

GGs Care Home Limited

Thornton Lodge Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement	
Is the service safe?	Requires Improvement	
Is the service effective?	Requires Improvement	
Is the service caring?	Good	
Is the service responsive?	Requires Improvement	
Is the service well-led?	Inadequate	

Overall summary

This unannounced inspection was carried out on the 03 March 2015.

Thornton Lodge Care Home, formerly known as Broughton Court Care Home at the time of our inspection, provides 24 hour nursing and or personal care for up to 36 older people, including care for people with dementia. It is close to local amenities with good access to public transport and motorway networks.

There was no registered manager in place at the time of our inspection, though the provider told us a new manager had been appointed and would be registering with Care Quality Commission (CQC) shortly. A registered

manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

At the last inspection carried out in September 2014, we identified concerns in relation to infection control, care and welfare of people and the management of medication. As part of this visit we checked to see what improvements had been made by the home to address these concerns.

We checked to see whether staff had been safely and effectively recruited. We looked at four personnel files of

Summary of findings

staff who had been recruited since December 2014. We found that appropriate criminal records bureau (CRB) disclosures or Disclosure and Barring Service (DBS) checks had not been undertaken. We also found that suitable references relating to good character had not always been obtained. Without robust recruitment procedures people may be put at risk of harm.

We found the registered person had not protected people from the risks associated with the safe recruitment of staff. This was in breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to fit and proper persons employed.

We looked at how the service ensured there were sufficient numbers of staff on duty to meet people's needs and keep them safe. We found there were not enough staff on duty to effectively meet the needs of people who used the service and keep them safe.

We found there did not appear to be any clear strategy for dealing with the numbers of people waiting for their lunch on the nursing unit. This meant people had to wait unreasonable periods of time before they received their meals.

One member of staff told us; "We have one resident who needs one to one care, because he has been at risk of falling, which means the staffing numbers during the day is not enough. If we didn't have that need then three staff would be enough."

During our inspection we observed that the senior carer while administering medication and supporting people, was constantly interrupted by the phone, which meant they had to leave the lounge to answer the phone situated in an office along the corridor. This meant only one member of staff was available to supervise and support people in all other areas of the building.

We found that the registered person had not protected people from the risks associated with not having sufficient numbers of suitably qualified staff on duty. This was in breach of regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to staffing.

During the inspection we checked to see how the service ensured that staff had the required knowledge and skills to undertake their roles. From reviewing training records and speaking to staff, minimal training or no training or refresher training had been delivered by the provider since acquiring the service in August 2014. It was also not clear to us, what, if any training these new staff members had received. We saw no documented evidence of any induction training undertaken.

We looked at supervision and annual appraisal records and spoke to staff about the supervision they received. Supervisions and appraisals enabled managers to assess the development needs of their staff and to address training and personal needs in a timely manner. We found that no supervision had been undertaken by the service since August 2014.

We found the registered person had failed to ensure that staff received appropriate support, training and professional development. This was in breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to staffing.

We found that since the new provider had acquired the service, very little in the way of quality assurance auditing had been undertaken to monitor the quality of service provision. We saw that no auditing had taken place in respect of staff personnel files, infection control or staff training requirements and supervision.

We found that limited medication audits had taken place. Where medication audits had taken place these were ineffective. We found that no competency or spot checks had been undertaken with staff to ensure that medicines were administered correctly.

It was not clear to us how the service regularly sought the views of people to comment on the quality of services provided. We found no satisfaction questionnaires had been circulated to people who used the service, relatives and visiting professional to seek feed-back on the quality of the services provided.

We found that the registered person did not have appropriate arrangements in place to monitor the quality of service or regularly seek the views of people who used the service. This was in breach of regulation 10 of the

Summary of findings

Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to good governance.

You can see what action we told the provider to take at the back of the full version of this report.

One visiting health care professional told us they had no concerns about the safety of residents living at the home. A visiting relative told us; "She is definitely safe here." Another relative said "Since the new owner, everything is better and different, much improved. The owner said he would look after my parent as if it was his own parent and he has. My X is very happy here, he told me he feels very safe here."

During our inspection, we checked to see how the home protected people against abuse. We found suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse.

We found bedrooms and bathrooms clean and free of any unpleasant odours. We checked mattresses and bedding and found them to be clean and hygienic. We saw staff wearing appropriate aprons and gloves when providing care and treatment.

We found that medicines were administered as prescribed and that staff we spoke with could describe peoples' medicinal needs. However, we had concerns over the management of medicines for people on short stay respite care.

We found the home was in complete need of upgrading and redecoration, which was acknowledged by the provider and subject of the improvement programme intended for the premises. Though the home did not specialise in care for people living with dementia, a number of people who used the service had varying degrees of dementia.

We have made a recommendation about environments used by people with dementia.

There was a choice of meals and we saw staff asking people what they would like. The atmosphere in the dining room was relaxed and calm. People were allowed to take their time and were provided with support when required.

Both people who used the service and their families told us that staff were caring and compassionate. We observed people's privacy and dignity was respected at all times, with staff knocking on doors before entering rooms.

People and families told us the service was responsive to any needs or concerns they had. One relative told us; "Any concerns and I would speak to the owner as I know he listens to what I have to say." Another relative said "If I had any concerns and I have had, I would speak to the senior carer or the owner. Since the owner has taken over things have really improved."

We found that regular reviews of care and treatment needs and risk assessments were undertaken. Staff we spoke with demonstrated a good understanding of each person's needs and the care and support required.

The provider told us the service employed an activities coordinator who attended the home three times a week. People told us that activities did take place and that people were taken out on shopping trips. One relative told us; "Every Monday, Wednesday and Friday they do singing, exercises and games with them. People who can do things do get involved. My X really used to really enjoy joining in with the singing."

We have made a recommendation about the service ensuring people have opportunities to take part in activities.

Both people visiting the home and staff told us that the home maintained a positive culture which was open and inclusive. People spoke of the provider's genuine desire to improve the quality of service for people living at the home, which included the environment.

Staff we spoke with had a good understanding of their roles and responsibilities. They told us they believed there was an open and transparent culture within the home and would have no hesitation in approaching the provider about any concerns.

During this inspection, though some improvements had been made, we found that generally little had changed since our visit in September 2014. We discussed our concerns relating to governance at the home and the programme of improvements. The provider told us that following the recent replacement of the boiler system

Summary of findings

and together with the newly appointed manager, they were confident that progress would be resumed in respect of the planned improvements programme and governance of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Not all aspects of the service were safe. The service did not have robust procedures in place to ensure recruitment practices were safe.

We found bedrooms and bathrooms clean and free of any unpleasant odours. We checked mattresses and bedding and found them to be clean and hygienic. We saw staff wearing appropriate aprons and gloves when providing care and treatment.

We found there were not enough staff on duty to effectively meet the needs of people who used the service and keep them safe.

Requires Improvement



Is the service effective?

Not all aspects of the service were effective. The service did not have appropriate arrangements in place to ensure staff received suitable training, professional development and supervision to enable them to deliver care and treatment safely and to an appropriate standard.

Throughout the day we saw staff seeking consent from people before undertaking any tasks, such as offering assistance with their meal and drinks, or whether they required the use of the bathroom.

We found the home was in complete need of upgrading and redecoration, which had been acknowledged by the provider and subject of an improvement programme.

Requires Improvement



Is the service caring?

The service was caring. Both people who used the service and their families told us that staff were caring and compassionate.

Family members told us there were no restrictions on when they could visit and were always made to feel welcome. We were able to confirm this from our own observations and saw one relative joining their loved one during lunch.

We observed people's privacy and dignity was respected at all times, with staff knocking on doors before entering rooms.

Good



Is the service responsive?

Not all aspects of the service were responsive. The structure of the care plan was clear and easy to access information. All care plans were reviewed monthly. Care files provided clear instructions to staff on the level of care and support required for each person.

We found no set activity programme in the home on the day of our inspection or very little in the way of mental or physical stimulation for people. People told us that activities did take place and that people were taken out on shopping trips.

Requires Improvement



Summary of findings

The service policy on compliments and complaints provided clear instructions on what action people needed to take if they had any concerns.

Is the service well-led?

The service was not well-led. The service did not have appropriate arrangements in place to monitor the quality of service or regularly seek the views of people who used the service.

Both people visiting the home and staff told us that the home maintained a positive culture which was open and inclusive. People spoke of the provider's genuine desire to improve the quality of service for people living at the home, which included the environment.

Though some improvements had been made, we found that generally little had changed since our visit in September 2014. We discussed our concerns relating to governance at the home and the scheduled programme of improvements with the provider.

Inadequate



Thornton Lodge Care Home

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 03 March 2015 and was unannounced. The inspection was carried out by one adult social care inspector, a Specialist Advisor who was a pharmacist and another Specialist Advisor in nursing.

We also reviewed all the information we held about the home. We reviewed statutory notifications and safeguarding referrals. We also liaised with external professionals including the local vulnerable adult safeguarding team, the local NHS infection and prevention control team and the local commissioning body. We reviewed information sent to us by us by other authorities. We reviewed previous inspection reports and other information we held about the service.

At the time of our inspection there were 25 people who were living at the home. There were 10 people who were living on the Nursing Unit situated on the first floor and there were 15 people receiving residential care of the ground floor. We spoke with 12 people who lived at the home, eight visiting relatives, six members of staff, the deputy manager and the provider. We also spoke to one health and social care professional who was visiting the home on the day of the inspection.

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

Throughout the day, we observed care and treatment being delivered in communal areas that included lounges and dining areas. We also looked at the kitchen, bathrooms and laundry rooms. We looked at the personal care and treatment records of people who used the service, staff supervision and training records, medication records and the quality assurance audits that were undertaken by the service.

Is the service safe?

Our findings

People who used the service and their relatives told us they believed they or their loved ones were safe living at the care home. One person who used the service told us; "I feel safe living here and the staff are kind." Another person who used the service said "I feel absolutely safe, in fact I would be dead without them all." One visiting health care professional told us they had no concerns about the safety of residents living at the home. A visiting relative told us; "She is definitely safe here." Another relative said "Since the new owner, everything is better and different, much improved. The owner said he would look after my parent as if it was his own parent and he has. My X is very happy here, he told me he feels very safe here."

As part of the inspection, we checked to see whether staff had been safely and effectively recruited. We looked at four personnel files of staff who had been recruited since December 2014. We found that appropriate criminal records bureau (CRB) disclosures or Disclosure and Barring Service (DBS) checks had not been undertaken. Three files contained historic CRB checks and one file had no CRB or DBS checks undertaken. Staff had been allowed to commence work before satisfactory CRB or DBS checks had been undertaken. We also established that the new manager had been appointed before appropriate checks had been undertaken by the provider. This meant the provider could not be sure that these individuals were not barred from working with vulnerable people.

We found that in two files, only one suitable reference relating to good character had been obtained while in the remaining two staff files no references had been obtained before commencing employment with the provider. Without robust recruitment procedures people may be put at risk of harm. We spoke to the provider about these concerns and directed that immediate action was required to address these issues.

We found the registered person had not protected people from the risks associated with the safe recruitment of staff. This was in breach of regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to fit and proper persons employed.

We looked at how the service ensured there were sufficient numbers of staff on duty to meet people's needs and keep them safe. We found there were not enough staff on duty to effectively meet the needs of people who used the service and keep them safe.

On the day of our inspection, there were a total of 25 people living at Broughton Court Care Home. There were 15 people living in the residential unit and 10 people in the nursing unit. The people living in the nursing unit, all of whom were of high dependency, were supported by a qualified nurse and two care members of staff. On the residential unit, there was a senior carer and a further two care members of staff. They were also supported by the provider, a chef, a domestic and a maintenance person

On the nursing unit, we observed that all people who used the service had high dependency needs and required assistance with their food. One person who was being nursed in bed was not asked what they would like for breakfast until 9.45am. We were told that lunch was scheduled for 12.30pm, but the trolley did not arrive in the nursing unit until 1.15pm, 45minutes late. People were supported by two carers while the nurse was engaged in other duties. We found there did not appear to be any clear strategy for dealing with the numbers of people waiting for their lunch on the nursing unit. This meant people had to wait unreasonable periods of time before they received their meals. For example, one person did not receive their lunch time meal until 2.00pm.

In the residential unit, staff told us that because one person required one to one care, that left two members of staff to support 14 people, which they felt was not enough. We observed one staff member sat next to the person concerned in the event they tried to stand up and move around, so that immediate assistance could be provided. One member of staff told us; "We have one resident who needs one to one care, because he has been at risk of falling, which means the staffing numbers during the day is not enough. If we didn't have that need then three staff would be enough."

During our inspection we observed that the senior carer while administering medication and supporting people, was constantly interrupted by the phone, which meant they had to leave the lounge to answer the phone situated in an office along the corridor. This meant only one member of staff was available to supervise and support people in all other areas of the building.

Is the service safe?

Other comments from staff included; “Staffing levels are generally ok.” “We need more staff as we just don’t stop, especially as one resident needs one to one care. People are safe but we do need more staff.” “We have concerns about staffing on the residential unit with the demands of one to one. It is better when the deputy manager is on and things will improve when the new manager is here full time.” “It is very busy and sometimes, I feel I would like to do more for the patients.”

We spoke to the provider about the staffing concerns identified. They told us that the new manager would be undertaking a full review of staffing levels to ensure there were adequate levels to meet people’s needs in both units.

We found the registered person had not protected people from the risks associated with not having sufficient numbers of suitably qualified staff on duty. This was in breach of regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to staffing.

Following our last visit in September 2014, the provider had installed a CCTV system that provided coverage of communal areas. We were satisfied that private areas were not infringed by this system. The monitoring system was located in the manager’s office and enabled staff to monitor people in communal areas such as the lounges and corridors. Staff told us this enabled them to respond to people’s needs more effectively and enabled them to monitor people who were wandering in the corridors. One relative told us; “I do feel he is safe here. The cameras have improved security so if he did try to leave the home he would be seen. He has also fallen in the past and struggles to walk.”

We found the provider was unable to demonstrate to us that the installation of the CCTV system had been installed in the best interests of people who used the service and that people including people who lacked capacity had been effectively consulted. As a result of these concerns, we were subsequently informed by the provider that the CCTV system had been switched off until the service had fully consulted recent guidance on using surveillance, which was published by the Care Quality Commission in December 2014.

During our inspection, we checked to see how the home protected people against abuse. We found suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse. Staff had completed training in safeguarding vulnerable adults, which we verified by looking at training records. However, training records related to training provided by the previous company. It was not clear to us what, if any training new staff had received in safeguarding vulnerable adults.

All members of staff we spoke to were able to confidently explain the different types of abuse and the action they would take if they had any concerns. All felt refresher training would be helpful. One member of staff told us “Previously done safeguarding training, but not here. The owner is very approachable and will sort things as soon as you mention it.”

We found there was a range of risk assessments in place designed to keep people safe from harm. We looked at a sample of 10 care files from the nursing unit and four care files from the residential unit. We looked at a number of risk assessment that had been undertaken by the service which included; nutritional, oral, skin integrity, self-medication, mobility, moving and handling, and personal hygiene. One risk assessment we looked provided clear guidance to staff to reduce the risk of pressure sores. This included advising staff on application of creams, use of pressure cushions and use of body chart to record developing areas of concern.

During our last visit in September 2014, we judged the service to be in breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities), because people were not cared for in a clean and hygienic environment. As part of this inspection, we checked to see what improvements had been made by the service. We were aware that the service had been working very closely with the local Infection Prevention and Control Nurse to address concerns and that on the whole we found the home was clean and hygienic.

We found bedrooms and bathrooms clean and free of any unpleasant odours. We checked mattresses and bedding and found them to be clean and hygienic. We saw staff wearing appropriate aprons and gloves when providing care and treatment. We found that some items within the nursing unit had not been stored hygienically and safely. We saw continence pads and liquid nutrition for

Is the service safe?

Percutaneous Endoscopic Gastrostomy (PEG) feeds stored in en-suite toilet areas and though the toilets were not in use, suitable arrangements were required for the correct storage of these items. We discussed these concerns with the provider, who reassured us that immediate steps would be taken to address these concerns. We found limited evidence of any quality assurance audits undertaken by management in respect of infection control.

The main lounge carpet, though it had been cleaned was stained in several areas. We also found several arm chairs with stained arm rests. The provider, who acquired the service in August 2014, was able to show us new chairs that had been purchased as replacements. The provider told us these issues formed part of a major improvement programme of refurbishment and decoration they had planned for the home. A visiting relative said "I know there have been issues with cleaning, but on the whole it has improved. The place does need redecorating, but it all takes time." Another relative said "I know things have improved enormously. The place used to smell, that is no longer the case." One member of staff told us; "I believe we have made improvements certainly around infection control. The place was really run down when the owner took it over, but he is trying his best to turn it around."

We had previously judged the provider to be in breach of Regulation 13 Health & Social Care Act 2008 (Regulated Activities) Regulations 2010, because the provider did not have appropriate arrangements in place to manage the administration of medicines. As part of this inspection we checked to see what improvements had been made.

On the whole, we found the service had systems in place to manage all aspects of the handling of medicines safely. As part of our inspection of medicines we looked at 20 medication administration records (MAR) charts and eight care plans. We observed medicines being administered by a senior carer in the residential unit and a nurse in the nursing unit. We found that medicines were administered as prescribed and that staff we spoke with could describe peoples' medicinal needs.

We found there was a thorough process for recording and updating medication changes, which were detailed in care plans. There were suitable arrangements in place for the ordering of peoples' medicines as prescribed. The service had procedures in place to support people who took their own medicines and we looked at risk assessments for self-medication undertaken by the service.

However, we found that guidance from the National Institute for Health and Care Excellence (NICE) was not always followed. For example, people who were on short stay respite care were provided with handwritten MAR charts that had not been double checked. We found some concerns around the clarity and accuracy of handwritten MAR charts, information recorded for variable doses of 'when required medicines' and the booking in of medicines for people on respite care. We spoke to the provider of these concerns and advised them to refer to NICE guidance on these matters. The provider told us, the newly appointed manager would be tasked to review the way medicines were managed for people on respite.

Is the service effective?

Our findings

During the inspection we checked to see how the service ensured that staff had the required knowledge and skills to undertake their roles. From reviewing training records and speaking to staff, minimal training or no training or refresher training had been delivered by the provider since acquiring the service in August 2014, which included safeguarding training.

One member of staff told us; "I think most training is out of date, but the owner has employed a training company. Some new staff have had little or no training." Another member of staff said "No training since the previous owner. I can't remember when I last did manual handling." We checked this person's training records and found that they had last received training for manual handling on the 11 October 2013. Training records indicated that six other members of staff were last trained in 2013 in respect of manual handling.

We looked at the personnel files of four staff who had been recruited since December 2014. It was not clear to us what, if any training these new staff members had received. We saw no documented evidence of any induction training undertaken.

When we last inspected the home in September 2014, the registered manager had informed us the service was currently reviewing training needs and intended to introduce more class-room based and practical training to support staff more effectively in their roles. We found this had not taken place. We spoke to the provider about these concerns, they told us they had now engaged the services of a training company who would coordinate all future training.

We looked at supervision and annual appraisal records and spoke to staff about the supervision they received. Supervisions and appraisals enabled managers to assess the development needs of their staff and to address training and personal needs in a timely manner. We found that no supervision had been undertaken by the service since last August 2014. One member of staff told us; "No supervision in last six months since the new owner has taken over. Never discussed training needs either."

We found that the registered person had failed to ensure that staff received appropriate support, training and professional development. This was in breach of regulation

23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to staffing.

During our visit we witnessed a staff handover on the nursing unit involving the night and day staff. People who used the service were referred to by name and the nurse gave a summary of how people had been during the night and whether they were any concerns. This was undertaken in a calm and professional manner and staff demonstrated a good understanding of each person's needs.

Throughout the day we saw staff seeking consent from people before undertaking any tasks, such as offering assistance with their meal and drinks, or whether they required the use of the bathroom. For people who could not provide verbal consent, one member of staff told us "We rely on body language or their response. We know these people as family and I would know if they were not happy, so I wouldn't do anything unless I was sure they were happy to do so."

The Care Quality Commission has a duty to monitor activity under the Deprivation of Liberty Safeguards (DoLS). The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We saw there were procedures in place to guide staff on when a DoLS application should be made. We spoke to the provider who demonstrated that the service had submitted one application in connection with a person trying to leave the building unaccompanied.

We spoke with staff to ascertain their understanding of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. Most staff we spoke to had limited or no understanding of the MCA. We spoke to the provider who reiterated that all future training needs would be accommodated by a training company that had been engaged.

We found the home to be safely maintained, however it was in complete need of upgrading and redecoration. This was acknowledged by the provider at our last visit in September 2014 and was subject of the improvement programme intended for the premises. Though the home did not specialise in care for people living with dementia, a

Is the service effective?

number of people who used the service had varying degrees of dementia. They were often confused and disorientated. We found the home did not have any signage features that would help to orientate people with this type of need such as bathrooms doors painted in the same colour to stand out, or themed areas.

We recommend that the service explores the relevant guidance on how to make environments used by people with dementia more ‘dementia friendly’.

During our inspection we used the Short Observational Framework for Inspection (SOFI) during lunch time on the residential unit. There was a choice of meals and we saw staff asking people what they would like. The atmosphere in the dining room was relaxed and calm. People were allowed to take their time and were provided with support when required. Staff were seen offering aprons to people and engaged people in a kind and supportive manner. We heard laughing amongst people when they engaged with each other and staff.

We saw the provider assisting during lunch time and responded to people individually by name. We saw one

visitor join a relative at the table while they were eating their lunch. They told us; “He says he gets enough to eat and enjoys the food.” People told us they were happy with quality of food provided. Comments included; “Food is just normal as you would have at home.” “Standard of food is good.” “The food looks lovely and there is plenty of it.”

We looked at care files and found that individual nutritional needs were assessed and planned for by the home. We saw evidence that people who were assessed as being at nutritional or hydration risk and had the relevant fluid balance and food charts in place. Special diets were catered for which we verified by speaking to the chef who held a list in the kitchen.

We found the service worked well with other health care services to ensure people who used the service had their individual needs met. GP and other health care professional appointments and visits were recorded in care plans. One visiting health care professional told us they thought the service always followed instructions correctly and that interaction with staff was good and inclusive.

Is the service caring?

Our findings

Both people who used the service and their families told us that staff were caring and compassionate. One person who used the service told us; “The staff are wonderful here, they cannot do enough for you. It has really improved since the new owner has taken over.” Another person who used the service said “The staff are very nice, they look after me well. I feel safe living here, it looks a bit grim, but is very nice.”

Other comments from people who used the service included; “I’m very happy with the care here.” “Very happy, the staff here are fabulous.” “I’m happy with the quality of care here.” “The place and staff are splendid.”

One relative we spoke with, who was a trained nurse, told us the staff were wonderful, could not fault the nursing care at all and that their relative was very well cared for. They also said the place had really improved since the new owner has taken over. They said they would also recommend this place to anybody. Another visiting relative said “Happy with care here, things have improved recently.” Other comments from relatives included; “It’s always calm and relaxed and people all look well.” “I think it’s fine and staff are lovely, but place needs decorating.” “They have looked after him very well, they are very caring.”

Family members told us there were no restrictions on when they could visit and were always made to feel welcome. We were able to confirm this from our own observations and saw one relative joining her loved one whilst receiving lunch. One relative told us; “It’s all very welcoming here, all visitors are welcomed. I do have peace of mind.”

We observed the provider demonstrate a caring and compassionate attitude towards all people who used the service, which was confirmed to us by comments from relatives. People in both units within the home looked well groomed and very presentable. Both nursing and care staff were sensitive to the needs of the people, which they demonstrated by a caring and sensitive attitude towards people and families. We observed the care staff support people with their meals during lunch time and found them to be compassionate and caring. People were not rushed, but were encouraged to take as much time as they needed.

We observed people’s privacy and dignity was respected at all times, with staff knocking on doors before entering rooms. We spoke to one person who used the service, who chose to stay in their own room and was able to confirm that staff always respected their privacy. This person told us; “I prefer my own company and so stay in my room and I’m quite happy here.”

Staff told us they involved families in the care of their loved ones and listened to what they had to say. One relative told us; “They definitely listen to anything I say or any concerns I have. I do feel involved in my X’s care.” Another person told us that they believed the owner was genuine when he said he wanted to make the place a home for the people who used the service.

The home was part of the North West End of Life Care Programme known as Six Steps to Success. Several members of staff had received training in this end of life care programme which enabled people to have a comfortable, dignified and pain free death.

Is the service responsive?

Our findings

People and families told us the service was responsive to any needs or concerns they had. One relative told us; “Any concerns and I would speak to the owner as I know he listens to what I have to say.” Another relative said “If I had any concerns and I have had, I would speak to the senior carer or the owner. Since the owner has taken over things have really improved.” One person who used the service said “If I had any issues, I know they would sort it.”

During our inspection we looked at a sample of 14 care files, all of which contained documentation relating to the previous provider. On the whole, we found care files reflected the current health needs of each person who used the service. Each included a NHS hospital passport which contained relevant information about the individual if they had to attend hospital.

We looked at individual care plans, which provided clear instructions to staff on the extent and level of care and treatment required by each person who used the service. These included information on skin integrity, nutrition, medication, continence, mobility, personal hygiene and communication needs. For example, one care plan we looked provided clear direction to staff on the personal hygiene requirements, which included the need for two members of staff to support the person at all times.

We found that regular reviews of care and treatment needs and risk assessments were undertaken. Staff we spoke with demonstrated a good understanding of each person’s needs and the care and support required. This included knowing people likes and dislikes in respect of food. We saw one person asking for something additional to eat following cereal at breakfast time. The member of staff instantly knew that the person enjoyed ‘jam butties’. When this was suggested by the member of staff, the person smiled and said “Oh I would really love that.” This was indicative of all the interaction we saw between people who used the service and staff throughout the day.

During our last visit to the service in September 2014, we judged the service to be in breach of Regulation 9 Health

and Social Care Act 2008 (Regulated Activities) Regulations 2010, because we found the service was not meeting the care and welfare needs of all people who used the service. During this visit, on the whole we found that people’s needs were being met by the service.

We found no set activity programme in the home on the day of our inspection or very little in the way of mental or physical stimulation for people. We observed no activities designed to engage people in line with their personal preferences and most people spent the day sat in chairs in the lounge, where two televisions were on with no one apparently watching the programmes. The provider told us the service employed an activities coordinator who attended the home three times a week.

People told us that activities did take place and that people were taken out on shopping trips. One relative told us; “Every Monday, Wednesday and Friday they do singing, exercises and games with them. People who can do things do get involved. My X really used to really enjoy to join in with the singing.” Another visiting relative said “An activities manager has started and people will do music and dancing around. My X does seem to do things here.” One person who used the service said “Not a lot to do, but I enjoy just sitting.”

We recommend that the service seek advice and guidance from a reputable source to ensure people have opportunities to take part in activities they enjoy and meet their personal preferences.

The service policy on compliments and complaints provided clear instructions on what action people needed to take if they had any concerns. It was not clear to us how the service identified ‘lessons learnt’ from any complaints, safeguarding or incidents which were then shared with staff either through individual supervision or staff meetings in order to improve the services it provided.

We looked at minutes from a relatives’ meeting that was held in October 2014, which was attended by six relatives and discussed the last CQC inspection report following an inspection in September 2014.

Is the service well-led?

Our findings

Both people visiting the home and staff told us that the home maintained a positive culture, which was open and inclusive. People spoke of the provider's genuine desire to improve the quality of service for people living at the home, which included the environment. One person who used the service said "I think the new owner is trying to turn things around, but a bit slower than what he would have liked."

Another relative said "I do feel there is a very healthy atmosphere here, people wouldn't hesitate to raise issues."

Staff we spoke with had a good understanding of their roles and responsibilities. They told us they believed there was an open and transparent culture within the home and would have no hesitation in approaching the provider about any concerns. One member of staff told us; I think the owner is positive, he's trying to give good leadership and I think he is doing a good job." Another member of staff said "At first, the owner didn't realise the scale of the problems, but things are improving." Other comments from staff included; "It's an open culture here and I don't feel you can't talk to anyone." "Things are improving a lot, I feel he is genuinely trying to improve things and does involve and consult staff."

We found that since the new provider had acquired the service, very little in the way of quality assurance auditing had been undertaken to monitor the quality of service provision. We saw that no auditing had taken place in respect of staff personnel files, infection control or staff training requirements and supervision. Where audits had taken place such as a mattress and pressure relief cushions audit in January 2015, these had been ineffective. For example, during our inspection of mattresses within the nursing unit, we found one mattress was damaged. We asked the provider to take immediate action to replace this mattress. We did note that fire safety checks were undertaken including weekly alarm checks and monthly emergency lighting checks.

We found that limited medication audits had taken place. Where medication audits had taken place we found these to be ineffective. For example, handwritten medication administration record (MAR) charts for people on respite care were poorly written and incomplete. We found MAR charts for people who used the service contained photographs and specified allergies. However, in the case of people who were on respite care, this information had

not been recorded. We found that no competency or spot checks had been undertaken with staff to ensure that medicines were administered correctly. We found that a daily check of fridge and room temperatures on both units were carried out but the room temperature on the nursing unit exceeded the maximum 25 degrees and no action had been taken. We spoke to the provider about this and requested immediate action to be taken to address this concern.

We found that though accidents and incidents had been recorded, they had not been subject of any trend analysis, to establish any re-occurring themes.

It was not clear to us how the service regularly sought the views of people to comment on the quality of services provided. We found no satisfaction questionnaires had been circulated to people who used the service, relatives and visiting professional to seek feed-back on the quality of the services provided.

We found the registered person did not have appropriate arrangements in place to monitor the quality of service or regularly seek the views of people who used the service. This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to good governance.

There was no registered manager in place at the time of our inspection, though the provider told us a new manager had been appointed and would be registering with Care Quality Commission (CQC) shortly. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

When we last inspected the service in September 2014, shortly after it had been acquired by the provider, a new manager had also been appointed. We were told a major improvement programme of refurbishment and decoration had been agreed to improve all bedrooms, bathrooms and communal areas both within and outside the building. Additionally, care plan documentation, training requirements, policies and procedures would be reviewed by the then new manager. We were subsequently provided with a schedule of work to be undertaken and anticipated time scales.

Is the service well-led?

During this inspection, though some improvements had been made, we found that generally little had changed since our visit in September 2014. We spoke to the provider about the resulting delays. The provider explained that their plans for environmental improvements had been delayed as the boiler system at the home had broken down and required replacement. The registered manager had also left the service in early January. We discussed our concerns relating to governance at the home and the programme of improvements. The provider told us that

with the replacement of the boiler system and a newly appointed manager, they were confident that progress would be resumed in respect of the improvements programme and governance of the service.

A limited number of staff meetings had taken place since August 2014. We looked at minutes from a Registered Nurses Meeting held in November 2014. One of the items discussed by the then registered manager was the requirement for six weekly meetings with all nurses at the home. We found that these six weekly meeting had not taken place.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The service did not have appropriate arrangements in place to manage the safe recruitment of staff.
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing Registered person had not protected people from the risks associated with not having sufficient numbers of suitably qualified staff on duty.
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing Registered person had failed to ensure that staff received appropriate support, training and professional development.
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Registered person did not have appropriate arrangements in place to monitor the quality of service or regularly seek the views of people who used the service.