".

We asked people how they spent their day. One person said, "I watch television mostly. I have a walk around. Sometimes I join in the activities. I like the entertainment". Another said, "There's not much to do, but I don't get bored". A third person said, "We have done all sorts of things like making cards. A man and a lady came in to sing, it makes a change".

We saw some activities listed on a notice board, these included: quizzes, memory games, film afternoon and coffee afternoons. On the day of the inspection we did not see any activities taking place. We discussed this with the management team on 12 June 2018. We raised concerns around social isolation and a lack of activities for people mostly confined to their bedrooms.

On the 22 June 2018 we received information from the management regarding activities. We were told that the home was recruiting two activity personnel. Until these were appointed the current activity coordinator was to work on all floors and a staff member was to support with this. A new activity programme was being devised which would incorporate one to one time for those at risk of social isolation. An activity care plan was now in place for people to ensure they received, if they wished, a suitable range of activities. The management confirmed they had ordered pictorial activity boards for each unit to make the choice of activity accessible to all. We will check the activities available to people at our next inspection.

A discussion with the registered nurses on Belmont Unit showed they were very experienced in caring for people requiring Palliative and End of life Care. They told us about the training they and other staff undertook with the local hospice. Topics covered in the training included communication skills, advanced care planning, symptom management, syringe driver management and care after death.

We saw that information was easily accessible and visible in a person's care record when they had a Do Not Attempt Resuscitation (DNAR) in place. This is a legal document that identifies that an informed decision has been taken to withhold cardiopulmonary resuscitation (CPR).

The service had an appropriate and up to date complaints policy. Details of how to make a complaint and how complaints and concerns would be dealt with was in the information provided to people who used the service. The address of the Care Quality Commission needed adding to the information so people could contact the CQC if required.

We looked at the complaints file and saw that the manager had responded to any complaints appropriately and in a timely manner. Some people we spoke with told us they knew how to make a complaint. One person said, "I would complain to the nurse, but up to now I have never had any complaints to make". Another said, "I would complain to whoever was dealing with me, but I am not one to complain". One visitor told us, "I don't know the actual procedure but I would go and see a nurse or speak to the manager".

We saw several compliments had been sent to the home by relatives. One family wrote, "I wish to thank all the staff for the compassion and service to [name]. You have all helped in some way to ease the burden of worry for us. I shall never forget our family was always made welcome and to see [staff names] at the funeral was lovely and much appreciated". Another person wrote, "I am writing to tell you how conscientious and hardworking I have found the staff. It is important for us as relatives and carers to know that our loved ones are being cared for in an environment as near to their home environment as possible". Other comments included, "A massive thank you for making several years of [person's] life very happy".

People who used the service had opportunities to comment on the support they received. We saw that their views had been taken seriously and acted upon to improve their experience in the service. Staff also had the opportunity to make comments by use of the employee satisfaction survey.

Is the service well-led?

Our findings

A new manager was in post and was in the process of registering with the Care Quality Commission to become the registered manager. The manager was on annual leave and was unable to facilitate the inspection on the first day. We were assisted by the deputy manager and the Regional Operations Support Manager. The manager was available on the second inspection day.

Before our inspection we checked the records we held about the service. We found that the manager had notified CQC of any accidents, serious incidents and safeguarding allegations as they are required to do. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.

Records we reviewed showed staff meetings took place. 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. These actions demonstrated the provider and manager listened and acted upon the views of staff.

We asked staff if they felt supported by the management. Comments included, "People in management are approachable." Another said, "Management are not approachable, when we complain about the night staff that the day staff are having to pick up some of the tasks left by the night staff due to not having enough staff". A third member of staff said, "The transition (new manager) has been difficult but all the management are approachable". A fourth person said, "We are supported by management. Hand on heart there is a 100% support".

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services. We found that systems were in place. However, these had failed to identify some of the concerns found during the inspection. For example; concerns about medicines not being identified through the medication audit.

Environmental audits and risk assessments had not identified the rooms where the wardrobes had not been secured to the walls. Checks had not identified the untidy mess left by cigarette ends in the garden area and that there was no receptacle to dispose of them. Checks had failed to identify that staff were using the bathroom on Burden unit for storage. This meant that the bathroom could not be used. The bathroom on the Belmont was broken and out of action. On the second of the inspection we were told submissions were to be submitted to the finance department for the replacement of three new baths.

Checks on personal care had not identified that some people had long and dirty fingernails that required attention. On the second day of the inspection we were told that this had now been actioned.

We found this to be a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Records we looked at showed the manager also completed a review of any incidents which occurred within the service to ensure appropriate action had been taken and lessons were learned to help prevent further similar occurrences in the future.

The home had signed up to the Bolton Care Home Excellence programme, which had been designed in partnership with providers, people who used the service and their families. The aim was to improve quality and experience for people by committing to high standards of care.

The home had links with the local community for example visits from the local primary schools.

We looked at the certificates for the servicing of gas and electrical appliances, the testing of small electrical goods, legionella water testing the lift and other lifting equipment. These were found to be valid and up to date. The home had been awarded a five-star rated from the food standards agency in October 2017. This is the highest score awarded.

We saw minutes of meetings, including staff and resident meetings. Heads of department meetings took place daily. These covered issues such as GP visits, new admissions, any infections and hospital appointments.

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 The provider had failed to ensure that medicines were given as prescribed.
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 ensure that quality monitoring checks and audits were in place.