

Borough Care Ltd

Silverdale

Inspection report

20 Bents Avenue
Bredbury
Stockport
Greater Manchester
SK6 2LF

Website: www.boroughcare.org.uk

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16 March 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

This inspection took place on the 14, 15 and 16 March 2017 and was unannounced on the 14 March.

We last inspected the service on 29 February and 1 March 2016 when we rated the service as requires improvement. At that time we found the service was in breach of three regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, these related to consent and care for treatment, the proper and safe management of medicines, doing all that is practicable to mitigate risks and maintaining accurate, complete, contemporaneous records.

Following the inspection the provider sent us an action plan detailing how the identified breaches would be addressed. At this inspection we found that the provider was now meeting some of the requirements of these regulations. However we identified other areas where the provider was not meeting the legal requirements.

We identified breaches in three of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which were in relation to preventing and controlling the spread of infection, staff competency, supervision and training and the effectiveness of governance systems in place. We have made a recommendation about the deployment of staff around the home.

This inspection was to check improvements had been made following last inspection and to review the ratings. You can see what action we have told the provider to take at the back of this report.

Silverdale is a two storey building located in Bredbury, Stockport and is registered with the Care Quality Commission (CQC) to provide accommodation for up to 47 older people some of whom are living with dementia. People were accommodated in single bedrooms and six of these provided an en suite toilet and wet room facility. Bedrooms were located over two floors which could be accessed via a passenger lift or staircase. At the time of the inspection 44 people were using the service. Silverdale is one of eleven care homes owned by Borough Care Limited which is a not-for-profit registered charity.

A registered manager was in place at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health

and Social Care Act 2008 and associated Regulations about how the service is run.

We saw some positive and caring interactions between staff and people who used the service; however we saw some people were not supported by sufficient numbers of staff to make sure their wellbeing was promoted.

We saw a housekeeper who was not trained to use moving and handling equipment, supported a care worker whilst using a stand hoist to mobilise a person. This placed the person at risk of receiving unsafe and inappropriate care.

We saw records to show not all staff had received regular supervision or an annual appraisal to help make sure they were carrying out their duties safely and effectively.

Weekly cleaning audits were not fully completed and up to date. Moving and handling equipment to assist in transferring people required cleaning to maintain a good standard of cleanliness and help to prevent cross infection.

Not all staff used the protective personal equipment (PPE) in place such as disposable aprons and gloves when delivering care to people. This meant people were not protected against the risk of cross infection.

Auditing systems in place to ensure the quality of services provided were not fully utilised to make sure the service provided was safe, effective and well led.

Arrangements were in place to help protect people from the risk of abuse. The service had an up-to-date safeguarding policy and procedure in place and staff members spoken with were able to give a good account of the risks associated to vulnerable adults, the safeguards in place to minimise these risks and explain how they would recognise and report abuse.

Care staff we spoke with told us they had undergone a thorough recruitment process. They told us following their employee induction, training appropriate to the work they carried out was available to them.

People's nutritional and hydration needs were being met. People had choice about what they wanted to eat and drink and where required they were supported to eat their meals with prompts from staff.

Staff had developed a good rapport and understanding of the people who used the service and treated the people and their belongings with respect.

People were supported to take part in hobbies and interests and individual or group daily leisure activities were provided for people who used the service.

A complaints policy was in place and copies of the policy were displayed in communal areas in the home. We examined the services complaints log and found where complaints or comments had been made records were kept of the actions taken to resolve the issue to the satisfaction of the complainant.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Moving and handling equipment required cleaning in order to maintain a good standard of cleanliness and help to prevent cross infection.

Not all staff used the protective personal equipment (PPE) in place when delivering care to people.

Arrangements were in place to help protect people from the risk of abuse. The service had an up- to-date safeguarding policy and procedure in place.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Not all staff had been trained to use the moving and handling equipment in the home.

Not all staff had received regular supervision or an annual appraisal to help make sure they were carrying out their duties safely and effectively.

Peoples nutritional and hydration needs were being met.

Requires Improvement ●

Is the service caring?

The service was caring.

We saw caring interactions between staff and people who used the service.

Staff members were aware of and were able to demonstrate a basic understanding people's diverse needs.

Staff had developed a good rapport and understanding of the people who used the service and treated the people and their belongings with respect.

Good ●

Is the service responsive?

Good 

The service was responsive.

Meaningful activities were scheduled for people to take part in; however people were not always supported to make sure their wellbeing was promoted.

People's needs were assessed prior to moving into the home to ensure their individual needs and preferences could be met.

A complaints policy was in place and copies of the policy were displayed in communal areas in the home.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Systems in place to help monitor the quality and safety of the service had not been fully utilised and implemented effectively.

The registered manager understood their legal obligation to inform the Care Quality Commission of any reportable incidents that had occurred at the service.

Staff and people using the service spoke positively about management team and told us they were supportive and approachable.

Silverdale

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 the 14, 15 and 16 March 2017 and was unannounced on the first day. The inspection was carried out by one adult social care inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information that we held about the service and the service provider. This included previous Care Quality Commission (CQC) inspection reports and safeguarding and incident notifications which the provider had told us about. This information can help the CQC assess if appropriate action had been taken in relation to certain incidents such as the death of service user, a safeguarding alert or a serious injury.

We sought feedback from Stockport Healthwatch, Stockport NHS Clinical Commissioning Group (CCG), Stockport Local Authority (LA) Quality Assurance Team and Control of Infection Unit. We received feedback from the Stockport LA Quality Assurance Team and the CCG which reported on their most recent monitoring visit to the service. This information was reviewed and confirmed they had no current concerns about Silverdale and the services they provided.

During the inspection we spoke with four care staff, four people who used the service, one visiting relative, the medicines improvement officer, two housekeepers, the activities lifestyle facilitator, the cook, the registered manager, the deputy manager and the head of care. We used the Short Observational Framework for Inspection (SOFI). SOFI is an observational tool used to help us collect evidence about the experience of people who use services, especially where people may not be able to fully describe this themselves because

of cognitive or other impairment.

We reviewed four employee personnel files, records of staff training and supervision and the care records that belonged to five people who used the service. We also reviewed the medicine records of four peoples, records relating to how the service was being managed such as records for safety audits, servicing and maintenance, and a sample of the services operational policies and procedures.



Our findings

A recruitment and selection procedure was in place. We looked at four staff recruitment files and found that all of the staff members had been recruited in line with the regulations including the completion of a disclosure and barring service (DBS) pre-employment check and at least two recent references, one from a previous employer. Such checks help the registered provider to make informed decisions about a person's suitability to be employed in any role working with vulnerable adults. All staff members were issued with an employee handbook which contained information about Borough Care Ltd policies and procedures.

When we walked around the home we saw that the layout of the building covered a large area which was divided into five named units. The registered manager told us staff were deployed in each unit to provide consistency of care to people who mainly used those areas. When we examined the staff duty roster we saw there was a consistent level of staff in place to deliver care and support to the people who used the service. Staff spoken with told us they felt sometimes there were not enough staff on duty to carry out the tasks expected of them. They told us, "There should be more staff, it's a big building to get round" and "If we have two carers upstairs supporting a person then there's nobody on the floor and we haven't got eyes in the back of our head". A relative of a person who used the service said, "There seems to be enough staff during the week but they aren't as visible at the weekend". The registered manager told us they had calculated the staff numbers required at each duty shift according to people's support needs, dependency levels and the specific skills of the staff. They told us that whilst they operated a ratio of one staff to seven people, following an ongoing recruitment drive they were hoping to increase the staffing ratio to one staff to six service users before the end of May 2017. We found that there were enough staff on duty to respond to people's needs however the layout of the building made it difficult for staff to be fully visible at all times.

During our walk around the home we saw a housekeeper who was not trained to use moving and handling equipment, support a care worker to use a stand aid hoist whilst they transferred a person from a wheelchair to an armchair. This placed the person at risk of receiving unsafe and inappropriate care because training to use this equipment had not been provided for the housekeeper. We also saw the housekeeper did not wear a disposable apron during the care intervention and continued to wear the tabard that was usually worn to carry out cleaning duties around the home. This meant the person was placed at risk of cross infection because protective personal equipment (PPE) in place was not used.

When we informed the registered manager of our findings they told us they would arrange for all staff to undertake refresher hoist, moving and handling and cross infection refresher training immediately regardless of their job role. This would help to make sure that people were not placed at risk should a non-

care worker be requested to assist a care staff in the future.

The above examples demonstrate a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Doing all that is practicable to mitigating risk.

At the last inspection in March 2016 we found that the provider had not protected people against the risks in relation to the safe and proper management of medicines. At this inspection we found improvements had been made in this area. We found a medicines policy was in place to help ensure the safe storage and administration of medicines. This policy had been monitored and reviewed and was up to date. Medicines were kept safely and securely. We reviewed four medicine administration records (MAR) and found they were completed appropriately and were up to date. We saw there was a photograph at the front of each person's records to assist staff in correctly identifying people to ensure they received the correct medication as prescribed by their General Practitioner (GP). Staff spoken with knew about the process for checking the right dose of medicines were administered according to the person's GP's instructions. They demonstrated a good knowledge of why people required their medicines, the dosage, the desired effect and the action they should take in the presentation of possible side effects. They told us that in the case of a medicines error they would follow the organisational procedure which is to seek advice from the person's GP, the out of hours GP or NHS 111. NHS 111 is the NHS non-emergency number where people can speak to a highly trained adviser; supported by healthcare professionals should they require any health or medical advice. We observed a medicines round being undertaken in the home which confirmed people's medicines were administered safely. A medicines audit carried out by the CCG medicines monitoring team in September 2016 showed there were no concerns and good practice was recognised.

People prescribed anticoagulant medicines had been identified on the front cover of their MAR so that staff were aware of the risks associated with this type of medication. Anticoagulants are medicines that help prevent blood clots and are given to people at high risk of getting blood clots, to reduce their chances of developing serious conditions such as strokes and heart attacks. Whilst this medication is highly effective, it is also associated with significant bleeding risks. Therefore specific guidance to contact the emergency services and risk assessments were in place for these people. For example all staff were aware to contact 999 should any person prescribed an anticoagulant medicine sustain an injury, such as a fall, head injury or body bruising that might lead to bleeding.

We saw arrangements in place to help protect people from the risk of abuse. The provider had an up-to-date safeguarding policy and procedure in place in line with the local authority's 'safeguarding adults at risk multi-agency policy'. This provided guidance on identifying and responding to the signs and allegations of abuse. We spoke with four care staff about their understanding in relation to protecting vulnerable adults. They demonstrated a good understanding of safeguarding adults, could identify types of abuse, and knew what to do if they needed to report any form of abuse and they all said they felt confident to do so. Management and staff members we spoke with were able to give a good account of the risks associated to vulnerable adults, the safeguards in place to minimise these risks and explain how they would recognise and report abuse whilst being vigilant about the possibility of poor practice. Records showed the registered manager had effective procedures to help make sure any concerns about people's safety were appropriately reported to the local safeguarding authority.

Staff knew about the provider's whistleblowing procedures (the reporting of unsafe and or poor practice by staff) and felt confident in using them if they needed to.

The registered manager showed us the system they had in place to record and review accidents and incidents, which were recorded immediately following the event. Records showed where action had been

taken to prevent further occurrences this was recorded and the provider's compliance officer undertook a monthly analysis to identify any trends or patterns to ensure preventative action could be taken. Records to show people had a Personal Emergency Evacuation Plan (PEEP) were in place. These plans detailed the level of support a person would require in an emergency evacuation situation such as fire evacuation. Staff training records showed all staff had undertaken fire safety training at regular intervals.

At the last inspection in March 2016 we found that the registered manager had not identified risks to people in their care records. At this inspection we found improvements had been made in this area. We examined the care records that belonged to four people. Each care record showed that risks to their health and well-being had been identified. Environmental and equipment risk assessments had been completed for people who required assistance using equipment such as hoists and wheelchairs. Staff members spoken with understood their role in relation to people's identified risks and action required to mitigate such risks..

. There were infection control processes in place. Risk assessments had been put in place to ensure all cleaning chemicals were stored safely and accounted for to prevent people accessing chemicals which might pose a risk to their health and safety. Records showed a system was operating daily to check these chemicals were locked securely and accessed only by authorised staff.

Staff had access to personal protective equipment (PPE) to help reduce the risk of cross infection. Staff members we spoke with told us they were always provided with enough PPE such as disposable gloves and aprons which helped to protect them and people using the service from the risk of cross infection whilst delivering care. Care staff we spoke with were aware of the need to make sure they used the protective equipment available to them.

During our walk around the home we visited the laundry area and saw that laundry was well organised with a clear flow of dirty to clean processes. We saw that bedding was laundered in a separate area away from people's clothing. This reduced the risk of cross infection.



Our findings

Before starting work at Silverdale staff we spoke with told us they had undertaken a full employment induction. They told us they were given a seven day mandatory induction that covered topics such as, dementia awareness, fire evacuation, risk assessments, safeguarding and whistle blowing. This induction was followed by a two week period of shadowing where they worked under the supervision of an experienced staff member within the home. This gave the new staff member the opportunity to get to know the people who used the service. A probationary period of three months could be extended if the staff member's performance did not meet expectations or the staff member felt they required additional time to develop their skills.

Continuous staff training was available in topics such as, end of life care, use of hoists, choking, dysphagia (swallowing problems), first aid and control of substances hazardous to health (COSHH). This is the law that requires employers to control substances such as chemicals and cleaning products that are hazardous to health. The registered manager told us that training would be arranged for staff where it was identified specialised knowledge would help to meet people's specific health and treatment needs. Additional induction training was provided via the Care Certificate. This is a professional qualification that aims to equip health and social care staff with the knowledge and skills they need to provide safe and compassionate care. This meant care staff members had received appropriate training to help make sure people received safe and appropriate care. Non care workers such as laundering and housekeeping staff underwent a similar induction period and learning was specific to their job role.

There was a system in place to provide staff with an annual appraisal and regular supervision. However when we examined five staff personnel records we found these staff had received up to two supervision meetings since our last inspection in March 2016. In addition to this whilst some staff had received an annual appraisal, other staff members told us they had not yet received an annual appraisal, but were expecting this to happen within the next month. We saw dates for these appraisals had been scheduled in the registered manager's action plan. Supervision and annual appraisal meetings provide staff with an opportunity to speak in private about their training and support needs as well as being able to discuss any issues in relation to their work to support them to provide safe and quality care to people. When we spoke with the registered manager about the lack of regular formal supervision provided to staff, they told us it was something they were looking to improve on because they now had a full management team in place. The registered manager told us the management of staff supervision and appraisals would be shared between the new management team and they were keen to ensure all staff had received an annual appraisal before the end of April 2017.

The above examples demonstrate a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Staff receive appropriate support.

At the last inspection in March 2016 we found that the provider had not sought consent from people for care and treatment in line with the Mental Capacity Act 2005 (MCA). At this inspection we looked at what consideration the provider gave to the MCA. We also 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. We found where mental capacity assessments had been completed best interest decisions were recorded including any consultation undertaken and a rationale for reaching the decision made. The registered manager and staff members were clear about the MCA and the need to carry out mental capacity assessments for people who required them. 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. The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. This legislation sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need safely and where there is no less restrictive way of achieving this.

Staff members we spoke with had a good understanding of how and why consent must be sought to make decisions about specific aspects of people's care and support. Staff told us that where consent from people could not be sought they would always consult the person's relative who had a lasting power of attorney (LPA) or arrange for a meeting to be held with appropriate professionals in attendance. A relative spoken with told us that wherever possible consent about their relative's care, treatment and wellbeing was sought and documented. A lasting power of attorney (LPA) is a legal document that lets a person appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf.

The provider used 'Dine Contract Catering' a private catering company, to provide all meals at the home. We saw people had choices about what they wanted to eat and where required they were assisted to eat or supported to eat their meals with prompts from staff. We examined the menu and saw that a variety of meal and snack options were available at different times of the day. The menu also had planned a traditional Irish meal for the forthcoming St Patrick's day celebrations. We saw the meals served were well presented, looked appetising and nutritionally balanced. When we spoke with the cook it was apparent they were knowledgeable about people's dietary and nutritional risks, and the need to follow advice from professionals such as speech and language therapists (SALTs). For example, making sure that people at risk of choking received a pureed diet. SALT provides treatment support and care for people who have difficulties with communication or with eating, drinking and swallowing. Individual meal choices were arranged through the use of a daily choice menu sheet which indicated people's preferred portion size, if they required finger foods, a gluten free, fortified/ enriched diet and highlighted where a person had a food allergy. We saw tables were set at each meal time and people who required assistance with eating and drinking were provided with 'protected meal time' to make sure they received extra support including additional hydration and nutritional monitoring.

Care records and daily records we examined showed particular attention was paid to people's dietary requirements and what they ate and drank. We examined people's daily observation records which indicated the type and amount of food people had eaten was recorded. Records of people's weight were maintained where required. This meant people's nutrition and hydration was monitored to ensure their

needs were being met. Care records showed people had access to external healthcare professionals, such as hospital consultants, specialist nurses such as tissue viability nurses, dietician, psychiatrist and GPs. Notes made at each visit were included in people's care plans. Care records that recorded dental and optical checks were also in place.

When we walked around the home we saw the layout of the home covered a large area and lacked investment in parts. Some areas such as a first floor communal lounge and some bedrooms required redecorating. However the space was suitable to accommodate the number of people using the service. The home was divided into five named areas, Amber, Ruby, Jade, Amethyst and Opal and staff were deployed in each area. We saw visual prompts were in place, such as a Singer sewing machine, prompt cards, hats and umbrella helped people to identify with their previous employment and orientate them in relation to the weather. Staff told us they used the prompt cards which helped to initiate discussion about people's past holidays, family and previous employment whilst they mobilised throughout the home. Clear signage was found throughout the home indicating the location of toilets, bathrooms, kitchen, and laundry, dining areas, shared lounge areas and the passenger lift. Some areas of the home maintained a homely environment to enable people's planned activities and routines to be supported effectively by staff members.

There was sufficient suitable equipment in place to promote people's mobility such as handrails, hoists and wheelchairs. Shared toilets, showers, bathrooms and lounge areas with appropriate seating were sufficient in numbers and well maintained. Corridors were clutter free and wide enough for trolleys, hoists, wheelchairs and other mobility aids to manoeuvre adequately. The registered manager told us that Borough Care Ltd and local authority building plans to complete a full refurbishment or rebuild of buildings in line with their 'Vision 2020' was in place.



Our findings

We saw the culture of the service was geared to the needs of the people who lived at Silverdale. Respect and regard was central to the delivery of care and support, and we observed good interpersonal relationships between staff and people who used the service.

A relative of a person who used the service said, "The staff are very good. They do look after [relative] well and keep me informed about [relatives] care".

Care records examined had been written with understanding of people's individual needs. For example care records we examined described a person's daily routine and gave detailed instructions about the person's personal care needs including their personal care and preferences at night. People's daily records were completed at specific intervals during the day and night to show their identified care needs had been addressed and met. Care records showed and we saw people were encouraged to remain as independent as possible, and staff supported people within the person's capabilities to manage their routines such as using the toilet. Care staff we spoke with said, "We know the residents well and make sure we meet their needs to make them feel comfortable and happy" and "We are their friends, sometimes they don't know us and sometimes they recognise us. They rely on us".

We saw that staff had developed a good rapport and understanding of the people who used the service and treated the people and their belongings with respect. We saw staff members understood people's particular communication styles and how to interact positively with them. Where people had difficulty communicating staff remained patient and took time to listen, acknowledged what they were saying and responded appropriately. For example, we saw a staff member gently encouraging and pointing out directions to a person who had lost their way on the ground floor corridor. The staff member gave the person verbal reassurance whilst gradually leading them to the area of the home they wanted to be in. The home conveyed an open, relaxed and friendly atmosphere. Conversation between people and staff was respectful and demonstrated their friendship and interest in people's daily routines. For example a staff member was heard complimenting a person's fragrance they were wearing that day.

Whilst nobody was using an advocate at the time of the inspection discussion with registered manager confirmed they were aware of how to access advocacy services for people. 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 were told the cultural and religious backgrounds of people were always respected, and when we talked

with staff members they were able to demonstrate a basic understanding of people's diverse needs and religion.

We saw that all records and documents were kept securely in a locked room. This ensured confidentiality of information was maintained.

We examined the care records of a person approaching end of life (EoL). An advanced care plan (ACP) was in place and explained what staff should do and who to contact such as in the case of an emergency. Supporting care records indicated the stages of decline using a traffic light system. The system indicate green for advancing decline through to red and blue to indicate the last days of life and care after death. We saw that particular attention was paid to the person's dignity, personal hygiene, nutrition and hydration and to making sure all of their needs were met by the staff, district nurse and the person's GP. Consideration was given to diet and risks associated with any decline in ability such as swallowing and taking medicines. An ACP is a structured discussion with people and their families about their thoughts and wishes for the future. We looked at the home's end of life care policy which was person centred and geared towards helping the person to have as much control as possible about decisions relating to their future care and end of life needs. The document also made reference to what mattered to the person's family and friends.

The registered manager told us that staff training was always provided in this topic and the deputy manager and two care staff were currently undertaking a six month end of life training course with a view to becoming EoL champions at the home. We looked at the home's procedure on the 'rights of privacy' and the 'end of life care policy'. Both documents centred on the individual person and were geared towards helping the person to have as much control as possible about decisions relating to future care and end of life needs. The document also made reference to the support that may be required for the person's family and friends.



Our findings

We examined the care records of four people who lived at Silverdale. We saw detailed needs assessments had been undertaken before a person began to use the service. Following the initial assessment a more comprehensive assessment had been completed to make sure the home had the appropriate equipment and staff to meet people's identified needs. Consideration of social, communication, mobility skills and interactions was prioritised along with people's physical and mental health needs. People's individual care records contained sufficient detail to guide staff on the care and support to be provided. They included the person's emergency contact details such as their next of kin, and GP, risk assessments, current support needs and the support to be provided and the desired outcome from the care and support provided. They contained relevant information about people's diagnosis and associated needs, mobility, leisure and communication. Care records also contained a person centred plan, a map of life events, where moving and handling assessment needs were identified as requiring two staff and the reasons why were clearly documented in each care plan.

At the last inspection in March 2016 we found that care plans did not always identify risks to people. At this inspection we found improvements had been made to people's risk management plans. The plans now highlighted where extra support for the person such as requiring two people to support the person when mobilising. People's hydration plan, nutritional risk trigger form, referral to district nurse trigger form, and a monthly review sheet including a night care plan were fully completed. Specialist information and guidance from the relevant professionals involved in people's care, such as physiotherapists. Incident forms following an incident where risk was apparent were also contained within people's care records. This meant information contained within people's care records clearly identified where risks were present and the action to take to mitigate any risk from occurring.

Care records contained sufficient instructions to support the person with specific tasks, such as eating and drinking. Care plans were written in a person centred way demonstrated a good understanding of people's needs. Specific instructions provided staff with sufficient information to help meet the person's identified needs. For example information about a person's skin integrity highlighted the areas of concern or risk, including the equipment to be used and frequency of the staff intervention in relation to the person's repositioning and diet whilst being cared for in bed. Instructions for staff to follow in order to minimise the risk of the person developing pressure sores were clear and detailed. For example, staff were directed to reposition the person on a two hourly basis to maintain high skin integrity and undertake four hourly night checks'. We examined people's repositioning, hydration and nutritional charts which had been completed at regular intervals. This meant people were protected from the risks of poor skin integrity, inadequate

nutrition and dehydration. Individual person centred care reviews were held annually or sooner if required. People's relatives or representatives were able to attend the review meeting. Where issues were identified this was noted and follow up action was recorded.

Senior care staff spoken with told us they regularly liaised with people's relative's, GP's and district nurses to help make sure information was shared in a timely and professional way. Staff told us they were responsible for the maintenance and update of the treatment records including recording people's, weight and gender specific health appointments. This helped to maintain a good standard of continuing care for people who used the service. During the inspection we saw staff were very responsive to a person who had suddenly collapsed. We saw that some staff reassured people, whilst another staff member administered first aid to the person and made sure the person was comfortable. The registered manager alerted the emergency services who arrived shortly after the occurrence. We saw the deputy manager spoke with staff to gather information about the events and the persons care records were updated accordingly.

Daily activity session sheets were completed following activities that were led by the activity lifestyle facilitator (ALF) who attended the home to speak with the CQC inspector despite being on annual leave. The ALF showed us a comprehensive list of the activities offered to people and planned activities such as hand massages and visiting a local dementia cafe in the coming weeks. People were supported to continue taking part in their hobbies and interests or seek new pursuits where possible. Information about people's participation in daily leisure activities was recorded in their care records. In addition to this records and photographs to show individual and group activities that had taken place such as, visiting entertainers and visits to places of interest were kept in an ALF file to share with people's relatives when they visited the home. On the second day of the inspection people living at Silverdale were entertained by an Irish singing band to celebrate St Patrick's Day. We saw staff and people who used the service tapping their feet and dancing and singing together as they enjoyed the entertainment.

However during our two day inspection and walk around the home, it was apparent that in the absence of the ALF there was a lack of staff interaction with people who were sat in the communal areas of the home. This was confirmed when we carried out two SOFI observations over the two days in two separate communal areas. This meant that due to the lack of staff interaction people were not supported to make sure their wellbeing was promoted.

We recommend that the service develop an activity plan to be used in the absence of the ALF.

We looked at how the service managed complaints. The Head of Care told us that complaints were addressed following the provider's complaints procedure. Complaints were logged and allocated to the Head of Care to investigate. Any complaint would then be monitored by the Human Resources (HR) Director and records kept of actions taken. The provider kept a computerised log of complaints made and the action taken to resolve the issues. We examined the provider's complaints policy and complaints log and found where complaints had been made they were taken seriously and resolved to the satisfaction of the complainants. The policy allowed for a full investigation and all complaints were taken seriously. The policy allowed for complaints to be escalated to the Local Government Ombudsman if the complainant remained dissatisfied with the provider's response. A person's relative spoken with said, "I'm happy with the care provided but I know I can always speak to the manager if I have any concerns".



Our findings

A registered manager was in place at the time of our inspection. 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.

There was a clear management structure in place. The registered manager was supported by a deputy manager and a team of caring staff. The registered manager, and staff members, understood their role and responsibility to the people who used the service and demonstrated their commitment to the service by carrying out their roles and responsibilities in line with the provider's policies and procedures.

At our last inspection in March 2016 we found the registered manager had not fully utilised the care review systems in place to identify issues of concern and sufficient detail was not recorded following an accident or injury that had taken place. At this inspection we saw that improvements had been made to make sure incidents and accidents were fully recorded and included a timeline of events, which was kept up to date. This meant that an accurate, complete and contemporaneous record in respect of the service user was in place should the record be required in the future.

We saw recent audits on reporting systems such as accident and incident reporting and environmental risk assessments were in place. These showed where improvements were needed and what action had been taken to address any identified issues. Accidents and incidents were regularly monitored by an internal auditing team to ensure any trends were identified and addressed. Safeguarding alerts were recorded and checked for any patterns which might emerge. The registered manager provided us with a copy of an action plan which identified current and ongoing objectives and what action had been taken or needed to be taken within a specified timescale. For example the registered manager noted that staff supervisions were not up to date and the action plan identified that these would be updated by 7 April 2017. A quality and compliance audit completed in January 2017 measured the homes quality and performance against the requirements of the regulations. Where shortfalls were noted, these were raised for action on the registered manager's action plan.

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

Although there were governance systems in place, we found that these had not been fully utilised and had not identified the shortfalls we found during this inspection in the managerial oversight of the cleaning audits, which had not been completed regularly. Moving and handling equipment required cleaning to maintain a good standard of cleanliness and help to prevent cross infection. Staff did not use the protective personal equipment in place when delivering care to people. We found training in the topic of moving and handling and cross infection had not been provided to the wider staff team including the housekeepers.

This meant they were unable to identify the shortfalls in good practice and where quality and/ or safety were being compromised.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Assess monitor and improve the quality and safety of the services provided.

The registered manager told us that information in relation to the future plans relating to the schedule of work to the building had been shared with people via newsletters and meetings.

We looked at how information regarding the daily care needs of people were reported on each shift to ensure people received the care and support they needed. This included reviewing records such as the daily staff handover record and resident information sheets. These showed staff meetings were in place to discuss staff daily tasks and people's daily needs. Information shared was detailed and gave a clear account of people's care to be delivered.

Meetings were held with people who used the service and their representative or relatives. People were given an opportunity to say what they liked about the service but also what, if any, improvements could be made. Notes of the meetings were kept to ensure an accurate account of people's verbal contribution.

Management shared with us copies of the various provider policies and procedures such as, complaints and suggestions, safeguarding adults, accidents and incidents, medicines, staff recruitment and whistle blowing. Policies we looked at had been reviewed regularly and a future policy review date was planned. A business contingency plan was in place which identified the provider's actions when an exceptional risk though unlikely, would have impact of the service provided to people and staff in order to ensure the continuity of the service and safety of people.

Staff made positive comments about the management and told us whilst they felt there could be more communication with management they enjoyed working at the home. They felt management had responded well to the needs of some staff and people who used the service. Staff understood their role and responsibility to the people who used the service and were committed to the service.

Management at the service had developed good professional relationships with other agencies and health professionals involved in the care of people who used the service. This allowed them to work collaboratively to achieve the best outcomes for people in terms of their health and wellbeing. For example the home had developed a good relationship with the NHS Stockport Commissioning Group (CCG) and the Local Authority, attending the local care home forums where possible. This helped to develop relationships with other care home managers locally and share good practice.

In 2014 the provider was awarded the Investors In People (IIP) silver award. The standard defines what it takes to lead, support and manage people for sustained business success. This award is valid for three years.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Not all staff had been trained to use the moving and handling equipment in the home. The provider did not ensure that some staff had the competency, skills and experience to carry out some care tasks safely.</p> <p>Regulation 12 (2) (c)</p> <p>Not all staff used the protective personal equipment in place when delivering care to people. The provider had not taken all reasonably practicable steps to reduce risks of cross infection to people using the service.</p> <p>Regulation 12 (2) (h)</p>
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 not taken reasonably practicable steps to assess, monitor and improve the quality and safety of the service.</p> <p>Systems in place had not been used effectively and accurate, complete auditing records were</p>

not maintained.

Regulation 17 (1) (2)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider did not ensure staff received supervision and appraisal necessary to enable them to carry out their duties.

Staff must receive on-going supervision to maintain their competency.

Regulation 18 (2) (a)