Lily Care Ltd

Newhey Manor Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 17 May 2018 and was unannounced.

Newhey Manor is a purpose built residential care home situated in Newhey, Rochdale. It has 24 single rooms, all of which have sinks and two have en-suite toilets. There was a large communal lounge and a separate dining room. The home had access to a large playing field at the rear of the building. At the time of our inspection there were 21 people living at the home.

The service had a registered manager who was present during the inspection. 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During the last inspection of Newhey Manor in March 2017 we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because care records were not clear and accurate, and systems to monitor the quality of the service did not ensure people were not at risk of harm or injury. Following that inspection the provider sent us an action plan informing us that they had taken action to ensure the regulations had been met. During this inspection we found the provider had complied with the previously breached regulations and the service was no longer in breach. We found that all other regulations were being met. However we made a recommendation that the service reviews and takes steps to improve daily recordings, as we found that daily care notes were poorly stored and were sometimes written in a subjective and derogatory manner.
We found the home was safe and secure, and staff understood their responsibilities to keep people safe. Procedures were in place to protect vulnerable people from abuse, and attention was paid to ensuring risks were assessed and monitored to minimise the danger of harm. Care plans showed attention to detail where a risk was identified.

There were adequate staff on duty at the time of our inspection and this was reflected in the rotas we looked at. However, at busy times such as lunchtime, staff were not always able to give a timely response to the needs of the people they supported.

Medicines were well managed, and there were good systems in place to allow for covert medicines and as required medicines to be administered safely.

The service was willing to listen to positive criticism and act on any advice provided. We saw that the service saw mistakes as an opportunity for improvement and to learn from errors.

There was good oversight and supervision of care staff who were well trained and knew the people they supported, and how they liked their needs to be met. Staff worked well together and shared tasks equally.

People told us they liked the food provided at Newhey Manor, and that they were consulted when planning the menu. Attention was paid to their dietary needs, and there was evidence of work in collaboration with health and social care professionals such as doctors, district nurses and speech and language therapists.

Staff we spoke with understood issues around capacity, and the service met the requirements of the Mental Capacity Act 2005. People told us that staff always sought their consent before providing them with support and care.

We were told that staff were caring and we saw that people were well cared for; throughout our inspection people commented on the kindness of the staff. We saw people treated with dignity, kindness and patience. Care plans were comprehensive, showing a good understanding of people's individual and diverse needs, with attention to cultural and religious requirements. We saw that when people were approaching the end of their life, care plans reflected their needs and wishes, and people told us that the service supported people well as they approached the end of their life.

When we reviewed the complaints and compliments file we saw that the former was vastly outnumbered by the latter, and people told us that they were happy with the service and the support they were given. We saw that staff interacted well with all the people they supported and where they did not wish to join in with arranged activities their needs for social stimulation were not ignored. Visitors were always welcomed, and the service presented a homely feel with a caring ethos.

There was evidence that people supported at Newhey Manor were consulted about the service, and audits were undertaken regularly to monitor service provision. The manager demonstrated a good oversight of the service and ensured people were content and well cared for.

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 premises were secure, clean and well maintained.

Staff 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.

Is the service effective?

Good

The service was effective.

Care and support was delivered by well trained and knowledgeable staff who received regular supervision.

The management and staff demonstrated their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Care was taken to ensure people's nutritional needs were met and care staff monitored what people had to eat and drink.

Is the service caring?

Good

The service was caring.

Staff treated people in a caring and compassionate manner Staff agreed that this was important and spoke kindly about the people they supported.

People's privacy and dignity was respected, and personal information was securely stored.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Daily notes were sometimes written in a subjective and

derogatory fashion.

People's social background and cultural needs and wishes were considered when planning care.

The service planned for care for people at the end of their life.

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 manager and registered provider understood their legal obligation to inform CQC of any incidents that had occurred at the service.

The registered manager was familiar with the people who lived at Newhey Manor and had encouraged a warm and homely atmosphere.

Newhey Manor Residential 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.'

This inspection took place on 17 May 2018 and was unannounced. The inspection team consisted of one adult social care inspector.

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 Newhey Manor, 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.

During our visit we spoke with the registered manager. In addition we spoke with five care workers and the chef. We observed how staff interacted with people and spoke with six people who used the service and five visiting relatives.

We looked around the building, including all of the communal areas, toilets, bathrooms, the kitchen, and the garden. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us to understand the experience of people who cannot talk with us. We observed how staff cared for and supported people, and looked at food provision.

We reviewed the care records for four people, four medicine administration records and three staff personnel files, and other documents related to the management of the home, such as maintenance

records and service invoices.

Prior to our inspection we reviewed the information we held about the service, and contacted the local authority safeguarding and commissioning teams to obtain their views about the service.

Good

Is the service safe?

Our findings

People told us they felt safe at Newhey Manor. One person who used the service said. "I came for respite, didn't think I'd like it but I've stayed. I've never regretted it, I feel safer now more than ever. It's nice and comfortable, warm and cosy." Another remarked, "It's lovely, we're very nicely looked after here. I always feel safe and the staff check on me." A third told us that moving to Newhey Manor helped them overcome their fears and anxieties. They said, "I feel safe. There are people to keep an eye on me and keep me out of mischief. There is always someone to talk to if I'm anxious or afraid, and that gives me reassurance."

We saw that the home was secure. The entrance was kept locked, this ensured that unauthorised people would have difficulty entering the home, and that staff were aware of who was in the building at any time. When we arrived at the home we were asked to show our identity badge and sign in to the visitors book.

People were protected from harm and abuse. The service had safeguarding procedures in line with the local authority safeguarding policy, and that staff knew how to keep people safe. The staff we spoke with told us that they were aware of the whistleblowing policy, and one person told us that when they had previously raised concerns about the conduct of another person appropriate action was taken.

We found risks were managed safely and effectively. Records showed that equipment and services within the home were serviced and maintained in accordance with the manufacturers' instructions. This included checks in areas such as gas safety, portable appliance testing, fire detection and emergency lighting. This helped to ensure the safety and well-being of everybody living, working and visiting the home. The manager kept a schedule which showed when servicing was required for the call system, lift, fire extinguishers and alarms and boiler and gas cooker; and when full checks were needed for water temperatures and legionella testing. The service also had a contingency plan in place. The plan contained details of what needed to be done in the event of an emergency or incident occurring such as a fire or utility failures.

When we inspected Newhey Manor in March 2017 we found a breach of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014, as personal emergency evacuation plans (PEEPS) had not always been completed. These plans explain how a person is to be evacuated from a building in the event of an emergency evacuation and take into consideration a person's individual mobility and support needs. At this inspection we saw that all PEEPS were up to date and stored close to the front door where they were easily accessible. We saw that the fire alarm was tested regularly, and the registered manager informed us that evacuation drills carried out before each staff meeting had reduced the time to evacuate all people in an emergency to less than three minutes.

A further breach of the regulations identified at the last inspection related to oversight and monitoring of risk. We found that where specific risks had been identified and action put in place to mitigate the risk, records did not show that the risk was being monitored. Following that inspection the registered manager sent us an action plan detailing how they would ensure appropriate monitoring, and during this inspection we found that care plans and charts were completed in a timely fashion. We saw for example that where a person who had a history of falls, any incidents were logged with appropriate follow up. Where a fall led to a

head wound, checks were made at frequent intervals for over a month until skin was reported to be intact and the wound completely healed. The service was no longer in breach of these regulations.

General risk assessments looked at risks as they might apply to the person. These included risks to personal security, mental health, poor diet and skin integrity. We also saw care records included consideration of difficult to manage behaviours and the impact this might have on other people supported at Newhey Manor. Where a person's physical abilities could place them at risk care plans recorded the risk and assessed methods to reduce the risk. For example, one care record we reviewed included an eighteen-point action plan to minimise the occurrence of falls.

Some people who used the service required assistance with moving and handling using mechanical aids, such as hoists or stand aids. We saw that equipment was clean and well maintained. We observed two staff helping to transfer a person using a hoist. We saw they took care to ensure that they explained each step, watched and were mindful of the person's dignity treating them with courtesy and respect. Staff could use this equipment effectively, and took care to ensure that transfers were safe.

We looked at staffing rotas for the two months prior to our inspection and these reflected the number of staff we saw. In addition to the chef and a housekeeper, there were three care staff during the day and evening with two at night. The registered manager also assisted during busy times. Staff generally worked from 8:00am until 3:00pm and 3:00pm to 10:00pm, with occasional ten or twelve-hour shifts. The registered manager explained that these would be rostered to support people who might have hospital appointments requiring staff support, and would allow for a full complement of staff on duty in the home. Rotas were clear and legible showing little sign of amendments and a low level of staff absence. The registered manager informed us that there was a low rate of staff turnover, with some members of staff having worked at Newhey Manor for fifteen years or longer. He told us they rarely needed agency staff as regular care workers would cover any gaps, or the manager would cover night shifts if necessary.

When we asked people who lived at Newhey Manor about the numbers of staff they told us that there were generally enough staff to meet their needs, but, "Sometimes, at busy periods there is a bit of a delay, but most of the time they have time to spend with us". A person visiting their relative told us, "There are generally enough staff but mealtimes could be a problem. [My relative] has difficulty eating, and staff are not always free to help because they are extremely busy".

We observed staff interaction with people during their midday meal. Prior to lunch, people who were ambulant were safely escorted into the dining room and assisted to find a seat, then staff would support people who needed lifting or moving equipment such as hoists or wheelchairs. This meant that earlier arrivals became impatient whist waiting for their meal. One person complained that they were sitting in a draft, and asked for assistance to move their place. Once everyone had settled, staff were seen to be helping some people, but others struggled to get their food from the plate to their mouths. When one person asked, part way through their meal, to use the toilet they were assisted by a care worker, which took them away from general support in the dining room. Some people required or chose to have meals in the privacy of their own room, and staff would take these meals after they had finished serving in the main dining area. A number of the people who lived at Newhey Manor had difficulty eating their meals and would have benefitted from greater support and supervision, but when we asked them if they believed there were enough staff at lunchtime they agreed staff could be busy, but "We all get fed in the end," and, "They always help the ones who need it most".

We looked at the recruitment procedures which gave clear guidance on how staff were to be properly and safely recruited. This helped to protect the safety of people living at Newhey Manor. We looked at three staff

personnel files. These contained proof of identity including an up to date photograph, an application form that documented employment history, interview notes, a job description, two references and a medical questionnaire. Where we saw gaps in people's employment history the registered manager could give valid reasons for this, and informed us that during interviews he would ask for a verbal account of why there were gaps, but interview notes did not always reflect that the question had been asked. When we spoke to the registered manager about this he agreed to ensure a note was made during the recruitment process and kept on the person's recruitment file. Gaps in employment may be for positive reasons, but could indicate that the person recruited has not been entirely honest about the reason for leaving their previous job, or it could imply other unsavoury activity. Checks were carried out with the Disclosure and Barring Service (DBS) before any member of staff began work. 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.

Newhey Manor had a medicines policy in line with the current guidelines on safe administration. The policy provided guidance to ensure the right people received the medicines prescribed for them. Medicines were ordered monthly, and checked in on arrival by two senior staff. All senior carers and the registered manager had received training to administer medicines.

Due to a shortage of space all medicines were kept in the dining room. To ensure they were secure, trolleys were chained to the wall and locked when not in use. In addition, a lockable fridge was used to store medicines which needed to be kept cool. Room and refrigerator temperatures were checked daily and a record was kept ensuring medicines were stored at the correct temperature. If medicines are stored at the wrong temperature they can lose their potency and become ineffective.

Controlled drugs (CDs) are medicines named under The Misuse of Drugs legislation. The Misuse of Drugs Regulations 2001 and 2006 restricts how such medicines are stored and recorded. The home used some of these prescribed medicines and we saw they were stored in a further locked cabinet, 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.

The home used a system where regular medicines were pre-packed in monitored doses for each individual by the dispensing chemist. This minimised the risk of giving the wrong dose to people and provided an efficient system of storing and accounting for medicines.

We looked at three Medication administration records (MAR) which had all been completed correctly. The folder contained a list of names, signatures and initials of senior care staff who had received training to administer medicines. This allowed any audit trail to determine who had signed the MAR. MAR charts all included photographs of people to help staff identify them and listed any allergies. We saw where any changes were made to prescriptions a new MAR chart was completed and the old one was lined out to prevent any mistakes.

The service responded well to criticism and had sought advice and support from other professionals such as chemists and quality assurance officers to improve protocols around medicine administration. When we last inspected Newhey Manor in March 2017 we found that care staff applied creams and then informed the senior on duty who would then sign the MAR sheet This meant that records did not accurately reflect who had applied the cream or lotion. We also saw that guidance for administering 'when required' medicines did not provide detail to guide staff as to when to give this medicine, particularly when people were unable to give their consent or articulate their needs. At this inspection we found that the service had reviewed its

medicine protocols, so the care worker who administered the cream would sign the medicine sheet to say they had done so.

Moreover, the service had reviewed protocols around capacity and consent. It had produced information for staff to guide them when a person may need 'as required' medicine. This included information about people who had difficulty communicating their needs, for example, 'look for signs of irritability'. We were told that staff encouraged people to self-medicate, but at the time of our inspection nobody was doing so. We saw one record which showed that a person no longer had the capacity to self-medicate, but good 'best interest' records showed why this was no longer the case. Some of the people who used the service received their medicine covertly. This is the administration of any medical treatment to a person in a disguised form, such as sprinkled over food. Where this was the case, we saw case notes included capacity assessments and best interest decisions including consideration of the least restrictive practice, for instance, medicines had been changed to liquid form to aid digestion and make the medicine more palatable. Where covert medicines were given, a signed note from the person's doctor provided agreement to give covertly.

We looked around all areas of the home, and saw that it was free from any unpleasant odours, well maintained and generally clean. One person who used the service told us, "It's nice and clean. I like that it is clean, that was my way in my own home. Its palatial".

Bedrooms had matching furniture and were personalised with people's own belongings. Communal bathrooms were clean and hygienic. They were decorated in pastel shades with pictures on the wall that gave a homely feel to them. Thermometers in each bathroom allowed the staff to ensure the water temperature was not too hot or cold. We saw that toilets had posters detailing safe hand washing techniques, and that soap; paper towels, disposable aprons and hand gel were available, further reducing the risk of cross contamination.

We saw that where dangerous or hazardous equipment was stored doors displayed warning signs and 'keep locked notices'. When we tried these doors, we found that they were locked.

We checked the kitchen and saw that it was clean, and that kitchen staff regularly monitored the fridge temperatures and stored food safely to prevent any risks of cross contamination or food wastage. The kitchen was awarded the highest rating of five stars in a recent food hygiene rating from the Food Standards Agency.

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. Staff we spoke to understood the importance of infection control measures, such as the use of colour coded cleaning equipment and the use of personal protective equipment such as tabards, vinyl gloves and other protective measures when handling food or 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.

Good

Is the service effective?

Our findings

The service worked closely with the local authority to ensure that current guidelines and good practice issues were followed, and the people we spoke with told us the service was able to meet their needs effectively. One person who used the service told us, "[the staff] know what they're doing. There is always someone here. If I have a hypoglycaemic attack they are there and it makes me feel safe. All the staff are good, you can't pick any one out". Another remarked, "They encourage me a lot to use my frame, they'll help me when I need help, like getting out of the chair. I've no regrets about coming here," whilst a relative informed us that their relative, "Has settled in well. I am very happy with the way [my relative] is supported here. They look after [my relative] very well."

The staff we spoke with told us that they received sufficient training to do their job effectively. New staff attended induction training before they could provide care to people. Inductions incorporated the 'The Care Certificate'. The Care Certificate is a set of minimum standards for care workers. One member of staff told us that whilst waiting their DBS clearance they completed a number of courses which assisted them to start work with up to day knowledge of good care delivery. New staff were also 'buddied up' when they started working at the service, which meant they worked alongside experienced staff, met the people they would be supporting, and had the opportunity to ask questions.

Care staff told us, that they felt their induction was, "Really good", as it allowed them to understand and learn the skills required to do their job, and gave an opportunity to get to know the people who they supported. They went on to tell us that ongoing training helped to maintain good standards of care. One care worker told us, "We have really good training, and [registered manager] keeps on top of it, so we get our refresher training. There is always something going on.

We looked at the training matrix, which provided a list of mandatory courses, who had attended and when they were due to complete follow up training. There were sixteen main topics. updated monthly, with checks when next due. All training was up to date, with just two gaps where staff had yet to complete one refresher course regarding nutrition. All staff training was updated either yearly (such as safeguarding vulnerable adults, moving and handling); two yearly (first aid) or every three years (dignity, infection control and mental capacity). This meant staff remained up to date with current best practice.

In addition to the core training further training opportunities were available. Some care workers had recently completed nutrition training provided by the local clinical commissioning group (CCG) and all staff had completed training in Dementia and Dignity in care. All senior staff, including the registered manager and deputy manager had yearly medicine management refresher training.

All staff received formal supervision every three months and a yearly appraisal. Supervision meetings provided staff with an opportunity to speak in private about their training and support needs as well as being able to discuss any issues in relation to their work. We looked at four staff supervision records which showed that meetings were productive and staff used the opportunity to discuss issues of concern, identify areas for improvement and reflect on their core values. Supervision records documented discussion about

work, role, relationships with the people who lived at Newhey Manor and work with colleagues. Where issues of concern had been identified, such as issues around personal hygiene, these were addressed in supervision sessions. Staff we spoke with told us they valued the opportunity to discuss their work with a senior member of staff and that it encouraged openness and honesty.

We saw that staff communicated well with each other and passed on information in a timely fashion. 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.

Attention was paid to people's dietary needs. Care plans showed that weight was routinely monitored and MUST (multi nutritional assessment tool) scores were recorded to monitor the nutritional needs of all people who used the service.

Snacks were available throughout the day as were hot and cold drinks. Care plans included person-centred information for kitchen staff to help with meal preparation, such as 'small plate' with likes and dislikes, including drinks.

The chef told us they consulted with people who used the service before planning the menu. One person told us, "Some things will come to mind, and he'll make them for us. Things like spam fritters, and it gets us talking and remembering." We were told that there was always a good choice with at least two options for each meal. On the day of our inspection roast ham or chicken curry were offered. The kitchen staff understood the requirements for special diets, so meals were prepared and plated in a specific way. We saw records which showed eight people were on fortified diets with four on soft or pureed diets.

All the people we spoke with told us that they enjoyed the food provided at Newhey Manor. One person commented, "Lovely puddings. I love puddings!" a visiting relative told us, "[My relative] really enjoys the food here, they've just finished lunch and he is really happy with the food, and so am I!" Another remarked, "I've never heard a complaint about the food." As people were entering the dining room prior to lunch we overheard a person asking another what they were having. The reply was, "Whatever it is, it'll be nice."

People had good access to healthcare and staff monitored their physical and mental health needs. A visiting relative told us, "They are really good at keeping an eye on changes in health, good monitoring, always, and if there are any issues they communicate with me and my family very well."

Care records included signed updates from visiting health professionals, for example, a recent entry from a physiotherapist stated "Discussion around falls risk assessment and management plan, both appropriate and up to date. Would benefit from balance exercises". A leaflet explaining the balance exercises was included and a member of staff told us that this person had been encouraged to do exercises as suggested.

Evidence in the case notes we reviewed showed liaison with district nurses, regular health checks and GP visits, and hospital appointments. We saw in care plans that people had regular access to other treatment such as dentist, optician and chiropody appointments. Where specific needs, such as concerns about pressure care or nutritional needs 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.

When we toured the building we found the temperature was comfortable and warm, and bedrooms were

personalised and kept clean and neat. However, the layout of the building was not always conducive to good care. There was little room for storage of large items of equipment. The medicine cabinets took up space in the dining room when not in use, which gave the room more of a clinical feel. We raised this with the registered manager who agreed to consider if a room could be converted into a treatment room to allow for safer and more convenient storage of medicines. The property did not have a garden, but was built directly onto a communal park, and the main lounge faced directly onto this; benches had been placed by the French windows to allow people to sit out in warm weather. A porched area by the front entrance with benches was used as a sheltered smoking area.

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.

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 Deprivation of Liberty Safeguards (DoLS). By law, the Care Quality Commission must monitor the operation of any deprivations and report on what we find. 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 registered manager told us and we saw information to show that seven applications to deprive people of their liberty had been made. We had been notified of these authorisations. Where these were due to expire there was evidence of requests for a review. We saw that the registered manager kept a separate record to show when a request had been made, authorised, or due to expire. This reduced the risk that the authorisation could expire without the knowledge of the registered manager, and allowed a quick check to determine if the deprivation made was legally permissible. When a DoLS had been authorised the information was stored within the person's care records, along with details of why the DoLS had been agreed, and any conditions relating to the restriction. A note on the spine of each care file indicated that the person was subject to a deprivation of liberty.

Capacity and Consent issues were considered if there was a reason to suspect the person lacked capacity; if there was a query about people's ability to consent a mental capacity assessment was undertaken. Where people could, they had signed to agree to the delivery of their care at Newhey Manor. When we asked, people told us that the staff were mindful of their autonomy, and we saw that staff would seek consent before interacting. One person told us, "They always ask permission from me and they offer a choice when they can, and it's not just take it or leave it. They know when I can't be bothered and they leave me in peace". This person told us staff had asked them if they wanted to manage their own medicines, but stated that they did not want the responsibility.

Good

Is the service caring?

Our findings

Throughout our inspection we saw that staff were kind, caring and patient when interacting with the people they supported. However, they were not always vigilant, or were too busy to see when people may have needed support. At lunchtime we observed some good interaction between staff and the people they supported, such as offering to cut up a person's meat, and initiating conversations amongst the people they supported, However, we saw one person gave up trying to use their knife and fork and was trying to pick food from the sauce using their fingers. Another person struggling to get food into their mouth gave up after a number of attempts. All tables had been set using with customary crockery and cutlery. We spoke to the registered manager about using adapted items, such as plate guards, scoop dishes or easy grip forks which would help people to maintain their independence and assist staff at this busy period, and he agreed to consider purchasing appropriate eating equipment.

The service was affiliated to and worked to meet the DAISY standards, and three members of staff had been appointed DAISY champions. The DAISY standards are designed to foster an environment where dignity in care is at the forefront of everything that is done. The people we spoke with told us that the service met these standards. A visiting relative commented, "It's not about the quality of the bedrooms, or the ornaments. It's the loving care and how they reflect [my relative's] values; understanding what is important to [them]".

Throughout the day we observed staff being kind, patient and respectful to people who used the service. People told us, "The staff are great. They are really caring. Such kind and considerate people," and, "You can have a laugh and a joke with all of them. They all work really hard but they've got time for us and they're all really caring". A visiting relative told us, "I can't fault this place, I'm really happy with the care". Staff demonstrated a caring attitude and were able to tell us about their attachments to people who lived at Newhey Manor. One care worker commented, "I love it and love working with these people, they make me laugh; they all have their own personalities and we get to really know them. That's why we care."

When staff interacted with people they were caring and compassionate. For example, we observed a member of staff helping a person to walk across the lounge, providing gentle and patient encouragement and support. When the person had walked independently as far as they could, they helped the person to relax and supported them the rest of the way in a wheelchair, offering praise, and complimented the person on their achievement. This person later told us, "We do well here. They will help, and they always offer, but let me do my own thing when I can. When I need help, I get it!" We were told by one person that caring support continued during the night. They said, "the staff are brilliant. During the night, if you can't sleep they'll bring you a cup of tea".

We saw that staff understood and respected the level of support people needed so people were involved as far as possible in decisions about their care and how it was delivered. People were treated with dignity and respect, and without discrimination. We saw that people were clean, dressed appropriately and well presented, and men were clean shaven. People's rooms, where they had access to privacy and time alone or with their relatives and friends, were personalised and reflected the person's interests and personality. For

example, one room displayed model planes showing that the person was allowed to continue to pursue their hobby; another was fitted with a fridge where they could keep a small store of cold beer. Visitors told us that they were always welcomed, and one person who lived at Newhey Manor said, "They want us to treat this place as our own home, which it is. We don't have to ask for permission, people can come and go when we want, not the staff or managers".

When we looked in care files we saw that these included a good pen picture of each individual. A sleeve at the front of each care file contained a completed 'life map' which gave a short biography of the person, their history and significant events and people through their life. This allowed staff to know and understand them better. When we talked with staff they were able to show an awareness of the people who used the service which reflected positive regard. One care worker told us, "I've really got to know people and like to talk with them. I think of them as friends or family now."

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.

Requires Improvement

Is the service responsive?

Our findings

A visiting relative said to us, "If it wasn't for this place [my relative] would not be here." They explained the issues and problems the person had whilst living alone and how these had been resolved since arriving at Newhey Manor. They believed the care staff had taken time to get to know the person and worked with them to overcome some difficulties and behavioural challenges. They told us, "I don't know how they do it but they have developed a wonderful way of responding to their needs."

Prior to admission, the registered manager completed a pre-admission assessment which provided good background and provided the reasons why the person might require care and support. It also included issues of concern to be mindful of on admission.

Once admitted a more detailed care plan was constructed. We looked at four care files. These contained a 'day in the life:' Staff would get to know the individual and their family and help them to draw up a short overview of their daily activities and support needs. This would assist any member of staff unfamiliar with the person to understand how they liked their support to be given and helped to ensure that care was delivered in a way the individual would like. Further information included any professional visits, instructions about medical preferences and needs, and a section around any advanced care plans, including reference to any anticipatory drugs should the person require palliative care.

Care plans were broken down into ten specific areas, including mobility, medical issues and general health and personal safety risks. privacy and dignity issues, such as preferences for same gender care worker, toileting and washing. This included such detail as whether the person preferred a bath or a shower and preferences for bath or shower were also recorded. Further information on likes and dislikes indicated personal preferences. Care records included risk assessments and where a risk was identified a corresponding care plan instructed staff on how to minimise the risk, and identified abilities on good or bad days.

The service was mindful of equality and diversity issues; a section in the care plans considered social activities specific to the person's culture and background; gender and race issues, language and religion. This section also noted any identified issues regarding sensory abilities, such as the need for large print reading material or hearing assistance.

Daily notes and records did not always reflect the compassionate and considered way staff worked with the people they supported, nor did they reflect the person-centred care we observed. They were sometimes written in a subjective and derogatory fashion. Good daily care notes serve as a chronological record for a person who receives support, and can be used to reflect the level and quality of care as well as capturing any progress or concerns. However, when we looked at the daily records made by care staff at Newhey Manor we found they contained insufficient information to accurately reflect people's daily events, interventions, and behaviours, or the level of care provided. Examples of entries included, 'eaten well', 'medicines given,' or 'slept well', with little further detail. We discussed case recording with the registered manager, and pointed out some of the less favourable comments we found. He agreed to review how the service recorded daily

records. Moreover, daily records were written on loose sheets which were stored in separate files. We saw pages were not always numbered, and some did not include the name of the person to whom the notes referred. This meant that there was a danger that notes could be lost or would be written up for the wrong person.

We recommend that the service consider looking at best practice guidance around maintaining daily records and training staff to complete person-centred records.

We saw that people and their family were invited to attend care plans reviews, where any change in circumstances were discussed. The registered manager told us that some family members chose not to attend, but were always invited. Review documents included a section for relative comments, for example we saw one comment from a relative which read, "I am very happy with the service provided. [My relative] is very happy here".

Care plans also recorded people's hobbies and interests, and when we asked, people who lived at Newhey Manor told us that there was generally enough for them to do. Staff told us, and people they supported confirmed that entertainers visited each week. These included singers and reminiscence and stimulation services. In addition, groups would undertake weekly chair exercises. One person told us, "People come in and entertain, or talk about our times and how it used to be. I enjoy that." Another told us, "There is enough to do, we've got the entertainers and quizzes. Things happen, like bingo so it's alright". One person told us that they did not want to be involved in group activities, and said, "There's not always a lot to do, but I don't want a lot to do, it's nice to sit and relax. We have visitors, and that's good".

We were told that the service had developed active links with the local community, for example, children from a nearby primary school would visit and perform concerts at the end of school terms; there was a church service each month and the service had developed close links with the catholic church, who visited to provide communion and a service each week.

The service had a complaints policy available to all the people who used the service and written in large print. We reviewed the complaints file which showed that where complaints had been made these were recorded along with any actions and outcomes from the complaint. Where these had been substantiated we saw that action was taken to minimise the possibility of any repeat incidents. When we asked people about complaints, one relative told us "Any complaints, even little ones, they follow up and straighten it out. They let me know what they've done to improve things". A person who lived at Newhey Manor said, "I've never had to complain so I don't know what I'd do. I suppose I'd approach [the registered manager]. I would trust him to do the right thing."

We saw that the service planned for the care of people at the end of their life, and we were told that people were supported to have a dignified death at Newhey Manor. The registered manager had completed the 'palliative passport', and five other staff currently completing this course. This provided training delivered from a hospice and helped participants to develop knowledge and confidence when caring for those in the last perhaps stages of life. All the people who used the service had an advanced care plan if they agreed. This covered their wishes, what was important to the person, any things they might not want and named their chosen place to spend their last days. Their fears, and any special requests were considered There was opportunity in the care plan for comments from people close to the person. Advanced plans were person centred and focussed on the wishes of the person, for example "[named] family and friends will be involved as long as [person] wants them to be so. There was evidence in the advanced plans we reviewed to show planned liaison with health professionals to ensure delivery of continuous pain free and comfortable care. During our inspection we saw a person who was receiving good palliative care appropriate to their needs.

We spoke with a relative of a person who was on the care pathway. They told us, "The staff are great, and have kept [my relative] going. They refused treatment at hospital, I've been expecting a call for weeks, but it still hasn't come!"

Good

Is the service well-led?

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 October 2010. When we spoke with the registered manager it was clear that he knew the needs of the people who used the service and understood the level of care they required. During our inspection we saw that he spent time out of the office, and was seen talking to the people who used the service. One person who used the service told us, "He's nice, and he will lend a hand and help out when he can".

People we spoke with, including staff, visitors and people who used the service, thought that the home was well led. Staff told us the registered manager was supportive; one care worker said, "He is nice enough to get on with, I've no worries. He is helpful and always supportive." Other staff told us how he had helped to ensure a culture amongst staff to work together to meet the needs of the people who lived at Newhey Manor, and supported them to cooperate with one another. One remarked, "We work well together and the manager supports this. Our shifts are perfect, the needs of the service come first but [the manager] will consider our needs too". This helped to create 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 good place to work. We all get on really well. I have no worries, the people we support are all treated well by all the staff".

When we last inspected Newhey Manor 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. Further specific audits were undertaken and where errors, either in recording or service delivery, were identified appropriate action and instruction was followed. For example, where an advanced care plan had not been fully completed instructions to care staff ensured that this was done. We also reviewed an annual audit of accidents and incidents, and analysis to show how future incidents could be avoided.

We reviewed a selection of policies and procedures including adult protection; mental capacity, and complaints. The service had purchased a suite of policies which were regularly updated and tailored to meet the needs of the people who lived worked and visited Newhey Manor. The policies were in alphabetical order, which made them easy to access. This is especially important for new staff and staff unfamiliar with the service.

Surveys were completed by people who used the service and staff employed at Newhey Manor, with the results analysed and displayed on a notice board by the main office. The results of these surveys were fed in to a yearly action plan and used to look for areas where the quality of support and care could be improved.

The relatives of people we spoke with 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 service also produced a general newsletter which informed relatives of any recent issues about the care home in general. All the visitors we spoke with said communication from the service was good and they felt comfortable about contacting the service.

We saw that the service had a business continuity plan which contained details of what needed to be done in the event of an emergency or incident occurring such as a fire or utility failures. The registered manager told us he was supported by the owners, who visited regularly to review the quality of the service and were supportive of requests for new equipment. For example, all beds were being replaced, and most rooms we looked at included new profiling beds, and replacement furniture such as modern wardrobes and matching cupboards.

Staff told us that they were involved in discussions about issues in service provision during team meetings, which were held every three months. Minutes showed that new staff were officially welcomed, and covered areas for action and instruction, such as use of sliding mattresses. They demonstrated that staff were given the opportunity to raise concerns and review their contribution to improving the quality of care.

Before our inspection, we checked with the local authority commissioning and safeguarding team and Infection prevention and control team, and they informed us that they did not have any concerns about Newhey Manor 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.