

Silverdale Care Homes Limited

Hopwood Lodge (MCR)

Inspection report

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Ratings

Overall rating for this service

Not sufficient evidence to rate



Is the service safe?

Not sufficient evidence to rate



Is the service effective?

Not sufficient evidence to rate



Is the service caring?

Not sufficient evidence to rate



Is the service responsive?

Not sufficient evidence to rate



Is the service well-led?

Not sufficient evidence to rate



Overall summary

We inspected Hopwood Lodge on 15 November 2017 and the inspection was unannounced. There were two people using the service at the time of the inspection; both requiring personal care. This meant the service was not fully operational and therefore we did not have enough information about the experiences of a sufficient number of people using the service to accurately award a rating. Previously the home was registered as Ashbourne House Nursing Home. The registered provider made a decision to change the name of the home to Hopwood Lodge and a new certificate of registration was issued on 28 June 2017 to reflect the change of name.

During the last inspection of Ashbourne House Nursing Home, undertaken on 21 June 2016 we identified several breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service was rated Inadequate and placed into 'Special measures.' This means that the service will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within that time frame.

Summary of findings

When we propose to take enforcement action our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report when other action we have taken is concluded.

We did not inspect the service within the six month time frame. This was because the Local Authority Commissioners and the Clinical Commissioning Group, responsible for funding the care of the people living at the home, withdrew their contract with the registered provider. This meant that people living at the home were found alternative accommodation. The home then remained empty.

Following significant investment in the environment by the registered provider and with new staffing and management in place the registered provider commenced trading in June 2017.

Prior to the registered provider commencing trading the Care Quality Commission (CQC) imposed a number of conditions of registration in relation to the service, now known as Hopwood Lodge. These are detailed on the certificate of registration. Information about the conditions imposed are referred to in the Safe section of this report and are detailed in the Well-led section.

Several of the conditions had to be met before any occupancy could commence. These were that an application for a registered manager had to be submitted to the CQC before any person could be admitted to the home. This condition was complied with; the service has a manager registered with CQC. During this inspection we found that the registered provider had complied with all the imposed conditions of registration.

The previous breaches were in relation to unsafe medication management, people were not kept safe from abuse, records for the safe management of the home were not in place, the premises were not kept safe and there was inadequate equipment, recruitment of staff was not safe, there was a lack of training, support and development for staff, people's dignity was not respected, there was a lack of activities for people, complaints were not addressed appropriately and there was an inadequate quality assurance system in place.

During this inspection we found the registered provider was meeting all the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014. We found there had been a significant improvement and the registered provider had met all the previously breached regulations. Due to the improvements seen on this inspection the registered provider has been taken out of Special Measures.

One of the conditions imposed on the registered provider was that they must provide to the CQC a monthly action plan, including informing us of how many people have been admitted to the home during that month. The condition states that only two service users per week may be admitted for the first four weeks from the date of the order of June 2017. Thereafter, only two further people per week may be admitted until full capacity of people who use the service is reached.

In view of the fact however that the judgements made during this inspection were made on the care provision to only two people who used the service, it is the intention of the CQC to undertake unannounced inspections as the occupancy increases.

Hopwood Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 'single package' under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Hopwood Lodge is registered to provide care, accommodation and nursing care for up to 29 older people. Due however to the continued refurbishment of the top floor of the premises the home was not able to admit to full capacity at the time of the publishing of this report.

Hopwood Lodge is a detached converted building situated on the main road which connects the towns of Middleton and Rochdale. There is a frequent bus service that passes the home and there is a small car park to the front of the home. Bedrooms are provided on the ground and first floor and are accessible by a small passenger lift. People have access to a large lounge and adjacent conservatory, a small lounge and a dining room ; all situated on the ground floor.

A new registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

Summary of findings

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 found that suitable arrangements were in place to help safeguard people from abuse. Staff knew what to do if an allegation of abuse was made to them or if they suspected that abuse had occurred. Staff were able to demonstrate their understanding of the whistle blowing procedures (the reporting of unsafe and/or poor practice).

We found people were cared for by sufficient numbers of suitably skilled and experienced staff who were safely recruited. Staff received the essential training and support necessary to enable them to do their job effectively and care for people safely.

The medication system was safe and we saw how the staff worked in cooperation with other healthcare professionals to ensure that people received appropriate care and treatment.

Procedures were in place to prevent and control the spread of infection and risk assessments were in place for the safety of the premises. All areas of the home were secure, clean, well maintained and accessible for people with limited mobility; making it a safe environment for people to live and work in.

We saw that appropriate environmental risk assessments had been completed in order to promote the safety of people who used the service, members of staff and visitors. Systems were in place for carrying out regular health and safety checks and equipment was serviced and maintained regularly.

Procedures were in place to deal with any emergency that could affect the provision of care, such as a failure of the electricity or gas supply.

People told us they received the care they needed when they needed it. They told us they considered staff were kind, had a caring attitude and felt they had the right skills and knowledge to care for them safely and properly. We saw that staff treated people with dignity, respect and patience.

A major refurbishment had been undertaken. The corridors, bedrooms, lounges, conservatory and the dining room on the ground floor had been re-decorated and re-carpeted to a good standard. New beds and bedroom furniture, plus new bed linen and soft furnishings had been provided. We saw that consideration had been given to the layout of the environment to help promote the well-being of people living with dementia.

Specialised training was provided to help ensure that staff were able to care for people who were very ill and needed end of life care.

We saw people looked well cared for and there was enough equipment available to ensure people's safety, comfort and independence were protected.

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

Staff were also able to demonstrate their understanding of the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions.

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

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

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

Summary of findings

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 safe.

We found that sufficient numbers of staff were provided to meet the needs of the people who used the service. A safe system of staff recruitment was in place and suitable arrangements were in place to help safeguard people from abuse.

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

All areas of the home were clean and well maintained and procedures were in place to prevent and control the spread of infection.

Not sufficient evidence to rate



Is the service effective?

The service was effective.

Staff received training to allow them to do their jobs effectively and safely and systems were in place to ensure staff received regular support and supervision.

We found the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

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

Not sufficient evidence to rate



Is the service caring?

The service was caring.

People spoke positively of the kindness and caring attitude of the staff. We saw that staff treated people with dignity, respect and patience.

The staff showed they had a very good understanding of the needs of the people they were looking after.

Not sufficient evidence to rate



Is the service responsive?

The service was responsive.

The care records contained detailed information to guide staff on the care to be provided. The records were reviewed regularly to ensure the information contained within them was fully reflective of the person's current support needs.

Not sufficient evidence to rate



Summary of findings

Specialised training was provided to help ensure that staff were able to care for people who were very ill and needed end of life care.

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

Is the service well-led?

The service was well- led.

Due to previous concerns around the management of the service, CQC have imposed conditions that require the registered provider to furnish them with a monthly action plan to show how the quality of care and supervision of the staff is continuously monitored.

The home had a manager registered with the Care Quality Commission.

Systems were in place to assess and monitor the quality of the service provided.

Not sufficient evidence to rate



Hopwood Lodge (MCR)

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 activity started on 15 November 2017 and finished on the 15 November 2017. The inspection was unannounced.

Prior to the inspection we reviewed the completed provider information return (PIR) that had been sent to us. This is a form that asks the provider to give us some key information about the service, what the service does well and what improvements they plan to make. We also looked at the previous inspection report and information we held about

the service and provider, including notifications the provider had sent to us. A notification is information about important events which the provider is required to send us by law.

We did not contact the local authority or local health care commissioners as we were aware the commissioners were not entering into any contractual agreement with the registered provider due to the previous rating of Inadequate. The two people who used the service required personal care and were privately funded.

During the inspection we spoke with one person who used the service, six visitors, two care staff, the registered manager and the nominated individual. We looked around all areas of the home, looked at food provision, two people's care records, two medicine administration records and the medicine management system, three staff recruitment files, training records and records about the management of the home.

Is the service safe?

Our findings

Comments made to us showed that people felt safe. Their comments included; “I am very happy here and although I would much rather go home I have nothing to worry about. They are all very nice”, “I am very relieved that my [relative] is here. My [relative] is safe and well cared for” and “No problems, it’s such a relief for us all.”

The training records we looked at showed that all the staff had received training in safeguarding adults. Policies and procedures for safeguarding people from harm were also in place. These provided staff with guidance on identifying and responding to signs and allegations of abuse. Information on how to raise a safeguarding concern was displayed in the home for the benefit of the people who used the service, staff and visitors.

Staff we spoke with were able to tell us of the action they would take to protect people who used the service from the risk of abuse. They told us they would also be confident to use the whistle blowing procedure to report any poor practice they might observe. They told us they were certain the registered manager would take any concerns seriously. Staff also told us they were aware of the organisations they could contact, including CQC, if they felt the registered manager or provider had not taken their concerns seriously.

There have been no safeguarding issues since the home re-commenced trading in June 2017.

We were shown the employee handbook that was given out to all staff. It contained information such as; the whistle blowing procedure, disciplinary procedures and the importance of maintaining confidentiality.

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

Records showed risk assessments were in place for fire, environmental health and safety and COSHH (control of substances hazardous to health). The records also showed that the equipment and services within the home were

serviced and maintained in accordance with the manufacturers' instructions. This helped to ensure the safety and well-being of everybody living, working and visiting the home.

The registered provider had taken steps to ensure the safety of people who used the service by ensuring the windows were fitted with restrictors and radiators were suitably protected with covers. We did note that there was an unguarded hot water pipe under the sink in the shower room. The registered manager arranged for this to be ‘boxed in’ on the day of the inspection. A photograph was sent to us following the inspection, showing that the pipe had been protected.

We found that regular fire safety checks were carried out on fire alarms, emergency lighting, smoke detectors and fire extinguishers. Records showed that staff had received training in fire safety awareness.

We looked to see what systems were in place in the event of an emergency. We saw personal emergency evacuation plans (PEEPs) had been developed for the people who used the service. These were kept in the person’s individual care file and also in a central file at the staff station, ensuring they were easily accessible in the event of an emergency.

We also saw the procedures that were in place for dealing with any emergencies that could arise, such as utility failures. The registered manager told us they were in the process of adding more information to the business continuity plan to ensure every aspect of emergency provision, such as severe weather, was in place to guide staff on what to do.

The registered manager told us that any accidents and incidents that may happen would be recorded and reviewed regularly. Although no accidents or incidents had occurred since the opening of the home, we were shown the document that would be used. Monitoring accidents and incidents can assist management to recognise any recurring themes and then take appropriate action; helping to ensure people are kept safe.

We found that the records necessary for the management of the home were easily accessible.

Is the service safe?

We found that the recruitment system was safe. We looked at three staff personnel files. They contained proof of identity, application forms that documented a full employment history, a medical questionnaire, a job description and two professional references.

Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

Inspection of the staff roster showed that, in addition to the registered manager, there were two, sometimes three, care staff on duty throughout the daytime hours of 08:00 to 20:00 hours and two care staff on at night from 20:00 to 08:00 hours. The care staff were supported by domestic and administrative staff. We were told that the registered manager was on call for any emergencies that may occur. In his absence, the nominated individual was on call. The on call arrangements were clearly displayed within the home.

One of the conditions imposed on the registered provider was that no staff previously employed when the home was known as Ashbourne House Nursing Home were to be re-employed. The action plan sent into CQC monthly provided us with the staffing information supporting compliance with the condition. During the inspection we also checked the names of the present employees against the list of previous employees. The condition was being complied with.

As the service is registered to admit people with nursing care we asked the registered manager what provision was in place for the employment of registered nurses for if, and when, people with nursing needs were admitted. We were told the service was not going to admit people with nursing needs until the occupancy of people with social care needs increased substantially and registered nurses were in place.

The registered manager informed us that registered nurses had previously been employed by the service but their employment had to be terminated due to there being no people in the home with nursing needs. We reminded the registered manager of the concerns we had around the poor nursing care provision identified during the last inspection of June 2016. The registered manager told us that the selection and recruitment of any registered nurses in the future would be robust to ensure they were suitably

qualified, experienced and had the necessary qualities to care for people with complex nursing needs. We saw that a detailed medicine management policy and procedure was in place that was in accordance with The National Institute for Health and Care Excellence (NICE) national guidance. This guidance is considered 'best practice' for the safe handling of medicines.

We looked at the systems in place for managing medicines within the home. This included the receipt, storage, handling, recording and disposal of medicines. We also checked the medicine administration records (MARs) of the two people who used the service. We found that medicines were stored securely and only designated care staff had access to them. There was a controlled drug cabinet and a controlled drug register in place to ensure the correct storage and recording of controlled drugs although there were no controlled drugs in use. The MARs showed that people were given their medicines safely and as prescribed, ensuring their health and well-being were protected.

We saw there were good records made about the use of topical (skin) creams. The records showed that the topical creams were applied as they were prescribed. The registered manager told us, and records confirmed, that only the staff responsible for the management of medicines applied the creams. The registered manager informed us that it was their intention to train all care staff on how to apply topical creams.

We looked at the on-site laundry facilities. The laundry looked clean and well-organised. Hand washing facilities and protective clothing of gloves and aprons were in place. We found there was sufficient equipment to ensure safe and effective laundering.

We looked at all areas of the home. The home was clean and there were no unpleasant odours. We saw infection prevention and control policies and procedures were in place, regular infection control audits were undertaken and infection prevention and control training was an essential part of the training programme for all staff. We were told there was a designated lead person who was responsible for the infection prevention and control management. Colour coded mops, cloths and buckets were in use for cleaning; ensuring the risk from cross-contamination was kept to a minimum.

Is the service safe?

We saw staff wore protective clothing of disposable gloves and aprons when carrying out personal care duties. Alcohol hand-gels and hand-wash sinks with liquid soap and paper

towels were available throughout the home. Good hand hygiene helps prevent the spread of infection. We saw that appropriate arrangements were in place for the safe handling, storage and disposal of clinical waste.

Is the service effective?

Our findings

Visitors we spoke with told us their relatives received the care they needed when they needed it. They told us they considered staff had the right attitude, skills and knowledge to care for their relatives safely and properly. Comments made included; “We think they are all very good indeed. We know at the moment that [relative] is getting almost one to one care but the staff are good and know how to look after [relative]” and “They seem to know what they are doing. I have every confidence.”

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

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

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. During a discussion with the registered manager it was evident that they had a good understanding of the MCA and DoLS and knew the procedures to follow if an authorisation was required. Records showed that all the staff had undertaken training in the MCA and DoLS.

Information in one person’s care plan showed that their mental capacity had been assessed. The assessment identified that a DoLS was required. The Care Quality Commission is required by law to monitor the operation of the DoLS and to report on what we find. The registered provider had notified us that the person was subjected to a DoLS.

From our discussions with people, our observations and a review of people's care records we saw that people were consulted with and, if able, consented to their care and support. We saw how staff requested people's consent

before attending to their needs. We saw that people were asked where they wanted to sit, what they wanted to do and what they wanted to eat. Staff waited patiently for people’s responses.

The registered manager told us that if people were not able to consent a 'best interest' meeting would be held on their behalf. A 'best interest' meeting is where other professionals, and family where relevant, decide on the course of action to take to ensure the best outcome for the person using the service.

A discussion with the staff showed they had a good understanding of the needs of the people they were looking after. Staff told us they received a verbal and written report on each shift change. This was to ensure that any change in a person's condition and subsequent alterations to their care plan was properly communicated and understood.

We asked the registered manager to tell us how, in the event of a person being transferred to hospital, information about the person was relayed to the receiving service. We were told that, in addition to a copy of the person's MAR sheet, a ‘front sheet’ that had the person's details on would be sent with them. Information about the reason for admission would also be sent. This helps to ensure correct information is passed on and that continuity of care is maintained.

We looked to see how staff were supported to develop their knowledge and skills. We were shown the induction programme that newly appointed staff had to undertake on commencement of their employment. Induction programmes help staff understand what is expected of them and what needs to be done to ensure the safety of the people who use the service, staff and visitors. The induction covered all aspects of working in a care home, including the policies and procedures in place to guide staff in their work.

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

Is the service effective?

We looked at the training plan that was in place for all the staff. It showed staff had received the essential training necessary to effectively care for the people who used the service.

We looked to see if people were provided with sufficient food and drink. We looked at the kitchen and food storage areas and saw good stocks of fresh, frozen and dry foods were available. We were told that the main meal provision was provided by an outside agency that prepared and delivered the meals. The registered manager told us this was a temporary measure until more people were resident in the home. A choice of meal was always available from the varied menu. Staff told us that food was always available 'out of hours' as the kitchen was not locked.

We were told that the care staff prepared the lighter meals that were served at breakfast, evening and supper. We saw that all the care staff had received training in food hygiene to ensure that satisfactory food hygiene standards were maintained. Whilst we were present in the home we heard staff ask the people who used the service what they would like for their evening meal. One person specifically asked for eggs, bacon and chips. This was provided for them. We asked one person what they thought about the food. They told us, "It's not like at home but it is very nice." One visitor told us that their relative was eating well and had put on weight since being admitted to the home.

The care records we looked at showed that people had an eating and drinking care plan and were assessed in relation to the risk of inadequate nutrition and hydration.

We looked to see how the staff at the home worked in cooperation with external healthcare professionals to ensure that people using the service received appropriate care and treatment. The care records showed that people had access to professionals, such as GPs, social workers, opticians and chiropodists. This meant that the service was effective in promoting and protecting the health and well-being of the people who used the service.

Hopwood Lodge provides accommodation on two floors. A major refurbishment programme had been undertaken on the ground floor; however the first floor was not in use as refurbishment was still underway. The corridors, bedrooms, lounges, conservatory and the dining room on the ground floor had been re-decorated and re-carpeted to a good standard. New beds and bedroom furniture, plus new bed linen and soft furnishings had been provided. The bathrooms and toilets were equipped with aids and adaptations to promote people's safety and independence.

We saw that consideration had been given to the layout of the environment to help promote the well-being of people living with dementia. The carpets and décor were of a plain colour to avoid any disorientation and pictorial signs were in place on bathrooms, toilets and communal areas. Bedroom doors were painted in different bold colours and one person had their name and photograph on their bedroom door. Having pictorial signs may help people to retain their independence and reduce any feelings of confusion and anxiety.

Is the service caring?

Our findings

We received positive comments about the kindness and attitude of the staff. Comments made included; “They have really nice staff. I love it” and “The staff are very kind and caring.”

We looked at a letter sent to the home from a relative of a person who was no longer residing at the home. They commented, “I have found the staff very caring and attentive and they treat my [relative] with dignity and respect at all times. My [relative’s] incontinence is handled in a dignified manner” and “I feel I need to express my gratitude for not only the care you have given my [relative] but also for the compassion and help you have given me and my family.”

We asked one person who used the service if they felt they had a choice about their daily routines and how they spent their day. They told us they could choose what time they got up, what time they went to bed and where they wanted to sit and dine. One of their relatives told us, “Staff know everything about my [relative]. [Relative] has slept very well here. The first time in ages. I am very happy with everything.”

Staff we spoke with were able to speak knowledgeably about the people who used the service without referring to their care records. We were told about people's likes and dislikes and we observed conversations which were about people's families and other things that mattered to them. One staff member told us, “We treat each person as an individual and always respect their rights and their wishes.”

During the inspection we saw that relatives visited the home throughout the day. We saw they were clearly at ease chatting with their families, the staff and the registered manager. Visitors told us they were always made welcome.

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

From our observations and from talking to the staff we were aware that the two people living at the home were not from a minority ethnic background and did not have any special cultural, communication or dietary needs. A discussion with the registered manager showed that people from all cultural and religious backgrounds would be welcome in the home and that their specific needs would be met.

The registered manager told us about the links the home had with the local Alzheimers Support Group that offered practical and emotional support and guidance for families and staff caring for people living with dementia.

We saw evidence to show that the care staff had commenced the Dementia Pathway Course training. The course teaches about the person-centred approach to the care and support of individuals with dementia. It includes; equality, diversity and inclusion in dementia care practice, understanding and enabling interaction and communication with individuals and enabling rights and choices for individuals with dementia.

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

Staff we spoke with were aware of their responsibility to ensure information about people who used the service was treated confidentially. We saw that care records were kept secure in the staff office. Other records in relation to the management of the home were accessible from the staff station; apart from confidential records such as financial and personnel files that were locked away.

Is the service responsive?

Our findings

We were told that staff responded well to people's needs. Comments made included; "The manager sat down with me and worked through my [relative's] needs and care plan" and "They know how to look after my [relative]."

We looked at a letter sent to the home from a relative of a person who was no longer residing at the home. One of the comments was, "I have seen a change for the better in my [relative] since their admission to Hopwood Lodge. Their general welfare is all down to the excellent care they received from your staff which they should be commended for."

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

The care records contained detailed information to show how people were to be supported and cared for. It was clear from the information contained within the care plans that people and/ or their family had been involved in the planning of their care. The registered manager showed us the 'Life Story' document that was given out to either the person who used the service, or a family member, for them to complete. This document requested information about people's preferred routines, their likes, dislikes, hobbies, family life and people and things that were important to them. This meant staff could care and support people as individuals.

Apart from the use of call bells, none of the people who used the service needed or were able to use any assistive technology to support their care needs. The registered manager told us that suitable equipment and adaptations, such as communication aids, would be provided if necessary. We saw that the care records were reviewed at least monthly to ensure the information was fully reflective of the person's current support needs.

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

Due to the very low occupancy we were told that the service had not yet employed an activities organiser. We were told that the care staff undertook activities as and when people wanted. We were told that the staff had recently taken a person out to the nearby garden centre. We saw that various board games were available for people to use. The registered manager told us of their plans to convert the conservatory into a reminiscence area with suitable relevant pieces of furniture, articles of interest, ornaments, photographs, pictures and post cards.

During the inspection we saw staff sat talking with the people who used the service and with their visitors. One staff member was sat in the person's bedroom talking about 'old times' and the history of the photographs that were displayed in their room. This person who used the service was restless throughout the day so staff spent a lot of time walking around the home and looking into the garden, explaining the environment as they went along.

We were told that the home had already forged links with the school next door and that people who used the service had been invited to the school for a Christmas event.

We saw people were provided with clear information about the procedure in place for handling complaints. A copy of the complaints procedure was displayed in the entrance hall. It was also contained in the service user guide that was given out to people. The procedure explained to people how to complain, who to complain to, and the times it would take for a response.

The visitors we spoke with told us they had no concerns about the service they received and were confident they could speak to the registered manager or the staff if they had any concerns. We saw that the registered manager kept a log to record any complaints made and to record the action taken to remedy the issues. No complaints had been made to the home or to CQC since the home had started admitting people in June 2017.

The registered manager and staff were aware of the importance of ensuring information was easily accessible and visible in a person's care record when they had a Do Not Attempt Resuscitation (DNAR) in place. This is a legal document that identifies that an informed decision has been taken to withhold cardiopulmonary resuscitation (CPR).

We asked the registered manager to tell us how staff cared for people who were very ill and at the end of their life. We

Is the service responsive?

were told about The Palliative Care Education Passport training that had been undertaken by some of the staff but had not yet been completed. The training had been developed by the education staff at the local hospice. The programme was developed to assist care homes within the region to deliver quality end of life care. The training accredits the actual care worker rather than the

organisation they work for so when staff changed their employment they took their skills, knowledge and accreditation with them. The Palliative Care Education Passport training enables staff to recognise and meet the physical, emotional and spiritual needs of the dying person and their family.

Is the service well-led?

Our findings

Due to the previous concerns and breaches of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 found during the last inspection of the service, previously known as Ashbourne House Nursing Home, CQC has imposed a number of conditions of registration. The conditions have been imposed to ensure the health, safety and well-being of people who use the service is protected. CQC have required that the registered provider ensures that the quality of care provided must be continuously monitored and that there must be effective oversight and supervision of the competence and effectiveness of both care and nursing staff. CQC receives a monthly action plan from the nominated individual detailing how this is being managed.

The imposed conditions of registration are detailed on the certificate of registration and are as follows:

1. The Registered Provider must ensure that the regulated activity accommodation for persons who require nursing or personal care is managed by an individual who is registered as a manager in respect of the activity, as carried on at or from all locations.
2. There must be an application for a registered manager submitted to the Care Quality Commission before any service user can be admitted.
3. The Provider must not provide nursing care for more than ten service users requiring nursing care without first informing the Care Quality Commission that that will be the case.
4. Otherwise than with the written consent of the Care Quality Commission (such consent not to be unreasonably withheld or delayed) the Provider must not employ at Hopwood Lodge in any capacity whatsoever any person who was previously employed in any capacity whatsoever at the location of Hopwood Lodge when known as Ashbourne House prior to 30th September 2016 save that this restriction shall not apply to the Appellant's central administrative and maintenance staff who were not specific to or based at Ashbourne House. As part of the monthly action plan referred to in paragraph numbered 'v' (below), the Provider will detail in each monthly action plan the full names of the care and nursing staff working at Hopwood Lodge as well as any changes to care and nursing staffing which occurred in the previous month.

5. Otherwise than with the consent of the Care Quality Commission (such consent not to be unreasonably withheld or delayed), only two service users per week may be admitted for the first four weeks from the date of this Order. Thereafter, only two further service users per week may be admitted until full capacity of service users is reached.

6. The Provider must provide an action plan which clearly sets out how the Provider will develop the business and continuously monitor the quality of care provided, as well as retaining effective oversight and supervision of the competence and effectiveness of both care and nursing staff. The first action plan to be submitted to the Care Quality Commission by 30th June 2017. The action plan must detail who will be responsible for the action(s) and the timeframe(s) being worked to. The action plan must be updated monthly and an update submitted to CQC until notified otherwise.

7. Both parties shall have liberty to apply to the Tribunal to vary or remove the foregoing conditions on giving no less than 7 days' notice to the other party.

8. This Regulated Activity may only be carried on at or from the following locations:

During this inspection we found that the registered provider had complied with all the imposed conditions of registration as follows:

- Hopwood Lodge has a registered manager.
- CQC receive a monthly action plan as required.
- No previous employees have been employed by the service and a full list of staff presently employed by the service is detailed in the action plan.
- No more than two service users per week are admitted to the home. During the inspection we were made aware that the two service users in residence required personal care.

The home had a registered manager who was present on the day of the inspection. A discussion with the registered manager showed they were clear about their aims and objectives for the service. This was to ensure the service was run in a way that enabled the most effective high quality care possible to be delivered to people who used the service.

A discussion with the registered manager who is a Registered Mental Nurse (RMN) showed they had a wealth of experience working and managing care homes. We found they were knowledgeable and familiar with the needs of the people they supported.

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We found the home had clear lines of responsibility and accountability. The registered manager had the support of the nominated individual for the service, who was also present on the day of the inspection.

We were told the home had links with numerous community health services to help deliver effective care. The home worked in partnership with the local hospice, continence services, the community dietician, the speech and language therapy service, the community mental health team and the local pharmacist to help support the care provided.

We asked the registered manager to tell us what systems were in place to monitor the quality of the service to ensure people received safe and effective care. We were told the registered manager undertook a daily 'walk around' the home. The purpose of this was to check the safety of the environment, speak with people who used the service and with the staff; enabling them to discuss any immediate issues.

Throughout the inspection we saw that the registered manager was continually 'on the floor.' Whilst walking around the home it was evident that people who used the service and their relatives knew who the registered manager was and they looked at ease talking with him.

We were shown the quality assurance system that was in place. This showed that regular checks were undertaken on all aspects of the running of the home such as; infection control, medication, care plans, pressure area care, mattress checks, and the health and safety of the environment. Where it was identified that remedial action was required, plans had been put into place to rectify the issue.

Leaflets were also available for 'review us on carehome.co.uk'. This was to enable people to submit their reviews about the service on a national website.

We asked the registered manager to tell us how they sought feedback from people who used the service to enable them to comment on the service and facilities provided. We were told that satisfaction surveys had not yet been sent out due to the low occupancy of the home but this was something that would be actioned as the occupancy increased. The registered manager told us they had an 'open door' and people were free to discuss issues with them at any time.

The recently employed care staff we spoke with told us, "I feel very supported by [registered manager] and "I love working coming to work here. We all pitch in, even the manager."

We were told that staff meetings were held regularly. Records we looked at confirmed that this information was correct. Staff meetings are a valuable means of motivating staff, keeping them informed of any developments within the service and giving them an opportunity to discuss good practice.

Detailed policies and procedures were in place to inform and guide staff on their practice. We looked at a random sample and saw they reflected relevant current guidance.

From 01 April 2015 it has been a legal requirement of all services that have been inspected by the CQC and awarded a rating, to display the rating at the premises and on the service's website, if they have one. Ratings must be displayed legibly and conspicuously to enable the public and people who use the service to see them. We saw that the home's website was still under construction so therefore not active. We saw however that the previously awarded rating was displayed conspicuously in the entrance hall.