Barchester Healthcare Homes Limited

Adlington Manor

Inspection report

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Date of inspection visit: 24 and 30 September 2015
Date of publication: 23/12/2015

Ratings

Overall rating for this service	Requires improvement
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**
Is the service caring?	**Requires improvement**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

We undertook this comprehensive inspection on the 24 and 30 September 2015.

We previously carried out an unannounced comprehensive inspection of this service on 12 and 20 March 2015 at which a number of breaches of legal requirements were found. This was because we found that there was insufficient staff and that medicines were not administered correctly. Arrangements around mealtimes and for people to receive food and drinks were not adequate and some people were not provided with the care and treatment they required. We found that the environment needed improvement for people living with dementia and quality assurance and monitoring systems were not developed sufficiently to be effective.

After the comprehensive inspection, we served warning notices on the registered provider in respect of the requirements in the Health and Social Care Act 2008 and the following associated regulations: Regulation 9 (Person-centred care), Regulation 11 (Need for consent), Regulation 12 (Safe care and treatment), Regulation 14

Summary of findings

(Meeting nutritional and hydration needs), Regulation 17 (Good governance) and Regulation 18 (Staffing). We required the registered provider to become compliant with these regulations by 17 August 2015. We also found that there was breach of Regulation 15 (Premises and equipment). We did not take enforcement action in respect of this regulation but asked the provider to send us a report with their plans for improving this aspect of the service.

We undertook this comprehensive inspection on the 24 and 30 September 2015 to check if Adlington Manor now met legal requirements and had made the necessary improvements.

It is a condition of the provider's registration that Adlington Manor has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There had been no registered manager when we last inspected Adlington Manor because the current manager was very new in post. The current manager has now registered with the CQC.

Adlington Manor is part of Barchester Healthcare Homes Limited and is registered to accommodate people who require nursing care and support with personal care. Care is provided in two units one of which (the Rowan unit or Memory Lane) provides specialised care for people living with dementia. The other unit is called Cedar unit and provides care for people who have more general nursing requirements. The home is located in a rural part of Cheshire between Macclesfield and Poynton.

At this inspection we found that there had been improvements relating to Regulation 11 (Need for consent), Regulation 14 (Meeting nutritional and hydration needs), Regulation 15 (Premises and equipment) and Regulation 18 (Staffing). There had also been an improvement in the availability of activities for people who lived in the home which we had felt breached part of Regulation 9 (Person-centred care).

However we found that there were continuing breaches of other parts of Regulation 9 (Person-centred care) as well as Regulation 12 (Safe care and treatment), and Regulation 17 (Good governance). You can see what action we told the provider to take at the back of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

Arrangements for the administration of medicines did not ensure that people who lived in the home always received the medicines which had been prescribed for them. Stocks of medicines and nutritional supplements could not always be accurately accounted for.

Some action had been taken to improve the safety of the service with regard to staffing levels which meant that people were able to get out of bed earlier if they wished and medicines were distributed earlier.

Requires improvement

Is the service effective?
The service was not consistently effective.

Arrangements were in place to ensure people were given sufficient food and drinks. However, more work is required to ensure that the new systems are robust and can be sustained.

We found that action had been taken to improve the arrangements for people who needed the safeguards provided by the Mental Capacity Act 2005. However, more work is required to ensure that the improvements that have been made are sustained and that records are sufficiently detailed.

Requires improvement

Is the service caring?
The service was not consistently caring.

This was because appropriate care and treatment was not always provided in a timely way to people who used the service. Information which was required to provide adequate care was not made available.

Requires improvement

Is the service responsive?
The service was not always responsive.

There were more activities for people living in Rowan unit in addition to those already provided in the Cedar Unit. However, more work is required to ensure that the improvements that have been made are sustained.

The physical environment of the home had been improved to better support people living with dementia.

Requires improvement

Is the service well-led?
The service was not always well-led.

Requires improvement

Summary of findings

Although there had been a number of developments since our last inspection which were intended to improve the service these had also identified some of the areas which led to our finding there had been breaches of the Regulations. These developments had not enabled the registered manager and registered provider to fully address these issues.

Adlington Manor

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. We undertook this comprehensive inspection of Adlington Manor on 24 and 30 September 2015. This inspection was completed to check if the registered provider had made the necessary improvements to meet legal requirements following our comprehensive inspection of 12 and 20 March 2015 and to provide a rating for the service under the Care Act 2014.

The inspection was unannounced on the first day. The inspection team was made up of two adult social care inspectors together with a pharmacy inspector 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 in this case for people who are living with dementia. On the second day one adult social care inspector returned together with a specialist adviser with expertise in the Mental Capacity Act 2005. The pharmacy inspector also returned on a second day to complete their inspection.

Before the inspection we reviewed all the information that we already held about Adlington Manor. We asked the local authority to provide any information they held regarding their commissioning of the service and their responsibilities as the local safeguarding authority. We reviewed all the information held by the Care Quality Commission (CQC) including any notifications made by the home as well as any complaints or other comments received by CQC.

During the inspection we talked with six people who used the service and four of their relatives or friends together with eight staff who worked in the home. We reviewed a variety of records and looked at eight care plans. The pharmacy inspector looked at 11 medicines records as well as other records relating to medicines' administration. We talked with the manager as well as other senior staff from Barchester Healthcare Homes Limited. We met with one visiting professional.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked around the building and facilities and with their permission, looked in some people's bedrooms. We reviewed staff files as well as other documentation relating to the provision of care in the home.

Requires improvement

Is the service safe?

Our findings

We asked people who lived in the home if they felt safe. They told us "I'm happy here. I feel safe here". Two other people said "Yes I do feel safe here. I like this room" and "I feel safe here. I look after myself. Everything's good here."

We also asked relatives if they felt that their family members were safe whilst living at Adlington Manor. One told us "(My relative has) been here five years and if I wasn't happy they wouldn't be here". Another told us "(My relative is) safe here. Just after they came here, two years ago, they had a fall, but since then they've been fine." This relative added "I am much happier now that (my relative) is in this unit (Memory Lane). They get a lot of attention here." A third relative told us "(My relative) is very happy here, they love it. It's a safe environment. There have never been any bruises or anything like that. The staff are excellent. (My relative) said that this is the best place they could ever be and the staff are wonderful". Another relative told us "The staff are very nice, very fine. Oh yes, (my relative is) safe".

At our last inspection we also found that the registered person had not provided for the proper and safe management of medicines. This was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this visit we found that action had been taken to improve medicines handling. However, although additional monitoring had been put in place, the information was not always used effectively to reduce the risk of mistakes when administering medicines.

On both units the administration of medicines was divided between the two nurses. On Rowan unit this meant that it was completed earlier than at our last inspection and by about 11 am. Medicines including controlled drugs were stored safely and adequate stocks were maintained to enable continuity of treatment.

We looked at a sample of fifteen medication records and observed part of the medicines administration rounds. We saw that patient support was offered where people needed help with taking their medicines. Nursing staff described the arrangements made to ensure that medicines labelled 'before food' were given at the correct times. However, we found that these arrangements were not fully embedded and saw examples where this instruction had been missed. This meant that people may not receive the most benefit from their medicines.

We saw that people's medicines needs were recorded on admission to the home and clear records of GP advice were made. Where the covert (hidden) administration of medication was used, appropriate safeguards were in place to ensure that people's best interests were protected. People's medication records were clearly presented and 'tally' sheets had been put in place to check that doses of medication were not being missed. However, our checks of medicines stocks and records and the providers 'tally' sheets showed that on occasion doses of medication were missed or could not be accounted for. Additionally, it was not possible to account for the administration of prescribed nutritional supplements. We also found that in one part of the home, records for the safe disposal of unwanted medicines had not been made at the month end.

Managers had continued to complete regular audits of medicines handling at the home. However, we found that the control measures put in place to monitor medicines administration were not being used effectively to bring about improvement. Although regular medicines audits were completed the 'tally sheets' were not assessed as part of this.

Some people in the home required nutritional supplements provided in the form of thickened drinks. These are usually prescribed by a person's general practitioner and so form part of the treatment required for them and should be accounted for in the same way as other medicines.

On both the Rowan and Cedar units we were unable to satisfactorily account for the administration of these thickeners and so could not be assured that people were receiving them as prescribed. In one instance there was a surplus of stock when compared to records of what the individual had already received. Other records suggested that people's supplies had not been sufficient and had run out. Together this suggested that people's individual supplies were being shared on a communal basis whereas they had been prescribed individually. In addition we saw instances where the thickeners were not stored in accordance with best practice and safety guidelines issued by NHS England earlier this year.

Requires improvement

Is the service safe?

Although we saw some improvement in the management of medicines there was further work required to ensure policies and procedures were followed consistently. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the back of this report. We have also asked the provider to submit monthly reports to us regarding medicine errors and quality assurance checks until we are satisfied that improvements have been achieved and sustained.

At our comprehensive inspection of Adlington Manor on 12 and 20 March 2015 we found that the service was not safe because the registered person had not deployed sufficient numbers of suitable staff. This was in breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that this regulation had now been met. However more work is required to ensure that staffing levels remain under review and that improvements are sustained.

When we arrived for our inspection on this occasion we were told that staffing levels on the Rowan unit was made up of two nurses and five care staff. In addition there was an activities organiser employed for the Rowan unit alone on five days per week. Staffing at night was made up of one nurse and three carers. We were told that whilst efforts had largely been successful at recruiting permanent staff for day time duties, the home was still dependent upon agency staff for night time cover. This was made up of a nurse and three carers.

Staff told us that they thought that this level of staffing was sufficient although one said that it depended on whether the nursing staff "joined in" meaning whether they supported staff with caring rather than purely clinical tasks when required. Given the dependence on agency staff this might be variable from one night to the next. However the team leader in the Rowan unit described to us how they inducted agency staff by satisfying themselves that these staff knew how the home operated and could use the various items of equipment that were in use.

Staffing on the Cedar unit was the same as in the Rowan unit at night but higher in the day when it was made up of two nurses and six care staff. We asked why there was a variation between the two units and were told that this reflected the much more dispersed layout of the unit which falls into two wings straddling the main entrance to the home. In contrast we saw that the Rowan unit was more compact allowing staff to circulate more speedily.

When we last inspected the home we were concerned that the level of staffing impacted upon the care of the people who lived in the home and particularly in the Rowan unit. On the first day of our inspection we saw that most people were up and dressed earlier than before and that by 10.30 am only four people had not appeared in the lounge or dining room. We checked that all these people had had something to eat and drink and saw records of this.

Although the last person was recorded as getting up as late as 11.10 am we saw that they had had a drink and something to eat at 9.30 am. We visited another person who we were aware had not come out of their room yet and found that they had been served and had eaten some toast and had a mug of tea on a tray in front of them which they had partly drunk. We checked on three other people who got up late and saw that they had all been offered breakfasts which included tea, toast, marmalade and orange juice. We also checked food and fluid charts where available to make sure that people had been offered food and drink.

All the people who we saw in the lounge or dining room during the morning appeared clean and well dressed. Staff were attentive to their needs and offered them choices such as "Would you like your breakfast now? Where would you like to sit? Who would you like to sit with?" Once people had finished their breakfast and moved into the lounge if they wished to, they were engaged by the activities organiser. Other people stayed in the dining room or walked in the garden.

Requires improvement

Is the service effective?

Our findings

People told us "I like most of the food. I had cereal and toast for breakfast. That was alright" and another said "The food's alright. I had cornflakes and brown toast for breakfast. I like brown bread". A third person told us "The food's reasonable. I always eat what I'm given. Sometimes they give you a choice" and a further person added "The food is very good, they give you a choice" and "I had egg and bacon for breakfast. I like my food". Another person commented "The food's not wonderful but I'm happy". We sat with one person during breakfast who told us "I think (member of staff) is a very good hostess – they look after everyone in an individual way. I do like (staff member) – she is a very happy-go-lucky person and that helps me".

A family member told us "My relative's offered the food and she likes it but doesn't always eat it" another said "I think (my relative) eats very well" and a third commented "(My relative's) put weight on since they came in here". A member of staff commented ""Mealtimes can be a bit chaotic at times. We were one member of staff down today". Another said "The care has improved through the provision of supplementary drinks and training for staff around nutrition".

At our comprehensive inspection of Adlington Manor on 12 and 20 March 2015 we found that the service was not effective because the arrangements for helping to people to eat and drink were not satisfactory. This was in breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that this regulation had now been met. However, more work is required to ensure that the improvements that have been made are sustained and the meal time experience is further enhanced for people.

We spent time observing the arrangements for nutrition and drinks in both units. The home employed hostesses whose role was to prepare breakfasts, plate lunch that was prepared in the main kitchen and provide drinks and snacks throughout the day. This relieved care staff from undertaking these tasks allowing them to concentrate on the other needs of people who live in the home.

At the last inspection we remarked on the contrast in practice between two units in the home and saw that this had now changed in the Rowan unit. We saw here that where people were unable or unwilling to come out of their bedroom in the morning that trays were prepared with a drink, toast and/or cereals and taken to them in their bedroom. This mirrored the practice which we had seen before in the Cedar Unit. Hostesses in both units kept a list so that they could account for every person living in the unit and make sure that they had either come to the dining room for breakfast or had been provided with this in their room. We noted however that this did not appear to be standard practice in the home but was rather something the hostesses had devised themselves.

We saw that a mid-morning drinks trolley had been introduced in the Rowan unit which as well as hot and cold drinks included biscuits and fruit as well as 'smoothies' for people who had difficulties with swallowing. A similar arrangement was in place in Cedar unit. We saw that refreshments were available in the afternoon in both units including fresh fruit or cake or crisps or cheese and biscuits. We saw that for all the people who lived in the home tea was made up of a hot meal and that there was a choice of dishes.

We spent time with people in both units during lunchtime. In the Cedar unit we sat at a table with three people who used the service. People engaged with us in conversation and chatted amongst themselves. One person was supported to eat by a member of staff who sat down at the table and spoke to them whilst helping them to eat their food. We saw that this member of staff was respectful and kind. All the other staff who were present were friendly and cheerful.

We found that there was a relaxed atmosphere and that those people that needed support or encouragement were provided with this. Tables were attractive and set with tablecloths, cutlery and napkins and some tables had a small vase of flowers. Music was playing in the background. Staff spoke with everyone at some point during the meal. Everyone was asked what drink they wanted and everyone was asked if they wanted soup. People were also asked if they wanted a clothes protector and some refused one.

In order to promote choice people were shown two plates of food containing examples of the meals on offer that day – on the day of our inspection this was pork casserole or beef stir fry. This provided people with a visual choice which can be easier for people living with dementia who may have more difficulty with a written menu. People

Is the service effective?

chose which meal they wanted and a member of kitchen staff wrote this down. People were then presented with the meal of their choice. There were ample portions of food which not everyone could finish.

We saw that one person did not eat much at all. The care worker informed another care worker about this and arranged to offer this person cheese and biscuits later in the afternoon. Where there might be difficulties such as someone not eating very much staff enquired as to their welfare. One person told staff that they were not hungry as they had eaten a good breakfast and had also just eaten soup. After lunch we saw that a hot drink was served in the lounge.

We also spent time with people during lunchtime in the Rowan dining room where most people ate their meal. The assistant manager provided a quick briefing with the staff before the service started to confirm roles during lunchtime. After being offered the option of blackcurrant or orange to drink with their meal, people who lived in the unit were offered soup for a first course. People were then offered a choice of main meals in the same way as in the Cedar Unit. For dessert people were offered sponge and custard.

We saw that some people were provided with meals in the main lounge of Rowan unit rather than the dining room. We saw that staff remained with people while they were eating and assisted people with their meal in a way that was unhurried, sensitive, encouraging and caring.

In the Rowan unit dining room we saw that where possible interaction between staff and residents was very caring, personal and encouraging. Carers worked very hard to promote this and sat with people where possible so as to help them. However we saw that staff found it quite difficult to ensure that everybody was happy and eating their meals. We saw that some people clearly needed some support to eat their meals, but were left to feed themselves, not always with the best results. On the second day of our inspection we were concerned to see that one person had spilled a quantity of their food over their cardigan but that staff made no effort to provide them with a change of clothing. We informed the registered manager about this concern.

It appeared to us that there were too few staff available to support the lunchtime at which we were present. When we asked if this was the usual level of staffing we were assured that there was a temporary reduction of staffing on the day as a result of staff sickness.

In both Cedar and Rowan units we saw that people's weights were regularly monitored either weekly or monthly. The results were colour coded (red/amber/green) according to any concerns raised by this. We saw that those people whose weight change caused the most concern were discussed at a meeting chaired by the registered manager where action plans to address these concerns could be formulated. We also saw a centralised nutrition report which provided the most up to date information about any person in the home who was being monitored for weight loss.

We checked that where a care plan identified that a special diet such as pureed food had been recommended say by a speech and language therapist that this correlated with a list kept in the kitchen so that the cook would prepare the food appropriately. We checked some of these meals as they were delivered to the units to confirm that food of the appropriate consistency was being served.

At the last inspection we also found that people's rights under the Mental Capacity Act 2005 were not being upheld. This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that this regulation had now been met. However, more work is required to ensure that the improvements that have been made are sustained and that records are sufficiently detailed.

At the last inspection we found that applications for authorisation to deprive people of their liberty (DoLS) had not been sought or were no longer valid in a number of instances. At this inspection we were told that more than forty applications had been made with most granted by the relevant supervising body where appropriate. We examined some of the applications and found that they had been competently completed. The senior staff at the home demonstrated a good knowledge of the requirements of the Mental Capacity Act 2005 in this respect and of their obligations within those requirements.

Requires improvement

Is the service effective?

We saw that the registered manager maintained a spread sheet with details of all the applications which had been made together with confirmation that this had been discussed with the person's representatives if possible, the outcome of the application and notification of this to the Care Quality Commission, any conditions, and the expiry date and date for review. We found that the registered manager had a good knowledge of and had considered the appropriateness of those nominated as the relevant persons' representative and had taken steps to engage independent mental capacity advocates where this was appropriate. Both of these roles exist to help protect the interests of people who cannot make decision for themselves.

The registered manager and her senior staff had therefore undertaken all the necessary requirements to ensure that anyone whose liberty they believed they might be depriving had been made the subject of an application for statutory authorisation from the local authority.

The Mental Capacity Act 2005 and associated Code of Practice provides possible protection for certain day to day actions carried out by care staff who act in the best interests of people who no longer have mental capacity when they are providing care or treatment for them. Where the proposed action is less usual or more far-reaching (e.g. use of bed rails or decision not to attempt resuscitation) then a best interests assessment will be required in order to make a legally valid decision. We saw that the registered provider was aware of this and had taken steps to ensure that this protection was available to people who used the service.

We saw examples of such decisions but found that they did not conform completely with all the requirements of the legislation. In both instances the checklists were incomplete with some answers either left blank or not answered in sufficient detail.

In part these shortcomings appeared to be as a result of the pro forma required by the company which operates the home. We saw that there had been a specialist support visit to the home in July which had identified similar issues and which demonstrated an awareness of these requirements.

We recommend that the hostesses' informal practice of checking that all people in each unit had received appropriate refreshments is standardised as practice across the whole home.

We recommend that the registered provider and the registered manager review the administrative and other arrangements for best interest assessments and decisions as well as care planning in general so as to ensure that they are in keeping with the Mental Capacity Act Code of Practice.

We recommend that the registered provider and the registered manager review the contingency plans for staff absence so that staffing levels at meal times are sufficient to ensure that help can be given to those needing it.

Requires improvement

Is the service caring?

Our findings

One person who lived in the home told us "The staff are very friendly, very nice" and another said “I am happy here with these people". A relative told us "It's very good, very caring”.

At our comprehensive inspection of Adlington Manor on 12 and 20 March 2015 we found that the service was not caring because some staff did not respond to people who used the service in a way that was caring and considerate. Not all the people who used the service were provided with proper care including care of their clothes and their personal grooming. People’s requests for help and assistance were sometimes ignored. Care planning documentation was not always complete. This was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we saw that the majority of people received care and attention in a timely way and significant improvements had been made. One person was found to be left unattended so we have assessed that there remains a breach of the regulation and will review again at our next inspection.

During this inspection we saw that the overall level of engagement between the people who lived in the home and the staff was much greater than we had observed on our last visit. We noted especially that staff and people often made appropriate physical contact with each other. For example, staff would sometimes reach out a hand to someone when they were talking to them. We saw staff putting their arm around people respectfully. This helped to reassure people and served as a mark of affection with staff leading people gently by the hand if they needed help finding their way around.

We could tell that people welcomed this warmth and reassurance from the delight and pleasure they expressed and the way they reciprocated this attention. Overall the atmosphere presented as much calmer than before. We saw only one incident of unexpected behaviour during our inspection and saw that staff responded to this appropriately and without attracting other people’s attention to it unnecessarily. Because staff were more attentive the need for people to ask for assistance was reduced as staff knew them and anticipated their requirements.

We looked at care plans on both Rowan and Cedar units. These were made up of sections such as relating to communication, personal hygiene, mobility, tissue viability and nutrition for example. We saw that the care plans were reviewed monthly and were up to date. Where appropriate risk assessments were included and we saw that these were up to date as well. We saw that there were clear records kept of important information such as the results of GP consultations.

A separate set of records was kept in a slimmer blue file in each person’s bedroom. These records related to areas of care such as bathing, repositioning, and nutrition and hydration. The specific contents reflected the requirements of each person. We checked that they had been completed and cross-checked one of them against the master file to confirm if instructions recorded in the care plan (such as hourly checking) were being carried out in practice.

On the second day of our inspection we checked that people who had not yet left their bedrooms had received something to eat and drink and had also been offered personal care. We did this by visiting them in their bedrooms. In the first visit we saw that the person was still in bed and the care staff told us that this person had decided they would like to say in bed longer. We checked the care plan for this person which stated that they needed to be turned every four hours so as to avoid damage to their skin from pressure and saw records that confirmed that this requirement had been followed.

When we visited the second person records showed that this person had been checked and was “safe and secure”. The record was timed for a few minutes after our visit and the person had already left the room some time before. This meant that the record had not been completed at the time recorded and was not correct. We brought this to the attention of the registered manager as this practice did not accurately reflect this person’s care.

We visited a third person at approximately 10.45 am. We saw from records that they had been served breakfast in their bedroom at 9 am. At 10.50 am We found that this person was still sitting in a chair wearing only a loose fitting shirt and an incontinence pad. The room was quite cold and there was only a thin sheet with which this person could try to keep warm but they were not able to do so successfully. They tried to preserve their modesty by covering their legs with this sheet whilst we were with them. They were holding a cup which was empty and tried

to drink from it. Although this person could not communicate verbally with us it was clear from their actions that they were uncomfortable and would like another drink. We used the call bell system to summon staff to provide this person with immediate personal care. Records subsequently confirmed that this had been completed at 11.29 am.

This person's care plan acknowledged that they were unable to use the call bell system to summon assistance themselves. The related risk assessment stated that "Staff will check (this person) in their room every hour to ensure that they are safe and secure and does not require any assistance". There was no record that staff had checked on this person as required and their appearance confirmed this.

This was a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the back of the full version of this report.

Since the inspection we have spoken with the registered manager about this and she has introduced further measures to ensure staff are regularly checking on people when they remain in their rooms, so that everyone gets care delivered in a timely way.

On the second day of our inspection in Rowan unit we used the home's nutrition and hydration records to check that people who were considered at nutritional risk received appropriate food and drink throughout the day. We were told that these records were completed where there was reason for concern about a person's welfare in this respect and if they were assessed to be at risk.

We were concerned to find that when we checked these records after the mid-morning drink had been served and recorded, that records for breakfast had not been completed for three people. These were subsequently completed whilst we were inspecting the records. We were concerned that this delay meant that other care staff had not had the information they required to make decisions about nutritional and hydration care for these people. We were concerned also that care staff were relying on their memory to complete these records which might not be accurate some hours after the event.

We made a similar check of records of lunchtime nutrition and hydration. When we checked in the middle of the afternoon we saw that two people were not recorded as having had any lunch. When we asked if this meant that these people were perhaps absent from the unit we were told that they were in fact present on the unit and had had lunch but that this had not been recorded by the person responsible.

This was a breach of Regulation 17(1) (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Accurate, complete and contemporaneous records were not always kept of the care and treatment being provided to people using the service.

On Rowan unit we saw that a chart had been introduced which summarised the care required by each of the people living there. This provided staff with an "at a glance" prompt about requirements such as for nutrition, hygiene and mobility and supplemented other records. Staff also included some comments about how people had slept the night before. This seemed a particularly important document given that the home was still dependent on agency staff at night who might be unfamiliar with the home and the people who lived there. However we noted that this was a development specific to the Rowan unit which was not replicated in the Cedar unit.

We recommend that a similar "at a glance" prompt sheet to that used in Rowan unit is considered for introduction throughout the home.

Requires improvement

Is the service responsive?

Our findings

One person told us "It can be alright if you know what you're doing". Another said "I like doing jigsaws. I've just finished one. (The activities' coordinator) encourages me" and "They are trying very hard to do what is right."

Relatives told us "Sometimes, when I get here in the morning, the night staff haven't done things. Yesterday (my relative) had no underwear on and they hadn't cleaned her teeth. The day staff are brilliant" and added "They have meetings for residents and family members. I used to go but don't go now". Another relative said of their family member "Things are very good on this unit. (My relative's) getting a lot of stimulation here. He really enjoys the music. (The activities' coordinator) has discovered that (my relative) is a football fan and is looking out some old programmes for him. He's taken (my relative) into the garden to do some gardening. They are also going to involve residents in outside trips". One relative complained though that "(My relative's) clothes should have more laundry tags on. Some of their clothing has disappeared".

At our comprehensive inspection of Adlington Manor on 12 and 20 March 2015 we found that the service was not responsive because there were few activities for people living on one of the units. This was a further breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection significant improvement was seen in respect of activities for people.

We saw that the home had recently appointed a new activities organiser for the Rowan unit to complement the post already in existence for Cedar unit. We saw that people had the opportunity to engage in a wide variety of individual or group activities. For example we saw one person who was painting whilst another group were having an organised afternoon tea with each other. Other people chatted casually with staff. On the second day of our inspection we joined the activities organiser and three people who lived in the home at their gardening club in the garden. People were engaged with and making a meaningful contribution to preparing for planting. We saw that there were also a number of materials available in the lounge which might assist with other activities.

The activities organiser was taking time to get to know each of the people who lived in the unit together with their likes and dislikes. They kept careful records of this so that they could be referred to when organising events in the future. We saw that there was a full programme of activities including at weekends and were told that the activities organiser would leave information for staff to organise activities when they were not there.

At the time of our previous inspection the environment of the home was not entirely suitable for people living with dementia. Parts of the home were not well lit or appropriately decorated and people were not encouraged to make use of all the facilities which were available. This meant that the registered person had not provided suitable premises for the people who used the service. This was in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we saw that the regulation had been met.

We saw that there had been a number of environmental improvements to the physical environment of the Rowan Unit. The nurses' station had been relocated to a smaller office and replaced by a sensory room. A set of doors which had formerly been locked and prevented people from moving freely to their ground floor bedrooms was now left open (although one relative complained to us that this increased the risk of people going into other people's bedrooms by mistake – they chose to lock their relative's bedroom door to avoid this).

We saw that an old-fashioned bathroom was in the process of being converted into a new wet room. As this was on the ground floor it would allow easy access for people with mobility requirements. Corridors had been redecorated so as to provide a brighter effect with contrasting colours to highlight the support rail and distinguish the floor. A decorator was working their way through the Rowan unit painting the doors with a colour scheme that would enhance people's ability to find their way around. New lighting had been installed in the corridors so that people would be able to navigate them much more easily. Pictures were waiting to be hung on the walls once the decoration was complete.

We saw that the main lounge area of the Rowan unit had a much more homely feel about it and people were able to sit and relax in comfort. More equipment was available

Requires improvement

Is the service responsive?

such as “dementia dolls” which are recognised as a therapeutic means of increasing positive outcomes for people with dementia. Other opportunities existed for people to experience tactile differences. Most people seemed to have something to do and we saw that the secure garden area had been developed so as to be more interesting and that people were freely accessing it throughout the morning and the afternoon.

We undertook our SOFI in the lounge area of Rowan unit on the afternoon of the second day of our inspection. Although a number of people were asleep after lunch staff interacted with those who were awake either acknowledging them as they completed other tasks or sitting down and engaging with them. Some staff took the opportunity to sit down and chat with people whilst they completed administrative tasks such as writing up care records.

Throughout our inspection we monitored the time taken by staff to respond to the call bell system by listening for alarms and observing the call bell monitor display. We found that staff responded promptly to calls and usually within five minutes of the call first being raised.

Requires improvement

Is the service well-led?

Our findings

We heard a number of complimentary comments about the current management of the home. A family member said "If I have any concerns I go to (the deputy manager). Actually all the carers listen. (The deputy manager) has been excellent". Another told us "They couldn't do anything better. I've no complaints". A third relative told us that they thought that the arrival of the current manager had coincided with and was associated with improvements in the home.

Staff were positive about management as well. One told us "I'm getting a lot of support (from managers). They've given me everything I've wanted" and another said "It has really improved since (the new registered manager) came. She's approachable. If you've got a problem you can go to her. I love working here. The staff are happy". A third member of staff told us "The new registered manager) is getting quite a lot done. There have been a lot of changes in décor and furniture and the layout of the lounges is better. There are more activities too" whilst a fourth said "Before there was a constant change in management and we never had enough staff." (The new registered manager) is very fair as a boss. She has pushed for a lot of things. I feel much more valued now". A visiting professional confirmed this view ""It was a very good home in the past, slipped a bit, but is getting better again now".

One relative challenged us because they were not sure who we were and wanted to check that we were authorised to be in the home. When we showed them our identity card and explained who we were they responded "Well let's hope we can do a bit better this time!" We also saw that the rating from our last inspection was displayed prominently on the home's noticeboard as well as on the company website promoting the home. These suggested that the home was transparent about the difficulties it had faced and the attempts it was making to improve.

At our comprehensive inspection of Adlington Manor on 12 and 20 March 2015 we found that the service was not well-led because the systems or processes which operated to assess, monitor and improve the quality and safety of the service were not effective. This was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Adlington Manor is required to have a registered manager. The previous registered manager had moved to another home in the same group and his registration in respect of this home had been relinquished. The current manager had registered with the Care Quality Commission (CQC). The registered provider had therefore complied with this requirement.

We looked at the systems which were in place to allow the registered manager to assess, monitor and improve the quality and safety of the service provided by the home. The registered manager told us that since our last inspection, at which point she had only just been appointed, she had sought to establish a more physical presence throughout the home. We saw that she did this by regularly "walking the floor" or coming out of her office into the areas where care was being provided. The effect of this was evident to us because as we toured the home with the registered manager people who lived there recognised and acknowledged her. Throughout our inspection the registered manager was also able to talk in detail about the people who lived in the home and answer questions about their specific care requirements.

The registered manager had a number of other ways of monitoring the service provided in the home. At 11 am each day we saw that the registered manager chaired a 'stand up' meeting involving the heads of each department such as nursing staff, maintenance, kitchen, housekeepers, and administration. This meant that matters requiring urgent attention could be addressed and that anything which might affect a number of departments (for example if a person had an appointment outside the home that day it might affect catering arrangements or require transport to be arranged) could be coordinated.

We saw that staff meetings which had already been scheduled were taking place. Following the first day of our inspection the registered manager immediately circulated a letter to nursing staff outlining our initial concerns about medicines and requiring corrective action.

The registered manager showed us the annual plan for the home. This was constructed by undertaking internal audits of the home and using the scores to identify areas for attention. Each month a specific topic would be focussed upon. These included topics such as wounds, accidents and incidents, infections, tissue viability and falls. Where

Requires improvement

Is the service well-led?

the registered manager needed support to resolve an issue then the registered provider would make a team external to the home available to provide advice. We saw the findings of one such visit by a dementia care specialist.

The registered manager was particularly enthusiastic about the forthcoming involvement of the home in the registered provider's "10-60-6" pilot programme relating to dementia services. This programme included a number of measures designed to provide continuous improvement in the culture and environment of the home in relation to people living with dementia.

We saw that the home had introduced the practice of a "care plan of the day" requiring senior staff to audit a different care plan to make sure it was complete and up to date. This together with monthly reviews meant that the care plans we saw were complete and up to date.

When we last inspected the home we could not find a recent example of the means by which the staffing of the home was determined. On this occasion we saw that the home was operating as standard assessment tool which enabled staffing levels to be informed by the care plans of the people living in the home. The registered manager showed us how this worked including the agreement of the registered provider to allow enhanced staffing over the levels indicated to allow for the particular nature and design of the home. The registered manager described a number of proactive approaches which were being taken to recruitment including efforts to resolve the home's dependency on agency staff at night.

We saw a number of other ways in which the registered provider made checks on the operation of the home and received information about the quality of care provided. We saw that there had been a recent audit visit from the registered provider specifically to review progress in meeting the warning notices issued by the Care Quality Commission (CQC) following the last inspection. This demonstrated that progress had been made in most areas which the CQC had identified although the administration of medicines was still identified as requiring attention.

We saw a record of a Support Service Visit conducted by the regional support nurse in July 2015. This report included a detailed audit of care documentation together with observations gained by visiting parts of the home. We saw that there were detailed comments including corrective actions required with the date these actions were to be completed. This also identified that a number of people were left in their bedrooms during the day when this was not their choice.

We were aware that more recently the local authority had visited the home and had expressed similar concerns relating to this and to the completion of records. We were concerned that despite this that during this inspection we had encountered a person who had been left in their room unattended and that the required systems had not been implemented to address or prevent this.

We saw that in the notes of the Support Services Visit of May 2015 that there were a number of references to discrepancies within medicines and irregularities in the way they were administered. Actions were agreed for all of these with completion dates mostly of June 2015. Similar requirements had been outlined in a dementia care support team action plan of July 2015. The registered manager told us that the unit managers of the home were expected to undertake a regular audit of medicines. We were concerned that despite these measures we had still found a number of similar concerns in our inspection on this occasion.

These were continued breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Systems or processes did not always operate effectively to ensure compliance with the regulations identified as breached in this report. We have asked the provider to submit monthly reports to us regarding quality assurance checks until we are satisfied that improvements have been achieved and sustained.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **Systems did not effectively ensure all people received care at the times they required it**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Systems did not effectively ensure medicines were managed safely**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Systems were not always effective in addressing identified shortfalls and records were not always accurate**