

RochCare (UK) Ltd

Coniston House Care Home

Inspection report

Coniston Road
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Date of inspection visit:
06 March 2018
07 March 2018

Date of publication:
25 May 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected Coniston house on the 6 and 7 March 2018. We returned to the home on 8 March 2018 to provide feedback to the available staff and management at the home. As the home had significantly improved we invited staff at the service to hear the feedback and found a number of them showed interest in the findings from the inspection. The first day of the inspection was unannounced which means the home did not know we were coming to the home to inspect on that day.

The home has been in special measures since early 2016. Since that time there has been a new registered manager, new area manager and a number of new staff to the home. At the last inspection in July 2017 we found six breaches to the regulations. We were particularly concerned around how the home supported people who were falling and found appropriate timely action was not always taken to support these people. We issued a notice to ensure no further people were admitted to the home until the falls management at the home had improved.

Following the last inspection, we met with the provider to confirm an action plan to show what they would do and by when, to improve provision and meet the requirements of the regulations. The action plan showed us how the home intended to improve the ratings to the key questions of safe, effective, responsive and well led to at least good.

At this inspection we found the home had addressed the action plan. Enough improvement work had been completed by the home's management team and staff, to show they had met all the previous identified breaches and were now safely managing falls. We found the home was now supporting people effectively to reduce the risks of further falls. This gave us confidence to allow the home to admit further people to the home in line with a developed readmissions plan.

Coniston house is a purpose built care home over two floors. Each floor has its own lounge and dining area. The lower floor houses the main kitchen and laundry facilities and the upper floor now has its own newly built satellite kitchen. This has greatly improved facilities to the top floor including access to drinks and snacks.

The home supports up to 43 people and at the time of the inspection there were 30 people living in the home. The low number was primarily due to the previous restriction on admissions. The home provides residential care and specifically focuses on providing residential support to people living with dementia.

Coniston house is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. Coniston house does not provide nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Coniston house is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

At the last inspection in July 2017 we found the home was in breach of Regulation 12 in relation to how the home managed and supported people with falls. We also found them in breach of regulation 18 in that there were not enough suitably trained staff to meet people's needs. We found these two breaches to have a high impact on the safety of people in the home and issued a notice to ensure no further people were admitted to the home. At this inspection we found the home had worked to greatly improve falls management and staff had increased to ensure people's needs were suitably met. We have lifted the restriction on admissions and the home can now safely assess and support further people as deemed appropriate by the home.

At the last inspection we found the home in breach of Regulation 9. We found people's assessments did not include all the required information to sufficiently meet people's needs. At this inspection it was noted that all assessments were person centred and up to date. People's needs were now being met.

At the last inspection we found the home in breach of Regulation 11. We found that consent was not always acquired from people about the care and support they received. We also found people had sometimes given consent on behalf of people when they did not have the authority to do so. At this inspection we found the home had made big improvements in this area. We found everyone had an up to date capacity assessment and consent was acquired from appropriate people, where people were found to lack capacity to give consent themselves.

At the last inspection we also found the home in breach of regulation 13 safeguarding and Regulation 17 good governance. Again we found the home had worked to improve the management of safeguarding situations and that monitoring and improvement planning had much improved.

We found the home was no longer in breach of any of the Health and social Care Act (Regulated Activities) Regulations at this inspection.

We have issued two recommendations following this inspection. One ensuring end of life care was more detailed and the other ensuring staff updating the care plans used all the available information.

At this inspection we found there was a staff team who well trained and motivated to meet people's needs. Staff had taken on dedicated roles in the improvements at the home and there were staff champions for key support areas. This included champions in areas of care and support in nutrition, dignity, medicines, infection control and safeguarding. This had led to improvements in all of these areas. We also noted most staff was working towards an NVQ with three staff working towards level 5.

People living in the home and visitors all told us how much the home had improved. The environment continued to be developed with focus on supporting and orientating those people living with dementia. We found staff were friendly and clearly knew and respected the people they were supporting. The home's domestic, catering and maintenance staff all took pride in what they offer to the role and the people in the home. We found activities in the home had improved greatly with focused activities taking place for groups of people and individually for those people who preferred this.

The home received two complaints in the eight months between inspections, they were managed appropriately and information on improvements was shared. We saw from resident and relatives meeting

minutes and questionnaires that they were involved with the improvements at the home.

The home completed appropriate monitoring and audits of the service provided and took appropriate action when concerns were identified. The home was taking part in a number of local initiatives to improve outcomes for people in the home including triaged referral services and direct links to telecare and the falls team. We saw this all improved the quality of the service people received living in the home.

The overall rating for this service is Good and the provider has been taken out of special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Safeguarding procedures were available for staff to follow and staff we spoke with were aware of their responsibilities under the home's procedures.

Staff were suitably qualified and skilled to meet people's needs. We found there were enough staff on duty during the inspection.

We found risk assessments were completed and regularly reviewed.

The home had taken appropriate steps to ensure all emergency and supportive equipment was professionally tested. We also found the property was safely maintained.

Medication was managed and administered safely.

We saw that when concerns were noted, action was taken and the required lessons were learnt to ensure improvements were made.

The home was clean and had appropriate procedures to reduce risks of infection.

Is the service effective?

Good 

The service was effective.

The home ensured they had the latest information on the regulations and required standards for service delivery. We also saw best practice guidance was updated and implemented as required.

Staff were suitably trained and received effective support to deliver the service to the people living in the home.

People were supported with their nutrition and hydration needs and suitable special diets were provided when prescribed by specialist services.

The home worked with specific professional teams to ensure people's needs were met. We found referrals were made when additional support was required.

We found people were supported to remain as independent as possible and new initiatives at the home enabled those that couldn't leave the home to purchase personal products including toiletries.

We found the provider continued to improve the design and decoration of the home to meet the needs of the people living there.

The home had taken steps to acquire appropriate consent to the services delivered. Where people lacked capacity to make decisions themselves the home worked within the Mental Capacity Act 2005 to ensure people received services lawfully.

Is the service caring?

Good ●

The service was caring.

The atmosphere in the home was warm and friendly. Staff knew people well and spoke to them with kindness.

We saw people were involved with developing their care plans and were asked for their preferences throughout the day.

We saw staff treated people with respect and preserved their dignity at all times.

Is the service responsive?

Good ●

The service was responsive.

We saw plans of care were developed with people and their views on their own abilities were incorporated into their plans.

The home had recruited a new activities coordinator who had worked in the home as a carer for some time. People and their families praised the availability and variety of activities since they had started in post.

The home had a comprehensive and available complaints procedure. When complaints were received they were managed professionally and steps taken to ensure the same concerns did not arise again.

The home's end of life procedures needed to be improved to

ensure the required assessments were up to date and reflective of both people's wishes and needs.

Is the service well-led?

Good ●

The service was well-led

The home had a clear staff structure with both the management team and staff supporting people in the home understanding their role and responsibilities.

Staff understood who was responsible for different aspects of the service delivery and management with named staff being introduced for key areas including medication, falls, safeguarding and nutrition.

A comprehensive suite of quality monitoring was in place. Audits were effective at identifying shortfalls and potential concerns. Action plans were developed and signed off upon completion.

The home worked with other providers to better support people including better referral routes to support teams and better access to acute services.

People living in the home, their relatives and staff were involved with the development and improvement of the service regular meetings took place and staff sought feedback from people at regular intervals.

Coniston House 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 was completed on the 6 and 7 March 2018 and the first day was unannounced. The inspection was undertaken by two inspectors and an expert-by-experience. An expert-by-experience is someone with experience of using or caring for someone who uses this type of care service. In this instance they had experience of supporting someone living with dementia.

Prior to the inspection we reviewed the action plans sent to us by the home since the last inspection. We also reviewed all the available information on our systems about the home including details of any notifications received about any deaths or safeguarding concerns. We looked at the information received from the Local Authority about the home and spoke to other key stakeholder's about their views of the home at the time of the inspection.

During the inspection we spoke with six visitors and five people living in the home. People living in the home can be quite difficult to engage in measured conversation due to all people living with some form of dementia. However, we were able to ascertain the views of people throughout the day by asking simple and direct questions around any activity they were involved with at the time of the question.

We completed a SOFI (Short Observational Framework for Inspection) which is a tool to ascertain people's mood and views whilst being observed during every day activity. We completed a SOFI in the late afternoon of the second day in the upstairs lounge.

We spoke with 14 staff including; managers and deputy managers, senior carers and carers, the activity coordinator, domestic, catering and maintenance staff. We looked at six personnel records and the supervision and training records for all staff.

We reviewed nine people's complete care plans and looked at specific information in six others. We also

reviewed separate files and records held for consent, handover and appointments. We looked at the medicine administration records held on the electronic medicines system of 12 people living in the home.

We also looked at all records held by the home for the safe management of the service including audit records, accident and incident records, service certificates and fire safety information and records.

We looked around the home including all communal areas, the laundry, kitchen and people's bedrooms.

Is the service safe?

Our findings

We asked people about the care and support they received and whether they felt safe. Everybody we spoke with told us they or their family member was safe at the home. One person told us, "They do a lot better job than me." Another told us, "[family member] is more than safe now and is looked after by people that know her and keep her safe and well."

At the last inspection we found the home in breach of the regulation associated with safeguarding people and protecting them from abuse. Our primary concern was around restrictions including the use of specialist recliner chairs, lap belts on wheelchairs and locking people's doors without appropriate assessment. At this inspection we found all these areas had been addressed and the home was no longer in breach. We saw people's capacity was considered from pre assessment and at every stage of their stay at Coniston House. Appropriate procedures were now in place to make appropriate Best Interest decisions when these were required.

We found the home had good safeguarding procedures in place including the new Local Authority guidelines for referrals. We found staff had received appropriate training and were in a staff team where the culture was to raise concerns with management. These were acted upon and decisions shared with all the staff team.

At the last inspection we found the home in breach of Regulation 12. Our primary concern was the support offered to people around their risk of falls. At this inspection we have found lots of work had been completed to support and manage people at risk of falls. We found a file had been developed which focused on preventing falls and we also saw post falls analysis which looked at the detail of why someone had fallen. Actions had been developed and implemented to mitigate associated risks. The month prior to the last inspection In July 2017 identified 30 falls the month prior to this inspection identified nine falls. The work the home had completed had significantly reduced the number and risk of falls. We saw people now had equipment in place to support falls risks including sensor mats and alarms. Beds had been lowered and more fundamentally work had been done to reduce the risks of infection which had a strong correlation with falls. The work completed to better manage falls had been used to manage all accidents and incidents across the home and the improvement in this area was noted to have positive outcomes for people in the home.

We reviewed the risk assessments available in people's files to support them in areas such as mobility, skin integrity and nutrition and hydration. We found assessments were comprehensive and regularly updated and reviewed. However, we did find that some information in relation to risk was recorded in the medical notes section of the care plans. At the last inspection, some staff had found completing the electronic care plan system problematic. In order to ensure all information was recorded a decision had been made for the medical information section to be used to record information if staff were unsure where to put it. Some of the information in this section had not been pulled through into assessments. We discussed this with both staff and the management of the home and were assured confidence in using the system had greatly improved and moving forward those staff responsible for updating assessments would always check the

medical information section.

At the last inspection we found the home in breach of Regulation 18. We found the home did not have enough suitably trained and allocated staff. At this inspection we saw staffing had increased. We also found investment had been made into a satellite kitchen on the first floor ensuring staff time was better managed. This meant staff no longer had to go downstairs to access drinks and snacks which had previously left the floor under supported. The home was no longer in breach of this regulation.

The staff team worked well together and proactive at supporting each other to cover holidays and the dedicated time staff needed to ensure the electronic care plan system was kept updated. The top floor was very busy in the mornings specifically after those people requiring additional support were up and out of bed. We discussed this with management and were assured the activity coordinator would cover care hours at this time to ensure people were kept safe and supported appropriately.

Staff we spoke with all told us how things had improved one person told us, "There is more staff available to support people, we now get the opportunity to sit and talk to people. Activities are much better and we have time to join in." Another said, "We don't just feel like we are doing one job to rush to get to another, we've had time to get to know the residents who are all now much happier, which makes the home much calmer."

We looked at the recruitment files of six staff and found staff were safely recruited. Comprehensive interviews were completed and scored to ensure equal opportunity of employment at the home. Where any risks were identified during the application process risk assessments were completed and risks managed prior to any offer of appointment.

We also found the management team had completed regular audits on the recruitment files. Where information was missing from older recruitment files this was either sourced or risk assessments completed determining staff were safely recruited.

We looked at the electronic medicine administration records during two medicine rounds. We observed good practice by staff when administering medicines including an awareness of how people liked to take their medicine. We saw records were accurate and there were good procedures in place to ensure medicines were managed, stored, administered and where appropriate destroyed appropriately.

However, we did note that there had been some delays in the early morning medication administered to some people. We discussed this at length with the management team and the staff on duty and ascertained the early morning shift was still very busy. Work had been taken to assess which people were okay left alone once up and dressed and in the lounge whilst staff were supporting other people. Assessments had been completed to determine when those that were not okay to be left alone rose in the morning. However, people did not keep to routine and when those that required constant support upon being in the lounge got up earlier this had an impact on the staff availability to complete the early morning medication. It was made clear with the home's management that this needed immediate attention to ensure those with early morning medication received them as prescribed. Prior to the completion of the inspection an action plan was developed and presented to the inspector to give assurance the issue was being dealt with immediately. We were assured that if required senior day staff would come into work an hour earlier to complete the early medication round.

When we reviewed the maintenance information we found all the required certificates were in place and in date for the professional testing of equipment. We saw the home's maintenance person ensured the regular testing of the fire alarm and associated equipment and we saw fire drills had been completed in the last

three months on both the day and night shifts.

We saw each person in the home had an up to date Personal Emergency Evacuation Plan (PEEP) and the home had a business continuity plan for use in the event of an emergency.

We found the home was spotless and clean. There were no odours and cleaning schedules and rotas were in place for the upkeep of all areas of the home. There were good stocks of equipment and staff all told us they had everything they needed to prevent and control the spread of any infections.

We saw all staff had the opportunity and told us they felt comfortable raising any concerns they had. One staff member told us they noted some of the paperwork was being filled in inconsistently. They raised this with a senior member of the staff team and a discussion was held at the next team meeting to ensure everyone was completing the paperwork consistently.

The home had improved greatly since it first went into special measures 18 months prior to this inspection. The management team and senior support staff had all taken stock of the risks and areas of concern and had been proactive at reducing risks and addressing concerns. This is most evident in the management of falls. The number of falls had reduced by 70% from the last inspection to this one. This showed us the home were reflecting on the issues and ensuring lessons were learnt in order to drive improvement.

This key question has improved from its previous inadequate rating and is now rated Good.

Is the service effective?

Our findings

We asked people and visiting relatives about the consent acquired and their involvement in this area. People told us where they had authority and what it meant for them with their relative living at Coniston House. One person told us, "I have Power of Attorney for both finance and welfare. The staff tell me everything and involve me in all decisions. I've attended Best Interest meetings and feel happy with the decisions reached."

At the last inspection we found the home in breach of Regulation 11. This regulation focuses on consent and includes the principles of the Mental Capacity Act, where people are unable to give informed consent, due to a lack of capacity. At the last inspection we found some decisions had been made to protect people which were not supported by the necessary assessments and consents. At this inspection we found everyone had been assessed to determine if they had the capacity to give consent. This had taken place in general around consenting to being in the home and specifically when decisions were made which impacted people's day to day lives. Where they could the home had taken steps to ensure they had appropriate paperwork signed where people had given their consent to the care and support they received.

Where it was found people did not have consent we found appropriate assessment was undertaken and Best Interest decisions were made. These decisions followed an appropriate format and included a discussion with the relevant people involved with the person's care. When we spoke with visitors about Best Interest decisions we were told they had attended meetings to support the decision making process. The home were no longer in breach of this Regulation.

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

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The home had made applications to the Local Authority (LA) for DoLS as required. Due to delays in processing applications many of these were yet to be granted. However, a system was in place to regularly update the LA in the progress of applications to ensure the home was following best practice. Where application for DoLS had been made we saw the home had completed Best Interest decisions which showed they were adopting the least restrictive option for keeping people safe.

We reviewed the DoLs applications and those that had been authorised. We found the home were following guidance and restrictions as noted on the authorisations which included access to activities and snacks.

The home had begun work on the new Key Lines of Enquiry used by the CQC to undertake inspections and were aware of the changes to the methodology. We saw the manager had a system in place to ensure policies and procedures were updated as changes to Regulations or Best Practice guidance were introduced.

All the staff at the home were aware of the protected characteristics of the people in the home under Equality, Diversity and Human Rights legislation and seniors had recently undertaken training in this area. The focus of the training had been on involvement of people in the home and the results were evident. More meaningful activity was taking place and we saw one person in the home involved and safely supporting the replacement of the menu board in the dining room.

The home was also part of a telemedicine's programme with the Airedale Hospital vanguard team. This allowed people in the home to have virtual face to face consultations to access medical advice when required.

Everybody we spoke with told they were well looked after. One person told us, "I'm not aware of what training staff get but they are aware of what they are doing. What impresses me the most is their caring attitude."

We saw staff completed a comprehensive induction which included an element of shadowing and getting to know people without taking direct responsibility for their support. Staff we spoke with all told us the induction and training was very good and all felt able to support people following completion of the induction. One staff member told us, "New staff get time to get to know the residents before they work with them and if they need more time, it is given."

We looked at the home's training matrix and saw all but very few training modules were up to date. We also noted that training had been delivered around specific needs of people including dementia and challenging behaviour.

We observed how people interacted with staff and found they were open to the support provided and trusted the care giver. This was affirmed by the many comments we got about carers being very caring. When we asked people what they liked best at the home all said the staff and how friendly and warm the home is. One person told us, "It's very friendly and I think staff really look after the people that live here." Other comments were made around the cleanliness of the home and the available activities.

We saw staff received regular supervision and their competency was tested in key tasks such as medication. There were regular team meetings and daily huddle meetings to discuss the people's needs and the priorities for the day. Staff had good handover information and time was taken to reflect on issues throughout the day with a clear focus on prevention.

We looked at the care plans developed for people to support them with their nutrition and hydration. We saw assessments were completed and where risks were identified additional action and monitoring was introduced. This included records of food and fluid consumed and people being weighed at regular intervals. The quality of the food and fluid records was not consistent and we were told additional support would be provided to staff to improve this. Food was also fortified to increase its calorific content when required.

Where people had lost weight or were seen to have difficulties swallowing they were referred to the dietician or SALT (Speech and Language Team) as required. Where specific information was given or care plans were developed staff ensured they were followed. To note we did see one person successfully eating sandwiches whose records indicated they needed a soft diet and staff were prompted to ensure they reassess people's needs when they improve as well as when they decline. We were assured this would be done.

The kitchen was managed well and the kitchen staff were aware of people's needs and specific diets. We found communication between kitchen and caring staff was good and the kitchen staff supported the meal time service allowing them access to the people they were supporting. Everyone we spoke with praised the food and we were told if they didn't like any of the choices available they could ask for an alternative and it would be provided.

The home was part of a number of local initiatives to support the health and wellbeing of the people in the home. These included the 'Red bag Scheme', this included the safe transfer of belongings and information about a person across services. For example from hospital to the home or vice versa. The home had visiting opticians, hearing testing teams, chiropodists and a local nurse practitioner. The nurse practitioner visited weekly in a planned programme to help reduce hospital admissions.

Within the home the staff had been assigned key work streams. These included champion roles in safeguarding, dignity and medicines. We also saw key roles had been developed for pressure area management and nutrition. Staff in these roles received additional training and support and were encouraged to develop improvements in current practice. Staff liked the responsibility and trust in these roles and acknowledged as a staff team they felt more valued.

The home had a developed admissions procedure and a new assessment framework for admission had recently been developed. The home took additional steps to ensure people being admitted to the home could settle with the current client group and that the current client group would not feel unsettled in any way by any new admissions. We found the home had a good understanding of the various stages and types of dementia and worked on ensuring the support offered was not disrupted.

The home was also part of the MAPS (Main Access Point Service) referral programme. The home could refer to this service and they received direct support from services such as occupational therapy, physiotherapy, district nurses and tissue viability nurses. This allowed the home quicker access to the services it needed when they needed them.

The building continued to develop and the home was welcoming and appropriately designed and decorated for the people it was supporting. The home completed the Kings Fund 'Enhancing a Healing Environment audit'. The home took action to improve the surroundings and facilities in the home, as dictated by improved understanding of the needs and interpretations of people living with dementia. The home used appropriate signage in the building and had begun to make better use of memory boxes to support people in identifying their own room.

We saw the staff were aware of how to keep people engaged on a personal level and witnessed staff asking one person to help them sort out some paperwork. The person had been a secretary when in employment and they took on the role with enthusiasm.

The home made good use of the available space and each corridor end had been designed as a resting point with objects of interest and reading material readily available.

One person told us, "The difference now to when [resident] first came in is phenomenal. The change in the atmosphere, it is a very welcoming place."

This key question has improved from its previous requires improvement rating and is now rated Good.

Is the service caring?

Our findings

We have seen how the home and the staff working at Coniston House have developed over the last 18 months. At this inspection staff were aware of the needs of the people they were supporting and were equipped with the skills and personalities to show real compassion and thoughtfulness in the way they delivered care. When we completed our observational exercise to determine people's views of how they were treated with people who could not themselves tell us, we found each interaction was positive.

We saw one person become agitated and was slapping the table. A carer simply and unassumingly came and sat next to the person and slowly began engaging in a conversation about the person's nails this led to the staff member holding the hands of the individual whilst they continued to chat about the day and things that were planned for the afternoon. The person clearly calmed and when the staff member left to engage in a task the person sat happily drinking some juice.

When we asked a relative what they liked best about the home one person told us, "It's warm and friendly, it's improved over the last 12 to 18 months. You come in and hear people laughing, staff are always doing something with the residents."

Since the last inspection the home had set up a tuck shop selling sweets and essential toiletries. This had proved very popular especially for those that could not or did not want to go out of the home. One family member told us, "[Resident] loves the shop and every time I come in we go through the receipts and she tells me what she has bought." When we asked the person their views on the shop we were told, "I feel alive again." Simple steps of introducing the shop within which people can regain some control over their lives had a massive impact on this person and when this was fed back to staff it helped reinforce they were getting things right.

People and their visitors told us they were involved in the decisions about their care and each told us of recent care plan reviews where the formal plan of care had been shared and agreed with them.

The home made good use of advocacy services when needed and we saw one had been used to support someone with their finances.

People told us they had choices about how they spent their days. There was usually something going on during the week and people told they were asked if they wanted to join in. The home had recently set up a choir and a number of people in the home had taken to singing. The home was putting on a concert the day after the inspection for family and friends.

People told us they could go to bed and get up when they wanted and could take a bath or shower when they wanted. There was a choice of food and if this wasn't liked something else could be chosen.

Staff new to post and those who had worked at the home for some years all told us they loved their job. When we asked it was because they now had time to talk to people in the home and really get to know

them. They all acknowledged this had a positive effect on the people in the home and people were much happier as they had developed better relationships with the staff supporting them.

We saw staff consistently treat people respectfully. Staff asked people for consent before interventions and gave them choices and indeed options were available to decline any support or change. People told us, staff treated them well and one person told us, "The most important thing is the care, it is second to none, and the cleanliness, the photos and the activities are all fantastic now."

People looked smart and clean and we were told people were supported to pick their clothes they wanted to wear for the day. We noted the hairdresser visited and people enjoyed having their hair set. We looked to see those that wore glasses had them available to them. We saw glasses were now named and people who needed them at all times had them on.

The rooms were full of personal possessions and we were told people could bring in what they wanted from home. One person had bought their own chair and they were clearly very comfortable in it.

People could visit whenever they wanted and all visitors told us they were treated well and warmly welcomed into the home. One person told us, "It's very friendly and welcoming and I think the staff look after people well. If I'm here when the tea trolley comes round I'm always offered a cup of tea." The same person also told us there were no restrictions on visiting and they could come and stay for as long as they liked.

The activities board included visiting clergy from various churches including a visit from a Granthi from the Sikh community. People told us if they had religious beliefs and faiths there was the opportunity to continue to follow them in the home.

This key question has remained and continues to be rated Good.

Is the service responsive?

Our findings

The electronic care plan system had assessments and plans for people to make choices and decisions around the end of their life. We saw staff had begun to fill in the basic details about some people's wishes but these had not been reviewed or signed off. Advanced care planning was still in its infancy. Many questions on plans were not answered and consideration needed to be given to what people wanted at the end of their life. We discussed this with the management who were aware more work needed to be done in this area. We recommend the home begins to address the gaps in end of life and advanced care planning to ensure people have plans in place should they be required.

Staff had received training in end of life care planning but to date it had not been discussed as a team so staff could confidently discuss the plans with people in the home and their families as appropriate.

Since the last inspection a new activity coordinator had been employed. It was clear the staff and the people in the home had a clearer understanding of the positive benefits of activities and meaningful activity. We saw timetables for available activities in the home and details of external entertainers and workshops visiting the home. The people in the home had set up a choir which was well attended and enthusiasm was generally growing in the home.

People we spoke with spoke positively about the new coordinator and people who had not taken part in previous activities were now beginning to show an interest in more social activities. Activities were taking place on both floors and there was a choice of both group or individual activities to choose from. Care staff were supportive of the new agenda and we saw staff knowledge and acceptance of people helping with laying the table, hoovering the floor or sorting through paperwork.

We saw the home had collated information about people's likes and dislikes and information about people's past including their previous career information. We saw that staff had been given the time to read this and it was noted staff knew more about people in this regard. For example, one staff member told me about the art work completed by one lady who lived in the home and that they still liked to work with textiles. They ensured she knew when arts and crafts were taking place as she would always join in. We were also told about another person who had been an opera singer who enjoyed the sing songs and had joined the recently formed choir.

People told us about trips out of the home to the local pub or garden centre. One person told us, "I go out two days a week for dinner. One of the staff takes me." They also said, "I'm always told what is going on and I join in if I want to, I like to please myself and staff are fine with that."

We looked at the care plans of 10 people and saw person centred assessments of their needs and any associated risks. We saw that each plan encouraged people to remain as independent as possible. We saw that when people were having a bad day and their mobility had worsened this was recorded in the daily records and handed over to the next shift so staff were aware there was an increased risk if the person was expected to mobilise independently. We saw staff support one person from the dining room to the lounge.

They were supported appropriately and in line with their latest risk assessment. We also saw one person who was walking with a frame appear to be at risk of falling and saw staff quickly get a wheelchair to allow the person to rest.

The home had begun to encourage individuals to have their own wheelchair so each person had the opportunity to get safely out of the house either on trips or into the garden. We saw each wheelchair in the home was named as were the walking frames and other support aids.

Care plans were updated monthly or as changes in need were identified. We saw they were rewritten if people's needs significantly changed. Each plan was evaluated and if required other assessments were updated. However, as with risk assessments some information was missing from the evaluations that had been written in the medical information section. We discussed this with the manager and area manager and again prior to the end of the inspection an action plan was developed where by each senior was to be given time to address their own support needs on using the system and a consistent approach was to be developed using a competency framework.

The home had received two complaints in the last 12 months. Each had been handled in line with the home's procedure and information from them was shared with the staff team. The outcome of the complaints were then used to determine if there were any changes needed in practice and if there were these were again shared with the team and the families at the resident and team meetings.

We saw the home had received lots of thank you cards and letters of appreciation from family members. These congratulated and thanked the home for the dedication of the staff and the support provided to loved ones who had stayed in the home.

This key question has improved from its previous Requires Improvement rating and is now rated Good.

Is the service well-led?

Our findings

At the last inspection we found the home in breach of the Regulation associated with good governance. We found the home had not had an effective suite of quality monitoring and audit to identify where the concerns were. This had led to a delay in addressing concerns and improving practice. At this inspection we found the audit systems were developed and embedded. Action plans were developed and signed off once completed. This was evidenced by the home meeting all of the associated Regulations of the Health and Social Care Act at the time of this inspection.

At the last inspection we also found the records held for people living in the home did not contain all the required information. This included records of what support people required and the support that had been provided. At this inspection we found staff had become consistent in ensuring everything was recorded. However this had led to some staff completing assessments not including all the detail within assessments as the information was recorded in the medical history. The home is no longer in breach of this regulation but we recommend the staff are clear as to where information is recorded and ensure the appropriate information is used when completing assessments. We are confident this will be addressed as stated earlier an action plan was developed to address this area prior to completion of the inspection.

The home had been in special measures since the inspection in November 2016. A new manager has been registered and new staff have been recruited. Staff felt supported by each other and by the management team. Clear structures were now in place and staff knew where to go for support in any specific areas. Staff had developed areas of interest and were encouraged to become champions in their area of interest. This allowed areas of care such as pressure care and nutrition to be led by one member of staff who had received additional training in that area.

People living in the home and visiting relatives were aware of the structure and found all members of the management team approachable when they had concerns and all found the senior carers and care staff able to support them by letting them know who to go to if there were any problems.

We spoke with both the Local Authority and visiting professionals prior to the inspection and were told the home were working well to deliver improvements. Information was accessible and a suggestion box was available in reception. Notice boards held information about up and coming events and meetings and information on the home's performance was available.

The home submitted notifications to the commission in line with the requirements of their registration and the findings of the previous inspection were on display in the entrance hall.

We found the provider was supportive of change and visited the home frequently. The provider had invested in the property and staff to ensure improvements had been made in time for this inspection.

There were available policy and procedures for staff to follow in delivering the service. Where practice needed further clarification practice documents were developed by the home's staff leading in that area.

The home completed internal validation through the audit of provision and the collation of questionnaires completed by people living in the home and their relatives. We also found the home sought external validation from professional consultants. However, we did find the value of the last external audit was limited.

The home held quarterly resident and relative meetings and the new activity coordinator had developed a committee meeting to discuss what people wanted in the way of activities. We saw there were regular meetings of the different staff groups and whole staff meetings took place. We saw from the meeting minutes that areas of concern were discussed and the thoughts and views of the meeting attendees was sought. When answers could not be given within meetings we saw that appropriate advice was gathered to ensure accurate information was shared.

The home had an electronic care planning and medication system. These systems generated monitoring of the records completed. We saw that the manager reviewed this information and took steps to identify shortfalls. We saw action plans were developed for key risk areas and improvement planning was addressed.

The manager and area manager investigated incidents and completed root cause analysis tools to identify what went wrong. The findings from these were shared with management and senior carers and disseminated amongst the team through handover, team meetings and supervisions.

The home had a reward recognition programme in place and staff were nominated for achievement awards. Staff were very happy in their role and felt both respected and valued for their contribution.

The home developed partnerships with key stakeholder organisations. This included the Manchester Triage system where training had been provided to key staff to assess the most appropriate level of medical support. The home also worked with the steady on team where again training was provided to reduce associated risks of people falling. We noted on this inspection there was an emphasis on footwear and staff acknowledged the risks of poor footwear and the increased risk of falling. The home also used the local Clinical Commission Group for training in local initiatives including the react to red training which was a pressure ulcer reduction strategy.

People living in home we spoke with gave mostly very positive feedback on the service and support they received. One person said to us, "I think it is a fabulous home. Every aspect here is very very good. It's like a family, the carers feel like friends."

Since the last inspection the manager had provided the commission with a monthly updated action plan. The action plan was measured and deliverable when situations arose that impacted the action plan the appropriate changes were made to ensure the impact on the quality of service delivery was minimal.

This key question has improved from its previous Requires Improvement rating and is now rated Good.