

Wellbeing Residential Ltd

The Broughtons

Inspection report

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Date of inspection visit:
04 October 2017
11 October 2017

Date of publication:
17 November 2017

Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

We carried out an unannounced inspection of The Broughtons on the 4 and 11 October 2017.

The Broughtons is registered to provide accommodation and personal care for up to 39 older people. The home is a detached building, situated in a residential area of Salford and is close to local shops and public transport. Parking facilities are available to the front and side of the building.

The service was last inspected on 22 February 2017, when we rated the service as 'requires improvement' overall. During that inspection we identified five continuing breaches of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

These breaches related to the safe and effective management of people's topical creams and drink thickening agents, monitoring of people's nutritional and hydration requirements when being assessed at risk of malnutrition and or dehydration, the unlawful withholding of people's cigarettes without the required legal assessments being completed, care files not detailing the appropriate information pertaining to their individual care requirements and the service continuing to have inadequate internal quality assurance monitoring systems in place.

During the inspection we also found the service to be in breach of a sixth regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, where we found the service building and premises were not clean and properly maintained for the purpose they were being used.

Following the inspection we wrote to the provider to determine what immediate action would be taken to ensure the premises were appropriately maintained and fit for purpose. The provider responded to our request with a full audit of the building and a time scale for the work to be completed. In addition to this we also took enforcement action and issued the provider and registered manager with a regulation 17 warning notice in relation to good governance. This was to formally request the service take action to be taken to ensure quality assurance and auditing systems were in place and being utilised.

At this inspection we found that the breaches we had previously found relating to the safe management of people's topical creams and fluid thickening agents, the lack of legal assessments when withholding items from people who lacked capacity, care files not containing the appropriate information pertaining to their individual care requirements and the building and premises not being effectively maintained and clean had now been addressed and the service was no longer in breach of these areas.

However, although we found improvements had been made in relation to the management of people's risks around dietary requirements we found on two occasions the service had failed to refer two people to the relevant health professionals in a timely manner. This has resulted in a breach of regulation 12 (2) (i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to safe care and treatment.

Again, although we saw improvements had been made at this inspection around the implementation of service governance and audit systems, we found in some cases audits had not identified the issues which have been raised throughout the report. This was a continued breach of Regulation 17, (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also found the service to be in breach of Regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because one person who had resided at the service since August did not have a full care plan in place at time of this inspection and in addition to this the service had failed to update a person's care file in relation to their changing mobility needs.

We have also made a recommendation that the registered manager seeks advice and guidance from the local authority in relation to conditions which apply to people's Deprivation of Liberty Safeguards assessments.

There was a manager in post at time of inspection. The registered manager had been employed at the service since October 2010. 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. The registered manager was supported in her role by the company's director and service's quality and compliance manager.

People expressed satisfaction with the service provided. People told us they felt safe and were confident the care received was delivered by professional and caring staff.

At time of inspection extensive building and refurbishment work was underway. This was to improve both internal and external areas. In addition to this the service director provided us with a full refurbishment plan which had timescales for the work to be completed.

The provider ensured processes were in place to maintain a safe and appropriate environment for people, their relatives/visitors and staff members. Staff members we spoke with felt they were equipped with a suitable amount of training to ensure they had the correct skills and knowledge to effectively support people in an informed, confident and self-assured manner. Staff felt confident with recognising the signs of abuse and demonstrated they could appropriately and confidently respond to any safeguarding concerns and notify the relevant authorities when required.

The service complied with the requirements of fire safety regulations by ensuring fire audits were up to date and relevant checks were carried out on a weekly basis to fire equipment and lighting. People using the service had personal evacuation risk assessments in place and an additional contingency plan provided direction about what to do in the case of an emergency or failure in utility services or equipment.

Recruitment processes were robust and designed to protect people using the service by ensuring appropriate steps were taken to verify a new employee's character and fitness to work.

The service had a sufficient number of staff to support the operation of the service and provide people with safe and personalised care. People told us they never felt rushed and staff were responsive to their needs. The registered manager told us the service was currently recruiting for additional members of staff to enable a further person to be present throughout the day to meet the requirements of current people's needs.

Processes were in place for appropriate and safe administration of medicines. Staff were trained in

medicines administration. Medicines were stored safely and in line with current guidance. People had been consulted about their dietary requirements and preferences and we saw choice was given at every mealtime. Topical creams were now appropriately administered and fluid thickening agents were detailed on people's medicines records and signed when given.

We looked at eight care files. We found improvements and additions had been made since the previous inspection. They now detailed guidance for staff to follow, to ensure people's needs were being met in a person centred way.

Appropriate capacity assessments and best interest decisions had now been considered when considering people who lacked the ability to consent to the service holding items such as cigarettes.

Staff interacted and engaged well with people. Staff were caring, respectful and understanding in their approach and treated people as individuals. They promoted privacy and dignity and supported people to maintain control over their lives. Their opinions were routinely sought and acted upon by means of questionnaires and residents meetings. This enabled people to influence to the service they received.

Positive feedback was received from people using the service, visitors and staff about the management structure. People told us they were able to ask for assistance from the registered manager when required and people also informed the registered manager was present throughout the day in the communal areas. Staff also informed they felt well supported and they could approach either manager with any concerns.

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.

People told us they felt safe. Staff demonstrated an understanding around their roles and responsibilities to protect people from harm. Personal and environmental risk assessments were in place to ensure the safety of people using the service, visitors and staff.

Safe and robust recruitment procedures were followed to ensure suitable staff were employed at the service.

Processes were in place for the safe administration of medicines, topical creams and fluid thickening agents and staff were appropriately trained to safely support people with their medicines.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Referrals to health professionals in relation to identified risks in people's dietary needs were not always carried out in a timely manner.

We made a recommendation that the registered manager seeks advice and guidance from the local authority in relation to conditions imposed on people as part of the assessment.

Staff were aware of how to seek consent from people before providing care or support.

Is the service caring?

Good ●

The service was caring.

Staff spoken with had a good understanding of how to ensure dignity and respect and showed patience and encouragement when supporting people.

Staff had developed positive and caring relationships with the people using the service, and supported people in a way which

was kind and compassionate.

People's independence and inclusion was a key factor in the ethos of the service. People's views and opinions were actively sought.

Is the service responsive?

The service was not always responsive.

People's care plans now contained relevant person centred information. However, we saw in one case that a person did not have a complete detailed care pathway, an assessment of possible risks and a description of the person's needs for support and treatment. Another person's care plan had not been updated following changes to their care needs.

The home had procedures in place to receive and respond to complaints.

People expressed confidence in the management team to address their concerns appropriately and knew the process to follow should they wish to make a complaint.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

The service had a manager employed who was registered with the Commission.

Improvements had been made with the service audit systems, however some audit structures failed to identify the issues we have raised in the report.

Surveys were carried out and information was used to improve the quality of service.

Requires Improvement ●

The Broughtons

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection took place on 4 and 11 October 2017, with the first day being unannounced. We informed the home we would be returning for a second day to complete the inspection. At the time of inspection there were 31 people using the service.

The inspection team consisted of two adult social care inspectors from the Care Quality Commission (CQC) and an Expert by Experience on the first day and one social care inspector on the second day. An expert by experience has personal experience of using or caring for someone who uses health and/or social care services.

Before commencing the inspection we reviewed information we held about the service. This included statutory notifications that had been received. A notification must be sent to the Care Quality Commission every time a significant incident has taken place, for example where a person who uses the service experiences a serious injury. We checked any complaints, whistleblowing or safeguarding information sent to CQC. We also contacted the local authority to request any information they had about the service. In addition to this we reviewed action plans the provider had forwarded to us following the last inspection.

During the course of the inspection we spoke to the director, compliance manager, registered manager and four staff members. We also spoke with a visiting health professional, seven people who lived at the service and three visitors.

We looked around the service, including communal areas and people's bedrooms. We viewed a variety of documentation and records. This included six staff recruitment files, eight people's care plans, Medication Administration Records (MAR) charts, policies and procedures and audit documentation.

Is the service safe?

Our findings

People living at The Broughtons talked about the home being a safe place to live. Several people commented, "Oh I am very safe," whilst another person said, "Yes I do not have any trouble, its grand." Similarly relatives told us they felt their relatives were safe. People also knew who they could speak with should there be a time when they felt their safety was being compromised. People and their relatives told us they would be happy approaching the registered manager with any concerns.

Throughout our inspection we did not observe anything that gave us cause for concern around how people were spoken to or supported. We noted positive staff interaction which was caring and patient. People appeared comfortable, content and happy in staff presence.

At the last inspection the service was found in continued breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, this was because improvements were still required around the use of topical creams and the management of fluid thickening agents.

During this inspection we found the service was no longer in breach of this regulation.

We looked at the procedure in place for managing medicines at the service to ensure people were protected against the risks associated with the unsafe management of medicines.

We looked at electronic medication administration records (MAR) and found systems were in place ensured medicines were handled safely and people's health was protected. People's MAR included a photograph, date of birth, GP details, allergies and a section for other information.

Systems were now robust to support the safe administration of medicines. Electronic MAR systems now also considered the administration of thickening agents for people's drinks and allowed staff to make additional entries once a person's drink had been thickened. This provided a robust audit trail of the administration of such medicine. Systems also protected people from being given doses of their medicines too close together and experiencing adverse effects as a result.

At the time of inspection one of the treatment rooms was 'out of order' due to on-going building work, however the second treatment room was well organised. We saw medicine trolleys were locked and medicines and creams were stored securely. Stock counts were in place which ensured medicines were accounted for.

We found that arrangements to give people their medicine as directed by the manufacturer's instruction, especially with regard to food were in place. We observed medicines which needed to be given before food were given at appropriate times.

The home had when required medicines (PRN) protocols in place. These explained what the medicine was the required dose and how often this could be administered, the time needed between doses, when the

medicine was needed, what it was needed for and if the person was able to tell staff they needed the medicine. This ensured 'as required' medicines were being administered safely and appropriately.

We found there was clear information recorded to guide staff when and where to apply creams which ensured people would be given the correct treatment. We saw accurate records had been maintained which demonstrated creams had been applied safely and when prescribed.

We calculated sample medicine stocks by subtracting what medicines had been administered according to the MAR from the stock. We found medicine stock tallied with the records, which confirmed medicines, had been administered as prescribed.

Audits of medicines were carried out and we saw actions had been implemented when shortfalls had been identified to rectify the issue and prevent further re-occurrence.

At the last inspection we found the service to be in breach of Regulation 15 (1) (a) (c) (e) of the Social Care Act (Regulated Activities) Regulations 2014. This was because we found the premises were not clean and properly maintained for the purpose they were being used.

During this inspection we found the service was no longer in breach of this regulation.

At the time of the inspection the service was undergoing a refurbishment project. Building work had already started to the front of the building and following a conversation with the foreman of the job and the Director we were able to determine the next stages planned for the building. The Director also supplied us with a full refurbishment plan with timescales for completion.

We spent some time walking around the building and looking at those bedrooms which had recently been refurbished. The Director told us he currently had the budget to refurbish one room per month. We noted five rooms had been done to date. These rooms had been finished to a standard where they were a, 'blank canvas' meaning the walls were white and the floor coverings were plain. The Director and registered manager told us this was to enable the person moving into the room to decorate it how they wished. We looked at further people's bedrooms and noted these were all personal to the person. The registered manager added, "We will ask people how they would like their room decorated and honour that."

The environment appeared clean and there was no longer a malodour. The carpet in the main lounge had been cleaned and the Director informed this was to be changed as part of the refurbishment plan. We noted equipment was now stored appropriately and the stair well situated in the reception area was free from clutter. The Conservatory was also clear which allowed people to use it should they wish.

We saw toilets and bathrooms were clean, tidy and contained appropriate hand hygiene guidance, paper towels. We also looked in several bedrooms and communal areas and found these to be clean and tidy also. The home employed domestic staff and we saw them undertaking their work throughout the day of the inspection. We also saw staff wore appropriate PPE (Personal Protective Equipment) when assisting people with personal care and when assisting people to eat their food at meal times. This would help reduce the spread of infections.

We looked at how risks to people's individual safety and well-being were assessed and managed. We looked at eight people's individual files and noted individual risk assessments and risk management strategies were in place to guide staff on minimising risks to people's wellbeing and safety. Each person had individualised risk assessments which covered areas such as, falls, use of bed rails, mental health, leisure

and activity and leaving the building. We also saw a detailed risk assessment and information document to guide staff in what to do in the case of epileptic seizures. This included how to support the person, what to do in the event of a prolonged seizure. This document had been reviewed by the person's doctor to confirm it was fit for purpose. The additional risk assessments we viewed were in date and detailed relevant information.

We looked at how the service protected people from abuse and the risk of abuse. Staff were aware of the provider's safeguarding procedures, the various signs and indicators of abuse and were clear about what action they would take if they witnessed or suspected any abusive practice. The staff we spoke with told us they had undertaken training in the protection of vulnerable adults and displayed a good understanding of how to report concerns. One member of staff said; "Signs of abuse would be people being withdrawn and changes in behaviour. The types of abuse which can occur include verbal, physical and mental. I would always report this to the manager." We noted the provider had ensured a safeguarding policy was in place to guide staff in the event of a concern.

We looked at the entries made since last inspection in the accident/ incident record book and noted appropriate referrals had been made to relevant agencies as required.

Risk assessments were also in place to maintain a safe environment and ensure the protection of people using the service, their visitors and staff from injury. Risk assessments gave consideration to areas such as the internal and external environment, storage of controlled substances (COSHH), stairs and lift, electrical safety and smoking. Equipment such as kitchen and bathroom aids were also examined by an external agency. The provider also employed a maintenance person, this would ensure any maintenance issues would be resolved within an acceptable time scale. External contractors were also used when necessary.

Fire procedures were in place and each person had a personal emergency evacuation plan (PEEP) which considered areas such as level of mobility, responsiveness to an alarm and prescribed medication. Risk assessments were evident along with a record of fire systems, emergency lighting and fire alarm checks. Contingency plans were in place detailing steps to follow in the event of emergencies and failures of utility services and equipment.

We looked at how the service managed staffing levels and the deployment of staff. We looked at staff rotas for the previous four weeks including the week of inspection. All staff we spoke with indicated there was enough staff on each day and night. One staff member stated, "Staffing is good, we can have an issue from time to time especially if people call in sick but apart from that it's good." A second staff member stated, "It would always be good to have another member of staff, as it would give us more time to speak with people and spend time with them."

The registered manager informed that an advertisement was out for additional members of staff to be recruited. She added due to the changing need of people living at the service it had been recognised that an additional member of staff was now required throughout the day to enable staff to spend more time sitting with people.

People we spoke with did not feel they were rushed with their daily routine and that they did not need to wait long for assistance both day and night if needed, but also added that staff at times can be, "Rushed off their feet." During the inspection we observed appropriate response times by staff when responding to people's requests.

The service had recruitment procedures designed to protect all people who used the service and ensured

staff had the necessary skills and experience to meet people's needs. We looked at six staff personnel files in total. We found robust recruitment checks were completed before new staff commenced working at the home. The files included proof of identity, two references and a Disclosure and Barring Service (DBS) check. A DBS is undertaken to determine that staff are of suitable character to work with vulnerable people.

We noted contractual arrangements were in place for staff, which included disciplinary procedures to support the organisation in taking immediate action against staff in the event of any misconduct or failure to follow company policies and procedures. This meant staff performance was being monitored effectively. The compliance manager informed they had had one event of disciplinary action since last inspection.

Is the service effective?

Our findings

We asked people living at the home if staff were well trained and had the skills and knowledge to provide effective care. One person said, "I think so. They are very good." Another person said, "From my limited knowledge, I would say they are well trained." A third person also commented, "They are not too bad."

We asked people living at the home for their impressions of the food. Comments from people included, "Very nice food and drink, tea and coffee" a second said, "Oh yes. I don't eat a terrible lot though" and a third commented, "Not too bad. Yes."

People living at the home had nutrition care plans in place which provided staff with an overview of the level of support people required. Malnutrition Universal Screening Tools (MUST) were also used to monitor people's body weight and determine if further actions was required to help keep people safe.

However, we found that one person's MUST assessment was not being completed each month as required. The MUST indicated that if people scored 'Two or higher' on the assessment then they were deemed to be high risk and should therefore be referred to the GP or dietician service. This same person had lost approximately 3.5 kilograms/7lbs between April and May 2017 and had also been deemed high risk (with a MUST score of two), however the referral to the dietician service had not been made until two months later in July 2017. When we asked the registered manager about this we were told it had been overlooked and that the referral had not been made within a time frame which would have been deemed suitable.

We saw another instance where the home had not appropriately referred a person to the Speech and Language Therapy service (SALT) for assessment. This person had moved to The Broughtons in August 2017 and the assessment carried out by the local authority indicated this person had a history of dysphagia. The initial assessment completed by the home also indicated a referral to SALT was required. The staff we spoke with said this person was currently having a 'Soft diet', however they had determined this themselves rather than seeking appropriate advice from the relevant health care professionals. This could have placed people at risk due to not being provided with the correct consistency of food.

The service failed to complete timely referrals to appropriate professionals in relation to people's weight loss and perceived assessed nutritional need. This was a breach of regulation 12 (2) (i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to safe care and treatment.

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

At the last inspection we found the service to be in continued breach of Regulation 13 (5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to the unlawful withholding of people's cigarettes without the required legal assessments being completed.

We found during this inspection that the service was no longer in breach of this regulation.

Appropriate assessments were now in place for people who wished to smoke. Mental Capacity assessments and best interest's decisions were now in place for people who were not able to make an informed choice around the amount of cigarettes they consumed. This is in line with the Mental Capacity Act guidance and those people who were able to consent and wished the service to hold their cigarettes had signed a document of consent.

The service had an induction programme in place which staff completed when they first started working. This provided an overview of their job role and the requirements of working in a care setting. The induction covered a, 'welcome to the company', a tour of the premises, fire exits, first aid, the nurse call system, infection control, safeguarding, training and confidentiality. The staff we spoke with said an induction was provided when they first began employment. One member of staff said, "I felt the induction was sufficient and prepared me well for the role."

At last inspection we found the service to be in breach of Regulation 14 (1) (4) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people's assessed nutritional and hydration requirements were not being monitored and met.

During this inspection we found the service was no longer in breach of this regulation.

People were supported to maintain good nutrition and hydration. We spent time in the kitchen area speaking with the chef and asked staff about people's nutritional requirements. All of the staff we spoke with were aware of which people had suffered recent weight loss and this information had then been clearly communicated through to the kitchen staff so that they were aware. The chef told us that most of the food options were fortified with additional calories unless people had a certain preference to not have this added to their meal. The chef also met with both the dietician service and SALT team at various points to discuss how people's needs could be best met.

During the inspection we saw people were provided with soft and pureed diets as required and this information was clearly recorded within individual food and fluid records. The sample which we reviewed were accurately completed and provided a good level of detail about if food had been fortified with ingredients such as extra mayonnaise, double cream and extra butter.

We looked at the training and development staff received to support them in their role and reviewed the homes training matrix. This showed staff had completed training relating to mental capacity awareness, moving and handling, safeguarding and medication. One person living at the home had a condition on their Deprivation of liberty (DoLS) application that staff should receive refresher training in diabetes and we saw this had been undertaken. One member of staff said commented, "We use social care TV for training. I would say enough is provided to support me in my role." We were also able to verify that other training companies were also used.

We asked the registered manager to provide us with evidence of an up to date training matrix, we were provided with this on the day of inspection however, this did not appear up to date. We were then supplied with an up to date one following the inspection via email. However this indicated training in certain areas such as fire, food hygiene and health and safety needed to be updated. We spoke with the registered manager following receipt of this who informed training was currently being arranged for areas where refresher training had been identified. We received a following email from the registered manager confirming that refresher training for deprivation of liberty (DoLS) and safeguarding had been arranged for November 2017. We will monitor the progress of this at our next inspection.

We saw evidence staff had received supervision since our last inspection and reviewed a sample of these records from August 2017. Supervision provides staff with the opportunity to discuss their work in a confidential setting and review their own person performance. Topics of discussion included communication with residents, duties/tasks, training, policies/procedures, safeguarding and infection control. Appraisals with staff had also been undertaken. This provided staff with the opportunity to review their work over the past 12 months and receive feedback on their performance. A member of staff said, "We have them around every three months. We are able to talk about improvements and the resident needs and I find them to be useful. I have quite recently had an appraisal as well."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found applications for DoLS were made to the local authority where people were deemed to lack the capacity to make their own choices and decisions. When DoLS applications had expired, we saw these had been re-applied for to ensure they were still valid. We checked to see if conditions within the DoLS applications were being adhered to by staff. For one person who had a DoLS in place, one of the conditions was that if they were to be admitted to hospital for longer than 72 hours, then the DoLS team must be notified of this. We noted this person had been in hospital earlier in 2017. We asked the registered manager if the DoLS team had been notified, however we were informed this had not been done. The registered manager told us, "I am unsure if this needs to be done now as I know some areas do not require this to be an action."

We recommend that the registered manager seeks advice and guidance from the local authority in relation to such conditions.

We looked at how staff sought consent from people living at the home. There were signed consent forms with people's care plans relating to having photographs taken and being weighed. During the inspection we observed staff seeking consent from people with tasks such as placing an apron over their head at meal time, administering medication and assistance at meal times. The feedback from people living at the home was that staff always asked their permission before carrying out any care interventions.

The people we spoke with said they were supported to maintain good health and records of any involvement from other healthcare professionals was recorded in people's care plans. One person said, "Doctor comes in if you are not feeling well." Another person added, "Doctors come here regularly." We spoke with a visiting Doctor who informed the service work well with the surgery always carry out any medical instructions.

Is the service caring?

Our findings

People using the service we spoke with, told us they were happy with how staff addressed them. People told us they felt listened to, were treated with dignity and respect and their privacy was respected. Comments included, "Oh they are very nice. Staff are lovely" a second person stated, "Yeah, you don't hear any swearing in here" and a third, "Oh yes, they treat me with dignity and respect, very much so indeed." Similarly relative's comments mirrored those of the people we spoke with. One relative stated, "Everyone treats [my relative] with respect," whilst a second family member told us, "They always close the door behind them when they are supporting [my relative] with anything."

At our last inspection we noted a number of people appeared unkempt in their appearance and had food stains on their clothing. During this inspection we did not see any person who presented in this way. People looked as if they had been supported well when required with their appearance.

We observed a delivery of care which was friendly and caring. When assisting people with mealtimes and care staff conversed with them and reassured them where necessary.

We observed people sitting together conversing where able and watching television. People were able to freely move around the building and approach the reception area to speak with the management. During the afternoon on the second day of inspection people enjoyed the company of a singer. We observed people dancing in the lounge, clapping and singing along with each other.

Staff spent time with people and supported them effectively when required, we saw examples of staff offering choices and involving people in routine decisions. Staff displayed a clear knowledge and understanding of the needs and vulnerabilities of the people they cared for and were knowledgeable about people's individual needs, backgrounds and personalities. One staff member commented, "One person although is unable to verbally speak loves people singing to them. I often sit and sing to [person's name] when I am carrying out any care or when I have a spare minute. This relaxes them and it is so rewarding when [person's name] starts moving their arms and begins to smile."

We found staff were familiar with the content of people's support plans. We saw examples of the best approaches to take in order to uphold people's right to dignity and respect and staff understood their role in providing people with person centred care and support. Staff gave examples of how to support for a person in a dignified way. One staff member stated, "I always knock on doors before going in people's bedrooms, close curtains during personal care and make sure people are covered up." A second staff member commented, "Even if a person is unable to tell you what they want to wear I always still offer choice. I always ensure I fully explain what I am doing as a go along even if the person cannot respond as this doesn't mean they can't understand what I am saying."

Confidentiality was a key feature in staff contractual arrangements. Staff induction covered the principles of care such as independence, privacy and dignity, choice and rights. This ensured information shared about people was on a need to know basis and people's right to privacy was safeguarded. The service also had

policies and procedures to support the delivery of care around these key aspects.

People told us they felt able to express their views about the service on an on-going basis by having conversations with the staff, managers and attending residents meetings. We saw evidence of these meetings during the inspection.

Is the service responsive?

Our findings

We saw initial assessments were undertaken when people first moved into the service. This would help staff determine how they could best meet people's care needs. The initial assessments covered areas such as personal care, mobility, nutrition/hydration, medication, elimination, physical health, sight and hearing.

People had individual care plans in place which provided an overview of their care requirements and any associated risks staff needed to be aware of. Care plans included personal care, continence management, mobility/transfers, nutrition, skin, communication, mental health/well-being. We saw care plans were reviewed each month by staff at the home and detailed if there were any changes to people's care needs.

We did note however that one person did not have a full care plan in place, despite moving to the home in August 2017 and their initial assessment said they were at risk with regards to falls and swallowing. This meant there could be a risk that staff did not have access to up to date information about people's care needs.

In addition to this we saw a second person's mobility care plan stated staff were required to walk with this person when they were mobilising because they were at high risk of falls. However during the inspection we had observed this person mobilising on their own and spent parts of the day in their bedroom with the door closed. We raised this with the registered manager who said they did not need to walk with this person. We concluded that the care plan had not been updated to reflect this change to this person's care needs. The registered manager told us she would amend this as a matter of priority.

This is a breach of Regulation 17, (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

At last inspection we found the service to be in continued breach of Regulation 9 (3) (a) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. This was because people's care files continued to lack information pertaining to their personalised care pathway.

During this inspection we found the service was no longer in breach of this regulation.

People's care plans contained person centred information about their life histories, capturing information such as their childhood, employment, school years, hobbies and interests and details about their family. These were completed with good details, some with pictures which had been put together by staff. This meant staff had access to information of importance about people so that they could provide care based around people's likes and preferences.

During the inspection we saw examples of staff being responsive to people's needs. For example, providing people with the correct consistency of food and drink, assisting people at meal times and administering

medication. Staff spoken with also showed a good understanding about people's care needs such as people who had recently lost weight, had swallowing difficulties and were at risk of skin breakdown. This meant they could respond to people's care needs accordingly.

The service had systems in place to seek feedback from people. We looked at the most recent satisfaction survey which asked people about management, staffing, the facilities, dietary intake, being treated with dignity and respect, medication, the staff team and anything that could be done better. This would enable service delivery be improved based on the views and opinions of people living at the service.

We looked at the minutes from the last residents and relatives meeting in August 2017. An agenda was in place, with topics of discussion including food/menus, maintenance, recruitment of new staff, refurbishment, the contents of the suggestion box and volunteers working at the service. There was also the opportunity to discuss any other business if people had other feedback they wanted to share. These meetings provided the opportunity for people living at the home and their relatives to discuss any concerns so that improvements could be made.

The service had a system in place to manage and respond to complaints with an appropriate policy and procedure in place if people needed to seek advice. The people we spoke with and their relatives said they knew about the complaints procedure and who to speak with about any concerns.

There was a schedule of activities in place, which were co-ordinated by an activities co-ordinator. Volunteers also worked at the home and we observed them engaging with people during the inspection. The activities schedule included bingo, film days, singers and entertainment from outside the home and a day where residents could decide what they wanted to do. Shortly before our inspection, people living at the service had been out for the day on boat trip which they said they enjoyed.

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager who had been in post since October 2010. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like the registered provider, 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.

At last inspection we found the service to be in continued breach of Regulation 17, (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service had continued to fail to implement effective governance systems to assess, monitor and improve the quality of the service.

At this inspection we found that although considerable improvements had been made to the service governance systems these were still in their infancy and in addition to this had failed in some cases to identify the areas we have raised as breaches of the regulations throughout this report.

We saw the service had now implemented care plan audits which were carried out each month by the registered manager, however it had been recognised that the registered manager also carried out the care plan monthly reviews so in effect was auditing their own work. This issue had been rectified by newly appointing a quality compliance manager who would now audit the registered manager's work. We were told by the registered manager that once a deputy manager had been recruited this would then bring another layer into the audit system as it had been agreed that monthly audits of care plans would be the role of a deputy manager, however at time of inspection this role had not been recruited to.

The registered manager told us care plan audit information was cross referenced from falls logs, professionals visits, daily log documentation, weight and nutritional information and checking that appropriate referrals had been made to health professionals such as SALT and dieticians where required and in the appropriate time frame. The registered manager also told us that as part of the audit, checks were made to care plans and risk assessments to ensure any changes in need had been captured and new information provided. As highlighted under the effective and responsive domains of the report where we found one person did not have a full care plan in place despite living at the service since August 2017 and additional people whose change in need had not been captured and thirdly that lack of appropriate referral made to SALT, we were clear that the audit processes were not robust and therefore required further consideration from the service in relation to their effectiveness. When discussing this with the registered manager it was clear that the issues identified should have been recognised sooner.

This is a continued breach of Regulation 17, (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

Infection control audits were in place covering areas such as, laundry area, kitchens, mattresses commodes,

communal rooms and bedrooms. We noted that most of these audits had been implemented at different times ranging from June 2017 to September 2017, therefore were still in their infancy and due to this we could not assess their effectiveness at the time of inspection in identifying issues and resolving them, however we did note that during a walk around of the building areas were clean and the laundry was organised and again clean. We also looked at a number of mattresses and toilet facilities over the two days of inspection and again noted these were of a suitable standard.

Additional duties for night workers had also been implemented in August 2017, these required staff to check each person's room, attend to the laundry and ensure fluid, food and cream charts were completed in full. In addition to this night staff were also required to deep clean each person's wheelchair and communal rooms whilst they were not in use. Each staff member was required to sign a document each night to evidence these duties had been done.

Medicines audits were also in place. Medicines trolleys audits had been implemented in March 2017, medicines room temperature audits had been implemented in January 2017 and medicines delivery audits had been implemented in June 2017. The registered manager told us an electronic medicines record is sent direct to her email address which highlights and missed signatures, drug errors or missed doses of medicine. She added, "This is a really useful system with no room for error."

Falls audits were in place and the registered manager had created her own dedicated folder for this which detailed accidents and incident relating to falls and falls chart which was reviewed each month for any trends and themes. The registered manager informed that it was an effective way to capture people's deteriorating mobility which would trigger a referral to the falls management team.

Mealtime experience audits were also in place, these looked at people's mealtime experience, meal preparation, temperature and presentation. People's opinions were also sought in resident meetings and quality feedback questionnaires.

Environmental audits were in place. Covering all areas of the building both internal and external. Audits considered areas such as soft furnishings, walls, décor, personal protective equipment (PPE) flooring and lighting. We noted improvements documented had been actioned with dates of completion.

People living at the service felt the service was managed well and did not express any concerns about the management structure. People told us they could approach the registered manager and that she was always present around the building and was a, "Lovely person," who had, "Always got a smile on her face." Most of the people we spoke with were able to tell us the manager's name and those that couldn't knew what she looked like and could summon her support if required.

Staff spoken with told us they felt the service was managed well. They felt they could approach the management team at any time of day and night and felt well supported to carry out their caring roles effectively. One staff member said, "[Registered manager's name] would help if I had any concerns. On the whole I feel like I can approach her. The service Director is around at least one day per week. He is also very approachable." A second staff member stated, "You can go to the manager with things. We feel supported and things do get sorted out."

Staff told us they were able to attend team meetings where they felt listened to and could raise concerns. One member of staff told us, "We do have team meetings and had one a few weeks ago. I feel able to contribute and we can air our differences." A second staff member told us, "We also have staff consultation meetings, we have had a few recently due to the building work which is being carried out and following the last inspection."

The service had a range of policies and procedures which provided staff with information about current legislation and good practice guidelines. The quality compliance manager told us she was currently reviewing the policies to ensure they continued to detail appropriate information. In addition to this staff had been provided with a code of conduct and practice they were expected to follow. This helped to ensure the staff team were aware of how they should carry out their roles and what was expected of them.

The registered manager informed us she now attended a three monthly managers meeting which was held for all registered manager in the Salford area. This provided an environment for people to come together and share good and bad practice examples. The registered manager informed that guest speakers also attend. The registered manager informed she valued this time to enable her to keep informed of changes and learn from examples discussed in the arena.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The service failed to complete timely referrals to appropriate professionals in relation to people's weight loss and perceived assessed nutritional need.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service failed to maintain an accurate and complete record in respect of each service user 17 (2)(c) The service failed to operate in some cases effective systems and processes to monitor the on-going compliance of the service. 17 (1)