

Belong Limited

Belong Atherton Care Village

Inspection report

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04 January 2017

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

In response to concerns about a specific incident, we carried out an unannounced comprehensive inspection of Belong Atherton Care Village on 19 December 2016 and a further announced visit on 04 January 2017.

The service was last inspected on 03 March 2015 when the service was rated as good overall and in four of the key lines of enquiry (safe, effective, caring and responsive). The service was rated as outstanding in well led.

Belong Atherton care village is situated close to Atherton town centre and is operated by the CLS Group, providing care and support to older people who require 24 hour care. A large proportion of the people living at the care village are living with a diagnosis of dementia so the service ethos is directed towards providing care and support appropriate for their needs.

The care village has 12 bedrooms on each household and there are six households that make up the care village. The care village is registered with the Care Quality Commission (CQC) to accommodate up to 73 people. On the day of our first inspection visit there were 70 people using the service.

There was a registered manager at the service. 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 the inspection on 19 December 2016, we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to good governance and safe care and treatment. Following our inspection visit on 19 December 2016, we raised two safeguarding alerts with Wigan local authority and wrote to the provider outlining our concerns. At our second visit 04 January 2017, we found the service was no longer in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the management had addressed all the concerns identified.

All the people we spoke with told us they felt safe living at Atherton care village. We received mixed reviews from relatives regarding their family members safety. One person's relative expressed their family member had improved since living at the care village. A second person's relative told us they visited daily and would be concerned about their relatives hydration if they didn't. However, we found no evidence to support this concern or that the person's relative had raised this with the registered manager to give them an opportunity to look in to their concern.

At our first inspection visit, we found risk assessments had been completed and the necessary professional guidance sought but life plans had not been updated to provide staff with the required guidance to mitigate the risks. We raised two safeguarding alerts and wrote to the provider outlining our concerns following our

first visit. At our second visit, we found the provider had addressed the issues identified. We looked at 11 people's life plans during our second visit and found all the life plans had been updated to include the current guidance so staff could mitigate the risks of an 'unsafe swallow' for people living at the care village.

At our first inspection visit, we found medicine files were unorganised and did not contain all the required information to manage people's medicines safely. An audit had been conducted following our first visit and all the issues had been addressed by 04 January 2017 to ensure people's medicines were managed safely.

We found the service had an up to date policy and suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse. 'See something, say something' was advertised throughout the care village.

Staff felt well supported. Staff received an induction , supervision, annual appraisal and sufficient training to promote better outcomes for people.

The manager and staff were aware of their responsibilities around legislation regarding people's mental capacity. Staff were observed obtaining people's consent before delivering care.

We received mixed reviews from people and their relatives regarding the quality and choices of food offered. At our first visit, people told us they weren't informed of the food choices available. However, by our second visit we saw that pictorial menu's were available on the households informing people of the daily options. People were also able to attend the Bistro daily if they wanted to eat off the household.

The catering manager was passionate about providing people choices and was a finalist in the Great North West awards for their catering and dysphagia training. The catering manager experimented with foods that people expressed missing and had made a dysphagia pie, sandwiches and toast.

We saw people were treated with kindness and compassion. Staff spoke fondly of people and we saw they were responsive to people's needs.

People and relatives had been involved in assessments, reviews and on-going discussions about the care received. People were treated with dignity and respect and their privacy and independence was promoted.

We received mixed reviews regarding the activities on offer at the service. There was an experience coordinator employed at the service and they told us they undertook different activities on different households daily. There was a gym, venue coffee shop and bistro that people could access. People told us they didn't go on outings and their family members felt interactions between staff and people were task led.

People and their relatives did not feel the management were visible and expressed not seeing them. However, staff told us morale was good and we observed staff were motivated and worked well together. Staff said the management undertook daily walk rounds on the households and they felt they were approachable and supportive.

We found audits had not been effective as they had not identified the issues raised during our first inspection. The audits had identified whether life plans were in place but not considered the detail and whether they were representative of people's needs. The registered manager told us they were looking at staff conducting audits on opposing households to the one they worked so that audits were more effective at identifying issues in the future.

We found the management were receptive to our feedback. The issues identified following our initial

inspection visit were promptly addressed and actions taken to prevent reoccurrence.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

We found people were not always protected against the risk associated with an 'unsafe swallow' because life plans were not updated timely to provide the required guidance to staff to mitigate the risks.

Medicines were managed safely.

The service had safeguarding and whistleblowing policies and procedures which staff demonstrated they knew in order to keep people safe.

Is the service effective?

Good ●

The service was effective.

Staff received a comprehensive induction and had access to a range of training to support them in their role. Supervision was conducted regularly and staff received an annual appraisal of their work.

People had mixed opinion about the quality of the food and whether they were provided sufficient choices.

The service was working within the requirements of the Mental Capacity Act (2005).

Is the service caring?

Good ●

The service was caring.

People's privacy and dignity was maintained and people were provided care and support in line with their wishes and preferences.

People said their independence was promoted and staff encouraged them to do things for themselves.

The households were small and we saw people had formed bonds with each other.

Is the service responsive?

Good 

The service was responsive.

People's life history was captured, initial assessments were conducted and regular reviews undertaken.

The care village had on site leisure facilities and people were supported to engage in activities.

The complaints procedure was outlined in the service user guide and we saw the service maintained a complaints log. These evidenced complaints were followed up appropriately and in the time frame specified.

Is the service well-led?

Requires Improvement 

The service was not consistently well-led.

The registered manager had failed to provide quality assurance or oversight of the service.

We found the registered manager had systems in place to promote their visibility but we received mixed responses from people, their relatives and staff regarding whether management were approachable and visible within the service.

The service had comprehensive and up to date policies and procedures in place.

Belong Atherton Care Village

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.

This inspection was unannounced and carried out on 19 December 2016 by two adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We announced our return to the service 04 January 2017 and this visit was conducted by one adult social care inspector.

We asked people for their views about the service and facilities provided. During both inspection visits we spoke with; 12 people and three relatives of people who lived at Belong at Atherton Care Village. We spoke with 13 members of staff, which included; the general manager, registered manager, clinical nurse lead, catering manager, three nurses, experience coordinator, lead seniors, seniors and support staff.

We looked at documentation including; 17 life plans and associated documentation, 10 staff records including recruitment, training and supervision, 14 Medication Administration Records (MAR), a variety of policies and procedures and safety and maintenance completion of works and certificates.

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding and incidents, which the provider had informed us about. A notification is information about important events, which the service is required to send us by law.

The provider had also completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We liaised with the local authority and local commissioning teams and we reviewed previous inspection reports and other information we held about the service.

Is the service safe?

Our findings

We saw in the most recent satisfaction survey conducted that 67% of people strongly agreed and 33% of people agreed that they felt safe living at the service. During the inspection we asked people who used the service if they felt safe. Without exception, all the people we spoke to told us they felt safe. A person told us; "I'm happy, well looked after & feel very safe." A second person said; "It's very good here & I feel very safe." A third person said; "Staff are mixed but I feel safe in general."

We received a mixed responses from relatives when we asked this question. One relative said; "I would not like to leave [person] for more than a day, as I worry about dehydration." We found this had not been raised with the registered manager to give them an opportunity to address this concern. A second relative said; "[Person's] much better since they've been here, eating much better and regularly taking their medication."

We conducted this inspection following our attendance at a coroner's inquest in to the death of a person that had resided at Belong Atherton care village. During the inquest there was some ambiguity between staff regarding the person's dietary needs. The person had experienced two significant choking incidents prior to their death and the person's GP and speech and language therapy (SaLT) were not made aware of these incidents which meant the person had not received an appropriate assessment of their swallowing to determine their dietary needs. The outcome of the inquest had resulted in the coroner issuing a regulation 28 report to prevent future deaths. The coroner requested a review of the policies and procedures and training in relation to referrals to SaLT team to avoid future referrals being missed.

As a result of the coroner's findings and regulation 28 report we looked in detail at this area during our inspection. During our first visit, we saw the provider had promptly responded to the regulation 28 report detailing the action that had been taken following the person's death and subsequently following the outcome of the inquest. We found detailed policies were in place outlining the requirement to refer people to SaLT if they were identified as having an 'unsafe swallow'. Staff had been requested to reassess all residents risk of choking and refer people to SaLT with immediate effect. A meeting was scheduled for 21 December 2016 to discuss policies and procedures. We saw the practice development facilitator had incorporated dysphagia training in to the staff induction and 104 staff had received dysphagia training at Atherton care village at the time of the inspection visit. The dysphagia training was also being cascaded to other care villages within the CLS group.

We asked the registered manager and clinical nurse lead what further action had been taken following the outcome of the inquest. We were informed that each household had a yellow kitchen file which contained information on dysphagia, people's dietary requirements and SaLT recommendations. We were told defensible record keeping had been required and that food intake records had been implemented for any person receiving a specialist diet. The clinical nurse lead confirmed people had been reassessed and referrals made to SaLT. In addition, a verbal intermediary plan was requested from SaLT to mitigate the risks and to provide guidance to staff whilst people awaited a SaLT assessment.

On the first day of inspection, we looked at two people's care files for people that resided on different

households and were identified as having been rereferred to SaLT. We were informed one of the people had choked on a soft diet and vomitted. The SaLT interim management plan to commence prior to assessment was a pureed diet. We found the person's lifeplan had not been updated to include the current directions from SaLT. The yellow file which had been identified by the registered manager as containing all up to date dysphagia information had not been updated to include the interim management plan to guide staff. This meant that staff did not have the correct guidelines to manage people's risks to maintain their safety.

We looked at the daily food choice log but this did not consistently document the consistency of the food the person had received. We asked the clinical nurse lead to come on to the household so we could inform them of our findings. The clinical nurse lead told us that staff should have been completing a new food and fluid chart. The clinical nurse lead asked the lead senior on the household for this but they confirmed that they had not been completing the new documentation. The person was unable to inform us of the consistency of the food they had been receiving and we found the catering manager who supplied the households with the pureed dinners did not maintain household orders of pureed food to demonstrate that a pureed diet had been provided for this person. This meant that contemporaneous records had not been maintained.

This was a breach of Regulation (17) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, good governance.

We went to a different household and looked at the documentation for another person identified as requiring a specialist diet. We found the yellow kitchen file on the household did not contain the SaLT guidelines for this person. We asked the staff member who was cooking in the kitchen and they told us they didn't know where the SaLT recommendations would be. The member of staff asked the lead senior and they informed us the SaLT recommendations were with the life plans and had never been in the yellow file. We looked at the life plan which pre-dated the SaLT assessment and it was documented that the person was on a normal diet and normal fluids. However, the SaLT recommendations indicated the person required a pureed diet and custard thick fluids. This meant staff did not have up to date guidelines to manage and mitigate the risks to this person.

Whilst we were on the household we observed this person sat in the dining area. We saw a glass of cordial that was in reach of the person and was not thickened to custard consistency. There was one staff member in the dining area at the time but they were sat with their back to the person. We enquired about the glass of cordial and the staff member confirmed that it was their drink.

This was a breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment.

Following the inspection we raised two safeguarding alerts with the local authority regarding our findings. We also wrote to the provider and registered manager and identified our concerns relating to the provision of safe care and treatment, meeting people's nutritional needs and maintaining accurate records. We received an action plan within 48 hours of our letter being sent. We returned 04 January 2017 and went on each household to confirm the actions identified had been implemented. When we asked for the specialist diet information, staff promptly gave us a yellow file which contained all relevant and up to date information detailing people's dietary needs. We looked at 11 people's care files and found all the food and drink life plans had been updated since our visit on 19 December 2016. We consistently found the correct guidelines were available and daily food and fluid intake records had been completed and confirmed that people's dietary needs had been met. As a result of our findings on 04 January 2017, the service was no longer in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014,

safe care and treatment.

We saw accidents and incidents were closely monitored via an electronic accident and incident data base. Accident and incident forms were completed on the household and sent to the registered manager to input the information. The system captured falls, infection control outbreaks, urinary tract infections (u.t.i's), pressure sores and hospital admissions. It was live data which could be extracted at any time to ascertain trends in incidents. The registered manager also kept a paper copy of falls so that they could correlate the information with actions taken on the household. We looked in detail at the care records for three people identified as having experienced a series of falls. We saw in the three care files we viewed that risk assessments had been conducted and measures implemented to mitigate the risks. We saw life plans had been updated and incidents were handed over to staff to monitor. People had been referred through their GP to other agencies to assess the cause of falls. Other action taken included bed sensors, chair sensors, neck pendants, wrist pendants, crash mats and bed wedges being used. Lessons learnt and outcomes were disseminated throughout team meetings to promote best practice.

Atherton care village had been selected to pilot a person centred software system on one of the households in January 2017 with the intention of rolling this out to all the households by summer 2017. This would involve all assessments and life plans being inputted and care staff carrying wireless devices such as tablets or smart phones. This would enable staff to input data as it occurred. For example; at mealtimes staff would be able to input what was served, how much was drunk, the mood and behaviour of the person. The information inputted would enable a detailed profile of each person to develop and an analysis of the information could be completed to illicit trends. For example; a person eating less or drinking less could be identified and life plans adjusted accordingly. The staff would also complete accident/incidents on the device and there were in built prompts in the software that identified actions. For example, if a person fell the software would prompt an updated falls and manual handling risk assessment and life plan. People's families were consent had been obtained would also be able to access certain aspects of the care information inputted regarding their family member from home.

There was a call bell system in place so that people could call for assistance from staff. We asked people if staff responded timely when they called for assistance. One person told us; "There's a buzzer in my room. I wear it when I go to bed and they always come very quickly if I press it." A second person said; "The buzzer is always answered, it's my life saver." A third person said; "The buzzer is my lifeline and I wear it around my neck. They always attend very quickly when I press it."

We asked people and their relatives whether they felt their were sufficient numbers of staff deployed to meet their needs. A person told us; "Staff don't spend time with you, they only chat if they're doing a job." A relative told us; "It's the same number of staff on this household as in the others but they're more dependent. The staff are really rushed." A second relative said; "They change the staff too frequently, people in this household need stability."

We looked at whether the service had sufficient numbers of staff to meet people's needs and keep them safe. Staffing on the households was calculated based on people's 'independency'. During the inspection the general manager, registered manager, clinical lead, two nurses, housekeepers, bistro team, catering team, administrators, care takers and the experience coordinator were also on site in addition to the care staff on the households. On the morning of the inspection we saw three care staff and a host on the household. This reduced to three care staff in the afternoon. The registered manager told us; staffing numbers were frequently reviewed and adjusted to respond to people's needs. We saw that staffing hours had recently been adjusted and an extra member of staff had commenced on the household from 06.00 to accommodate the people's needs at this time. A staff member told us; "Most days I feel we have enough

staff. Things can be challenging but two people are currently nursed in bed which has eased things."

Other staff comments included; "It only takes one thing to tip the balance. If this happens staff are available from different households to come and cover." "It is never dangerously understaffed, no person is ever put at risk due to staffing levels." "I feel there are enough staff. An additional member of staff comes in at 06.00 until 13.00 which has relieved things in the morning." "No concerns with staffing. We can get through things timely. It's busy 06.00-08.00 so they introduced an additional shift 06.00-13.00."

We looked at how the providers recruitment procedures protected people who used the service and ensured staff had the necessary skills and experience. We looked at 10 staff files and noted each file had appropriate information in line with current guidance. We saw required character checks had been completed before staff worked at the service and these were recorded. The files also included proof of identity and DBS (Disclosure and Barring Service) checks. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. We noted the services 'recruitment policy' was written in accordance with the services 'equal opportunities policy'. This would help ensure a safe and fair recruitment and selection process was followed.

The provider ensured contractual arrangements were in place for staff. These 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. We noted four disciplinary hearings had taken place in the past year. These had been dealt with in line with the provider's procedural guidance.

The service had a safeguarding policy and associated local procedures which were up-to-date. We also saw the service actively promoted its policy; 'if you see something, say something.' Information relating to this was displayed around the service and was discussed with staff during performance reviews. All the staff spoken with told us they had received appropriate safeguarding training, had an understanding of abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. A staff member said; "Safeguarding could be anything; physical, mental, financial or emotional abuse. I would make sure the person was okay and report it to management. I'd involve the police if necessary and contact the central duty team. Inform CQC." A second staff member said; "Abuse could be physical. If a person hit another resident, I would raise a safeguarding. Abuse could be recognised because a person's behaviour has changed, they may have become withdrawn. Maybe able to relate it to when a particular person/staff member is present. I would report concerns to manager."

We saw medicines were stored securely in lockable cabinets in people's bedrooms. On our first day of inspection, we looked at four medication administration records (MAR). The MAR were unorganised and difficult to follow. The records fell out of the file when we picked it up. We saw old MAR were in the file with new MAR which made it confusing to determine which MAR was in use.

We saw PRN 'when required' protocols were not consistently completed. There was no documentation to support administration detailing the required time lapse between doses, maximum dose or reason the medication had been administered. There was no variable dose protocols in place. Staff had not used the codes listed on the MAR to demonstrate the reason for missed administration which meant nursing staff were unable to ascertain the clinical picture.

We identified our concerns with the registered manager regarding the MAR whilst undertaking the inspection. We observed the registered manager address this whilst we were on site and we looked in

greater detail at medicines when we conducted the follow up visit on 04 January 2017. At our second visit, we were given a copy of the medication audit that had been conducted for all the people living at the care village following our initial findings. We looked at 10 MAR and saw medicines were handled safely.

We saw the outcome of the audit had determined staff had not understood the coding in relation to the medication which had resulted in missing signatures. This had been addressed through medication training and incorporated in the induction programme to prevent any future misunderstanding.

We saw new purple ring binder files had been purchased for every person which meant the records were now secure and organised. We saw PRN medicine plans had been developed and contained all the necessary information to guide staff when administering PRN and a variable dose of medicines. We saw the PRN charts had been appropriately completed and the persons response/outcome to the PRN was consistently documented. During the inspection, we heard a person request pain relief. We observed the staff member explain to the person that they would need to check the MAR to ascertain the last time pain relief was administered. We had the MAR at the time so were able to observe the staff member check the MAR and we saw that they went back to the person and explained the last time they had pain relief and when they could next be given them.

We saw were applicable cream charts and body maps detailing the application of creams had been implemented. We noted people's allergy status was identified on front of care files and the medication support plan which were stored with the MAR. The registered manager was also implementing that lead seniors conducted medication audits on a different household to the one they worked so that issues could be identified and addressed internally.

Environmental risk assessments were in place. These looked at individual factors in the service which may pose a risk to people. Such as, use of stairs, communal rooms, access from the public the 'Control of Substances Hazardous to Health' (COSHH), gas and electrical appliances. Lift and hoist maintenance, water temperature monitoring and legionella screening were routinely carried out by the maintenance team. All assessments we saw were regularly reviewed and in date.

The service had robust fire risk procedures in place and detailed annual fire risk assessments were followed. Staff had received fire training and we noted fire signage and equipment was visible throughout the building. Fire alarm testing was carried out frequently and emergency lighting checks were completed on a monthly basis. All paperwork we reviewed was in date.

The provider had a Business Continuity Plan. This was updated as necessary. It outlined the provider's aims to provide a framework for an organisational response to any disruptive events such as adverse weather conditions. It planned to maintain critical services to people in the event of any such disruption. It provided details and internal and external contacts for people who were able to assist such as the health protection unit, utility companies, police, directors and managers.

Emergency contingency planning was also in place. This covered areas such as loss of gas, breakdown of kitchen equipment, water supply, and telephone system. As well as missing person protocol and bomb threats. This was reviewed annually or more often if required. The registered manager informed this was being looked at to, "Make it more streamlined."

Is the service effective?

Our findings

We saw that a recent satisfaction survey people had completed indicated that 61% of people surveyed had agreed that staff were knowledgeable and skilled and 33% had agreed that 'Understanding Dementia' was a key factor in the service.

The service had a designated practice development facilitator who specialised in dementia training. They told us; "Dementia training is part of the initial induction. We give all our new staff a pamphlet with 10 tips on how to support someone with dementia." They also informed us that in addition to the induction training, all the staff were required to attend a two day training course on dementia. A large number of staff were also dementia friends as this was something the service encouraged.

The service had an Admiral Nurse who was appointed in partnership with Dementia UK. Admiral Nurses are mental health nurses specialising in dementia care. They offer individualised support for family members, carers and people who have also been recently diagnosed with dementia. The Admiral Nurse offered a wide range of support to people living with a diagnosis of dementia from providing therapeutic approaches to liaison with other professionals to ensure that families received coordinated support. We were told this service worked well and were given examples of families who had been supported and equipped with information to help understand the process.

We looked at the training and professional development staff received to ensure they were fully supported and qualified to undertake their roles. The induction consisted of staff completing specialised training, the care certificate and shadowing experienced staff. The care certificate assesses the fundamental skills, knowledge and behaviours that are required to provide safe, effective and compassionate care. It is awarded to care staff when they demonstrate that they meet the 15 care certificate standards which include; caring with privacy and dignity, awareness of mental health, safeguarding, communication and infection control.

Staff told us they received sufficient training to ensure they were competent in their role. We looked at the training matrix, which showed staff had access to a comprehensive training programme. Staff had attended training such as; basic life support, customer service, fire, food safety, infection control, mental capacity, medication, moving and handling, nutrition and safeguarding. We saw training that was responsive to the needs of the service. Dysphagia training had been devised following a specific incident and 104 members of staff had been trained. The training had also been opened up to include people's families and was being cascaded to all staff throughout the care villages.

A staff member said; "Dysphagia training commenced prior to the outcome of the inquest as it was internally recognised as a training requirement." Other staff comments included, "I have just received medicines training, it's a long process, I had to complete a booklet and then face to face training. I was then observed to ensure I was competent before they signed me off." A second staff member said, "I get loads of training, both face to face and electronically. Sometimes you can feel overloaded with training. But I suppose too much is better than too little." A third staff member said; "We get a lot of training. We do the core things and

specialist training. I am attending palliative care training with the hospice currently. We did dysphagia training in January." A fourth said; "We get an abundance of training. We also have an annual review and audits of practice."

Staff told us they felt supported and were provided with regular supervision and had an annual appraisal of their work performance. We looked at the supervision records of 10 staff members and noted these were done in line with the provider's policy. Staff confirmed they received regular supervision. One staff member told us; "I have a 1-1 session every month they are good. I am able to discuss things and ask questions." A second staff member said, "1-1 sessions are frequent". They are broken down into different topics. I also have a yearly appraisal with my manager at the end of the year." Another staff member said; "Supervision is bi-monthly. There is a six month probation so the first supervision was at three and six months."

The registered manager told us the carer staff asked people for their meal choices daily. People also had the opportunity to eat at the Bistro if they did not want to eat on the household or didn't like the choices available. We received mixed responses from people and their relatives regarding the quality of the food provided. Comments from people included; One person said; "The food is alright." A second person said; "The food is smashing but there's no choice of main meal." A third person told us; "Food is very nice but we never know what's coming. We laugh about it, it's always surprise, surprise." A fourth person said; "I'm indifferent to the food, as it depends on the staff member and whether they can cook. It's a set meal on the day with no choice." A fifth person told us; "We get no choice, you're informed of what it is but they're very good at offering a smaller snack if you're not feeling well."

Relatives comments included; "[Person's] on a puree diet. It could sometimes do with being more moist but it depends on who's on." "The cooks are not really cooks, they call them 'hosts', enough said." "The menus are daft, they're just not suitable for people who struggle to eat." "I've complained within the household about staff not cutting up her food for her."

We observed the evening meal on both inspection visits. The tables were nicely set and people chose where they sat. At our first inspection, we noted there were no menu's or visible resource to inform people regarding the food options available. We saw staff leaving the dining area which meant people with specialist dietary needs were not being observed. We informed the registered manager and clinical nurse lead of our findings and they told us that they didn't want the pictorial menu's or food options written on a board. We were informed this wasn't the best way and they preferred the personal touch of staff speaking with people regarding the meal options. We shared some of the feedback we had received during the inspection which the registered manager was surprised at as this had not been the outcome of the catering manager's marvellous mealtimes survey. We were told people always had choice and if people didn't like something that they could always have something else and the bistro was always available as an option for people to eat.

On our second visit we noted picture flip card menu's on each household indicating the meal options for the day ahead. We saw staff were vigilant when people were eating and there was a staff presence in the dining area throughout the meal. Staff communicated with each other when they needed to leave the area and ensured another staff member was available to observe the mealtime.

We spoke with the catering manager regarding the menu's and whether these were developed in consultation with people living at the service. The catering manager told us they went round the households every three months and spoke to the hosts and people regarding the food options. We were informed it was a four week rotating menu and there were seasonal variations. The catering manager was in the process of looking at menu's to include regional dishes. For example; lobbies which is a traditional Wigan dish of beef

and potato.

The catering manager experimented with foods and consistencies to develop dysphagia food options. They were part of NACC (national association catering care homes). The catering manager had developed a dysphagia pie. They experimented with foods based on people's choices. A person wanted toast so the catering manager had experimented with consistencies to recreate toast and sandwiches. The Christmas party had consisted of dysphagia sandwiches made up of salmon and cream cheese and ham. They were in the process of experimenting with chips and trying to make them pureed and mould them back to look like chips. They had a pork chop mould which they did very thin. They made dysphagia desserts. They made trifle in a glass so it looked appetising and people could see it. The fruit was pureed and had a pureed moulded cherry on top. They had pureed cheesecake and thickened lemonade, shandy and gin and tonic.

We saw evidence of involvement with health professionals recorded. Professional's people saw included; GP, chiropodist, optician, dentist, mental health nurses, district nurses, social workers, community dieticians and diabetic nurses. A relative told us; "They ring the GP if needed immediately and then contact us".

We saw throughout both inspection visits, staff sought consent before providing care and support. A consent form was also signed by the person receiving support in regards to; life plans, access to records, training, self administration of medication, laundry, statement of terms and conditions and photographs.

The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. If the location is a care home, CQC is required by law to monitor the operation of the DoLS, and to report on what we find.

At our first inspection visit we found the DoLS matrix was difficult to follow and ascertain when applications had been submitted, granted and required resubmission. The DoLS documentation was kept in the managers office which meant staff did not have access to the recommendations and documentation. This had been addressed by the time we returned for our second visit and we saw a new matrix had been developed and applications had been appropriately submitted. Copies of the applications were on the household so staff had access to the required information. A staff member told us; "Quite a few people on here have fluctuating capacity, it's judged on day basis."

Is the service caring?

Our findings

We saw a recent satisfaction survey that people had completed indicated that 71% strongly agreed staff were caring and attentive and 29% agreed.

We observed staff interaction with people which was respectful and friendly. People who used the service appeared relaxed in the company of staff. We asked people living at the service whether the staff were kind and caring and if they received quality care and support. We received mixed responses from people. A person told us; "Oh you can't go wrong here the staff are grand." Another person said, "The staff help me all the time. They are all so pleasant and I can joke with them. They are very attentive to my needs."

Other comments included; "The staff are very nice." "The staff are very good." "Some really good staff and some not so good staff." "Some staff are a bit casual." "Some staff are brilliant." "(Staff member's name) is exceptionally good."

Relatives were positive regarding the care that their family member received. One relative said; "The care workers are so nice and [my relative] is so dependent on them." A second relative said; "All the staff are fantastic." A third relative said; "The staff are very good, always there to answer your every question."

All six of the Households had been decorated for Christmas, with staff on one household having bought and decorated a Christmas tree in the theme of the Wizard of Oz. We saw staff used the themed tree as a talking point and memory aid for people. People were observed instigating conversation regarding the tree and reminiscing about the film.

People referred to the household as their home and it was evident from our observations that people were relaxed in each other's company. We observed people sitting and chatting, reading newspapers and watching television. Other people freely moved around the households using their bedrooms to retire to during the day if they wished to do so.

We saw positive interactions between people and staff. It was noted that staff called all residents by their first names or nicknames. During informal conversations, staff spoke about individual residents with knowledge of their backgrounds, and their likes and dislikes.

We observed staff treating people with kindness and compassion. Staff spoke to people in respectful tones and listened and responded to people. We observed people embrace staff and the natural reaction from staff was to appropriately place their arms around the person. People held hands and staff were not uncomfortable with people's displays of affection. Staff appropriately responded during these interactions and people were observably content in the staffs company.

We saw a person complain that their back was sore. The staff member was attentive and offered pain relief. We observed the staff member stud rubbing the base of the person's back. On another household, a staff member had brought a person that was on bed rest their bed to the door so that they could see what was

going on. The staff member explained that they did this so the person didn't feel isolated from the household.

A staff member had come in work in her own time to sit with a person who was extremely poorly. We spoke with the staff member and they told us that staff had not got time to sit with the person for hours so they were doing it in their own time. We observed the staff member supporting the person's family who were also there and were upset.

During the inspection we saw people being treated with dignity and respect. We observed staff knocking on people's doors before going in to people's bedrooms. This was also corroborated by people. A person told us; "They always knock before coming in to my room and close my door when they come in." We asked staff how they maintained people's privacy and dignity. A staff member told us; "I always knock, close doors and shut curtains. When doing personal care, I make sure people are covered up. If a person is upset and need to talk, I take them somewhere private and turn the TV off or down."

We looked to see how staff promoted people's independence and offered them choices. Person; "I've helped peel the potatoes." Another member of staff added; "Asking people what they want to do is important so we can see what help they need. There are a few people here who can do their own things and that is something we very much encourage."

We looked to see how the service promoted equality, recognised diversity, and protected people's human rights. Staff completed a spiritual and religious care assessment which enabled staff to capture information regarding people's religion, customs, sexuality and relationships. The information was used to formulate plans and develop care and support to meet people's individual needs. One staff member gave an example of a person who did not like being supported by staff of the opposite sex to them and how they would call for a member of staff to support from another household when required to respect this person's choice.

Assessment of people wants and wishes when approaching end of life were discussed. We saw information was captured regarding where people would want to be, funeral arrangements and whether people had considered organ donation. The management demonstrated a continued commitment to best practice and training when supporting people at the end of life. All of the staff were encouraged to undertake end of life care training and many had completed the six steps programme. This is a North West end of life programme that helps people nearing the end of their life to remain at their care village to be cared for in familiar surroundings by people they know and trust. The management team at the village had completed the Gold Standards Framework (GSF) which is an accredited national training programme for end of life care. The service was currently engaged with a formal 12 weeks end of life education programme with the local hospice. The programme provided support, training and visits to review processes and support assessment.

Is the service responsive?

Our findings

The people we spoke with expressed their satisfaction with the service they received. Comments included. "Very good they look after me tremendously" and "I am subject to falling. I have an alarm which goes around my wrist. I can press it and call for help if I need to. They are never so long before they come to me."

We looked at what arrangements the service had in place to ensure people received care that had been appropriately assessed, planned and reviewed. We looked at 17 people's life plans and saw they contained social work pre assessments and initial assessments. Information captured included; people's healthcare needs, allergy information, special dietary requirements, communication, hearing, getting ready for the day, occupying day. These were used in conjunction with speaking with the person and family when appropriate. This helped provide a more detailed and holistic pre-admission assessment to inform the persons life plan and risk assessments. One staff member told us, "If I was needed on another household I would look at the life plans for the people living there. That would give me the information I would need to support them."

Each person had a copy of their life plans located in their room for them to look at when they wished. On person pointed this out to us and said, "Oh that's a file all about me." We asked if they knew the content and if so was it correct. They replied, "Yes I have had dealings with it and my family have too." People's files also contained information about likes and dislikes and health conditions. The files we looked at had been reviewed in line with the provider's procedural guidance and comments from people we spoke with and their family members supported they had been involved with reviews.

The life plans showed regular visits from relevant other professionals such as a GP, an optician, a chiropodist and district nurses. This meant appropriate healthcare professionals were accessed when people required them. Each person had a detailed care pathway, an assessment of possible risks and a description of the person's needs for support and treatment. The life plans were reviewed monthly by the senior carer or nurse.

The life plans we looked at also contained detailed life history information which was captured in 'this is me'. This document contained detailed information regarding people's younger days, significant relationships, marriage, war years, family employment. This meant staff had access to information about peoples backgrounds and could provide care based on their likes and preferences.

Daily reports were completed by staff and contained written evidence to show people had received care and support in line with their assessed daily living needs around personal care and social engagement. We noted that these records contained an appropriate amount of detail of the person's daily experience and people's experiences were described in a respectful and sensitive way. However, as discussed in the safe domain in detail we found that in some cases information about nutritional requirements and risk was not captured or consistent with professional recommendation.

We observed staff being responsive to people's needs. A staff member checked a person was sat on a pressure cushion before going to the coffee morning. They explained to the person that they would be

sitting for a longer period and needed to make sure that they were comfortable.

The service had a respite bed that's sole use was to offer respite to people that required this facility. People told us they had their own routines and could go to bed and get up when they wanted. A staff member told us; "People get up and do what they want during the night. We do encourage people to go back to bed but if they don't want too that's fine. There are enough staff around."

We found positive relationships were promoted and people were being supported as appropriate, to maintain contact with relatives and friends. Some people had telephones in their rooms and mobile devices.

We received a mixed response from people and their relatives regarding the quality and quantity of activities provided to promote social stimulation. Positive comments included; "I go out in the garden, weather permitting." A second person said; "They have pamper sessions." A third person told us; "There's the choir on Thursday nights, I do enjoy that very much. A member of staff takes me in my wheelchair." A fourth person said; "They hold church services internally and it's never a problem for me to attend."

Other comments included; "The Christmas Party was very enjoyable; the group were smashing."

"I go to the gym twice a week." "I came here to be near my wife, she's in the next block so I walk to each end of the building every day to see her." "I go out with my family." "I've been down to the Bistro quite a few times with family."

A number of people spoken with and relatives of people living at the care village told us there was little stimulation and activities offered to people. Comments included; "We get no visits outside at all." A second person said; "Quite long periods of time spent on my own but I like to read so I'm okay." A third person said; "Nobody has ever asked what I would like to do." A fourth person told us; "No activities go on, we've just got the TV." A fifth person told us; "There's nothing to do, we're just left in front of the TV".

Relatives comments included; "Nothing goes on, she's just wheeled in front of the TV. If the staff ever have spare time they just chat between themselves, all her time is spent in bed or in her chair." A second relative said; "[Person] prefers not to do activities, they just like sing-a-longs and watching films." A third relative said; "Not enough staff to take [person] anywhere although they did attend the Christmas Party."

Activities were advertised in 'what's on' which was a Belong programme. The service employed an, 'experience coordinator'; it was their role to plan and co-ordinate daily activities. They told us some of the recent activities which had taken place at the service. These included, coffee morning, chair based exercises, reading groups, reminiscence and craft. Following the inspection, the experience coordinator updated us regarding December 2016 activities which included; 'oomph' exercise classes, table tennis, Lancastrian themed evening which included entertainment and food, Great Gatsby party, Santa Claus visit, Christmas party with a performance by a school choir, songs of praise, dementia friends meeting groups, blind society meeting groups, knit and natter, visits to the local dementia friend pub with free lunch.

The experience coordinator scheduled activities on different days on each household at different times. The experience coordinator also told us that they liked to encourage and support people to visit the different households so they could build friendships with people and join any additional activities. A staff member told us they were not sure what to do with people and the activities to offer. They told us that a person liked songs of praise and a person went to coffee morning but that there was not much else going on.

The service offered a gym, spa and a bistro which was also open to the public. People living at the service could visit these amenities when they wished but people with restricted mobility were dependent on staff

taking them. One staff member said; "One person was very timid when they came to live here. But now they go to the gym twice a week, that's what makes the job worthwhile." During our visit, we observed some of the residents attending a coffee morning in the Venue and one of the Households held a quiz for the residents in the afternoon in their communal lounge area. During lunch, we also observed a few residents were dining in the Bistro with their friends and family. We also saw one resident being accompanied by a member of staff to enable them to go on a shopping trip for a Christmas card.

The service had a complaints procedure in place. The procedure provided directions on making a complaint and how it would be managed. This included timescales for responses. We found the service had systems in place for recording, investigating and taking action in response to formal complaints. The service had received 20 complaints in total over the past year. These complaints in general were minor complaints and had been dealt with as per policy requirements. People told us they felt confident in making a complaint. One person told us, "Oh if I wanted to complain I would speak to staff they would pass it on. If not I would ask for somebody from the office." A relative told us; "I've raised complaints within the household but I've never complained to management."

The management team expressed some concern regarding the feedback obtained during the inspection as the service proactively encouraged feedback through surveys and analysed the outcome of the surveys to drive continued service improvement. The feedback we received did not corroborate with the feedback received through the satisfaction survey and carehome.co.uk. On carehome.co.uk the service had been rated as 9.7 out of 10 following the 13 positive reviews obtained in the past 12 months.

Is the service well-led?

Our findings

There was a registered manager in post at belong Care Village. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We asked the people and their relatives spoken to during the inspection whether they felt the care village was well led. A person told us; "I've never seen the service manager." A second person said; "I met the manager when I first arrived but I've not seen her since." A third person told us; "I wouldn't know who the manager is but I wouldn't hesitate to ask for them if I needed them." A fourth person said; "I don't really know the management but I would recommend it because I think it's OK and I've got quite fond of the staff."

A relative told us; "I've seen the manager approximately three times but they are not my cup of tea." A second relative said; "It's very rare to see management." A third relative said; "Never see the management, they don't even acknowledge you."

We looked at the systems in place for the registered manager to promote their visibility and found that they undertook a daily walk round of the households and the care village, the registered manager ate their lunch in the Bistro with service users, their relatives and the general public and their name and contact details were included in 'Your guide to living at Belong Atherton' which was given to each service user and also prominently displayed throughout the care village.

We found the registered manager to be approachable and they considered the service to be well led. Throughout the inspection all documents we requested to see were easily accessible and provided to us.

Staff told us they felt the registered manager would always put time aside for them and they felt able to discuss any issues or queries with them. Staff told us said they could contact any of the management team out of their working hours if they had any issues. Comments from staff were positive about the registered manager. One staff member told us; "The manager is absolutely brilliant. You can go to her anytime with anything." A second staff member said; "The manager is very approachable. She will do a walk through during the day and at times during the night to ensure all is well." A third staff member told us; "The management are approachable. It's a nice job and a nice place to work." Another said; "I can't complain. The manager comes on the household daily."

The service had a range audit systems. These had been designed to monitor the safety and effectiveness of the service provided to people. Audits included infection control, complaints, staffing, medication and nutrition and hydration. We saw in some cases these audits were not effective and did not identify gaps in areas of essential care and monitoring especially when considering people's nutritional risks and requirements.

Life plan audits were also completed. These established whether people's consent had been sought and

relevant documentation was being used. Given the concerns we raised in relation to people's nutritional plans it was evident that these audits were failing to identify short falls in these areas as the management were just looking to see if the required documentation was in place and not looking at the quality of the assessment or whether the content in the life plan had been updated timely to meet people's needs.

This was a breach of Regulation 17 (2) (b) (c) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance, because the service had failed to effectively assess, monitor and improve the quality and safety of the services provided.

The provider ensured the service was equipped with a range of policies and procedures. This ensured staff were provided with clear information about current legislation and good practice guidelines. Policies were regularly reviewed and updated as necessary to ensure they reflected any changes. Staff had been given 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.

There were procedures in place for reporting notifiable events to the Care Quality Commission (CQC) and other organisations such as the local commissioners, local authority safeguarding and deprivation of liberty teams. Our records showed that the manager had appropriately submitted notifications to CQC about incidents that affected people who used services.

We received mixed responses from people and their relatives regarding whether their feedback had been sought to improve services. One person told us; "There was a resident meeting last year but it's not a regular thing." A second person said; "On one occasion, they gave us a questionnaire to complete...not seen one since and I've been here over 4 years." A third person said; "Never been asked for feedback."

We saw quality surveys had been completed by people, their family members, professionals and staff. These were designed to gather people's feedback on the service and identify any actions which may be required. The registered manager told us the outcome of these surveys was shared with the staff team and used to drive improvement within the service. Comments from the surveys included, "Caring staff," "Good choice of activities," "Home clean and tidy," "Staff help and listen," "Staff are very caring" and "I feel well looked after."

Staff meetings were frequently held as per policy. These meetings were used to discuss any issues and feedback any complaints, compliments along with refurbishment plans and activities. Good and bad practice examples were also covered. Staff told us that their issues and ideas were listened to and discussed further within this environment. Staff felt the meetings were a good arena to suggest new ideas and ways of working.

Staff we spoke with told us they were happy in their roles as carers. One staff member said, "I will be honest, I had a big thing about working in care homes and I didn't think I would like it. But I absolutely love it here; it is very different to others I have been in. It's very relaxed, clean and homely."

We noted the service had a 'statement of purpose'. This highlighted that the service's aims and objectives and outlined the underpinning principles of the service and its commitment to ensuring people received high quality care and support.

The service had 'Investors In People' status Gold. The Investors in People status is a sign of a great employer, an outperforming place to work and a clear commitment to sustainability.

The management explored opportunities to influence improvements in services. The management were

part of TABA, which was the initial of the catchment area it represented. For example; Tyldesley, Atherton, Boothstown. All the GP's, care homes in the catchment area had developed a business group to streamline service.

The service had also been nominated for star awards as part of the hospice training received. The care village had been nominated for; support worker of the year, senior nurse, peer supported nomination. The catering manager had also been nominated in the Great North West awards and reached the finalists for their catering and dysphagia training.

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 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider had failed to effectively assess, monitor and improve the quality and safety of the services provided.
Treatment of disease, disorder or injury	