Walkden Manor Care Home Ltd

Walkden Manor

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This unannounced inspection took place on Wednesday 16 March 2016.

Walden Manor is a residential care home situated in Worsley, Greater Manchester and is registered with the Care Quality Commission to provide care for up to 29 people. The home is located on a busy main road in the town and is close to local shops and transport routes.

At our previous inspection on 29 June and 09 July 2015, we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to person centred care, dignity and respect, safe care and treatment, good governance and staffing. As a result, we issued requirement notices and four warning notices due to the concerns we had identified. The home was also placed into special measures meaning significant improvements were required, or further enforcement action could be taken. Following this inspection, the home sent us an action plan, detailing the improvements they intended to make.

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. At the time of our inspection, the current home manager had recently returned to the home in January 2016 after previously spending a period of time as manager at the sister home close by. As such, they were not registered with the CQC (Care Quality Commission) as the home manager.

At the previous inspection, we had concerns in relation to risk management, medication, staffing levels, infection control, the safety of the environment and moving and handling techniques used by staff. During this inspection, we saw improvements across all areas. We found there were enough staff available meet people's needs in a timely manner and we saw lounge areas were not left unattended when in use.

We undertook a tour of the building and found it to be clean and tidy, with domestic staff carrying out their duties during the day. Although many of the people who lived at the home were different than from at our last inspection, we saw people were transferred safely into their chairs by staff, with appropriate moving and handling assessments having been undertaken.

People who lived at the home told us they felt safe. The relatives we spoke with also said they felt their family members were safe living at the home as a result of the care provided. Staff had a good understanding of safeguarding procedures and how to report concerns.

We found appropriate recruitment checks were undertaken before staff started working at the home. This included ensuring references from previous employers were sought and either a DBS/CRB (Disclosure Barring Service/Criminal Records Bureau) check was undertaken.

Medication was given to people by staff who completed relevant training. Regular audits of medication were

also undertaken to ensure this was being done safely.

At our previous inspection, we had concerns in relation to staff training, meal times and dementia friendly environments. During this inspection we saw staff had now received appropriate training to support them in their roles and told us they felt well supported. We saw people received appropriate support at meal times and saw that although independence with eating was encouraged, staff prompted people as much as possible to ensure good nutritional intake.

We saw improvements had also been made to make the environment more 'Dementia Friendly'. This included adequate signage around the building and the use of sensory objects people could touch and use as they walked around the building. There was also a picture of a large, makeshift window, which looked out onto a lake located on the corridor of the ground floor. We saw people looking at this during the inspection on several occasions.

We found appropriate DoLS (Deprivations of Liberty Safeguards) applications had been made by the manager, where people had been deemed to lack capacity to make decisions. Staff had also received training in this area and had an understanding of the legislation.

At our previous inspection we found people weren't always treated with dignity and respect by staff. This included people not being taken to the toilet in a timely manner and were seated in arm chairs that were not clean. We also saw staff walked directly into people's rooms rather than knocking first. We were also concerned people were gotten up early by staff, rather than it being their choice.

We saw improvements during this inspection and observed pleasant interactions between staff and people who lived at the home. People were able to get up at times they wanted to and ate breakfast at a time that was suitable to them.

The people we spoke with told us they were happy with the care they received and overall, said they liked the staff. The relatives we spoke with told us they had noticed improvements at the home in recent months.

At the last inspection, we had concerns with staff not providing person centred care, not following guidance in care plans or from other health professionals and not involving people in their on-going care and support. There was also a lack of stimulation and activities for people.

During this inspection, we saw care was provided in line with people's likes, dislikes and person preferences. Where people had been referred to other agencies for advice such as the falls service or to a dietician, their advice was followed by staff. People were also engaged in an arts and crafts activity in the afternoon of the inspection and we observed staff sitting and engaging in conversation with people who lived at the home.

People had care plans in place which provided relevant guidance about how to care for people. These were reviewed at regular intervals and updated where necessary.

We saw complaints were responded to appropriately, with a detailed response given to each complainant.

At our previous inspection we had concerns with the general leadership and management of the home. We found there were poor governance systems in place which consisted of poor record keeping and ineffective quality assurance systems.

Confidential records were also stored inappropriately and the service did not always send us notifications

about certain incidents which had occurred. During this inspection we saw regular auditing was now being undertaken, across all areas of the home. Where any shortfalls had been identified, there was a clear record of what action had been taken.

Staff, relatives and people who lived at the home all spoke favourably about the management and leadership of the home and did not raise any concerns.

We saw the ratings from the previous inspection were displayed near the front door of the home, which is now a legal requirement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

We saw improvements to the environment had been made and found it to be clean and tidy.

We found medication was given to people safely and at the times they needed it.

We saw correct moving and handling techniques used by staff when transferring people into their chair.

Is the service effective?

Good

The service was effective.

We found that staff had received training in core topics such as safeguarding, moving and handling, infection control and health and safety.

The manager had made DoLS (Deprivation of Liberty Safeguards) referrals where necessary.

We saw people were supported to eat their food at meal times by staff. People were also referred to other agencies if there any concerns.

Is the service caring?

Good

The service was caring.

The people we spoke with and their relatives told us they were happy with the care provided by staff at the home, with improvements in recent months

We saw people were treated with dignity and were offered choice.

People's clothes were clean and we saw people looked well-groomed and presented.

Is the service responsive?

Good

The service was responsive.

Each person living at the home had their own care plan, which provided guidance to staff about how best to meet people's needs. These were regularly updated.

We saw complaints were handled and responded to appropriately with an appropriate response given to each complainant.

There were many activities for people to take part in to keep them both occupied and stimulated.

Is the service well-led?

Requires Improvement

Not all aspects of the service were well-led. This was because the current home manager was not registered with CQC (Care Quality Commission) as home manager.

The home had listened and responded to our concerns from the previous inspection. This meant people received an improved quality of service as a result.

Staff who worked at the home felt the home was well-led and that the manager was approachable.

We found there were various systems in place to monitor the quality of service provided at the home.

Walkden 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

We carried out this inspection on Wednesday 16 March 2016, which was unannounced. This meant the provider did not know we would be visiting the home on this day. The inspection team consisted of three adult social care inspectors from Care Quality Commission (CQC).

In advance of our inspection we liaised with the safeguarding, infection control and environmental health teams, all based within Salford local authority.

At the time of the inspection there were 25 people living at the home. During the day we spoke with the registered manager, the assistant director, eight people who lived at the home, three visiting relatives, eight members of staff and two visiting professionals. As part of the inspection, we looked around the building and viewed records relating to the running of the home and the care of people who lived there. This included 11 care plans, 10 staff personnel files and 10 medication administration records (MAR).

We spoke with people in communal areas and in their personal rooms. Throughout the day we observed how staff cared for and supported people living at the home. We also observed breakfast, lunch and part of the evening meal being served in the dining room of the home.

Good

Is the service safe?

Our findings

At our previous inspection, the service failed to meet the requirements of the regulations in relation to risk management, medication, staffing levels, infection control, the safety of the environment and moving and handling techniques used by staff. During this inspection, we saw improvements across all these areas.

People that were able to, told us that they felt safe living at the home, as did their relatives. During the inspection, not everybody was able to tell us about their experiences, mainly due to living with different stages of dementia. We asked people what made them feel safe whilst living at the home. One person said; "Yes I do feel safe. If anything happens then the staff are there straight away. If I was to fall in my bedroom they would be there for you". Another person told us; "I feel safe and I'm comfortable living here". A third person also added; "I feel very safe here. I have absolutely no concerns like that". A visiting relative also said to us; "Yes definitely. It seems to be a safe environment and there always seems to be somebody watching over people". Another relative added; "The doors are locked and it seems as safe anywhere you can be really". Another relative said; "I visit at different times and know she is 100% safe. Plenty of staff, never had any issues and they make you feel welcome all the time".

We looked at how medication was administered at the home. At the inspection in June 2015, controlled drugs (prescription medicines that are controlled under the Misuse of Drugs legislation) were not stored in a legally compliant cupboard.. Additionally, in June 2015 we'd found the medicines fridge, although monitored daily and within the required temperature, was defrosting. As a result, medicine packaging was wet and the risk of contamination and spoiling was increased. At this inspection we found a suitable controlled drug cupboard had been attached to the office wall, which was compliant with legislation. We saw a new fridge had been purchased; medicine packaging remained intact and there was no longer a risk of moisture permeation.

At the previous inspection, we had found that people's allergies to certain medications was not consistently documented on the medicine administration records (MAR) as recommended by national guidance. The medicines policy had been reviewed, but it had not been updated in line with the national guidance on managing medicines in care homes. We found at this inspection, this had been addressed and the policy had been reviewed to incorporate national guidance and current good practice. We looked at medicine administration records and availability of medicines for 10 people. We saw people's allergies were consistently documented in the medication file and the person's care records.

We observed medicines being administered and spoke with the senior carer and eight people living at the home. We found medicines were administered and recorded correctly. At the inspection in June 2015, we'd observed two medicines given 'after food' instead of the prescribed 'before food,' which meant there had been a risk that these medicines might not work correctly or people might suffer unnecessary side effects. At this inspection, we observed all medicines were given as prescribed and there was sufficient time between administration and food consumption to enable medicines to be absorbed and maintain efficacy.

We saw the MAR was kept in a folder for each person, which displayed a picture of the person. The

medication was in blister packs and stored with the folder in a locked trolley in a secured room. We saw all the MAR had been completed correctly and there were no omissions of the staff signatures.

Medicines were organised and there was a sufficient supply of medication available to ensure people received their medicines as prescribed. When medicines were not administered, for example when a person refused, the documentation reflected this. We found all the care workers responsible for administering medication had received training and we saw there was always a trained member of staff on duty to administer medicines. People who lived at the home told us they had no concerns with how their medication was given to them. One person said; "The medication is always given on time. Never had an issue. It's given to you semi private. They always lock that trolley when they come to give it you. It's part of the drill and keeps other people from messing with people's medication". Another person added; "I'm not on regular medication, but I've been able to get pain relief when I've needed it."

During our inspection on 30 June and 09 July 2015, we observed unsafe moving and handling techniques being used, which increased the risk of harm occurring to people. Following the inspections, we had referred the incidents to the local safeguarding team for investigation. At this inspection we followed up on the concerns we had raised. We looked at the training records and saw that all the staff had received refresher training in moving and handling to update their knowledge and skills.

We noted that a stand hoist had been purchased to facilitate moving and handling. We observed the use of the stand hoist on several separate occasions throughout the inspection. We saw on each occasion two care staff supported the manoeuvre. Without exception, we saw staff seek consent and ask people where they wanted to sit before undertaking the manoeuvre. We observed care staff explain to people what they were doing, what the manoeuvre entailed, they provided reassurance and positive encouragement throughout. On each occasion, we were able to determine who was overseeing the manoeuvre, which minimised the risk of confusion for the person being supported or conflicting instructions being given. We saw when people were able to weight bare, staff manoeuvred people safely by holding their hand and placing their hand on the person's waist or back. We saw no unsafe practices being undertaken and were satisfied that the registered manager had addressed all the concerns that we had previously raised.

As part of the inspection we walked around the building to ensure the environment was safe for people who lived at the home. At our previous inspection, we were concerned that a door leading down a steep flight of stairs to the basement was left unlocked, which meant if people had attempted to go down the stairs, they could potentially fall and injure themselves. We checked this door and found it was now fitted with an appropriate lock to help keep people safe. We had also found a window in one of the main lounge areas was left wide open throughout the night, with a gap large enough for somebody to fit through, with people also potentially being able to gain unauthorised access to the building. Again, we checked this window and found it had now been fitted with an appropriate window restrictor, so that the window could still open and let in fresh air, but with a much safer sized gap. This helped to keep people safe within the home.

We checked to see if the home was clean and tidy and undertook a tour of the building. The infection control team from Salford local authority had been conducting unannounced visits to the home to check high standards of cleanliness were being maintained. Their feedback was that things had generally improved in recent months. We found all toilets were clean and were equipped with appropriate hand hygiene guidance, paper towels and bins, which were operated with a foot pedal. This meant staff didn't need to touch the bin once they had washed their hands. We also saw records of cleaning checks of the toilets, which were completed, up to date and kept on the back of the door. In addition to this we saw communal areas, stair cases and corridors were also clean and tidy. At the last inspection there had been a large, damp stain outside the shower room on the ground floor and this had since been replaced.

At the previous inspection we found there weren't always enough staff working at the home to look after people safely. We saw lounge areas were regularly left unattended for long periods and that people often had to wait for assistance. During this inspection, the staff team consisted of the registered manager, a senior carer and three care assistants. They were also supported by a cook and a cleaner, who undertook domestic duties. In response to our concerns, a wall leading from the lounge area to the dining room had been knocked through, making it easier for staff to observed people in both rooms and respond to requests in a timely manner. A 'hatch' had also been installed between the kitchen and dining room, meaning staff could observe and respond to people's requests better during meal times. We also saw that lounge areas were rarely left unattended, with an improved staff presence throughout the day.

We asked both staff and people who lived at the home if they felt there were sufficient staff working at the home, to meet people's needs safely. One member of staff said; "I think we have enough staff with the number of residents we have. I have no concerns". Another member of staff said; "Realistically the staffing levels are fine, but it would be handy to have more. I feel people are safe here". A third member of staff also told us; "I think there is enough staff on during the day, no concerns". A member of staff who often worked at the home at night also commented; "People are safe here at nights. Two staff is enough. We can be hectic, but it can also be quiet on the other hand". One person who lived at the home also told us; "There are different staff each day, but there seems to be enough of them around to look after people".

We found there were appropriate systems in place to safeguard people from abuse. The staff we spoke with demonstrated a good understanding of abuse and how they would report concerns. One member of staff said; "If I suspected a member of staff of abuse or any safeguarding, I would speak to the manager or someone more senior in the company if required. I would document my concerns and would be confident they would listen and do something". Another member of staff said; "If I had any concerns I would report to the manager or head office. If I thought nothing was being done I would report to the local safeguarding team". A third member of staff told us; "If I suspected any abuse I would report it to the manager. If I suspected the manager I would ring CQC. I would have my own family here".

We looked at how risk was managed at the home. Each person's care plan contained risk assessments covering mobility, nutrition, pressure area management, falls and personal care. Where people were identified as being at risk there was clear guidance about how to keep people safe. They were also reviewed regularly, or when the level of risk changed on the back of a specific incident. For example, one person was identified as being at risk of weight loss if they weren't encouraged to eat by staff. During the inspection we saw this person being prompted to eat their food. Another person was at risk of falling during moving and handling transfers if this wasn't done safely. The risk assessment clearly described how staff needed to offer regular re-assurance and check the person was confident before transferring them. During the transfer we heard staff say things such as; "Are you ready to go into that comfy chair" and "Use your legs as much as possible" and "We're going down now so I'll talk you through it". This kept the person calm and safe during the transfer.

People were protected against the risks of abuse because the home had a robust recruitment procedure in place. Appropriate checks were carried out before staff began working at the service to ensure they were fit to work with vulnerable adults. During the inspection we looked at 10 staff personnel records. We saw these contained application forms, CRB/DBS (Criminal Records Bureau/Disclosure Barring Service) checks and evidence of two references being sought from previous employers. There was also evidence of application forms being completed, interviews being conducted and proof of identification provided. These had been obtained before staff started working for the service and demonstrated staff had been recruited safely.

Good

Is the service effective?

Our findings

At our previous inspection, the home had failed to meet the requirements of the regulations in relation to staff training We also had concerns with regards to the meal time experience and dementia friendly environments. Since then, the home had listened to our concerns and taken appropriate action to address these issues.

There was a staff induction programme in place, which staff were expected to complete when they first began working at the home. This enabled staff to gain a thorough understanding about the expectations of working at the home and undertake any relevant training or support where necessary. The manager told us staff undertook the 12 week care certificate as part of their induction. Each member of staff we spoke with told us they undertook the induction when they first commenced their role. One member of staff said; "My induction consisted of training and shadowing for a week. I did fire safety, moving and handling, safeguarding, health and safety, first aid and Cardiopulmonary resuscitation (CPR). Another member of staff said; "My induction consisted of training and shadowing. It included moving and handling, fire safety and first aid, had quite a lot of training".

The staff we spoke with told us they were happy with the training they had available to them. We looked at the training matrix, which showed staff had undertaken a variety of courses which included moving and handling, infection control, medication, safeguarding, fire awareness and health and safety. Additionally, staff reported feeling well supported to undertake their roles effectively. One member of staff said; "We get regular training. I've just done Deprivation of Liberty Safeguards (DoLS), COSHH, safeguarding, dementia and have done medication". Another member of staff said; "Since my induction I've had a lot of training and topping things up like moving and handling, safeguarding, DoLS, infection control, medication and food hygiene. We get a load of training". A third member of staff told us; "People can be aggressive here so I have had training in challenging behaviour. I know individuals and know how to respond to aggressive behaviour, for example, leave them alone and carry on watching them from a distance. Two residents always respond positively if I offer them coffee as a means of de-escalating the situation".

Each member of staff we spoke with told us they received supervision on a regular basis and felt well supported. Supervision provides the opportunity for staff to discuss their work in a confidential setting and discuss any concerns or training requirements they may have. The most recent staff supervisions had been undertaken by the previous home manager and as such, the records could not be located. The manager was able to demonstrate future supervision sessions had now been scheduled for all staff. One member of staff said; "I have supervision with the manager and have had at least two since starting. The manager is always available during the day and we have had several team meetings". Another member of staff commented; "I get supervision with the manager about every 3 months. I have had one recently with the old manager. We talk about everything and any training issues. Last one lasted for about 45 minutes, it's definitely good".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager demonstrated effective systems to manage DoLS and mental capacity assessments had been consistently completed with people to determine whether they had capacity to make specific decisions. In instances where people were deemed not to have capacity, the registered manager had completed standard authorisations, which had been submitted to the local authority. There was a current policy in place detailing procedures. The registered manager maintained clear and concise information, which detailed when a standard or urgent authorisation had been submitted, whether it had been granted and the expiry date. This information was captured on a table and readily available for staff to refer too.

Staff were able to discuss the relevance of DoLS and the requirement to apply the least restrictive approach. We observed challenging behaviour was addressed in the least restrictive way and care planned to reduce unnecessary restrictions being imposed. Throughout the inspection, we observed a person shouting and threatening people and staff. We looked through the person's care records and confirmed that the person was subject to DoLS. The behaviour exhibited was exacerbated by our presence, but the care staff remained calm throughout their attempts to diffuse the behaviour. Staff did not attempt to move the person, but reassured them and other people that things were okay. Staff attempted to persuade the person to come with them by holding out there hand and when this was unsuccessful, they sat with the person attempting to distract them. We observed the staff diffuse situations by remaining calm and reassuring the person and other people who witnessed the outburst. Staff remained in control and worked together, alternating who would approach the person to overcome the outburst. The atmosphere was relaxed and the staff continued about their duties when the situation had been diffused as if nothing had occurred.

We saw people's consent had been obtained to receive care and treatment. People had signed consent forms and we observed staff asking people for consent throughout the inspection. For example, we heard staff obtain consent before supporting people with moving and handling manoeuvres and when giving medication. In another instance, one person had consistently been refusing to eat any food or take their medication throughout the course of the day. Despite this, we saw different members of staff approach this person and try to persuade them otherwise, however when this person continued to refuse, staff respected this persons and came back a short while later to try again. A member of staff said to us; "With consent, I always say what I want to do with them and why the need a wash for example. Some can consent, others you know by their reaction and body language, whether they want you to do it or not. Some have good and bad days, but I always respect their choices and I wouldn't do anything without their consent".

During the inspection we saw improvements had been made to make the environment more suitable for people living with dementia.'. This included adequate signage around the building such as guiding people towards toilets, lounge areas and the kitchen. We also saw several sensory objects had been installed, which people could touch and use as they walked around the building. One of these was a board where people could move different objects from one side to the other. There was also a noughts and crosses board located on the wall in the dining room. On the ground floor of the home, there was also a picture of a large, makeshift window, which looked out onto a lake. We saw people looking at this during the inspection. This would help people orientate with their surroundings as they walked around the home and reduce confusion. Additionally, there was a board on the wall located next to the kitchen. This informed people what day it was, what the weather was like and which staff were working at home that day.

As part of the inspection, we observed breakfast, lunch and the evening meal. This gave us the opportunity to see how people's nutrition and hydration needs were met. We saw the menu was on display in the dining room detailing what meal choices were available. At lunch time for example, people ate a beef dinner, with potatoes, vegetables and trifle for dessert. Three people seated in the dining room needed support to eat their meals and we saw staff sitting with each person individually, helping them to consume their food in a dignified manner. On several occasions we saw staff allowing people to try and eat independently, but also kept an eye on them and offered encouragement, if for some reason they had stopped eating or drinking.

Where people needed specific support, appropriate care plans and risk assessments were in place for staff to follow about how best to support people and ensure good nutritional intake. We saw these provided clear guidance around whether people were independent at meal times, if they required encouragement, where they preferred to eat their meals, if they needed specific cutlery, if they required a specific diet and how often they needed to be weighed. People's personal preferences at meal times had also been sought and took into account people's favourite meal, drink, and sandwich filling and if they preferred a savoury or sweet food. We also saw that adapted cutlery was available, which made it easier for people to hold either a knife, or fork on their own and eat independently.

A number of people living at the home had been referred to a dietician for further advice and when this was the case, action plans from the dietician were then implemented. This provided advice such as ensuring people were weighed either monthly or weekly, providing a fortified diet and maintaining records of all food and fluid consumed. We looked at a sample of these records and found these tasks were being completed by staff. The cook maintained a list of people who needed to have their food fortified, therefore increasing its caloric content and helping people to either maintain, or gain weight. The cook told us they fortified the whole batch of food with butter, rather than individual portions meaning that even if people didn't like butter, it was still added to their food. Several people also had high BMI (Body Mass Index) scores and were close to being overweight. Therefore adding butter to their food portions was not beneficial to them. We raised this with the manager who told us they would look at separating the batches of food, based on people's individual dietary requirements.

We asked people who lived at the home for their opinions of the food provided and if their dietary requirements were adhered to. One person told us; "I am vegetarian and they give me what I want. I'll eat anything; vegetables, soup. I'm happy with potatoes and vegetables. I get plenty to eat. They come round mid-morning and ask us what we want for lunch and dinner". Another person said; "The food is very good. I've lost a little weight but I needed too. The GP said carry on. I've always had an issue with my blood pressure, but it is now stable". A third person added; "The food is very good. I especially like the breakfast. Staff give you a choice and I can have more than one portion if I want too. You get as much as you want". When asked about the food at the home, a fourth person said; "The food is good. You get adequate portions and you can have seconds. If I was to get hungry, staff will always make you a snack; sandwich, toast or a biscuit".

Good

Is the service caring?

Our findings

At our previous inspection we found people weren't always treated with dignity and respect by staff. This included people not being taken to the toilet in a timely manner and being seated in arm chairs that were not clean. We also saw staff walked directly into people's rooms rather than knocking first. We were also concerned people were gotten up early by staff, rather than it being their choice. We saw improvements during this inspection and observed pleasant interactions between staff and people who lived at the home. People were able to get up at times they wanted to and ate breakfast at a time that was suitable to them.

We asked people who lived at the home for their views and opinions of the care provided. One person said to us; "Staff are always courteous and kind. I'm more than satisfied with the care received. It's very good". Another person said; "The staff are absolutely smashing. The staff always have time for you. They don't make you wait. They'll have a chat. They are absolutely wonderful". A third person also told us; "I'm quite satisfied here. I came here recently and I've found it to be alright. It's all going ok so far and I have no concerns".

The relatives and family members we spoke to were also positive about the care provided and told us about how they felt the home had improved in recent times. One relative told us; "I think it has improved a lot, certainly in terms of the environment. The care seems to be good. It is a difficult job but it seems fine to me". Another visiting relative said; "I'm very happy with everything actually. I think the care is very good. Staff always speak with me and seem very friendly".

People living at the home told us they liked the staff and found them to be caring. One person said; "The staff are alright you know. In a morning I get myself dressed and then let the staff know when I'm ready to go down stairs". Another person said; "The girls are lovely. They speak to me and treat me like I'm a human being. Not a statue. Nothing is too much trouble". A third person added; "Staff are very helpful and lovely here."

Throughout the day we observed positive interactions between staff and people who lived at the home. On several occasions we saw staff sitting and chatting with either individual people or talking to a group of people at the same time. During this time we heard laughter and banter between people and it appeared as though caring relationships had been developed. Several people also became distressed during the day, with people engaging in verbal altercations with each other; however we saw staff quickly intervened and sat, holding people's hands, re-assuring them that it was going to be alright.

During the inspection we saw people being treated with dignity and respect by staff. This was also echoed by people living at home and their relatives. One person said to us; "They definitely treat me how I want to be treated". Another person said; "The staff always make sure that my tops are pulled down properly and my trousers are fastened so that I'm covered up in the right areas." A visiting relative told us; "If my husband ever needs to be changed then it is always done in private, usually in my bedroom or the toilet". When we asked staff how they aimed to treat people with dignity and respect, we were told by one member of staff; "I always knock on doors, make sure curtains and doors are closed, make sure they are covered up to respect their

privacy and dignity, That's how I would expect to be treated". Another added; "I always knock on bedroom doors, make sure people are covered up with an extra towel, and keep curtains closed".

People told us staff tried to promote their independence as much as possible whilst living at the home. One person said; "Staff encourage me to dress myself but they help me with things that I can't do such as fastening buttons". Another person said; "I attend to my own hygiene. They stand in the bathroom with me in case I struggle and keep me safe. I wash myself. If I didn't feel too good, I'd tell them". We also asked staff how they aimed to promote people's independence and where possible, allow people to do things themselves. One member of staff said; "I encourage people to be independent by encouraging them to wash themselves and pick their own clothes. I definitely think it is important to encourage people to be independent for as long as possible". Another member of staff added; "I encourage people to mobilise on their own but you can't force them and it's their choice".

During the inspection we, on several occasions, saw people were offered choices around how they spent their day, or what they wanted to do. On one occasion, we saw a member of staff escorting a person into the dining room and saying; "Have a good look around and let me know where you would like to sit". Shortly after this another member of staff came into the lounge area and offered one person the choice of either a bath, or a shower. On a third occasion a member of staff asked several people in the lounge if they would like to either watch TV, listen to the radio or listen to some music. People decided they would like to watch the TV and the member of staff asked everybody which programme they wanted to watch. Around this time drinks were also brought into the lounge where a member of staff said to one person; "I'll leave that there for you, but you don't have to drink it if you don't want to".

We saw personal care records were completed detailing when people's personal care and oral health had been supported. We saw people's personal preference as to whether they received a shower or bath was captured. We noted that the bath had been replaced following our last inspection to enable staff to facilitate people's preference. We looked at five randomly selected personal care records and saw that people's personal care and oral health was supported daily. We were also told that staff would support them to shower or bath more frequently if they requested.

Good

Is the service responsive?

Our findings

At the last inspection, we had concerns with staff not providing person centred care, not following guidance in care plans or from other health professionals and not involving people in their on-going care and support. There was also a lack of stimulation and activities for people. During this inspection, we saw care was provided in line with people's likes, dislikes and person preferences. Where people had been referred to other agencies for advice such as the falls service or to a dietician, their advice was followed by staff. People were also engaged in an arts and crafts activity in the afternoon of the inspection and we observed staff sitting and engaging in conversation with people who lived at the home.

People who lived at the home told us they felt the service was responsive to their needs as did relatives we spoke with. A relative said to us; "Yes they are responsive. They assist my husband with washing, bathing/showering and help give him a shave. He gets everything he needs".

During the inspection we spoke with two visiting professionals, who had recently placed two people at the home as emergency admissions. One professional said; "Previously they weren't attending to self -care, were isolative and weren't eating. Since coming here, their weight has increased from 66.3 – 70kg. I can't believe the turnaround. They are now socialising and not drinking despite previously being alcohol dependent. Walkden Manor were responsive as soon as they arrived and had the nurse, GP and dietician in straight away. Everything about Walkden Manor has changed including the standard of the building, the environment and it feels different. It feels nice from the moment when you walk in".

During the inspection looked at the care plans of 11 people who lived at the home, which provided staff with guidance around how to care for, and support people. The care plans we looked at covered a range of areas including nutrition/hydration, mobility, personal care, continence, communication, pressure area management and falls. We found these were updated at regular intervals, or when people's needs changed. Each care plan took into account any care interventions staff needed to provide, as well as any associated risks. The care plans we looked at all contained lots of person centred information about people's likes dislikes and personal preferences. This included their favourite food/drink, how they would prefer to celebrate their birthday, hobbies, what time they liked to get rise in a morning and go to bed and any aspirations they had.

At the inspection on 30 June and 09 July 2015, we had found that people's preferences captured in their care plans, were not consistently demonstrated in the care that they received. For example, we had previously identified a person that it indicated in the care plan wanted to wear beige trousers that we observed to be wearing green trousers during the inspection. At this inspection, we saw this person was wearing beige trousers. We also saw examples where other people's preferences were demonstrated in the care observed. For example, we saw people had identified hobbies and interests that had been incorporated in the activities facilitated. We saw one person liked animals and the home had started to facilitate 'Pets corner', who regularly visited the home. We saw another person enjoyed music and there had been karaoke, singing and music nights. We spoke to a person that enjoyed television games; play your cards right and countdown which they told us people thoroughly enjoyed.

During the inspection we saw several other instances where people's personal preferences were adhered to, with staff displaying a good knowledge of the types of things people liked. For example at breakfast we observed a person sitting at the table waiting for their meal. A member of staff walked into the room and said; "Are you ready to have your breakfast, you like rice krispies don't you". On a separate occasion, one person had chosen to get up later in the morning and a member of staff was trying to encourage them to have something to eat. The member of staff said; "Shall I make you some nice ready break, as that's your favourite isn't it". When reading the care plans of these two people, these were clearly recorded as people's preferred choice of breakfast. Another person had stated it was important for staff to put their hair in a bun, as they didn't want it cutting, but at the same time wanted it to look presentable. We saw this was provided for this person shortly after they had gotten up.

We saw several instances of where referrals had been made to other professional agencies for further advice, in response to changes in people's needs. This included referrals to the falls service, moving and handling service, dieticians and the bladder and bowel specialists. In one person's care plan, we read that they had been referred for a moving and handling assessment, due to having decreased mobility. Their advice had included using a stand aid during and ensuring two members of staff were always present to assist with transfers. Each time we observed this person either sitting, or standing, this guidance was followed by staff.

We looked to see how the service managed people's pressure care. We saw pressure risk assessment tools were consistently completed. Body maps detailed people's skin breakdown and graded the nature of the sore to enable continued monitoring, When people had been identified at risk, we saw that people were seated on pressure relieving cushions and had profile mattresses to provide a reduction in pressure on vulnerable areas such as heels and the sacrum. We 'pathway' tracked a person who had been admitted with pressure areas and found the registered manager had been responsive in defining the skin breakdown and making a referral to the district nurses on the day of detection and admission. The person was seen by the district nurses the following day and was receiving treatment in accordance with their needs. We were told; "I was admitted with sores that I didn't know I had. I couldn't feel them. The day I came in here, the manager picked up on them. I saw the district nurse the following day. I've seen the D/N's a few times now. Two of the sores have healed and the third isn't far off. They were very quick to get things sorted."

We looked to see how people's continence was managed and whether people were promoted and encouraged to maintain their continence. We observed people being discreetly asked whether they required support to the toilet and we looked through people's care records to ascertain how this was promoted at night. We saw night checks were undertaken at set intervals and staff signed when people's continence needs had been addressed. The day staff did not follow any set protocol when promoting people's continence but we did not observe anybody shouting out to go to the toilet or indicating that they had experienced an accident. This indicated that people's continence needs were appropriately managed.

There was a system in place to investigate and respond to complaints appropriately. We saw there was a complaints procedure on display, informing people, or their relatives how they could complain if they were unhappy with any aspect of the service. Additionally, there was also a comments and suggestions box located near the front door. We looked at any complaints which had been made and saw a response had been provided to the complainant which detailed any investigation which had taken place and what the outcome had been. One person told us; "As a customer. It's rare that I've had to ask for anything twice. I've never had to make a complaint. Some people complain all the time. It wouldn't matter what the staff did though".

We looked to see what activities took place at the home and how people were stimulated. Next to the front door was a list of certain activities which were scheduled including skittles, pets at home visit, cake

decorating and various hand massages. On the day of the inspection, several people were taking part in an arts and crafts activity which people seemed to thoroughly enjoy. Several people had also designed and created their own hats, which were displayed on the wall, along with several photographs of people wearing them. Around the building, there were various photographs from trips and days out which had occurred, including a recent visit to Smith hills farm. One person told us; "It's quite good really. We play games. We all join in; Play your cards right, Countdown. Everybody enjoys it. Guinea pigs and animals come in."

At the time of the inspection, a recent satisfaction survey hadn't been sent asking people who lived at the home, or their relatives about the services being provided. However, the assistant director of the home had contacted people and their families as part of a recent quality assurance check. As a result, suggestions had included potentially purchasing a karaoke and bingo machine for people to use. People had also suggested more outings and 'Chippy nights', all of which were being sourced in response to what people wanted. The last residents and relatives meeting had also taken place in February 2016, where topics such as menu choices, activities and new staff were all discussed.

Requires Improvement

Is the service well-led?

Our findings

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. At the time of our inspection, the current home manager had recently returned to the home in January 2016 after previously spending a period of time as manager at the sister home close by. As such, they were not registered with the CQC (Care Quality Commission) as the home manager.

At our previous inspection we had concerns with the general leadership and management of the home. We found there were poor governance systems in place, which consisted of poor record keeping and ineffective quality assurance systems. Confidential records were also stored inappropriately and the service did not always send us notifications about certain incidents which had occurred. During this inspection we saw regular auditing was now being undertaken, across all areas of the home. Where any shortfalls had been identified, there was a clear record of what action had been taken.

The staff we spoke with told us they felt both management and leadership were good within the home. One member of staff said; "I feel very happy and it's well managed. I feel you can be open and honest and raise issues. The manager is lovely and you are able to speak to her. She is always asking if everything is fine". Another member of staff said; "I think things are much better here with the new manager, things have turned around a lot". A third member of staff also added; "If I need any advice the manager is available any time of the day, we are really pleased she is back and we have no concerns about staffing levels. People are definitely safe here". When we asked a fourth member of staff about leadership within the service, we were told; "It's the best home I have worked in and love it here. We are like a little family and the registered manager is brilliant".

People who lived at the home and their relatives also spoke favourably about management within the service. One relative said; "I feel confident in the manager who is very friendly. Overall management and leadership is good". Another relative said; "The manager is ok and I like her. Seems good with the residents and is hands on". One person who lived at the home added; "The manager is very nice and very approachable."

We looked at the systems in place to monitor the quality of service within the home. Since the last inspection, a number of quality audits had been introduced which covered areas such as falls, DoLS, CQC notifications, care plans, staffing levels, medication, staff recruitment files and medication. There was also an internal infection control audit which took into account the cleanliness of mattresses and pressure cushions, weekly cleanliness checks, laundry checks, cleaning schedules and deep cleans. There was also a staff audit tool being used, which was a 20 minute observation of staff undertaking their work. Where issues were identified, action plans were then created along with a timescale for completion. This meant people would receive an improved quality of service as a result.

In addition to regular audits, there were regular checks of the building to ensure it was safe. This included

checks of legionella, Pat Testing, gas safety, hoist checks), Lift servicing, fire extinguishers and nurse call bells. We saw all of these checks were in date and provided a date when following up servicing was due.

Providers are required by law to notify CQC of certain events in the service such as serious injuries, deaths and deprivation of liberty safeguard applications. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service. This had been something we had raised as a concern during our last inspection.

The home had policies and procedures in place, which covered all aspects of the service. The policies and procedures included; safeguarding, complaints, whistleblowing, and medication. This meant that staff had access to relevant guidance if they needed to seek advice or clarity about a particular area.

We saw improvements to how confidential records were stored. Previously, we had found old care plan documentation at the top of a staircase and care plans and staff personnel files easily accessible in the office. During the inspection we saw these were now stored in locked cupboards or rooms, unless they were in use for the purpose of this inspection.

At our last inspection in June/July 2015 the home was rated as 'Inadequate' and placed into 'Special Measures'. As a result, it is a legal requirement to display the ratings from that inspection in a public place within the home and also on any corresponding websites. Whilst undertaking a tour of the home, we saw the ratings poster was clearly displayed near the front door, as required.