Bupa Care Homes (CFHCare) Limited

Carders Court Residential and Nursing Home

Inspection report

23 Ivor Street
Castleton
Rochdale
OL11 3JA
Tel: 01706 712377
Website: www.bupa.co.uk/care-homes

Date of inspection visit: 21, 22 and 27 January 2015
Date of publication: 31/03/2015

Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Overall summary

Carders Court provides accommodation and support for up to 150 people. The service assists people in meeting their personal care needs, provides nursing care as well as supporting people living with dementia. On the nursing unit there are 15 transitional beds contracted by the NHS and supported by the Urgent Care Team.

The home is purpose-built, single storey and comprises of five separate houses, each with 30 single bedrooms.

There is plenty of car parking to the front of the home and there are garden areas around each unit for residents to sit out in. The home is situated in the Castleton area of Rochdale.

This was an unannounced inspection carried out on the 21, 22 and 27 January 2015. At the time of our inspection there were 143 people living at the home.

Summary of findings

The home had a registered manager however they were not available at the time of the inspection. Interim management arrangements had been put in place to support the service. On the third day of our inspection we were informed the registered manager had resigned. Alternative management arrangements were being made. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We carried out a routine inspection in July 2013. All areas we assessed at that time met the relevant regulations.

At this inspection we spent time observing care and support in communal areas, spoke to people who used the service, their visitors, staff and visiting health professionals. We also looked at care, staff and management records.

People's care plans and monitoring records were not as updated or accurate as they should have been so that people's current and changing needs were clearly reflected. Staff did not always have access to people's care plans to direct them in the care and support people needed. People's care records were not always stored securely so that confidentiality was maintained.

Staff had not consistently been offered the training and support needed to carry out their roles. Training in areas of clinical practice and dementia care were needed to support the specific needs of people living at the home. Opportunities for staff to discuss their training and development needs were needed so that staff were supported and clearly guided in their work.

Policies and procedures were available to guide care staff in areas of protection, such as safeguarding adults and MCA and DoLS. Staff spoken with were able to tell us what they would do if an allegation of abuse was made to them or if they suspected that abuse had occurred. Some staff said they needed training to update their knowledge.

Managers were able to clearly demonstrate their understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions. When necessary applications had been made to lawfully deprive people so that they were protected. However care staff we spoke with did not understand the principles of the MCA and DoLS procedures and how this informed their practice.

Suitable arrangements were in place in relation to fire safety and the servicing of equipment was undertaken so that people were kept safe. All areas of the home were clean, well maintained and accessible; making it a safe environment for people to live and work in. We saw procedures were in place to deal with any emergency that could affect the provision of care. We have made a recommendation about the design or layout of the environment for people with living dementia to promote their well-being and independence.

During the inspection we found people were cared for by staff that were patient and kind. Staff were seen to understand the individual needs of people and were respectful when offering support. People we spoke told us the staff were helpful and that they felt safe. Relatives told us and records showed they were consulted with and involved in the assessment, care planning and reviews to make sure people's needs and wishes were planned for appropriately.

People were protected from inadequate nutrition and dehydration. However we received a mixed response in relation to the quality and variety of meals offered. Managers were aware improvements were needed and were working with kitchen staff to address this. Care records showed that staff monitored people's weight and where necessary had access to dietican's if they were nutritionally at risk.

We found the management and administration of people's medicines was safe. Staff worked in co-operation with healthcare professionals to ensure that people received appropriate care and treatment.

We saw that relevant checks had been made when employing new staff. Sufficient numbers of staff were available to support people. We were shown how these were reviewed to make sure that staff resources were planned at the times when people needed them.

Systems were in place to show the service was being monitored and reviewed. People told us the managers and staff were approachable and felt confident they would listen and respond to any concerns raised.

Summary of findings

You can see what action we have told the provider to take at the back of the full version of the report.

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?

Requires Improvement

The service was not always safe. People told us they felt safe living at Carders Court. Staff were provided with safeguarding policies and procedures and knew what to do if they suspected or witnessed abuse so that people were protected. However some staff required training in his area.

People were cared for by sufficient numbers of staff who were seen to respond appropriately when needed so people were kept safe.

We saw safe systems were in place with regards to the administration of people's medicines. People were provided with a safe and hygienic environment in which to live.

Relevant checks were made in relation to fire safety and the recruitment of new staff. Some improvements were needed to records.

Is the service effective?

Requires Improvement

The service was not always effective. Whilst people were happy with the standard of care they received. We found staff had not received all the necessary training, development and support they required for their role.

People's views varied about the quality of food offered. Where people were at nutritional risk, staff were quick to seek external healthcare advice.

Where able people were supported to make their own decisions. Managers clearly understood their responsibilities in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) so that people were protected. Care staff required further training and support to develop their knowledge about how this informed their practice.

People were provided with a good standard of accommodation which was clean, secure and well maintained. We have made a recommendation about the design or layout of the environment for people with living dementia to promote their independence and well-being.

Is the service caring?

Good

The service was caring. People told us, and we observed, staff treat them with dignity and respect when offering care and support. People said staff were kind and responded to their requests for help and support.

Comments received from visiting healthcare professionals were also very positive about the care and support provided by staff. They said staff worked well with them to ensure people needs were met.

Summary of findings

Is the service responsive?

Requires Improvement

The service was not always responsive. People's care records were not always accurate, updated or accessible directing staff in the delivery of people's current and changing needs. People's records were not always stored securely ensuring confidentiality was maintained.

We saw a choice of activities and outings were offered as part of people's daily routine. These could be enhanced with more meaningful activities, particularly for those people living with dementia to promote their health and mental wellbeing.

People and their relatives were involved and consulted with during the assessment process prior to people moving into the home.

Systems were in place for the reporting and responding to people's complaints and concerns. Where necessary the management team had taken action to address poor practice.

Is the service well-led?

Requires Improvement

We were informed during the inspection that the registered manager had resigned following a period of absence. Alternative management arrangements were being made so that consistent management was provided to help ensure the service is well-led. Staff spoken with told us they felt the interim manager was supportive and approachable.

We saw opportunities were made available for people to give feedback about the service they received. Resident and relatives meetings had been held and satisfaction surveys were distributed so people could comment on the quality of service provided.

Quality assurance systems were in place to ensure that an appropriate standard and quality of care was maintained.

Carders Court Residential and Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection and took place on the 21, 22 and 27 January 2015. The inspection team comprised of three adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience who joined the inspection had experience of services that supported older people and provided care for people living with dementia.

During the inspection we spent time speaking with ten people who used the service, eight relatives, four unit managers, six nursing and care staff as well as activity, housekeeping and kitchen staff. We also spoke with the night manager, interim manager and regional manager.

Visiting healthcare professionals were also spoken with during the inspection. These included a community nurse, a member of the continuing healthcare team and two staff from the Urgent Care Team.

Some people who lived at the home were not able to give us detailed accounts of their experiences in receiving care and support. Due to this we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also looked at twelve people's care records, five new staff recruitment files, training records as well as information about the management and conduct of the service.

Prior to our inspection we contacted the local authority commissioning and safeguarding teams to seek their views about the service. We were not made aware of any further concerns about people's care and support. We also considered information we held about the service such as notifications sent to us by the provider of any incidents or any events within the home.

We did not ask the provider to complete a Provider Information Return (PIR) prior to this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Requires Improvement

Is the service safe?

Our findings

During our inspection we observed people smiling and laughing with staff. All the people we spoke with said they felt safe living at Carders Court. People told us, "I have felt safe" and "I feel safe and I'm happy with the support I'm getting." One person we spoke with had recently had a fall. They said, "Staff arrived very quickly to help and called an ambulance to take me to hospital", adding "The staff escorted me to the hospital." Another person told us, "I feel safe in the unit and am very happy with the support I receive, the staff understand my care."

The relatives of people told us that they felt their family members were "very safe" at Carders Court as they were looked after by "kind and friendly staff." Another relative said, "The staff are friendly and not obtrusive. They are always keeping their eyes on everyone making sure there are no problems."

Staff had access to policies and procedures to guide them in the safeguarding of adults. Records showed that staff training had been provided in this area. We spoke with six members of staff about their understanding of protecting vulnerable adults. Staff had a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents or had concerns about people's safety. Staff told us they felt confident senior staff and managers would listen and take any action required. However some staff had either not had safeguarding training or had not had an update.

Prior to the inspection we had been made aware of thirteen issues including a whistle blower concern, which had occurred over the last 12 months. The registered manager had liaised with CQC and the local authority safeguarding team, providing relevant information as required. Where necessary the registered manager had taken action to address poor practice.

We saw there were enough staff to meet the needs of people. Staff told us staffing levels were assessed depending on people's need. Two unit managers we spoke with said they had been reviewing current staffing arrangements due to the changing needs of people. We saw that accidents and incidents were being reviewed to explore any patterns and where additional resources may be required. Nursing staff on one unit said staffing levels were maintained during the day time however felt staffing at night time was not always sufficient due to sickness. They told us, "I feel we can manage well however it is somewhat task focused due to the high level of needs." The unit manager told us it had been recognised that more staff were required at core times, therefore a twilight shift had been introduced providing cover until 10pm. A designated staff member was employed as a hostess. Their role was to support people between the hours of 9am and 6pm offering refreshments and assisting during meal times where people needed assistance. A review of staff rotas confirmed what we had been told.

Staff told us where there was a shortfall, for example when staff were off sick or on leave then staff would cover for each other. Managers told us that current vacancies were being advertised for three nurse vacancies. We were told agency nurses were being utilised however the same nurses were requested so that continuity was offered. An agency nurse we spoke with confirmed they worked regular shifts to support one of the units.

We looked at the records for five staff employed to work at the home in the last 12 months. We found that relevant recruitment information, such as an application form, written references, identification and interview records were held on file. Criminal record checks were also carried out with the Disclosure and Barring Scheme (DBS). A further check was completed on nursing staff to check they had a current professional registration with the Nursing and Midwifery Council (NMC). In all but one file we found all relevant information was in place prior to new staff commencing work so that only those applicants suitable to work with vulnerable people were employed to do so. This file did not contain a second written reference, as required. We raised this with the interim manager who said this would be followed up.

We saw systems were in place in the event of an emergency, for example a fire. A fire risk assessment had been carried out in July 2013. The manager said that a further review was planned for the 3 February 2015. We saw that where recommendations had been made requiring immediate action, these had been addressed. Records showed that fire safety checks had been completed to check the fire alarm, emergency lighting and extinguishers were in good working order and the fire exits were kept

Requires Improvement

Is the service safe?

clear. Some of these records were not always dated to show when checks had been carried out. We saw each of the units had personal emergency evacuation plans (PEEPs) in place for people who use the service.

We saw up to date servicing certificates were in place for the mains circuits and equipment. An up to date inspection of small appliances was due. The interim manager told us they were aware of this and arrangements had been put in place. We saw the home had a 'contingency plan' in place for dealing with any emergency that could affect the provision of care, such as severe weather conditions and utility failures. This should help ensure staff took appropriate action to keep people safe in the event of an emergency.

The care records we looked at showed that risks to people's health and well-being had been assessed, such as poor nutrition and falls. Management plans had been put in place to help reduce or eliminate the risk. We saw that people were provided with suitable equipment, such as bedrails, pressure mats or bed sensors to help minimise risks and potential harm or injury.

We looked at the system for the receipt, safe storage and administration of medicines on two units. This was found to be safe. Medicines were kept in a lockable trolley which was stored securely in a separate room on each of the units when not in use. We found accurate records were maintained, including where people required PRN 'when required' medicines or where people received a variable dose. We saw that items, such as controlled drugs, were stored securely and accurate records maintained. Suitable arrangements were made for those items to be returned to the supplying pharmacist. Fridge temperatures were recorded daily and items which expired within 28 days of opening were dated so that they would be disposed of when no longer effective.

Staff responsible for administering medicines had been trained in the safe handling, storage and disposal of medicines. Two staff we spoken with confirmed training was completed along with an assessment of their competency to check their knowledge and understanding. This meant that people were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage the administration of medication.

We spent time looking around the five units and found areas to be warm, clean and comfortable. Designated domestic staff were identified to work on each of the units. We saw suitable arrangements were in place for the disposal of soiled waste and personal protection equipment (PPE) such as gloves and aprons were available in all areas where personal care was provided. Staff we spoke to confirmed they always had enough PPE and that training was provided in infection control procedures. We saw the laundry was organised with separate area to manager dirty and clean laundry. We saw procedures were available and instructions on product use were in view for laundry staff to refer to. We were told there was enough equipment available to manage all the laundry.

Requires Improvement

Is the service effective?

Our findings

People told us they liked staff and were cared for properly. One person said, "I like the staff. They care for me in a way I want them to". Other people said, "The staff are lovely, they are very helpful" and "Staff provide a good service, they are very good and help me when I request it."

Staff spoken with said they enjoyed working at the home. Staff told us, "We [care staff] get a lot of support from the nurses", "It's a brilliant team, good team work" and "Morale is very good at the moment." A new staff member described their unit manager as "Brilliant", adding "She deals with things straight away, very proactive."

We looked at the training, development and support offered to staff. We spoke with two new care staff, who told us they had completed an induction on commencement of their employment, which included relevant training. One staff member told us they had found the induction process "really helpful." A senior carer on one unit told us they had produced a 'senior carer induction', this included information about the additional responsibilities required of the role.

The interim manager told us they had completed an audit of all staff training. Of the 167 staff listed we saw that 74 required training in safeguarding adults and 100 staff required fire safety training. Further shortfalls were identified in health and safety, infection control and basic dementia training. We saw information to show that training sessions had been arranged for a two week period following our inspection. Staff spoken with told us they were aware this had been arranged and were required to book on the course.

We visited two units which provided specific care and support to people living with dementia. Whilst interactions with people were pleasant, not all staff were able to tell us what their understanding was of dementia. We saw training in 'basic dementia awareness' training was provided. However one of the unit managers we spoke with acknowledged that comprehensive training in dementia care had not been completed by staff. They told us that after speaking with new staff they found they lacked a clear understanding about dementia and what this meant for people living with the condition. We were told the service no longer had an Admiral nurse, as they had moved to another service within the group. Their role was to support staff and develop services for people living with dementia. The unit manager said they were proposing to develop a training package to deliver to staff to help develop their knowledge and understanding of dementia.

Although there were policies in place in relation to the supervision and appraisal of staff, the manager told us that these were not as up to date as they should have been. This was confirmed by the nursing and care staff we spoke with. One staff member told us "supervisions are informal", another said they had not received supervision "for about a year", whilst another staff member said they had met with their line manager in December 2014. Two unit managers said that a new supervision form had been introduced and they were planning meetings with the team they managed. We also received a mixed response in relation to team meetings. A new member of staff told us they had yet to attend a meeting since commencing work five months ago. They said they relied on handovers at each shift change and the communication book used by staff to pass messages.

The lack of effective training, supervision and appraisal for staff was a breach of Regulation 23 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We saw policies and procedures were in place to guide staff in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This information helps protect people so they are supported in a way that does not restrict their freedom. The night manager was able to tell us and provide information to show that appropriate applications had been submitted to the supervisory body (local authority) where necessary and where authorisations were in place. We contacted the local authority to seek their views about the service. We were told, "From a DoLS perspective, I can confirm that Carders Court are proactive in submitting DoLS applications and we have no concerns as a Supervisory Body about their role with this."

We were told that a programme of staff training was provided. This training should help staff understand that assessments should be undertaken, where necessary, to determine if people have capacity to make informed decisions about their care, support and treatment. It should also help staff understand that if a person is deprived of their liberty, they will need special protection to

Requires Improvement

Is the service effective?

make sure that they are looked after properly and are kept safe. Some staff we spoke with confirmed they had received training in this area. Not all staff were able to demonstrate their understanding.

We looked at the care records for twelve people. We saw that people were able to express their preferences and choices about how they wished to be cared for and where able had consented to their care. Where people had been assessed as lacking capacity to make specific decisions for themselves, records showed that 'best interest' decisions had been made involving relevant parties, such as family members, social workers and health care professionals.

People were protected from inadequate nutrition and dehydration. We observed lunch being served to people and saw they were given a choice of meal. People were assisted with their meals, if required, in a relaxed and unhurried manner. We asked people their views about the meals provided. They told us, "The choice for meals is good, a hot meal or a sandwich with soup and sweet but it is not always the same as the picture on the menu or not always the same meal as stated", "Sometimes it good and sometimes not so good" and "Drinks are available throughout the day but the best is at night we have a choice of drinks and toast."

We saw there were risk assessments in place and additional monitoring was completed of people's food intake and weight at regular intervals. Staff used the Malnutrition Universal Screening Tool (MUST) to monitor people's weight and made referrals to the dietician or speech and language therapists where necessary. The chef told us they liaised with unit managers to check if anyone had any special dietary requirements. Dietary information, such as the use of thickeners was also displayed in the small kitchen on each unit to guide staff.

We looked at the kitchen and food storage areas. The kitchen was clean and orderly and food was stored appropriately. All food which was prepared in advance was labelled. Food preparation was undertaken in a designated area. We were told that food temperatures were taken once cooked, when put into delivery carts and checked again on serving. People told us that the food could be nice but was sometimes cold. One person told us "It's good food but it's wasted because it is not hot enough" and another said "Sometimes the food is a bit cold." The manager told us they were aware improvements were needed in the kitchen and that discussions had been held with the chef about the improvement needed.

We visited each of the five units as part of the inspection. We saw units were spacious and well maintained. All areas were kept clean and tidy and provided a good standard of accommodation for people. We looked at a number of bedrooms, rooms were light and airy and had been personalised by some people with items brought from home. We saw that, to keep people safe, access to each of the units were via door keypads. Each of the units had the same layout with a large lounge dining room in the centre of the building, where people spent much of their time. Relevant aids and adaptations were provided such as handrails, call bells and assisted bath and shower rooms, which were clearly signed. This enabled people, where able, to move freely and safely around the units.

Two units were identified to provide care and support for people living with dementia. On these units we saw a small area along a corridor which had been papered to create an image of an old style shop. However there were no items for people to look at or 'purchase'. On the nursing dementia unit we saw a small room previously used as a reminiscence room was now used for storage. The unit manager told us that ideas were being explored with regards to the use of this room. They told us that whilst they felt the standard of care provided was good, this did not 'set them apart' from the other units nor did it demonstrate 'specialist dementia care' was being provided. We recommend that the service considers current guidance in the design or layout of the environment to help promote the wellbeing of people living with dementia enabling them to retain their independence, and reduce any feelings of confusion and anxiety.

Good

Is the service caring?

Our findings

The people we spoke with who lived at Carders Court told us, “They [care staff] have been marvellous with me, It does for me”, “It is happy here, everyone does what they can” and “The staff listen to you and act occasionally to make things work better for all concerned.” People said staff responded to them when needed. One person said, “If the alarm is used then staff respond very quickly.”

We also spoke to eight relatives who were visiting their family members. One relative told us “I am happy with the care my mum receives here. I think she is looked after great and with respect.” We were also told that “Staff are helpful, they sit and talk with them (residents) and are friendly.” Another relative said their family member had only been at the home for a few weeks. They told us “So far so good” and “They keep in touch if there is anything we need to know.” Other comments included, “The staff have been great, really helpful” and “The staff are very receptive here and have always responded to everything I have asked.” Relatives told us they were kept informed about their family member and would be contacted about any changes to their health.

People looked well cared for, were clean, appropriately dressed and well groomed. A number of people were seen visiting the hair salon situated in the main building. We observed staff treat people with kindness and respect. Interactions between people and staff were pleasant and friendly. We saw people ask for support when needed and staff responded appropriately. Staff spoke politely and discreetly with people, treating them with dignity and respect. Those staff spoke with were able to tell us how they would promote people’s privacy and dignity when offering care and support. There was a relaxed atmosphere in the home and staff we spoke with told us they enjoyed supporting the people living there. One member of staff told us ‘”It is lovely working here, it feels like a family.”

We saw staff had a good understanding of people’s individual needs and personal preferences. Staff were seen to support people in a caring and reassuring way when assisting people to transfer or use the hoist, talking and encouraging people at each stage.

We spoke with four visiting health care professionals. A visiting community nurse told us, “It appears very clean here. Staff are friendly, offer support and interact well with the residents. They are always up to date with the weights. I have never seen poor manual handling techniques. They make referrals to us in a timely manner.” A continuing healthcare nurse said they visited regularly to complete the annual programme of reviews with people. They said “There has been a lot of agency staff however this had improved. There are good staffing levels, I’ve no concerns with people’s care”, adding that feedback from people’s relatives was “generally positive.”

We also spoke with two members of the Urgent Care Team who supported people staying at the home on a short term basis. They worked closely with the nursing and care staff on the unit. They told us, “[unit manager] is focused, very clear about what is needed” and “Staff engage with the team and we work well together.”

Three people we spoke with said they had access to health care support when needed. One person said, “My health needs are met by the staff, so much so that I do not have to have oxygen every day like I did at home.

We saw on two unit’s people’s monitoring records and daily reports were kept in communal areas so that they were easily accessible to care staff. Information was not stored securely so that confidentiality was maintained. We raised this with the managers, who said this would be addressed.

People were provided with a brochure about the home, which informed them about the services and facilities available in the home. Information regarding independent advocacy services was also made available to people on request.

Requires Improvement

Is the service responsive?

Our findings

Managers told us that a pre-admission assessment was undertaken with people to ensure the service could meet their needs before they moved into the home. We saw evidence of this in the care files we looked at. We were told that where possible people were encouraged to spend some time at the home having lunch and meeting staff and other people who used the service before making a decision about moving in.

The unit manager on the nursing unit told us assessments for people receiving short term support were completed by the Urgent Care Team staff. This was confirmed by the Advanced Nurse Practitioner (ANP) we spoke with. We were told that up to 15 people could be accommodated on a short term basis for approximately two weeks. They received intensive support from the urgent care team, which included a consultant, ANP, occupational therapist (OT), physiotherapist and pharmacy technician. The ANP told us that there was an agreement with the home that no-one was admitted after 6pm so that the specialist team were able to support any admission to the home. Additional nursing care and support was provided by staff at the home.

A review of people's care records showed that people and their relatives had been consulted with about their needs, wishes and preferences. We saw a 'map of life' document which provided a pen picture of the person, their life, people who were important to them, hobbies and interests, cultural needs and their aspirations. We saw care plans were reviewed on a monthly basis and a daily record of care was maintained. One person we spoke with said, "My care is focused on me and I'm able to make my views known to the staff and management." Another person said "I have a care plan but it is dealt with by my daughter." However four people we spoke with could not recall if they had a care plan or when reviews were held.

We saw entries on people's care records where they had been visited or attended health care appointments and the outcome to their visit. Staff told us that where concerns had been identified and further support was required additional monitoring was put in place. Records seen included, food diaries, observational and positional charts and cream charts. However we found records were not consistently or accurately completed. This did not demonstrate people's needs were being effectively monitored to ensure that any changes in a person's health and well-being was responded to in a timely manner.

We observed one person being supported by three members of staff due to their physical needs. Staff said this had been a recent change and advice and support was being sought from the person's GP and outreach team, which provided advice and support to staff caring for people living with dementia. We looked at this person's care records. Information on their plan did not reflect the support we had observed.

Care staff spoken with said there was "not always time" to sit and read people's care file. Staff said records were generally updated by nurses and senior care staff. Care staff said they were kept up to date about the current and changing needs of people through the daily reports, monitoring sheets and from the handovers meetings held at the change of shift. This meant people may be at risk of not receiving the care and support they needed as accurate information, clearly directing staff in the delivery of care, was not always maintained or sufficient time made available for staff to read.

This meant there was a breach of Regulation 20 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The home employed three activity staff who worked across all five units. We saw a notice board on each of the units, displaying the activity program available. Activities and outings included; trips to Bury Market, Boundary Mill or the Trafford Centre, a mobile library, singer, film afternoons, board games and reminiscence sessions. On one of the units we saw a large group of people were actively engaged in a game of bingo. People were also seen visiting the hairdresser in the salon in the main building. On other units we saw people playing board games or doing jigsaws with activity staff. Other people were seen reading, one person was painting, whilst others were sat relaxing or sleeping. One relative told us, "They try and get mum involved and she now goes on the trips."

An activity worker told us they were not always able to get those people living with dementia to focus on a specific activity. They told us they had not received any specific training about how to actively engage people promoting their involvement and independence. People living with

Requires Improvement

Is the service responsive?

dementia should be enabled, with the involvement of care staff, to take part in leisure activities during their day based on individual interest and choice. Best practice guidance in the NICE Dementia Quality Standard published in June 2010, statement number one recommends health and social care staff who work with people living with dementia should receive training in dementia care consistent with their roles and responsibilities.

We looked at how managers addressed any issues or concerns brought to her attention. We spoke with the manager about any current issues or concerns. We were told of four concerns which were being addressed. Where necessary the home was liaising with the local authority to resolve issues. We saw records were maintained of all issues brought to the attention of managers. This included any correspondence, investigations and their findings.

Whilst walking around the units we saw a copy of the complaints procedure was displayed for people to refer to. Leaflet were also available in the reception area should people wish to make comment about the service or raise any concerns. People we spoke with and their visitors said they felt able to discuss any issues should they need to. One person said “I can express my opinions to the staff and management.”

Requires Improvement

Is the service well-led?

Our findings

Whilst the home had a manager who was registered with the Care Quality Commission (CQC) they had been absent from work for some time. We were advised on the third day of our inspection that the registered manager had resigned. The home had also been without the support of a clinical service manager (CSM). We were told that an appointment had been made and the new CSM was to commence soon. Interim management arrangements had been put in place to support the home. Staff were also supported by a night manager and individual unit managers.

Staff spoken with said the management changes had been unsettling. However one staff member said, "We just got on with things." Another staff member said having clinical support from the interim manager was "great" and meant any queries were dealt with straight away. Staff also spoke positively about the support from unit managers. One said "I can talk to the manager anytime." Another told us "Our unit manager is brilliant, she is very understanding. She encourages the carers and wants them to do better. She always listens if we have any concerns."

Staff spoken with were able to demonstrate their understanding of the homes whistle blowing procedure, 'Speak Up'. They knew they could raise concerns in confidence and contact people outside the service if they felt their concerns would not be listened to. One staff member told us, "Yes, I would feel confident in raising any issues with managers." A visiting healthcare professional also said they had "confidence in the management of the home."

We asked the interim manager to tell us what systems were in place to monitor the quality of the service to ensure people received safe and effective care. The interim manager told us that monthly audits were usually completed covering areas such as care records, complaints, health care needs, infection control, accidents and incidents and medication. The interim manager said that these had not been routinely completed between October and December due to changes in the management team. However said these were now being updated and that they had completed a recent audit of care plans and medication on each of the units. We saw evidence of the audits completed. Where shortfalls had been identified, action plans had been drawn up. These had been shared with the relevant unit manager and were to be kept under review.

In the manager's office we saw a 'visual management board'. The manager told us this had involved all heads of department and explored each area of the business, what need improving and how this was to be achieved. The manager was aware through the recent audits and meetings that improvements were needed to people's care records and staff training, development and support. The manager also told us that policies and procedures needed to be reviewed and would be updated where necessary.

The interim manager told us they carried out a 'morning walk around' to check all the units. They also met with the heads of department each morning so that any immediate issues were discussed and addressed. Information was also displayed for a forthcoming resident and relative meeting. One person we spoke with told us they had been regularly involved in these meetings.

We saw feedback was also sought from people who used the service and their relatives through questionnaires. The interim manager said that questionnaires were sent out on annual basis during the autumn; all responses were sent to head office and collated. The most recent report summarising the responses received had yet to be received by the home.

Before our inspection we checked our records to see if accidents or incidents that CQC needed to be informed about had been notified to us by the management team. We were provided with all relevant information about events within the home and any action taken to help ensure people were kept safe.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records People who use services and others were not protected against the risks associated with unsafe or unsuitable care, treatment and support as accurate records, clearly directing staff in the safe delivery and monitoring of people's care, were not always maintained. Staff were not always provided with sufficient time to read care records and information was not always held securely ensuring confidentiality was maintained.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff People were potentially at risk of not receiving the care, treatment and support they needed as staff had not received relevant training and development to clearly direct and support them in carrying out their role.