HC-One Limited

Worsley Lodge

Inspection report

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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

We undertook this unannounced inspection on the 12 October 2016. The last full inspection took place on 6 May 2014 and the registered provider was compliant in all the areas we assessed.

Worsley Lodge is registered to provide accommodation and personal care for up to 48 older people, some of whom may be living with dementia. The home is a purpose built, two storey service situated in Worsley on the outskirts of Manchester. It is situated in pleasant grounds and has access to all local facilities. On the day of the inspection there were 43 people using the service.

The service did not have a registered manager in post. 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 previous registered manager had moved to manage another service in the organisation earlier in the year. Since then, the service had been managed by the current acting manager and also another manager who resigned after working at Worsley Lodge for a short time. The acting manager confirmed they intended to submit their application for registration.

We found poor standards of hygiene throughout the home. We found communal areas, people's bedrooms, bathrooms, sluice areas, equipment and furniture had not been thoroughly cleaned.

We saw there were shortfalls in the administration and recording of some people's medicines. Guidance for staff around the use of 'as needed' medicines was found to be inconsistent.

We found the quality monitoring system had not been effective in highlighting shortfalls in the service and action had not been consistently taken in order to address these. Delays in the renewal of areas of the premises were evident, however the operations director who attended the inspection made arrangements during the day for improvement work to the sluice areas to be completed as a priority.

The above areas breached regulations in cleanliness and infection prevention and control, safe administration of medicines and monitoring the quality and safety of the service. You can see what action we have asked the registered provider to take at the back of the full version of the report.

People told us they felt safe living in the service. We saw staff interacting with people and they did so in a kind, caring and sensitive manner. Staff showed good knowledge of safeguarding procedures and were clear about the actions they would take to protect people.

We saw there were enough skilled and experienced staff on duty to meet people's needs. We found staff had been recruited using a robust system that made sure they were suitable to work with vulnerable people. They had received a structured induction and essential training at the beginning of their employment. This

had been followed by regular refresher training to update their knowledge and skills.

We found staff ensured they gained consent from people prior to completing care tasks. In the main, staff worked within mental capacity legislation when people were assessed as not having capacity to make their own decisions. However, we found one person's deprivation of liberty safeguard (DoLS) authorisation had expired and an application of renewal had not yet been made. We also found the decision about a person's resuscitation status required review following the outcome of a more recent assessment of their capacity. These issues were addressed shortly after the inspection.

People liked the meals provided to them and there was sufficient quantity and choice available. We saw people's weight, their nutritional intake and their ability to eat and drink safely was monitored and referrals to dieticians and speech and language therapists took place when required for treatment and advice. During the day, we observed people were served drinks and snacks between meals.

People's privacy and dignity were respected and staff provided people with explanations and information so they could make choices about aspects of their lives. There were positive comments from relatives about the staff team.

People's needs had been assessed before they moved into the service and they had been involved in formulating and updating their care plan. The care files we checked were individualised and reflected people's needs and preferences in good detail. Care plans and risk assessments had mostly been reviewed and updated on a regular basis.

People's healthcare needs were met. People told us that they had access to their GP, dentist chiropodist and optician should they need it. The service kept clear records about all healthcare visits and appointments.

We saw people were encouraged to participate in a wide range of activities at Worsley Lodge and in the community and to maintain their independence where possible. Relatives told us they could visit at any time and we saw staff supported people who used the service to maintain relationships with their family.

People told us they had no complaints but would feel comfortable speaking to staff if they had any concerns. We saw the complaints policy was readily available to people who used or visited the service. There were systems in place to enable people to share their opinion of the service provided and the general facilities at the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Satisfactory standards of hygiene and cleaning had not been maintained in the service.

Some people did not receive their medicines as prescribed.

Staff knew how to recognise and respond to abuse and understood the processes and procedures in place to keep people safe.

Staff were recruited safely and were employed in sufficient numbers in order to meet the needs of people who used the service.

Is the service effective?

Good

The service was effective.

People were able to make choices about aspects of their lives. When they were assessed as lacking capacity to do this, the registered provider acted within the principles of the Mental Capacity Act 2005. Although some decisions required review and renewal which were addressed after the inspection.

Staff had access to training, supervision and support to help them feel confident when supporting people.

People received the assistance they needed with eating and drinking and the support they needed to maintain good health and wellbeing. The service had good links with health and social care professionals and appropriately referred people for more specialised support if this was needed.

Is the service caring?

Good

The service was caring.

People's dignity and privacy was respected and people were supported to be as independent as was possible.

People told us they were well cared for. Care staff were kind and compassionate and had a positive rapport with people who used the service.

Confidentiality was maintained and personal records held securely.

Is the service responsive?

Good

The service was responsive.

Assessments were completed and care plans were produced in a person-centred way which helped to guide staff in how to support people in the way they preferred.

There was a range of activities provided which helped people to have meaningful occupation and stimulation.

There was a complaints procedure and people felt able to raise concerns in the belief they would be addressed.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

There was a quality monitoring system in place but this had not been used effectively to identify some shortfalls in the service and take robust action to address them.

Inconsistent management of the service in recent months had impacted on staff morale although this had improved as staffing issues had settled.

Meetings were held to enable people who used the service, their relatives and staff to express their views about the service.

Worsley Lodge

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 registered 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 unannounced inspection was carried out by two adult social care inspectors and took place on 12 October 2016.

Prior to the inspection we spoke with the local authority safeguarding team and they told us there were no concerns about the service. We looked at notifications sent in to us by the registered provider, which gave us information about how incidents and accidents were managed.
We had not asked the registered provider to complete a Provider Information Return (PIR) before the inspection was undertaken. A PIR is a form that is completed by the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with eight people who used the service and nine relatives. We also spoke with the acting manager, operations director, a deputy manager, a senior care worker, two care workers, a domestic, laundry assistant, activities coordinator and the cook.

We looked at four care files which belonged to people who used the service. We also looked at other important documentation relating to them such as accidents and incidents and the medication administration records (MARs) for 22 people. We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf. We also looked at a selection of documentation relating to the management and running of the service. These records included three staff recruitment files, the training record, the staff rota, supervision logs, minutes of meetings with staff, relatives and people who used the service, quality assurance audits, complaints management and maintenance of equipment records. We conducted a tour of the service.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living in Worsley Lodge and staff treated them well. They said staff usually responded in a timely way when they pressed the call bell. One person said, "I feel safe here and the staff are very helpful. When you use the bell they [the staff] generally come quick enough, I can't grumble." Another person told us, "The staff are all very good and definitely speak to us in a nice way. Staff are usually quick to respond to requests, sometimes there is a bit of a wait in the morning, but it's not too bad." One person told us they sometimes had to wait for support in the evenings and they had discussed this at a residents meeting. They told us things had improved in recent weeks.

Comments from visitors we spoke with included, "Our relative feels very safe here and we feel the same", "Yes very safe, the staff are very good with all the residents", "Most times there are enough staff on duty and they do sit and talk with mum" and "Occasionally there may be a person [member of staff] light which slows things but overall very good."

When we asked people who used the service and their relatives about the cleanliness of the service we received mixed comments. These included, "My room is kept lovely and clean", "The home is clean, they cannot always ensure there are no odours" and "Sometimes I think hygiene could be improved."

Prior to the inspection we had received information of concern from the public health team at Salford Council about poor standards of cleaning and hygiene in the service. We completed a tour of the premises as part of our inspection and identified similar concerns. This included mal odours in bedrooms and the first floor lounge, and carpets which were stained and dirty. We found furniture, fittings and equipment such as commodes, sensor mats, toilet seats and frames, wheelchairs and hoists which had not been cleaned adequately. Some items were damaged which meant they could not be cleaned effectively.

Checks on the sluice rooms found the flooring, tiling, décor and shelving was in a poor condition and required redecoration or renewal. The flooring, shelving and sink in the medicines room were dirty. We found there were numerous gaps in the cleaning records which indicated staff had not completed the cleaning tasks on those days. The operations director took action during the inspection for the shortfalls to be addressed.

These issues meant there was a breach of Regulation 12 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

Safe medicines practices were not always followed, which meant people were at risk of not receiving their medicines in line with prescribing guidelines. When we checked the medicine administration records (MARs) for 22 people we found medicines were not always given as prescribed by the doctor. For example, a person who was prescribed a pain relief medicine once a week had not been given this medicine for two weeks and received their medicine during the inspection visit after the inspector queried this. Another person was prescribed a medicine to be taken once each week and they had not received their medicine for two weeks as they had either refused the medicine or were asleep when staff had tried to administer this. There was no

evidence that staff were going back to the person to administer the medicine. We found one person's sedative medicine was prescribed 'as required' and had been administered regularly each day. There was no protocol in place to provide direction for staff on when to administer the medicine, for example, the level of agitation or anxiety the person displayed. Staff were not recording the reason the medicine had been administered. Another person was prescribed and administered a sedative and there was also no protocol in place.

We also found some recording issues where staff had not used the correct code on the MAR to support non-administration and when hand transcribing a person's medicine prescription there was no second signature, to indicate another member of staff had checked the record was correct. We also found the temperature of the medicines storage room had exceeded the manufacturer's guidelines on four occasions in recent weeks.

These issues meant there was a breach of the Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a policy and procedure to guide staff in how to safeguard people from the risk of harm and abuse. Staff completed safeguarding training and in discussions were familiar with the different types of abuse, the signs and symptoms which may alert them to concerns and how to refer an allegation to the appropriate agencies.

We found care and support was planned and delivered in a way that promoted people's safety and welfare. Risk assessments were completed to guide staff in how to keep people safe and minimise the risks associated with specific activities of daily living. These included areas such as moving and handling, falls, pressure areas, nutrition, swallowing difficulties and the use of equipment such as bedrails.

Staff spoken with demonstrated a good understanding of people's needs and how to keep them safe. We observed staff supported people to move around safely using equipment such as walking sticks, frames and wheelchairs. Equipment and utilities used in the service, such as the lift, hoists, fire alarm, call bells, hot water, gas and electrical items were maintained and checked by competent people. Contingency plans were in place to advise staff on the action to take in an emergency such as power failure and floods etc.

We saw accidents and incidents were investigated and appropriate action was taken to prevent their re-occurrence. For example, outcomes showed the involvement of healthcare professionals and the introduction of technology such as sensor mats, following a fall. One person had been supported to move to live on a different floor at the service and the incidence of falls had significantly reduced. This showed the acting manager had systems in place to monitor people's safety and seek support and guidance to manage risks.

The three staff files we checked showed staff were recruited safely; each potential employee completed an application form so gaps in employment could be examined. References were obtained and a check made with the disclosure and barring service [DBS]. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions.

Staffing levels provided during our inspection met people's needs. The acting manager considered people's dependency and support needs which determined the staffing levels provided at the service. On the day of our inspection there were 43 people using the service. The staffing rota indicated there were two senior staff and five care staff on shift morning and afternoon. This reduced to a senior care worker and three care

workers during the night. There were separate staff for activities, administration, catering, domestic, laundry and maintenance tasks and the acting manager was supernumerary. Throughout the inspection we noted people were not made to wait for care and support and their requests were met by attentive staff.

Staff we spoke with told us the current staffing levels were generally adequate to support the needs of the people who used the service. One member of staff told us, "Yes we have enough staff on, the dependency levels are fairly stable and we don't often work short" and another one said, "Staffing issues are getting sorted now, we used to have a lot of sickness and this is being addressed." The operations director confirmed there had been some issues with staff turnover and sickness but this had settled in recent weeks and support was being provided to the acting manager to deal with this effectively.

Is the service effective?

Our findings

People told us they were able to access healthcare professionals when needed. They also told us they enjoyed the meals provided by the service. Comments included, "The food is very good, I always get the meals I like", "The morning staff tell us what's on the menu and we always have a choice of three meals. They will always make you a sandwich if that's what you prefer", "Plenty of choice and lovely meals", "The salad was lovely and crispy today", "I see the chiropodist regularly and if I needed the doctor they would arrange this" and "The GP comes here most days, so we are well looked after. I had a fall and the district nurse comes in regularly to change the dressings. I go out to my own chiropodist and optician, I prefer that."

Relatives we spoke with told us, "My relation's health problems are well taken care of. She mislaid her teeth recently and they organised a dentist and new dentures", "Very good healthcare, any worries are discussed with staff", "When [name of relative] fell they took her to the hospital, they contacted me to let me know and I had time to meet them there", "All the meals look appetising, he always tucks into everything and says they are tasty. He is putting on weight. "

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 make 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 it is in their best interests and legally authorised under the MCA.

The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). There were twenty people who used the service who had DoLS authorised by the supervisory body and further applications for ten people were being considered. The DoLS were in place to ensure those people received the care and treatment they needed and there was no less restrictive way of achieving this. We found one person's DoLS had expired two weeks prior to the inspection and no new application had been submitted. Following the inspection we received confirmation from the operations director that an application for renewal had been made.

Records showed people who lacked capacity had information recorded about representatives/ relations who held power of attorney (legal authority) for finances and health and welfare to make sure people's rights were protected. We found MCA assessments and best interest decisions were in place to support aspects of care including DNACPR (do not attempt cardio pulmonary resuscitation) and the use of equipment that restricted a person's movement, for example, bed rails. We found one person's DNACPR record was not valid following a recent assessment of their mental capacity and this now required review. Following the inspection, we received confirmation that the service had arranged a meeting with the person's GP and family to discuss the decision about resuscitation.

Staff understood the need to support the rights of people who had been assessed as having reduced mental

capacity and told us their role was to support people's freedom and independence as far as possible. Staff told us they always asked people's consent before they provided care or treatment and continued to talk to people while they assisted them so they understood what was happening. They told us they respected people's right to refuse care and treatment and never insisted they accept treatment against their wishes. We observed this in practice when one person declined the offer of support from a carer to change an item of clothing after spilling their drink. We noted the carer returned some time later to offer support which was then accepted.

People were supported to maintain good health and had access to healthcare services. They were assisted to access professionals such as the chiropodist, GP, dietician, podiatrists and the district nurse team. Records were made of when the professionals visited and what treatment or advice they provided. In discussions, staffs were clear about when to contact health professionals for advice and guidance; they gave examples of the signs and symptoms that would alert them to a person whose health was deteriorating.

We found people's nutritional needs were met. People who used the service had their nutritional needs assessed during the admission process; this included their likes and dislikes, and any swallowing difficulties. Risk assessments were completed and the frequency people were weighed was based on the outcome of their assessment. Dieticians were involved when required and staffs were aware of the referral system. Menus provided choices and alternatives and we observed drinks and snacks were available throughout the day. The cook explained how they provided people with a healthy balanced diet and all meals were home-cooked. They catered for people with diabetes and prepared fortified foods for people who were at risk of losing weight. They also provided soft and textured diets for people with swallowing difficulties. Records showed people's weight had been monitored regularly and the provision of fortified diets for people at risk of malnutrition helped ensure they maintained a healthy weight.

At lunchtime, we observed meals served in both units. The atmosphere was relaxed, we saw people were offered a choice of meal and staff spoke reassuringly and kindly to people as they supported and encouraged them to eat. People had clothes protectors and plate guards when required. The meals provided looked well-prepared and well-presented and people enjoyed them. Staff were attentive to the needs of people who required assistance.

We looked at the training records for all of the staff who worked at the service and saw the majority of essential and more diverse training had been undertaken and kept updated. This was also monitored at head office. The operations director confirmed the service was not currently meeting the organisation's training targets. This was due in the main to long term staff sickness and recent staff turnover, but the registered provider's learning and development facilitator was visiting the service and providing additional support and direction for the acting manager. Staff were supported to achieve a recognised health and social care qualification. A member of staff we spoke with told us, "There is a good range of training available and we have one to one and team meetings." We also spoke with a new member of staff who was completing their induction. They confirmed they were shadowing experienced staff who had all been very friendly and supportive and that it was a nice home to work in.

We saw staff had access to formal supervision meetings and on-going day to day supervision and support. Staff had supervision meetings with the deputy manager or acting manager. The structured plan of supervision showed some gaps, however a revised programme was provided following the inspection which showed more sessions had been completed and planned for all staff. The previous registered manager had completed staff appraisals before she left. Staff told us they felt more supported by the recent changes in management and they were able to raise concerns or issues and these would be acted upon.

We found there had been some adaptations to support the needs of people who used the service. For example, there were grab rails in corridors, toilets and bathrooms and raised toilet seats. There was some use of contrasting paint colours, photographs on doors and pictorial signage to provide orientation for people living with dementia. Wall calendars, large faced clocks and pictorial activity boards also provided people with visual prompts and information. We found some bedrooms and communal areas had recently been redecorated and refurbished with further work planned, although there was no structured renewal programme in place. There were attractive secure gardens and a new summerhouse had been provided.

Good

Is the service caring?

Our findings

We asked people who used the service if the staff team were caring and treated them with dignity and respect. Comments included, "You couldn't wish for nicer staff", "Very good staff, they are all kind are helpful, nothing is too much trouble", "Yes I do, they are kind and help me to manage the things I struggle with. They don't take over, they help me to be as independent as I can be and that's good."

Relatives told us, "The home is most welcoming and the staff are very caring and informative", "Very good staff, they go the extra mile here", "[Name of person] is very well looked after", "Staff are very friendly and attentive", "The staff here are most caring to my relation and all the family, they really can't do enough for you" and "Yes, the staff are very kind, caring and compassionate and in some cases even more than this. They always respect people's dignity and privacy."

We found Worsley Lodge had a friendly, relaxed atmosphere which felt homely. Relatives told us there were no restrictions to the times when they visited the home and were always made to feel welcome. They said although staff were busy they were always friendly and approachable.

Care staff spoke with warmth and compassion about the people they supported. They knew people well and understood their individual likes and dislikes. People confirmed they were free to remain in their rooms and relax as they wished. They told us they chose when they got up, went to bed and how they wanted to spend their time. We saw people had been involved in providing information for their care plans. There were preferences, likes and dislikes recorded. People were listened to and their choices were respected.

Staff approached people in a kind and caring way which encouraged them to express how and when they needed support. We observed staff were kind and attentive during activities, assisting with mobilising, administering medicines, meal times and when giving people drinks and snacks in between meals. A member of staff administering medicines checked people had sufficient water to drink with their tablets and they discreetly checked if people required any pain relief. We overheard members of staff asking people if they wanted second helpings at lunch time and people were provided with alternatives such as sandwiches when they decided they did not want their first meal of choice. When assisting one person with their tea time meal, the member of staff said, "I've brought you a fork for your beetroot [Name]; we don't want you getting pink fingers." We heard staff having relaxed conversations with people; they talked about news, their families and reminisced with people about the local area. The interaction was genuine and both staff and people who lived at the service were heard laughing and sharing stories.

Staff understood the importance of respecting people's dignity and encouraging independence. In discussions they said, "We knock on doors, keep doors and curtains closed and cover people up as much as possible to keep them warm and comfortable" and "We explain everything we do and give people time to do as much for themselves as they can, we don't rush them." People were generally well groomed and cared for, although we observed a small number of people did not have any footwear on during the day and mentioned this to the acting manager to follow up. One person's relative told us, "[Name of person] has always liked to look smart and the staff understand this and ensure she is well turned out and her hair is

tidy."

There was a welcoming reception area and staff greeted people who visited the service. We saw people who used and visited the service were provided with a range of information. There were notice boards with information about the organisation, staff, activities and events planned. There were lots of photographs of people participating in a range of activities. The menus were available and there were leaflets in reception about the service, how to complain and advocacy arrangements. The food hygiene certificate and previous inspection reports were on display. People had been provided with detailed information packs about the service on admission. A monthly newsletter provided people and visitors with information about planned activities, resident's birthdays, information and updates. They also encouraged people to make comments about the service and nominate staff for the organisation's 'kindness in care' award.

All the bedrooms were for single occupancy and many had en-suite facilities, which afforded people with privacy. Each room had a lockable facility and privacy locks were in place on bedroom, bathroom and toilet doors. Bedrooms were personalised and people and their relatives had brought in items to make them homely.

The acting manager and staff were aware of the need for confidentiality with regards to people's records and daily conversations about personal issues. We found people's care files in daily use were held in the staff office where they were accessible, but held securely. Staff records were held securely in lockable cupboards in the main office. Medication administration records were stored in the treatment room. The operations director confirmed the computers were password protected to aid security and the registered provider was registered with the Information Commissioner's Office, which was a requirement when computerised records were held. We saw staff completed telephone conversations with health professionals or relatives in the privacy of an office.

Good

Is the service responsive?

Our findings

People we spoke with told us they could participate in activities when they chose to and also that they would feel comfortable raising concerns with staff. Comments included, "Most of the time I prefer to stay in my room, but I come out for some of the activities and birthday parties. I like the singers", "[Name of activities person] is lovely and arranges lots for us to do. We do baking and crafts, exercises and singing", "We go on some trips out, there's always something going on, it's quite good really" , "We get good care and can do as we please, I have no complaints about anything" and "If I wasn't happy I'd talk with the seniors and they would sort things out."

Relatives told us, "Yes, she is going to Blackpool soon and went on a barge for lunch two weeks ago. In house entertainment is good", "Regular meals out, boat trips and parties", "Always something going on for everyone, they do exercise sessions, bingo, crafts and all sort of games", "If there are concerns I speak to the manager", "There is always someone you can talk to with any problems you may have", "Never had to raise concerns" and "No issues, but we would feel okay talking with the staff or the manager. We are very happy with the care."

Relatives told us staff were proactive. One relative said, "They have always responded well to changes in their [the person's] condition and kept us well informed." Care records showed needs assessments had been carried out before people had moved into the home and further developed on admission. Staff recorded information about people's backgrounds and interests which gave them some understanding of the values and preferences of the people they supported. People who used the service, and the relatives we spoke with, confirmed they had been involved in formulating care plans and this was evidenced in the care files we sampled.

Care files contained detailed information about the areas the person needed support with and any risks associated with their care. The care plans were person-centred and included what was important to the person, how best to support them, likes, dislikes and preferences. They also indicated what the person could do for themselves and what they required assistance with; this was important in ensuring people retained their current skills. For example, due to one person's restricted vision, their eating and drinking care plan directed staff to turn the plate around half way through their meal so the person could still see they had food on their plate. In another person's care file, we found a plan to support them when they became anxious provided staff with clear and detailed guidance on how to speak to the person and what to say to help distract them and reassure them. We saw some care plans to support other people to reduce their anxieties and behaviours that were challenging to other people, could include more guidance for staff on how to manage these behaviours. This was mentioned to the acting manager and operations director to address.

Staff responded to people's changing needs. Daily logs and evaluation records generally provided detailed information about the support people required and the progress they were making. These records identified any concerns staff had about people and the action staff had taken to address these. For example, one person's records referred to concerns about weight loss. We saw staff had recorded the need to monitor

what the person was eating and had then made a referral to the doctor for a nutritional assessment. We did find some records required updating and more regular review, which the acting manager confirmed they were addressing.

Supplementary records were in place to monitor any specific areas where people were more at risk and explained what action staff needed to take to protect them. For example, where people were at risk of not receiving adequate fluid intake, a daily fluid target was calculated. Although we found staff had always completed the intake part of the record and provided a total each day, when a person had not achieved their target staff had not always provided an explanation of this and any action taken, which the record prompted them to do. In discussions, staff confirmed any concerns were passed to them in handover meetings and documented on handover records, which we saw.

Staff prioritised the delivery of care to people. For example, when people requested drinks or assistance with mobilising or toileting we saw staff acted on their requests. We observed a member of staff responded straight away when a person became anxious and agitated; they used effective distraction techniques and sat with the person talking with them providing reassurance.

People were consistently provided with a range of creative activities to provide meaningful occupation, stimulate interest and to help people feel part of the local community. The activity co-ordinator was employed for 37 hours each week and had developed a monthly plan of activities that provided people with one to one support and a varied range of group activities, trips and entertainment. People could also access religious services which were held regularly at the service. The activity co-ordinator was very enthusiastic about their role and this was evident in discussions and our observations of the support they provided during the day. We saw people participating in chair based exercises on both units and then games of bingo which they all enjoyed.

The activities programme for October included in-house activities such as: quizzes, sea-side reminiscence sessions in the new summer house, baking, pamper sessions, films, singing, games and a visiting entertainer. Each person had their own social profile record which included information about favourite pastimes, clubs, their level of ability and support required. We saw people had the opportunity to visit local public houses for lunches and a trip to Blackpool to see the lights had been arranged. Children from the local school visited for Harvest Festival and people who used the service had been involved in providing food parcels to the Manchester City Mission to distribute to people in need. A coffee afternoon had also been held in the home to raise money for the Macmillan nurses appeal. Records showed some people in the service were involved in a sporting memories community project and had recently enjoyed an outing to Manchester United football club for a tour of the ground. Relatives confirmed they were invited to activities and events held at the service and during the inspection we saw people going out with the families and friends for meals and shopping trips.

We saw the service had a complaints procedure on display. This told people how to make a complaint and how to escalate it if they were unhappy with the outcome of any complaint investigation. The staff had access to a complaints policy and procedure to guide them in how to manage complaints. This included letters for acknowledgement and forms to record the details of the complaint, investigation and outcome. Records showed that when complaints were received the management had followed the registered provider's policy to ensure the issues were managed appropriately and resolved.

Requires Improvement

Is the service well-led?

Our findings

People told us they felt confident in the way the home was managed. Comments included, "Yes I'm settled and happy with everything here ", "It is managed very well, the only thing I had a problem with was the laundry, but in the last few months this has improved", "They have a family meeting once a month and you can air you views then and any other time you feel you must", "Family meetings are in the evenings so we are able to attend", "Most things run smoothly, now and again we do have problems with laundry which can be irritating", "People are well cared for here, the home's reputation locally is very good" and "All members of staff help to improve things, a survey is done every so often and acted upon."

The service had undergone continued management changes during 2016. The established registered manager had moved to another of the registered provider's services earlier in the year and since then Worsley Lodge had been managed by the deputy manager and a newly recruited home manager who had resigned within a short time. In August 2016 the deputy manager was appointed acting manager.

The continued changes had affected staff morale, although there was some evidence during the inspection that this had improved in recent weeks. Staff told us, "Morale is improving, many of us have worked with [Name of acting manager] for many years and support her new role. It's a friendly place to work and we work well as a team and help each other out where possible", "[Name of acting manager] works very hard and helps out on the floor when needed. Morale has improved in the last few weeks but the manager needs more support from the organisation" and "The management structure has been chaotic this year. Sickness and absence is still affecting staff morale."

There was a formal comprehensive quality monitoring system in place and regular audits had been undertaken, but we found aspects of the programme were not effective. For example, the audits of infection prevention and control had failed to identify poor infection control measures in relation to standards of cleaning and hygiene throughout the service, including the poor conditions of the sluice rooms. Prior to the inspection we had received information of concern about the infection prevention and control (IPC) systems at the service from the public health team at Salford Council. They had inspected the service on the 6 October 2016. At our inspection visit six days later we found similar concerns with the standards of hygiene and cleaning in many areas of the service. We found that minimal action had been taken to address these concerns, although the operations manager had visited the service in the intervening time and the acting manager had continued to complete daily walk round checks of the service. The operations director was present at this inspection visit and took immediate action to arrange improvement work to the sluice rooms, a review of cleaning and hygiene practices at the service and urgent refresher training in IPC for all the staff.

Records showed other shortfalls found during the inspection in relation to medicines administration, review of deprivation of liberty authorisations and staff supervision had not been identified through the audit processes in place.

Not ensuring the service had an effective quality monitoring system was a breach of Regulation 17 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. You can see what action we have

asked the registered provider to take at the end of this report.

The acting manager completed a monthly return on a clinical governance system. This included areas such as falls, weight loss monitoring, the number of pressure ulcers, hospital admissions and infection rates, for example, chest infections. We saw accidents and incidents were recorded and collated each month to see if any improvements could be made. We saw action had been taken when people had experienced falls such as a referral to the falls prevention team and the provision of a sensor alarm to alert staff. We found the prevalence, location and timings of accidents was recorded and considered to identify any patterns or trends. Records to support the monitoring of people's weight loss and risk of sustaining pressure damage were found to be effective.

Meetings were held for residents and relatives in order to gain their input and views of the quality of the service. People who used the service, their relatives, staff and professionals were also involved in completing questionnaires about their experience of the service and any improvements they would like. We found the results of recent relative surveys in June 2016 were generally positive about the service.

There were meetings and shift handovers to ensure staff had up to date information about issues affecting the service and people who lived there. Staff were able to participate in the meetings, express their views and make suggestions.

The acting manager and staff told us how increased levels of staff sickness and staff turnover had impacted on the service in recent months. The acting manager had regularly provided shift cover providing care to people, which had impacted on her management time. However, with support from the registered provider's human resource team, the acting manager was receiving support to manage this more effectively and there had been significant improvements in recent weeks with the reduction in staff sickness levels and usage of agency staff. Recruitment to fill the staff vacancies had also been positive with four new staff starting work at the service in October 2016.

The operations director gave assurance that the shortfalls identified during the inspection would be dealt with as priority and provided action plans following the inspection. They also confirmed they would ensure appropriate support would be provided to the acting manager and senior staff at the service in developing their management skills to ensure the improvements were sustained.

We saw the registered provider and acting manager were aware of their responsibilities in notifying the Care Quality Commission and other agencies when incidents occurred that affected the safety and wellbeing of people who used the service. We received these notifications in a timely way.

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 registered person had not ensured people who use services were protected against the risks associated with unsafe management of medicines. The standards of cleaning and hygiene were not maintained to a satisfactory standard to ensure people were protected from the risk of infection.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Effective systems or processes to assess, monitor and improve the quality and safety of the services provided and mitigate risk had not been operated fully.