Care Quality Commission

Cleggsworth Care Home Ltd

# Cleggsworth Care Home

## Inspection report

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07 February 2018

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## Ratings

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

# Summary of findings

## Overall summary

This inspection was carried out over two days on 06 and 07 February 2018. Our visit on 06 February was unannounced.

At the last inspection carried out in November 2016, we rated the service as 'requires  improvement'.

We identified five breaches in the regulations relating to the management of the home, recruitment procedures, staff training, deprivation of liberty safeguards and the premises. The provider had not carried out the required recruitment checks to ensure that staff were safe to work with vulnerable people; an authorisation was not in place in relation to deprivation of liberty safeguards for one person who lived at the home; staff had not received all the training the provider required to ensure that people were safely and effectively supported;  the property was tired in parts and improvements were needed to help the overall appearance of the home and some of the furnishings; and action identified during audits was not always taken.

Following that last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions safe, effective, responsive and well led to at least good.  At this inspection we found improvements had been made and the service is no longer in breach of the regulations.

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

It is registered to provide personal care and accommodation for up to 38 people. It caters for both long term and respite stays. The home is located in Smithybridge village, and at the time of the inspection there were 33 people living at the service. The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

People told us they felt safe at Cleggsworth Care Home. When we spoke with staff they were able explain

how they ensured people were protected from abuse or harm. Risks to individuals were assessed monitored and reviewed in line with people's preferences.

We saw that people were supported by a trained staff team who knew the needs of the people who used the service. Procedures for recruiting new staff were sufficiently robust to help ensure that people were protected from the risk of unsuitable staff being employed, and the level of staff was sufficient to meet the needs of the people who used the service. All staff received regular supervision, and had undertaken relevant training to carry out their tasks. Senior staff were trained to administer medicines and we saw procedures were in place to ensure the safe management of medicines.

People told us that they were consulted about how they wanted their care to be delivered. We saw that the service had good systems in place to assess people's needs prior to their admission to Cleggsworth Care Home, and needs were reviewed on a regular basis. The care plans we looked at gave a good indication of people's abilities and instructed staff how to deliver care in the way the person preferred.

People told us that they were unhappy with the food provided. When we informed the registered manager and area director about this they immediately put plans in place to improve the food quality, and consulted all the people who used the service to develop a menu more to their taste.

When people were being deprived of their liberty, the correct processes had been followed to ensure that this was done within the current legislation. Staff understood issues around capacity and consent, and offered people choices to support their independence.

Care was delivered by patient, considerate and respectful staff who knew and understood the needs of the people who lived at Cleggsworth Care Home. Staff communicated well with each other and we saw that information was exchanged between staff informally throughout the working day, and a detailed handover meeting took place at the start and finish of every shift to ensure that care and support was provided in accordance with people's changing needs.

Staff interacted and spent time with the people who used the service. We observed friendly conversations throughout our inspection. One person who used the service remarked to us, "They are more my friends than staff".

The service was well led by a management team committed to improvement supporting the staff team to deliver quality care. Regular checks were made to measure and improve the delivery of good quality care to the people who lived at Cleggsworth Care Home.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Good**

The service was safe.

The building was secure, clean and well maintained.

There were enough staff who were safely recruited and knew how to protect people from harm.

Care records informed staff how to minimise risks in relation to people's health and wellbeing.

There were appropriate systems in place for the effective ordering, control, management and administration of medicines.

### Is the service effective?

**Good**

The service was effective.

Staff communicated well with each other to ensure care needs were met in a consistent manner, and had regular training and supervision.

When we informed the area director that people were unhappy with the quality of the food the service took immediate steps to review the food offered.

Capacity and consent issues were considered and where people were unable to consent to care and support, the appropriate procedures were followed.

### Is the service caring?

**Good**

The service was caring.

Staff were friendly, welcoming and patient, and spent time with people who used the service,

Privacy and dignity were respected.

### Is the service responsive?

**Good**

The service was responsive.

The service had systems in place for receiving, handling and responding appropriately to complaints.

People contributed to their care reviews and were consulted on service provision.

Care plans reflected people's needs and how they would like their care to be delivered.

**Is the service well-led?** — Good

The service was well led.

Systems were in place to assess and monitor the quality of service provision, and the service had developed good systems to audit the quality of care provision.

The service had a registered manager who was supported by the area Director.

Where improvements have been required these have been acted upon by the service provider.

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# Cleggsworth Care Home

**Detailed findings**

## Background to this inspection

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

Inspection site visit activity started on 6 February 2018 and ended on 07 February. The first day of the inspection was unannounced.

The inspection was undertaken by two adult social care inspectors. Prior to the inspection 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 that the provider is required to send us by law.

We contacted the local authority professionals who were responsible for organising and commissioning the service on behalf of individuals and their families. In addition we contacted the Infection Prevention & Control Team and the Rochdale Healthwatch Officer.

Prior to our inspection we asked the provider to complete a Provider Information Return. This is a form which asks the provider to give us some key information about the service, what the service does well and improvements they would like to make. We also reviewed the information we held about Cleggsworth Care Home, including any statutory notifications submitted by the provider or other information received by members of the public. A statutory notification is information about important events which the provider is required to send to us by law.

As some of the people living at Cleggsworth Care Home were not able to tell us about their experiences, we undertook a Short Observation Framework for Inspection (SOFI) observation. A SOFI is a specific way of observing care to help us understand the experience of people who are not able to talk with us.

During the inspection we spoke with six people who used the service, three visitors, two visiting professionals, the registered manager, the assistant director for the service, six care workers and the chef. We looked around all areas of the home, looked at food provision, four people's care records, four staff recruitment files, induction, training and staff supervision records, records relating to medicine administration and records about the management of the home.

Good

# Our findings

People told us that they felt safe at Cleggsworth Care Home. One person told us, "I have peace of mind. I won't be frightened of living on my own, I have the security of knowing these kind people will look after me. I'm glad I made the decision to move here", and another said, "I've no complaints whatsoever. They keep me safe, they keep me warm and they look out for my every need".

Staff had received training in safeguarding adults, and were able to explain how they ensured people were safe, and tell us how they would respond if they suspected a person who used the service was at risk of harm. The home had a safeguarding policy, which met the requirements of the local Adult Safeguarding Board. We saw that incidents which might constitute a safeguarding concern were reported and investigated appropriately, with records to show the outcome of investigation and any protective measures to minimise the risk of harm. We saw that the service also had a whistleblowing policy. When we spoke with care staff they told us that they would be confident in passing on concerns about poor practice to the registered manager or the area manager.

We saw the home was secure, and corridors and communal lounges were free from clutter or obstacles which could increase risk. The service undertook regular checks to ensure that any environmental hazards were identified, for example, the maintenance officer would conduct monthly checks on the water temperature for all hot taps in the building, and we saw that he was given a list of 'to do' jobs to ensure the safety of the environment. We observed him replacing a battery on a door guard to ensure that this would work appropriately in the event of a fire. However, when we toured the building we found that, although radiators were covered to prevent the risk of burns, some pipes were hot to touch. We raised this with the registered manager who arranged for the maintenance officer to immediately lag any exposed pipes to minimise any risk to the people who used the service.

We looked at maintenance records and safety certificates which were all in order. Electrical installation and gas equipment were checked by external contractors and records kept to show that these were safe. We also saw documentation for the lift, wheelchair, hoist and sling checks, the control of Legionella and portable appliance tests (PAT). This meant equipment was safe for staff and people who used the service. The registered manager showed us a home maintenance register which documented when equipment needed to be checked or replaced.

A fire risk assessment had been carried out and the fire safety equipment was routinely checked. The service also conducted regular fire drills, including successful tests of means of escape, firefighting appliances and

emergency lighting. Everyone living at Cleggsworth Care Home had a personal evacuation escape plan (PEEP). PEEPs explain how each person would be evacuated from the building in the event of an emergency.

We looked at five care records which showed that risks to people's health and well-being had been identified. These involved risks such as mobility, risk of falls, eating and drinking, communication and hygiene. We saw that where risk had been identified a corresponding detailed care plan was put into place to help reduce or eliminate the identified risks and these were reviewed on a regular basis.

We looked at the care records for four people. In addition to assessments for generic risks such as the risk of falls, or developing pressure sores, we saw risks specific to individuals had been assessed. For example, risks in providing pain relief or topical medicine. Each identified risk detailed the hazard, benefits to the individual, and the desired outcome. A subsequent care plan provided guidance to staff to meet and minimise the risk. Risk assessments were regularly reviewed and we saw that where risk was assessed as low there was evidence of action to prevent risk escalation. For example in one care plan we reviewed the person had been assessed as low risk of malnutrition. Instruction to staff recommended snacks, regular drinks and assistance to eat and drink.

People were free to walk around the building, and some chose to spend times in their own rooms. Where this was the case, staff would periodically check that they were not in need of anything. All bedrooms had a call alarm fitted within easy reach of beds. We heard these sounding periodically and saw that staff responded promptly to calls.

We saw that there were enough staff on duty on the days of our inspection. In addition to the registered manager there were five care staff during the day with two waking night care workers. We looked at staffing rotas for the previous two months and these reflected the number of staff we saw. Rotas were clear and legible showing little sign of amendments and a low level of staff absence. The service calculated a dependency score for staffing levels based on needs of service users and this was reviewed each month to ensure that there were sufficient staff on duty. In addition the registered manager reviewed the rota on a weekly basis.

When we last inspected the service in November 2016, we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as staff had not been vetted as thoroughly as the law requires. This meant that the service provider did not gather all the information from applicants to enable them to make a reasonable judgement about their suitability to work with vulnerable people. However, during this inspection we saw that the service had made improvements, and was no longer in breach of this regulation. We looked at the recruitment procedures in place and saw that this gave clear guidance on how staff were to be properly and safely recruited. We looked at four staff files. These included proof of identity, an application form that documented a full employment history and accounts for any gaps in employment, interview notes, a job description, and two references. Checks were carried out with the Disclosure and Barring Service (DBS) before any member of staff began work, and these checks were updated every three years. 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. This meant that checks had been completed to reduce the risk of unsuitable staffing being employed at Cleggsworth Care Home.

We looked at the system for managing medication at Cleggsworth Care Home. Medicines were ordered on a 28-day cycle the week before the cycle was due to begin, and checked in and signed for by two staff along with the pharmacist who delivered the medicines.

Relatives of people who use the service told us that the care staff were attentive to people using the service when they gave them their medicines. Senior care workers were trained to administer medication. We spoke with a senior care worker who informed us that they had completed regular medication training and confirmed that they were happy with the training received. We observed one medication round during our inspection. The senior care worker checked the dosage and that they were for the right person before placing the tablets into a small pot. They approached the person, addressed them by name and explained what they were offering. They then checked the person had a drink to help wash the tablet down. Once satisfied that the person had taken their medication they recorded this accurately on the Medication Administration Record (MAR Sheet). MAR sheets included a photograph of the individual and noted any allergies. The records we checked were accurate, up to date and matched the medicines in stock. There were no gaps in signatures. There was also a signed log of all returned unused medicines.

All medicine was stored in a locked cabinet in a treatment room when not in use. Refrigerator temperatures were checked daily and a record of temperatures was kept, in order to ensure medicines are stored correctly. If medicines are stored at the wrong temperature they can lose their potency and become ineffective. Some prescription medicines are controlled under the Misuse of Drugs legislation (and subsequent amendments). These medicines are called controlled medicines or controlled drugs. Controlled drugs were stored in a safe, and the controlled drug register was countersigned when administered. We checked the balance of controlled drugs for two people and found them to be correct. A senior Care worker told us that the seniors starting and finishing each shift completed a full count of controlled drug stocks. This minimised the risk of error, or loss of controlled medicines.

Three people sometimes received their medicines covertly. This means that they were given their medicines without realising. In each case the medicine file included evidence that a 'best interest' decision had been made and included a letter signed by the person's general practitioner to say that giving medicine in this way was in the person's best interest.

Staff had undertaken infection prevention and control training, and those we spoke with understood the importance of infection control measures. The home had been inspected by the local authority infection control unit, and where issues were identified we saw that action had been taken to minimise the spread of infection. The home appeared clean; Posters detailing correct hand washing procedure were on display in toilets and bathrooms and in the kitchen and laundry. When we asked, people who used the service told us that they believed that the service maintained standards of cleanliness, but one person told us, "The home is clean, but it's not up to my standards, and a visiting relative told us that they believed the toilets were sometimes dirty. When we inspected the communal toilets we found they were clean and had a supply of liquid hand wash and paper towels. Each had foot operated pedal bins to prevent the spread of infection.

We inspected the kitchen and saw that it was clean. A cleaning schedule indicated when specific areas or equipment required cleaning (either daily or weekly) but cleaning records were not dated and did not indicate when the tasks had been carried out. The registered manager agreed to ensure all records were signed and dated... A 'Food Standards Agency' inspection had been carried and the home had been awarded the highest rating.

Colour coded mops and buckets were in use to help prevent cross infection, for example, from toilets areas into bedrooms, and followed the National Colour Coding Scheme. We observed staff using tabards, disposable gloves and other protective measures when completing personal care tasks and cleaning. Wearing such clothing protects staff and people using the service from the risk of cross infection during the delivery of care Soiled items were transferred from people's bedrooms or toilets to the laundry in special bags that could be put straight into the washing machine to help reduce the spread of infection.

All accidents and incidents were catalogued and audited on a monthly basis. Trends and issues were identified with evidence that action was taken to minimise any risk. For example, where a person had a series of falls a referral to the person's general practitioner was made to check for any underlying issues and a referral made to the falls team.

Good

# Our findings

The people who lived at Cleggsworth Care Home were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice, and their 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.

We asked people who used the service and their relatives about the knowledge and skills of the staff team. People we spoke with told us about the care they received and all spoke highly of the staff with one commenting, "Yes they are very capable. I think they have the experience and they seem to do quite a bit of training".

When we inspected Cleggsworth Care Home in November 2016 we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as not all staff had received appropriate training and they were not being supervised effectively. Following that inspection the Area Director sent us an action plan which showed what the service was doing to improve the skills of staff. All staff were reminded of the need to attend mandatory training and all training records were checked and monitored by the Area Director. We saw that this had led to improvements and the service is no longer in breach of this regulation. We saw staff files included copies of certificates to demonstrate that they had attended training, and included evidence of any training completed prior to starting work at Cleggsworth, such as National Vocational Qualifications (NVQ) or Health and Social Care accredited qualifications. All new care workers were enrolled on the 'Care Certificate', unless they had already completed this course, or had gained an equivalent qualification. The Care Certificate is a nationally recognised qualification for people working in the caring sector.

The registered manager gave us a copy of the training record, which showed oversight of the level of training undertaken by staff. We saw that all staff had completed essential training with dates of completion and when refresher training would be required. We saw that some care workers had not completed training in equality and diversity or dementia care, but the service had requested places on the next available courses.

Prior to working with people who used the service all new staff received mandatory training in essential aspects of the job, such as moving and handling, infection control, first aid, food hygiene and fire safety awareness. They were shown equipment used and instructed on how to operate it. They would then spend time 'shadowing' a more experienced member of staff before they were allowed to work on their own. This

enabled them to meet the people who used the service, understand their specific needs, and how best to respond. We asked one care worker about their induction into Cleggsworth Care home. They told us, "I was shown round, and shadowed shifts until I felt more confident. I spent time getting to know the particular individuals in the home and was encouraged to spend time with them. I wasn't pushed in at the deep end."

We saw that the registered manager arranged regular supervision for all staff including bank staff and none care staff. Supervision provides an opportunity to discuss work practice in a safe environment and consider areas for development. When we spoke with staff they said they felt supported by their senior's supervision where felt able to raise issues during their supervision sessions. In addition to formal supervision, the registered manager or senior would observe staff practice 'on the job' using a staff observation tool, and provide feedback to the member of staff following this observation.

Attention was paid to people's nutrition and hydration needs. People were weighed regularly and where appropriate a food and drink chart was used to monitor the amount given and the amount consumed. If necessary staff would make referrals to dieticians or speech and language therapists for advice on diet and swallowing. We saw when we looked at care records that diet plans were followed, and when we looked in the kitchen we saw lists showed the number of people who required their food to be prepared in a specific way, such as pureed, or mashed. The list also showed the number of people who needed specific diets due to medical concerns such as diabetes, or cultural needs.

The main meal of the day was served at lunchtime, with a choice of two main courses followed by a desert. A further meal was provided at teatime, for example, soup and sandwiches, and people were offered supper before retiring to bed. Throughout the day snacks and hot and cold drinks were offered.

When we toured the kitchen we found the larder and freezers were well stocked. However, much of this was tinned, processed or frozen. The permanent chef had been off sick for 4 weeks by the time of our inspection and the stand in chef did not know how to take the fridge temperatures and had been making up the figures in the records. This meant that there was no guarantee that food had been kept at the correct temperature. It is important to store food correctly to stop bacteria from spreading and to avoid food poisoning.

We observed the lunch time meal being served, this event was pleasant, unrushed and the atmosphere was calm and the staff were attentive and caring. People were supported to eat at tables that were well spaced and laid out with plastic flowers on each table. Those who preferred could eat in their own rooms and we saw one person stayed in the main lounge. Staff wore protective aprons and were very friendly and warm in their manner.

One person appeared to enjoy the main meal and finished their plate quite quickly, and was given a second desert when he requested one. However, this person seemed to be the only person that did enjoy the food. Some people had chosen chicken burger and chips. This looked dry and had no salad or vegetables. We asked if the meat was tender to which one replied, "It's more like leather!" Another person asked for help to cut the meat and when helping with this the staff member stated, "It is tough isn't it; you need muscles to cut this".

Nearly all the people who used the service, relatives and staff with whom we spoke were negative about the food. Comments included, "Some days the food is mediocre other days it is rubbish"; "The bread and butter pudding always ends up in the bin. We have told them and nothing has changed"; "There is always a choice of two main meals, but very little variation. One day the choice was meat or cheese pasty. Not very good if you don't like pasties"; "Not enough fresh fruit"; "we are not asked what we like we just get the choice of two meals".

We raised these issues with the registered manager and area director. They took immediate action and the day after our inspection they had spoken with all the people who used the service about their food preferences, and brought in two project managers to complete a full audit and overhaul of food. They held a tasting day the week after the inspection, and based on this they arranged a new two week menu. We have been informed that this includes more home baking and less convenience food. To accommodate this, the chef's working shift has been increased with immediate effect from six to nine hours each day. We have been informed that this has led to an improvement in food quality.

People had good access to healthcare and staff monitored their physical and mental health needs. Evidence in the case notes we reviewed showed liaison with district nurses, regular health checks and GP visits for example, to monitor skin integrity. We saw in care plans that people had regular access to other treatment such as dentist, optician and chiropody appointments. We saw evidence in care files and case notes of referrals, for example to mental health liaison officers, with records of advice taken and implemented by care staff. Where specific needs, such as eye care or concerns about pressure care were identified specific care plans were drawn up to meet any needs identified. This meant that people were receiving care and support to access additional health care services to meet their specific health needs.

We spoke to two visiting health professionals. Both told us that they felt the staff at Cleggsworth Care Home monitored people's health well. One told us, "I have no issues with people here. Staff refer appropriately and follow instructions to keep my patients well".

All staff attended a changeover meeting at the start and finish of each shift. This helped to ensure that staff were given an update on a person's condition and behaviour and ensured that any change in their condition had been properly communicated and understood. Staff shared information about individual people who used the service and tasks were delegated appropriately and shared fairly. Information was recorded in a handover file where any issues and actions needed were recorded referenced and updated during the following shift.

At our previous inspection in November 2016, we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to the upkeep of the premises and furniture. Since then the owners have made a number of improvements, and the service was no longer in breach of this regulation. The service has been refurbished, including new carpets in all communal areas and replacement carpets or linoleum in bedrooms, and new furniture for the lounge areas. There was adequate signage throughout the home and people were able to freely access outside areas. Having adequate signage helps to promote people's well-being; enabling them to retain their independence and reduce any feelings of confusion and anxiety.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The service had a detailed MCA policy and staff had been provided with training in this legislation and were able to feedback how they put it in practice.

Staff were able to explain the best interests process and when it was required and were able to give examples of where they made decisions for people and where people were supported to make their own decisions. They were aware of the importance of asking people for consent before undertaking any care delivery. We saw that people's care records had been signed by people who used the service where possible. All of the care files we looked at had individual capacity assessments for people's needs and this was

reflected in people's care plans.  Each file contained a consent form for personal care.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The service had an effective system for monitoring any applications and authorisations to ensure they were reviewed appropriately.

Capacity assessments were held on people's care files to demonstrate that a formal capacity assessment had been carried out before the DoLS application was made. Best interest meetings had been held to support the decision making process for people who could not make decisions for themselves. For example, the service had held a best interests meeting when developing a plan to use covert medication.

When we last inspected the service in November 2016, we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as there was insufficient evidence to show that a person's DoLS order had been renewed. The area director sent us an action plan which showed how this would be addressed and during this inspection we found appropriate procedures had been followed to track all DoLS applications and seek renewal when required. The service was no longer in breach.
There was a specific DOLS folder used to monitor this area of practice that we reviewed. There was a cover sheet for each resident and a tracking sheet to ensure that the home was compliant with legislation and the home had accessed legal advice to ensure this was the case in relation to any delays caused by resource constraints at the Local Authority. There was extensive guidance from both CQC and ADASS and there was a section on Rochdale Council procedures.

Good

# Our findings

People told us that they were well cared for at Cleggsworth Care Home. One commented, "The staff are lovely they really are. Nothing has been too much trouble. If I've wanted a cup of tea at three in the morning I've had it. If I say I've got a headache they're on to it. They are all so kind." Another felt that "They are more my friends than staff".

We saw that staff were vigilant to people's needs and ensured that they were given opportunities to interact with each other or in conversations with staff. For example, we saw one person was looking out of their window as it had begun to snow. A member of staff joined them and began a conversation about activities in the snow and this led to a general chat involving a number of people who used the service in a discussion and reminiscence about activities they used to enjoy during snowy weather, and a friendly argument about the best hills for sledging. Another care worker noticed a person sitting in a chair without a cushion and asked if they would like a cushion to make them more comfortable. The person initially refused, but after a while they asked again, and this time the person agreed.

Care was person centred and based on the person's needs and wishes. When staff interacted with people they were caring and compassionate. When transferring a person using a hoist, for example, we saw they did not have to wait either for the equipment or staff to help them, and during the manoeuvre they talked reassuringly to the person whilst moving them. We observed a person walking from the lounge to the bathroom, and a member of staff walked with them, slightly in front to prevent any accident, but ready to provide support as the person tired. They were kind and encouraging, offering advice and support, such as, "Take your time on this ramp, hold on to your frame".

Care files included a section concerning a person's religion, and where they expressed a need to observe religious practices this was respected. and we saw people were supported to attend religious services. However, recorded information did not always contain information about the person's background or history, which would be useful information to help staff understand and know the person's hobbies and interests. We saw each care record included a 'Life Story' section, but this was not always completed. However, when we asked the staff about the people they supported they were able to tell us a lot about their background and life history, which showed that they had spent time getting to know the people, and used this information to meet the needs and wishes of people in the way they liked. We overheard a conversation between a care worker and a person who used the service where they were talking about the person's experiences during the war. Where people expressed religious or cultural need, their wishes were respected.

We saw that people were clean, dressed appropriately and well presented, and men were clean shaven. Staff were also vigilant to people's appearance, for instance we observed staff discreetly adjusting people's clothing to maintain their dignity.

There were no restrictions on visiting and when visitors arrived they could use quiet lounges to speak to their relatives in private if they wished. Information held about people, including all care records were securely stored in locked offices when not in use. This helped to protect the personal information held about people who used the service. Staff had access to the notes and we saw that they regularly consulted care plans and assessments to ensure that they were providing appropriate care and support.

Good

# Our findings

People who used the service spoke positively about the care they received at Cleggsworth Care Home. One person told us, "The staff are good, yes. I am well looked after. They are very vigilant, for example they check my skin every day to see I am alright."

We looked at the care records of four people living at Cleggsworth Care Home. A pre-admission assessment was carried out either at the person's home or in hospital by the registered manager and information gathered used to develop care plans and risk assessments. This included information about any specific requirements, such as the need for two carers to assist with personal care.

Each person who used the service had a care file which contained a recent photograph and a consent form to say that the person agreed to their care and support at Cleggsworth Care Home. Where they were unable to sign the form, verbal agreement was witnessed and signed by the witness.

Care records contained detailed information to show how people were to be supported and cared for, with plans that covered specific areas where people might need support, such as personal care, mobility, risk taking and capacity, toileting, diet and weight. Further sections included information about the any mental health needs and religious or cultural needs. There was information relating to any specific equipment, and night-time requirements. Care plans were written in a person centred way, and included goals and achievements, for example one noted that the person wanted "To get back to walking with a frame". Daily notes recorded any progress in meeting these goals. When we asked people about their care plans they told us that they were invited to review them, and could discuss any changes they felt were required.

Where a risk had been noted action to reduce or eliminate the identified risk was recorded in detail. Charts were completed to record any staff intervention with a person, such as recording food and fluid intake, and when staff turned a person in bed where there was an identified risk regarding pressure areas. Where people exhibited behaviours which might cause injury and distress to themselves or others staff would complete 'ABC' charts. This is a way of recording any behaviour by noting the circumstances leading to the behaviour, the behaviour itself and the consequences. When we looked at these charts we saw that they showed how staff manage and de-escalate issues but further analysis of these records would assist learning for good practice and possibly suggest ways of reducing the incidence of behaviour which may be seen as challenging or disruptive.

All care files were reviewed monthly and any changes noted, for example, where a person was seen to have a

reduced appetite the review noted, "Placed on diet and fluid chart to monitor food intake for possible referral".

When we asked people about the service, some told us that they felt there weren't enough organised activities, for example when we asked one person who used they service what needed to be improved they told us, "More activities". One member of staff was employed as an activity coordinator for two hours each day during the week, and arranged activities such as armchair exercises, bingo and quizzes, and would arrange for entertainers and singers to visit the home. A list of activities for the week was displayed on the noticeboard. However, the activity coordinator also undertook other roles within the service, including acting as stand in chef and completing administrative duties. This person told us that they were struggling to undertake the different roles, and had raised this with the registered manager who had advertised for a part time (25 hour) activity coordinator. In the meantime we saw that staff spent time talking to people who used the service and encouraged stimulation and social interaction.

The service had a complaints policy which was displayed by the entrance with a copy in the service user guide. When we asked people if they knew how to complain one person told us, "I've no complaints and if my [my relative] saw anything untoward she'd have me out of here in a flash, but she hasn't". Other people we spoke with told us that they would not feel confident if they complained, as they thought they might be seen as troublemakers. We raised this issue with the registered manager, who informed us that all complaints would be treated appropriately and without prejudice. She agreed to reinforce the right of people to make complaints. We looked at the complaints log and saw that a number of complaints had been raised by people who used the service. Where formal complaints had been received we saw they had been appropriately dealt with, with written evidence of investigation and conclusion. When we spoke with the registered manager about the outcome of these complaints she was able to tell us how the service had taken criticism on board and considered how to use the complaints to improve the quality of the service.

There was evidence that people's wishes for their end of life care had been considered. When we looked at care plans we saw that they included some information about how people would like to be supported at the end of their life and noted if the person expressed any wishes in the event of their death. Where appropriate a 'do not attempt resuscitation' form (DNAR) signed by the person's GP was kept at the front of the person's file. A DNAR form is a document issued and signed by a doctor, which advises medical teams not to attempt cardiopulmonary resuscitation (CPR). We saw that some staff had completed training in the six step end of life care model. This course aims to ensure that high quality, person-centred care is provided which is well planned, co-ordinated and monitored, while being responsive to the individual's needs and wishes. One visiting health care professional told us that the service is "very good at palliative care", and supported people who were dying in a caring and respectful manner. We saw cards and compliments from relatives of people who had lived and died at Cleggsworth care home complimenting the staff on the care they provided at the end of life.

Good

# Our findings

A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The service had a manager who had been registered with the CQC since December 2015.

People we spoke with, including staff, visitors and people who used the service, thought that the home was well led, and staff told us that the manager was supportive. One member of staff told us, "We get good support from the manager. She encourages us to work hard and we can still enjoy doing the job we like." Another stated, "I am supported in my role. I can go to the manager if I need to". When we spoke with the registered manager it was clear that she knew the needs of the people who used the service and understood the level of care they required. During our inspection we saw that she spent time out of the office, and was seen talking to the people who used the service. She was actively involved in all relevant local forums including acting as the representative for care homes on the multi-agency Adult Safeguarding Board.

We saw there was a homely and caring atmosphere, and when we asked people who used the service they all told us that they liked the warmth and genuine affection shown to them by the staff. Throughout our inspection we saw friendly and unforced interactions between the staff and people whom they supported. Staff told us, "it's a really good place to work; we all get on with each other and with the [people who use the service]. I love my job".

When we last inspected Cleggsworth Care Home we found that the quality assurances systems were not operated effectively. At this inspection we found that the service had reviewed systems for auditing all aspects of the service to ensure the delivery of safe care and treatment of people. For example, care files were audited to ensure that they were completed correctly and contained all relevant and up to date information. We saw where errors, either in recording or service delivery, were identified appropriate action and instruction was followed. A more generic and person centred audit was undertaken monthly to check that information in care files reflected any changes in the person's circumstances or need. A more thorough audit checked random files monthly to ensure that any areas of risk were noted, monitored and reassessed. Each care file was thoroughly audited at least yearly. These audits cross referenced the accident and incident reports and all accidents and incidents were reviewed with analysis of incidents and trends to determine any patterns. In addition the registered manager and area director undertook random audits to check that care plans were responsive; these checked that risks had been identified.

Further audits were carried out covering infection control, moving and handling, medicines management, and the general environment. All staff were observed carrying out their duties using a 'dignity audit tool' to ensure care was delivered in accordance with people's wishes. The assistant director also visited the home on a regular basis to carry out a comprehensive audit, which included checks on maintenance, cleanliness, staffing levels and training, and produced an action plan, which demonstrated on-going improvement.

We reviewed a selection of policies and procedures including Adult Protection; Mental Capacity Act; Food and Nutrition; Advocacy, and Complaints. They were all clear and comprehensive. A front sheet, "Policies & Procedures – staff signature declarations", was consistently signed from April 2017-January 2018. There was also a very clear policy review record sheet at the front of the file. It stated that all policies were reviewed 10/12/16 and that 5 had been updated. The policies were in alphabetical order, which made them easy to access. This is especially important for new staff and agency staff.

People who used the service and their relatives were kept informed of issues affecting their care and support through regular resident and relatives meetings. We looked at minutes from the most recent meeting. Issues discussed included staffing, refurbishment plans, staff training and discussions about using the proceeds of the summer fair to fund a trip to the seaside. In addition people had the opportunity to influence the service they received. A previous meeting had discussed a summer fair, and the residents agreed that the money raised be put towards a trip to Blackpool for afternoon tea. Surveys and questionnaires were also completed by residents and relatives. However, we found that although the surveys showed people were generally satisfied with the service they received, three returned questionnaires from people who used the servicer highlighted poor food provision. This issue was also raised at a resident meeting where it was agreed to change the menu. However, during this inspection we found people who used the service remained dissatisfied with the food on offer.

The relatives of residents we spoke to told us that they were kept informed of any changes in their relative's condition and felt comfortable about contacting the service. We saw any communication with relatives was recorded in care files.

The area director was supportive and made regular visits to the service. In addition to providing supervision to the registered manager she was familiar with the people who used the service. Staff told us she was approachable and would respond to any concerns. When we spoke with the area director they told us that the owner would respond to any reasonable requests for resources.

Staff told us that they were involved in discussions about issues in service provision during team meetings. Minutes demonstrated that staff were encouraged to raise concerns and take responsibility where mistakes had been made. Staff felt supported to raise issues and suggest changes they felt needed to be made and were confident that if they spoke to managers they would be listened to.

Before our inspection, we checked with the local authority commissioning team and safeguarding team, and they informed us that they did not have any concerns about Cleggsworth Care Home and were satisfied with the level of care provided.

The registered manager was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the home. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check how any events had been handled. This demonstrated the registered manager understood their legal obligations.