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Ash-leigh House

Inspection report

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Date of inspection visit:
07 December 2016

Date of publication:
31 January 2017

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?	Good

Summary of findings

Overall summary

This unannounced inspection took place on Wednesday 07 December 2016.

Ash-leigh House is registered with the Care Quality Commission to provide accommodation and support for up to 10 people with mental health needs. The home is located in a residential area in Eccles within walking distance of the town centre. There is one main lounge and a kitchen/dining room. There are 10 single bedrooms, two on the ground floor and eight on the first floor. There is a garden to the rear of the property and a small car park at the front. At the time of our inspection there were nine people living at the home.

At our previous inspection on 27 July and 02 August 2016, we identified multiple breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These included person centred care, dignity and respect, safe care and treatment, safeguarding people from abuse, good governance, staffing and fit and proper persons employed. The home was rated 'Inadequate' overall and in four (Safe, Effective, Caring and Well-led) of the five 'Key Questions' against which we inspected against. As a result, the home was placed into 'Special Measures'. This meant improvements were required or further enforcement action would be taken. At this inspection, we found significant improvements had been made in all areas, with no regulatory breaches identified.

People told us they felt safe living at the home. The staff we spoke with had a good understanding of safeguarding and how to report any concerns.

We found medication was given to people safely and staff had received appropriate training. Medication was stored in locked cabinets in the office and only staff responsible for administering medication had access to the keys.

Staff were recruited safely with references from previous employers being sought and DBS (Disclosure Barring Service) checks undertaken. The recruitment files we looked at were organised and in good order, making all required documentation easy to locate.

Each care plan we looked at contained risk assessments covering areas such as falls, mobility, waterlow (to monitor skin integrity) and nutrition. Where risks were identified we saw appropriate control measures were in place. Concerns from our previous inspection such as faulty window restrictors and the cellar door being left unlocked had been addressed. Accidents and incidents were monitored, with an analysis completed to look at any re-occurring trends at the home to prevent future re-occurrence

There were sufficient staff working at the home to meet people's needs, although several people living at the home reported they felt an additional member of staff would be beneficial at night when people were going to bed. Following the inspection, the manager contacted us to inform us that it had been agreed for an additional member of staff to work the 'Twilight shift' between the hours of 7pm and 12am to provide assistance to night staff.

We saw a detailed staff induction had been introduced, centred around the Care Certificate which staff completed when they first started working at the home. Staff had received supervision with the new home manager, with appropriate records maintained. We also saw that staff had received training in areas such as Safeguarding, Medication, MCA/DoLS and Health and Safety, all of which were recorded on the training matrix. We found staff still hadn't completed training in areas such as Infection Control, Mental Health Awareness and Challenging Behaviour/Breakaway Techniques, however following the inspection the manager sent us confirmation that this had been booked for January 2017.

At our previous inspection we had found that the staff were not working within the principles of the MCA. At this inspection, we found that this had been actioned and restrictions that had previously been imposed on people were no longer in place. The management demonstrated a good understanding of MCA and DoLS. An urgent authorisation had been submitted for one person as there had been some concerns regarding their capacity to make the decision to reside at Ash-leigh and consent to their care and treatment.

We saw people received enough to eat and drink, with people also making positive comments about the food provided at the home. People said they were able to eat foods they liked and that alternatives were available. People had specific eating and drinking care plans in place, with MUST (Malnutrition Universal Screening Tool) assessments used to assess people's nutritional needs. People's weights and BMI (Body Mass Index) were monitored and we saw food and fluid charts had been implemented when required.

The people we spoke with felt they were receiving good care and support. People told us they felt staff treated them with dignity and respect and promoted their independence where possible.

People felt the home was responsive to their needs. Each person living at the home had their own care plan, which was person centred and detailed people's choices and personal preferences. Initially, we raised concerns that life history and '10 things to know about me' documents were incomplete in some of the care files that we looked at, however the manager confirmed following the inspection that these had been implemented.

There was a complaints procedure in place which allowed people to voice their concerns if they were unhappy with the service they received. There were no active complaints at the time of the inspection. Residents meetings were also held where people could raise concerns or discuss how to do things differently at the home.

All of the people we spoke with told us they felt the service was well-led and that they felt listened to and could approach management with concerns. There were systems in place to monitor the quality of the service such as audits, weekend spot checks, staff meetings and accident/incident monitoring.

Staff told us they enjoyed their work and liked working at the home and told us they felt there was an open and positive culture. All of the staff we spoke with confirmed that significant changes and improvements had been undertaken at the home since our last inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People living at the home told us they felt safe. Staff displayed a good understanding about reporting safeguarding concerns.

Medication was handled safely.

Appropriate checks were carried out before staff began working at the home to ensure they could work with vulnerable adults.

Is the service effective?

Good

The service was effective.

Staff had received appropriate induction, training and supervision to support them in their roles.

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

People living at the home told us they received enough to eat and drink.

Is the service caring?

Good

The service was caring.

People told us they received a good standard of care and support and that this had significantly improved since our last inspection.

Staff spoken to had a good understanding of how to maintain people's dignity and respected people's rights. We observed lots of good interactions between staff and people living at the home.

We heard lots of laughter between staff and people and there was a positive atmosphere within the home. People described staff as kind and caring.

Is the service responsive?

Good

The service was responsive.

There were systems in place to seek feedback from people living at the home such as residents meetings and surveys.

Each person had their own care plan which provided staff with information about how peoples care should be delivered.

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

Is the service well-led?

Good

The service was well-led.

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.

Staff said they enjoyed working at the home and reported seeing vast improvements since our last inspection.

Ash-leigh House

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 unannounced inspection on Wednesday 07 December 2016. This meant the provider did not know we would be visiting the home on this day. The inspection team consisted of two adult social care inspectors from the CQC (Care Quality Commission), one of which is a Registered Mental Health Nurse (RMN).

In advance of our inspection we liaised with external stakeholders based at Salford Council and Greater Manchester West (GMW). This was to see if they had any information to share with us in advance of the inspection. We had also been involved in multi-agency meetings with both the local authority and proprietor at Ash-leigh House due to our previous inspection concerns. This helped us to establish how the home were progressing and if improvements were being made.

As part of our inspection planning we reviewed all the information we held about the home. This included previous inspection reports and any notifications sent to us by the home including safeguarding incidents or serious injuries.

At the time of the inspection there were nine people living at the home. During the day we spoke with the home manager, the provider, three people who lived at the home and three members of care staff. 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 five care plans, five staff personnel files and four medication administration records (MAR).

Good

Is the service safe?

Our findings

At our previous inspection in July and August 2016, this domain was rated as 'Inadequate'. This was due to concerns identified in relation to the safe handling of medication, infection control practices, assessing and mitigating risk, the environment and staff recruitment. During this inspection, we found significant improvements had been made and all our previous concerns had been addressed..

The people we spoke with said they felt safe living at the home. One person told us; "I feel safe living here now. I was going to leave before. I feel it was rough living here before but I like our new manager. I want to stay here now." A second person told us; "I feel safe, oh yes."

The staff we spoke with said they had undertaken safeguarding training and displayed a good understanding of how to report concerns. One member of staff said; "Safeguarding could be verbal, physical, financial, sexual abuse or neglect. I think that was what was happening here before. People were neglected. People were just left alone. I was told some people were scared to come downstairs. People are starting to trust us and tell us what it was like here before. If I'd been here then, I would have reported it. I know I could go the current manager here and they would make sure people were protected. I've been in the position were I haven't trusted management and if I was in that position again, I'd just go straight to CQC". Another member of staff added; "Signs of abuse could be if people were frightened and perhaps didn't want people to touch them/ That could be physical abuse. If a persons money was going missing or there were irregularities, then that could indicate financial abuse".

We checked to see if there were sufficient staff working at the service to care for people safely. At the time of the inspection the homes staffing levels consisted of one senior support worker at night and two senior support workers during the day. This was to in addition to the home manager who we were told would also provide care and support when required. We asked staff if they felt staffing numbers were sufficient to care for people living at the home safely. One staff member said; "I feel there is enough staff on during the day. There are two support workers and the manager. I do think they need another staff member at night. If there was a fire or somebody was ill, I'm not sure how one staff member could manage that". Another member of staff added; "There are two members of staff during the day now and at weekends as well which I think is enough for nine people. I can't think of a time where we have been unable to cope".

We received a mix response from people as to whether current staffing levels were sufficient. One person said; "I think they need another staff member at night. Sometimes I am left waiting at night. The day seems okay". Another person said to us; "Everything seems fine and the night staff have spent time with me when I have needed it but I do think they would benefit from one more being on". A third person added; "I think they could do with a few more staff. Everyone does go to bed but I think it would be of benefit to have more than one on at night". We spoke with both the manager and provider about night time staffing levels who told us staffing numbers would be reviewed based on this feedback. Following the inspection, the manager contacted us to confirm that an additional staff member would work the 'Twilight shift', between the hours of 7pm and 12am to assist the night staff when people were going to bed.

We looked at how medication was handled. At our last inspection, we found medicines were not handled safely and that people were at risk from unsafe practices. At this inspection we found systems had been implemented to ensure the safe management of medicines. We saw medicines were now stored safely in a locked cabinet in a locked office. We looked at four medication administration records (MAR). People's photographs were now on the MAR which reduced the risk of people's medicines being given to the wrong person. The MAR sheets detailed times medicines should be administered and we saw staff adhered to this during the inspection. This meant the staff could ensure that they were adhering to the required time gap between doses.

Where medicines were prescribed to be given 'only when needed' or where they were to be used only in specific circumstances, individual when required protocols were in place. We found the manager had strengthened the protocols since our last inspection and the records now contained specific information about the optimum dosage that could be given in a set time frame, the reason for administering, special instructions, possible side effects and the desired outcome of the medicine.

Staff were able to identify the medicines which were required to be administered before or after food and we saw staff clarifying with a person if they'd eaten prior to administering antibiotics.

At our last inspection, we saw one person that was prescribed a medicine that required adherence with strict guidance. For example, if the person missed this medicine for a 48 hour period, a doctor would need to be consulted as to whether the medication required re-starting. At our previous inspection, we had found there were no protocols with the MAR or in the person's care file to inform staff of this requirement. When we'd asked staff to ascertain their understanding of the requirements, they had been unaware that this medicine was any different to other medicines or the safety precautions to follow. At this inspection we found staff had received medication training and were able to identify the protocols to follow if the person missed any of their medicines. There were protocols in the person's care file to follow in these circumstances which staff told us they would consult or ring the manager if this situation arose. This meant the person would not be exposed to the risk of harm.

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 home to ensure they were fit to work with vulnerable adults. During the inspection we looked at five staff personnel files. Each file we looked at contained application forms, CRB/DBS (Criminal Records Bureau/Disclosure Barring Service) checks and evidence of references being sought from previous employers. There were also interview notes detailing the staff's answer to the interview questions. These had been obtained before staff started working at the home, which demonstrated to us staff had been recruited safely and were suitable to work with vulnerable adults.

We looked at how risk was managed within the home. We saw people had risk assessments in their care plans which covered areas such as waterlow (to monitor the risk of developing pressure sores), moving and handling, nutrition and falls. We noted that where risk was identified, appropriate control measures were in place for staff to refer to as to how to keep people safe. In one instance, a person had been deemed as being 'high risk' on their waterlow low risk assessment. We saw appropriate equipment was in place such as a pressure relieving mattress, with staff also applying cream to the effected areas on a regular basis. At the previous inspection, we had raised concerns about environmental risks such as faulty window restrictors in bedrooms and the door to the basement not being locked, which exposed people to the risk of falling down a steep stairwell . We saw these issues had now been addressed at this inspection, which helped to keep people safe.

The home had a systems in place to monitor accidents and incidents and we saw appropriate 'accident forms' were completed on the back of each incident with details of any actions taken. A 'Trends analysis' was also undertaken and took into account the time of day incidents occurred, the type of incident, if there was an injury, if it was witnessed/unwitnessed and the outcome. This would enable the manager and staff to reduce incidents within the home, due to having appropriate monitoring systems in place.

We looked at the systems in place with regards to cleanliness and infection control. During the inspection we checked toilets, bathrooms, communal areas and corridors and found them to be clean and tidy. The carpet leading up the stair case had been replaced, which had been stained previously and we saw toilets and bathrooms were equipped with hand hygiene guidance, paper towels and foot operated pedal bins. The manager operated a cleaning schedule which staff signed and was kept in the managers office. A member of staff also told us they checked bedrooms on a daily basis to make sure they were clean. This would reduce the risk of the spread of infections.

We saw certificates of work completed around the building were in place covering areas such as gas safety, legionella and electricity.

Good

Is the service effective?

Our findings

At our previous inspection in July and August 2016, this domain was rated as 'Inadequate'. This was due to concerns identified in relation to staff induction, supervision and training. Staff also had a limited understanding of MCA/DoLS which placed people at risk of having their liberty unlawfully restricted. Staff had also failed to consistently engage with health care professionals when referrals had been made to other services. We found improvements had been made during this inspection and all the previous concerns raised had been addressed.

The people we spoke with living at the home told us staff were well trained and had the right knowledge and skills to provide effective care. One person said; "The new staff are really dedicated. It was laxidazical before. Nothing got done before, I can't believe the difference in the short time." A second person told us; "The new staff are professional. They know what they are doing".

We found that the home had recruited several new members of staff since the last inspection and we looked at the induction process they had undertook to support them in their roles. We saw the induction covered a wide range of areas including the aims and objectives of working at Ash-leigh House, confidentiality, whistleblowing, record keeping, effective communication, fire safety, appropriate handovers, infection control, the environment and medication. The induction was centred around the 'Care certificate' and provided staff with the knowledge and understanding required to work in a caring environment.

We looked at the training staff had undertaken since the last inspection and viewed the training matrix. This showed staff had completed training in areas such as moving and handling, MCA/DoLS, medication, safeguarding, health and safety and fire awareness. We noted that three courses including mental health awareness, challenging behaviour/breakaway and infection control had still not been undertaken which had been identified and raised at our previous two inspections. We saw that challenging behaviour/breakaway training had been scheduled in November 2016 but the trainer had subsequently cancelled. Following the inspection, the manager sent us confirmation that the three outstanding training requirements had been scheduled for staff to attend in January 2017.

Staff told us they received appropriate training to undertake their role. One member of staff said; "I've only been here just over a month. I shadowed for two weeks and went through all the care plans. The manager does a lot of the training. I've done fire safety and health and safety since starting". Another member of staff said; "I've done quite a lot recently including medication and health and safety. The training has improved a lot since the new manager started". Another member of staff told us; "We are getting much better training now and we are better educated I feel".

We looked at the supervision and appraisal that staff received as part of their on-going development and saw all staff had received supervision since the new manager had started working at the home. Supervision and appraisal provide staff with the opportunity to discuss their work in a confidential setting and to look at career development. We looked at a sample of the supervision records and saw they provided a focus on any progress made since the previous meeting, any issues and concerns from both the staff member and

supervisor and any agreed actions for staff to work towards. The manager also showed us that appraisals had been scheduled with staff for early in 2017. Staff told us they received regular supervision and we saw a supervision matrix which confirmed these had commenced following appointment of the new manager and were planned throughout the year. One staff member told us; "I've not been here long but I've had one supervision already and the next supervision is planned on the list". Another member of staff added; "I've had a supervision with the new manager and we were able to talk about what needed to change. I felt listened to".

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

At our previous inspection we had found that the staff were not working within the principles of the MCA. At this inspection, we found that this had been actioned and restrictions that had previously been imposed on people were no longer in place. The management demonstrated a good understanding of MCA and DoLS. An urgent authorisation had been submitted for one person as there had been some concerns regarding their capacity to make the decision to reside at Ash-leigh and consent to their care and treatment. This had been explored further with the local authority and they were deemed to have capacity and the authorisation was not upheld. We confirmed that nobody was currently subject to DoLS living at Ash-leigh.

People's consent to photographs, medication and care had been sought and recorded in their care files. The people we spoke with said staff always sought their consent before any care interventions. Staff were also clear about how to seek consent when delivering care. One member of staff said to us; "I would always ask people and if they were refusing I would encourage them and try again later. One person refuses personal care, but we keep trying at different intervals".

We looked at how people were supported to maintain good nutrition and hydration. We saw people had specific eating and drinking care plans, with MUST (Malnutrition Universal Screening Tools) and nutritional risk assessments also completed. The care plans didn't make reference to peoples fluid intake and what a good level of fluid intake looked like for each person. This meant staff may be unaware if they needed to increase fluids for certain people if there were concerns about their health. We raised this with the manager who told us these would be implemented immediately following the inspection.

Staff demonstrated a good knowledge regarding people's nutritional and dietary considerations and identified the people with differing risks and needs. We saw weight and fluid intake charts maintained for people where required. One person had recently been having weekly weights and restricted fluids due to heart failure. A plan was in place stating that if the person gained 2 kilograms in a 48 hour period to then staff should seek medical attention. We saw weights were consistently recorded each month in the care plans we had looked at. One person had been weighed weekly until recently, however had gained weight since September 2016, with their BMI now back in range. One person living at the home liked to purchase their own Halal food but was then reimbursed by the proprietor once receipts had been produced, with a freezer and fridge also purchased for their own use.

A member of staff told us; "The menu's were developed in consultation with people at a resident meeting. Each day we ask people what they would like to eat from the menu choices". We asked people living at the

home and they confirmed this had occurred and they informed us of their opinions regarding the meals provided . A person told us; "It's good quality food now. We had a meeting and discussed our food preferences. We get them things now. Things like spaghetti bolognaise, pasta and curry's. We used to have beans on toast a lot before." A second person told us; "The food has really improved. We're getting a proper meal, more of something put in to it now. We used to have wedges, hot dogs and beans on toast a lot before. That's not proper meals".

The staff we spoke with understood which people living at the home were at risk nutritionally. For instance, the staff we spoke with all knew that one person was currently not allowed to consume for than two litres of fluid each day needed to be weighed each day. This was advice which had been provided to the home by a healthcare professional.

We saw people had access to relevant health care professionals as necessary and we saw notes in care plans if people had been to these services or had involvement with them. The home now maintained healthcare and family communication records which made referrals, engagement with services and involvement from people's families easier to track. Care plans also contained 'Hospital passports'. The hospital passport provides a 'Snapshot' of a persons health when accessing relevant services. One person, who when attending the GP, had an interpreter with them to help facilitate communication. The manager told us they were currently doing some work around understanding these peoples religion in order to meet there needs.

Good

Is the service caring?

Our findings

At our previous inspection in July and August 2016, this domain was rated as 'Inadequate'. This was because we observed several instances where people were not treated with respect and found their privacy and dignity had been compromised. We observed at that time that interactions between staff and people living at the home were limited, task focused and people spent large amounts of time in their bedrooms isolated. People didn't benefit from a caring culture due to the wider failings within the home. We found improvements had been made during this inspection and all of our previous concerns had now been addressed.

The people we spoke with told us things had changed at Ash-leigh since our last inspection. People living at the home said they liked the new staff that had commenced working at the home and described them as kind and willing to help them when needed. One person told us; "It's a big improvement to what it was. Things keep getting better and better. In comparison to the last lot, the staff are very caring. It's relaxed here now, I'm relieved because there is no tension." Another person told us; "I like the staff now, it's not cruel now, there are no nasty moods." A third person told us; "I like the new staff, things improved living here over night when the new staff came. We are truly treated better. It's not as tense, staff are compassionate and sympathetic. I spend more time in communal areas now".

At our previous inspection, we observed people spent the majority of their time in their bedrooms and only entered the kitchen to obtain food and drinks before returning promptly to their bedroom. The communal lounge had only been utilised by people for short periods of time and we saw conversation between people and staff predominantly focused around meals and tasks. The home lacked atmosphere at that time, people presented as unkempt and disengaged, spending prolonged periods isolated in their bedrooms. Following the inspection in July and August 2016, we subsequently raised safeguarding concerns with the local authority regarding the care and treatment people were receiving at Ash-leigh House.

During this inspection, the positive change in the atmosphere was evident from the moment that we arrived. People that were already out of bed when we arrived were in the kitchen talking to each other. People were animated and engaged. People looked clean and had made an effort with their appearance. People voiced being pleased to see us and without asking, told us how things had changed for the better since we had last visited the home. One person thanked us and told us how happy they now were living at the home. Throughout the inspection, we observed people in communal areas. The atmosphere was vibrant and welcoming. People and staff were laughing and joking. Conversation and banter between staff and people living at the home was a constant presence throughout the inspection.

People said they were treated with dignity, respect and were given privacy at the times they needed it. A person told us; "They'll do anything for you, it sounds corny but I feel respected and that the staff are my friends. It feels like a family here now." A second person said; "It's degrading seeing people sat on the toilet with the door open. Staff are telling them to shut the door now and that has reduced". The staff we spoke with were also clear about ensuring people were treated well when delivering care. One member of staff said; "I got upset when I first started here because of the way people had been treated. People had been

scared, they'd had nothing. People have sought reassurance that the old staff aren't coming back. People don't shy away now. They are happy". We also asked staff how they supported people with their personal care. A staff member told us; "We support people to wash and then get changed in their own bedrooms. We give people privacy to talk to us confidentially and would never speak to people about private matters in front of others".

We looked to see how staff promoted people's independence and offered them choices. We saw a kettle had been purchased that changed colour from red to blue to support one person to recognise when it had boiled. This enabled the person to make their own cup of tea. We saw other people living at the home entered the kitchen area at various points during the day and made food for themselves. One staff member told us; "This is people's home. I'm just here to help. We monitor people but we let people do it for themselves." Another member of staff said; "We encourage people to do their own washing up and that is something we try and promote".

Staff told us they encouraged people to make their own choices. One staff member told us; "We're trying to give people increased choices. People are asked about meals and activities. There is one person that only eats soft foods due to their teeth and they were previously just given sandwiches, toast and soup. We are trying to provide more variety for them to be able to choose from like mash and gravy, or a soft stew".

We found improvements had been made to the storage of confidential records. People's records and staff supervision and personnel information were kept safe and secure and people had been informed how their right to confidentiality would be respected. This meant people using the service could be confident their personal information would be kept confidential.

Good

Is the service responsive?

Our findings

At our previous inspection in July and August 2016, this domain was rated as 'Requires Improvement'. This was because we found care being provided was not always person centred and there was also a lack of stimulation and activities for people living at the home. The care plans we viewed also lacked important information and guidance about peoples care for staff to refer to. We found improvements had been made during this inspection and our previous concerns had all been addressed.

People living at the home told us they received a service that was responsive to their needs. One person told us; "I go to bed when I want and get up when I want. I want a cut and colour and that is being arranged for me". We also asked people living at the home if they would recommend the home to other people requiring the level of care provided. One person told us; "It's a nice home now. I would recommend it to others." A second person said; "I would recommend the home to others. We're having good times here. It's a good atmosphere now. I feel good vibrations. This is just a normal day in paradise." A third person told us; "This home is good now. It needs more work but there are plans for that".

We saw instances where the home had been responsive to peoples needs and wishes. For example, one person had recurring urinary tract infections and was losing weight. As a result this person visited the GP (General Practitioner) who advised to commence them on weekly weights, fortify foods and offer milky drinks. This person had then gained weight consistently over a three month period, with no urinary tract infections (uti's) reported during this period. Another person told us they had previously enjoyed going to watch Manchester United games and this information had been sought by staff when asking about this persons likes and dislikes. The manager told us a new member of staff had been 'matched' with this person as they also had an interest in football and were currently in the process of sourcing tickets to go to football games. Another person living at the home was disorientated and lost track of the time. Due to their poor vision, the manager had plans to by a large clock for the communal dining room to see if this aided them.,

Each person living at the home had their own care plan in place. This provided staff with guidance about how best to meet peoples care needs. We saw people had care plans in place with regards to maintaining a safe environment, eating and drinking, personal care/dressing, social needs, sleeping, communication and cognition/behaviour. We noted these were regularly updated or when peoples needs changed. People had 'Social histories' in place which provided background information about people including where they were born, memories from when they were young, marriage, children, places lived, likes, dislikes, preferences and employment. This would ensure staff had access to information to person centred information about people living at the home. One person told us their clothes were now in their bedroom wardrobe compared to previously and were able to choose independently what they wore each day. This person also told us they had accompanied a new staff member shopping to chose new clothes and make their own choices.

We looked at the systems in place to seek feedback from people living at the home and viewed the minutes from recent relatives and residents meetings which had taken place at the home. The manager told us they were currently in the process of sending out satisfaction surveys to people, where the feedback would be analysed accordingly. This provided the opportunity for people to state if there were things they may wish to

change at the home. We saw topics of discussion included the current atmosphere at the home, planned trips out, fundraising, the addition of a greenhouse in the garden, the home environment, the CQC report and new members of staff recruited. One person living at the home told us; "Yes, we've had a meeting since we went to Blackpool for the day." A second person told us; "We have meetings. We've all got more say now. I feel more in control. I've felt so alone but we are now all working together". A third person added; "We've had a resident meeting and discussed all the changes".

The home had an appropriate system in place to monitor complaints, although the manager told us none had been received since our previous inspection. If a complaint was to be made, the complaints system captured who the complaint had been made by, if it was verbal/written, which person the complaint related to, details of any investigation and outcomes/lessons learnt. There was also a poster displayed on the wall, informing people of how they could complain if they, or their relatives were unhappy with the care they had received.

We looked to see how staff supported people to engage with social activities. We saw photographs were on the wall from a recent trip to Blackpool which we were told people had enjoyed. Any upcoming trips and outings were displayed on the wall near the main entrance. A staff member told us; "We've arranged to go to Trafford centre, we're going out for a meal and we'll be going to bents garden centre just before Christmas. I do feel that we could do more but people are set in there ways because they haven't done these things for so long. We are having to sensitively bring about the changes." A person living at the home also told us; "I think the activities are good. I do arts and crafts but we've started doing trips out together too. We went to Blackpool and we are going for a meal and Bents before Christmas." A second person told us; "Over the last few months, having things to do has increased significantly. There is always something to do. The staff are always asking me do I want to do this, do I want to do that. I've started going to the library and I really enjoyed Blackpool. We're really busy this month with things to do." A third person told us; "We had no activities before so that's improved. It will get better. We've been to Blackpool, Trafford centre and a meal and the garden centre coming up."

Good

Is the service well-led?

Our findings

At our previous inspection in July and August 2016, this domain was rated as 'Inadequate'. This was because we identified there to be a lack of governance systems in place to monitor the quality of services being provided to people at the home. We had also identified five continuing breaches of the regulations from our inspection in November 2015. We found improvements had been made during this inspection and all our concerns had been addressed.

The home had a new manager who had commenced in post at the end of September 2016. Although they were not yet registered with the Care Quality Commission, we were told than an application was in the process of being submitted. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found the new home manager to be open and transparent. They acknowledged the improvements made since our last inspection but indicated that the improvements were on-going and identified the focus for the coming months. The manager was approachable and they facilitated our requests for information and documentation throughout the inspection promptly. The home manager demonstrated a commitment to improving standards at the home and had engaged with us in advance of the inspection by sending action plans based on how things were progressing at the home. The manager was also a 'Train the trainer' meaning they could disseminate their own knowledge to staff. The manager reported to the provider and was responsible for the supervision and monitoring of all senior care staff. The manager told us all staff were 'Senior support workers', due to their role involving administering medication which the manager felt needed to be recognised as an important task which carried a certain degree of responsibility.

People living at the home said the manager had made big improvements since they had started working at the home. One person said; "The new manager is very knowledgeable. I was a bit worried at first because they are only young but they definitely know it and they are making the changes this place needed." A second person told us; "The new manager is right. They just do things. I was a bit sceptical at first because they are young but they just get things done. The manager told me, there is nothing that can't be done for you now." A third person told us; "The new manager has done quite marvellous in their short time here. The place needed everything doing and that is underway."

The staff we spoke with told us they enjoyed working at the home with improvements made over the past few months, both in relation to the home culture and how things operated at the home. One member of staff said; "Since our last inspection, there has been vast improvement in every respect". Another member of staff added; "Things are now a lot better. There have been lots of changes and I feel the care of people living here has now improved. People also seem to be a lot calmer. All of the staff work as a team, whereas I feel that was lacking before".

Staff also told us leadership and management at the home was strong and that the new home manager had

made a difference to how the home was run. Staff report feeling being able to approach the manager, report concerns and also felt supported to undertake their roles to the best of their ability. One member of staff said; "The home is definitely well led now. The manager has implemented systems. We have things in place to help us and we know what to do. The management has brought a cheerfulness in to the place". Another member of staff said; "The manager is very professional and is turning the home around for the better". Another member of staff also told us; "The way the home is managed now is good. I feel everybody now knows what they are doing and what is required".

We found improvements had been made to the quality assurance and governance systems at the home. This had included the new home manager introducing audits covering areas such as medication, infection control, health and safety, mattresses and the environment. The home manager had also introduced an out of hours 'Spot check' system to monitor the work of night staff and weekend staff. An additional internal audit based on the CQC, five key questions had also been introduced where the service could rate themselves as either outstanding, good, requiring improvement or inadequate based on the findings. We saw the provider had also conducted a recent audit of the home in December 2016. This provided a focus on maintenance, falls, safeguarding referrals, a walk around of the building, staff files/recruitment, staff training and infection control. These systems meant that appropriate action could be promptly taken if discrepancies were identified.

We looked at the minutes from staff meetings which had occurred. This provided the opportunity for staff to state if there were things they may wish to change at the home, or if they had concerns. We saw a wide range of topics were discussed which included; planned training, care plans, quality assurance arrangements, promoting a new home culture, refurbishment plans, activities and completing appropriate documentation. Staff told us they were able to attend team meetings where they felt listened to and could raise concerns. One member of staff told us; "Staff meetings are every couple of weeks. We are able to contribute to meetings and I feel things are moving in the right direction".