

Homesend Limited

Victoria Nursing Home

Inspection report

9 Anson Road
Victoria Park
Manchester
Greater Manchester
M14 5BY

Tel: 01612240302

Date of inspection visit:
06 February 2017
08 February 2017

Date of publication:
20 April 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected Victoria Nursing Home on the 6 and 8 February 2017; the first day of inspection was unannounced. The second day was via agreement. At the time of this inspection there were 16 people living at the home.

The previous inspection took place in January 2016 when we rated the service as "requires improvement". We found breaches in two areas of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014. Following our previous inspection, the service submitted an action plan dated 22 March 2016 stating how they would meet the requirements identified. At this inspection we found some improvements in these areas.

Victoria Nursing home is situated in the Victoria Park area of central Manchester, close to local shops and several bus routes. The home is situated within its own grounds with large gardens and adequate parking. Accommodation was provided over three floors with all communal areas situated on the ground floor. The kitchen is situated in the basement with a 'dumbwaiter' between there and the dining room. All floors can be accessed via a passenger lift. The home provides personal and nursing care to a maximum of 20 adults with mental ill health and/or people living with dementia.

At the time of this inspection the home was managed by a registered manager who was registered with CQC in. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Although the provider was undertaking the appropriate safety checks for legionella, gas and electric. We could not be assured the passenger lift had been tested correctly, due to no evidence of the passenger lift certificate being provided during or after the inspection

We checked staff recruitment files and found gaps in one staff member's employment history. This meant the service was not completing all the required checks to ensure their staff were safe to work with vulnerable people.

We saw that people's dignity was not always maintained. People were given plastic mugs to drink out of, regardless of their abilities and the service had not asked people's views on this.

The service had not discussed end of life care for any of the people living at the home. Meaning their views and wishes with regards to whether they wanted to remain within the service or be taken into hospital, had not been taken into consideration.

We found that policies and procedures had been updated since our last inspection, but staff were not

following these. We saw staff were wearing rings with large stones in them, despite the infection control policy stating that 'only wedding bands' could be worn.

The service was completing some quality assurance checks, however these were not always completed regularly and they did not provide details about who had completed them, when they had been completed or if any issues had been identified, what action had been taken.

People told us they felt safe living at Victoria Nursing Home and staff knew how to keep people safe and what action to take in the event of an emergency. People received their medicine in a timely manner by registered nurses who ensured the medicine was administered, stored and disposed of safely. Safeguarding incidents had been reported and accidents were recorded and action taken to minimise the risk of reoccurrence.

We observed caring interactions between people and staff who knew them well. Care plans reflect people's current needs and were regularly reviewed and updated as required. Activities were provided daily, by care staff and an activities coordinator.

People told us they liked the meals on offer, there was always choice and people's nutritional needs were being met. People who had health needs or cultural needs received appropriate meals to support them. Mealtimes were sociable occasions with staff sitting with people whilst they ate.

There were sufficient staffing levels on duty throughout our inspection. An inspection of the training records showed that staff had received training in areas to support them with the role. All staff were encouraged and supported to complete vocational qualifications in health and social care.

Staff we spoke with had a good understanding with regards to seeking a person's consent before carrying out any care and support. Staff had undergone training in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and the service followed the requirements of the MCA Code of practice and DoLS. This helped to protect the rights of people who were not able to make important decisions for themselves.

The service had a formal complaints procedure in place, but this was not available in different formats to support people living with dementia to understand. Any complaint received was recorded and acted on in a timely manner.

Notifications were sent to the Care Quality Commission as required and the rating from our last inspection was displayed in the service.

During this inspection we found five breaches of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

The service was unable to produce documentation to evidence that all required checks had been completed in order to ensure the environment was safe.

The service had not completed sufficient checks on their staff, prior to employing them.

People told us they felt safe and staff were aware of what actions to take in order to keep people safe. Risk assessments were person centred.

The administration, storage and disposals of medicines was safe and checks were in place to monitor this.

Requires Improvement ●

Is the service effective?

The service was effective.

People were supported by staff who had received appropriate training in order to support them to meet their needs.

Staff understood the importance of acquiring a person's consent prior to carrying out any care and support. Staff understood the Mental Capacity Act. Applications for Deprivation of Liberty Safeguards had been applied for as required. However, we found a small number of staff had not yet completed this training?

People's nutritional needs were being met and people were given choice about what they ate and when.

Referrals were made to healthcare professionals when required.

Good ●

Is the service caring?

The service was not always caring.

People's dignity was not always maintained. The service had not considered people's views with regards to end of life care.

Requires Improvement ●

People were supported by staff who knew them well. People were involved in writing their care and support plans whenever possible.

People's religious and cultural needs were being met and the service ensured people's information was kept confidential.

Is the service responsive?

The service was responsive.

People received person-centred care which was responsive to their needs from staff who knew them well.

There was a formal complaints procedure in place which the service was following and responding to complaints appropriately.

People were able to attend any activities of their choice and were supported by sufficient staff to do so.

Good ●

Is the service well-led?

The service was not always well led.

Policies and procedures had been updated but were not being followed by staff. Audits were not being completed and when they were being completed it was not clear as to whether any areas for improvement had been identified or actions taken.

There was a registered manager in post since 2007. Staff felt supported by the registered manager and able to approach them if they had any concerns.

Notifications were sent to the Care Quality Commission as required and the rating from our last inspection was displayed in the service.

Requires Improvement ●

Victoria Nursing 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 was planned to check 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 06 and 08 February 2017 and the first day was unannounced. The second day was arranged by mutual agreement. The inspection team consisted of one inspector, an inspection manager and an expert by experience on day one and one inspector on day two. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience each had personal experience of caring for older people in their families.

Prior to the inspection we reviewed the information we held about the service, including notifications received, communication with relatives, and minutes of safeguarding meetings. We contacted the contract officer of Manchester City Council for information about their recent monitoring visits and also the local Health watch team.

We looked around the building and observed mealtimes and interaction between staff and people living in the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of the people who could not talk to us.

We spoke with eight people living at the home, the registered manager, a nurse and two care staff. We looked at records relating to the service. Including 10 care records, five staff recruitment files, daily record notes, policies and procedures and quality assurance records.

Is the service safe?

Our findings

People we spoke with told us, "The home is safe for everyone, staff make sure that residents don't just wander off outside and if any resident wants to go out, staff make arrangements." Another person said, "The atmosphere here is very friendly, warm with no fear of anybody doing harm to you, there are safety bars on the front door and I am happy living here."

We looked at how the service managed environmental risks. We saw that the passenger lift had some work completed but there was no certificate showing that an annual check had been completed to show it was safe. We saw recent certificates showing the gas and electric checks had been completed. We asked to see a copy of the services legionella certificate on both days of inspection. The service was unable to locate it, since the inspection we have now received a Legionella Control Association certificate confirming the testing of Legionella had been carried out.

Although the provider was undertaking the appropriate safety checks for legionella, gas and electric. We could not be assured the passenger lift had been tested correctly, due to no evidence of the passenger lift certificate being provided during or after the inspection. Therefore this was a breach of Regulation 12 of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014.

We also looked at whether the home had completed the required checks on staff they employed. We looked at five staff recruitment files and found that they didn't contain all the required documentation. We found gaps in people's employment history. We viewed the disclosure and barring service (DBS) for one person, which highlighted an incident. We saw no additional checks or risk assessments had been completed to check the staff member's suitability to work with vulnerable adults. The DBS helps providers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Failing to complete all the required checks prior to employing staff was a breach of Regulation 19 (1) (a) of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014. Fit and proper persons.

We also looked at how the service ensured that the registered nurses who worked at the service maintained their registration. We saw the service kept a record of the nurses pin numbers and when their revalidation was due. All the registered nurses who worked at Victoria Nursing Home were registered with the Nursing and Midwifery Council (NMC) and had a valid pin.

As part of our inspection we viewed people's care files to ensure that the risk assessments were personalised and appropriate to the individual person's needs. We viewed five care files and found that they all contained detailed information about the risks posed to each person and that the service had taken all reasonable steps to mitigate those risks. For example, we saw in one person's file they had been assessed as being high risk of falls and so required bed rails. We saw the service had also completed a bed rails risk assessment to ensure this didn't pose additional risks to the person. As well as recognising the risks posed to each person, the care files also provided information that each person may pose to others living at the service. For example, we saw documented that one person could become physically aggressive during personal care.

Each care file we viewed, also contained information about external risks, such as when people went out into the community. We saw people's files contained road safety assessments to determine the amount of support needed when out in the community. This showed the service had considered the risks posed to people and had taken action to minimise the risks to them and others around them.

Each person had a personal emergency evacuation plan (PEEP) which showed the support they would need if they needed to leave the building in the event of an emergency, such as a fire. The service also had a business continuity plan which provided information about the home that staff may need in an emergency. Staff had been trained in fire safety, and knew what action to take if the fire alarm was activated and took part in regular fire drills. Staff told us about recent fire at the service where everyone was successfully taken to a place of safety. We saw evidence of recent fire drills and how people living in the service responded. During the second day of inspection, the inspector witnessed how staff and people living at the service reacted when the fire alarm went off as it was accidentally activated by someone burning toast. Everyone living at the home knew the meeting point and made their way there in a calm manner. Weekly checks were made of the fire alarm, the means of escape, emergency lighting and automatic door release devices to make sure they were operating correctly. This showed the service had taken appropriate action to ensure all staff and people living at the home know what actions to take in the event of an emergency.

We looked around all areas of the home. We found the front door to the home was kept locked and staff and people living at the home who had been assessed as 'safe' to leave the building independently, used a 'fingerprint' identification system in place to unlock the door. There was a double door system in place as well; this meant that one door had to be closed for the other to open. This was to prevent people who were considered to be at risk if they left the home unsupervised, from leaving the premises. People had to ring the doorbell and speak through an intercom system in order to gain access to the home which minimised the risk of an unauthorised person from entering the home.

We saw the provider had taken steps to ensure the safety of people living at the home by ensuring windows were fitted with restrictors and radiators were suitably protected with covers. At our previous inspection we found some windows which did not have a restrictor fitted and a number of bedroom doors which did not close to the rebate. On this inspection we found the provider had taken action and replaced bedroom doors as well as fitting a restrictor to the window.

Staff we spoke with knew how to keep people safe, they were able to describe different types of abuse and who they would report any concerns to. One staff member told us, "I have reported (a concern) in the past. I take it to the nurse or management or CQC." Another staff member explained how each person living at Victoria Nursing Home had a personalised risk assessment in place. This had identified individual risks posed to that person and the impact this could have on their mental health. People we spoke with knew how to raise concerns. One person told us, "If I am not happy I will tell staff." Another person described an occasion where items were taken from their room and how they had raised this with staff and it stopped happening. Policies and procedures were in place to guide staff on how to safeguard people from abuse and that all staff had access to the whistleblowing policy and procedures (the reporting of unsafe and/or poor practice).

We asked people if they thought there were enough staff at the home. We received mixed views on staffing levels. One person said, "I always see staff day or night, it don't make no difference." Another person said, "Sometimes it bothers me that I have to wait until they have taken some other residents out first, before I can go (out)." A third person said, "I wait for a while before staff take me out for my shopping." A fourth person told us, "There are not enough staff; I usually prefer going out in the morning, most of the time I have to wait till afternoon before I go out."

We discussed staffing levels with the registered manager and also looked at the staffing rota. The registered manager explained that the rota was set out so that the overlap of staff in the middle of the day meant that this was the time when most people went out. It meant that there would still be sufficient staff remaining in the home to meet the needs of people who did not want to or weren't able to go out into the local community. We looked at the staffing rota for the previous four weeks and saw that there was always one trained nurse on duty along with five to six care staff members, a member of the kitchen staff, housekeeping, admin and the registered manager. Overnight, there was always one trained nurse and two care staff members on duty. From our observations during both days of inspection, staffing levels at Victoria Nursing Home were sufficient to meet the needs of people living at the home.

As part of our inspection we looked at how medicines were being administered, stored and disposed of. The service had recently introduced an electronic system which the trained nurses would update when administering the medicines. This system was an electronic version of the paper medication administration records (MAR). As well as provided details about the person including a photograph and any known allergies. It also contained 'as required' (PRN) protocols, providing staff information about signs and symptoms to look out when considering offering the PRN medicines. People confirmed they received their PRN, one person told us, "If you got a headache, staff always give you something."

We were shown how the system worked and how the system automatically did a tally of the stock. This meant that when the registered manager completed their audits of the medicines, they could easily see if the stock matched to what was recorded on the system. This meant that as long as the stock was recorded on the system correctly, then a more accurate record of the medicine stock, could be kept. The service will continue to monitor this for accuracy. Both the registered manager and the nurse told us that they system was still new and that there had been a few 'glitches' due to it not recognising when two tablets had been given for PRN, however they had since realised that they could make changes to the system to allow the staff the ability to record the number of tablets given, and to stop this error from occurring in future. All the stock received by the service came in individual boxes which were checked in by the nursing staff and the stock count brought forward on the system. When a box of medicines was opened, staff recorded the day it was opened on the side of the box so staff knew which box to use first.

We checked to see how the service managed medicines which required additional checks and separate storage conditions; these medications are known as controlled drugs. There can be more significant health risks if not taken as prescribed and they can be subject to misuse which is why there is added security to the management and administration of them. We saw these were kept separate from the other medicines, and the nurses completed additional checks in line with the requirements. We saw there were clear procedures for staff to follow for any medicines that needed to be disposed of and a record kept on the system to evidence this. All staff administering medicines had received appropriate training and had been competency assessed. This showed the service managed people's medicines safely.

Is the service effective?

Our findings

We asked people, if they thought staff had sufficient training in order to meet their needs. One person said, "I am not bothered because staff are alright." Another person said, "Staff seem to know what they are talking about."

We looked at how staff were supported to develop their knowledge and skills, particularly in relation to the specific needs of people living at Victoria Nursing Home. We spoke with staff about the training they received and also looked at the staff training matrix. We then asked staff if they thought they were given sufficient training in order to be able to support people living at the home. Staff told us, "Training is amazing." Another staff member said, "They (management) are so supportive of training, we get an external trainer. Always open to do more training." Staff confirmed they had received training in areas such as safeguarding, health and safety, challenging behaviour, infection control and moving and handling. One staff member was being trained to be a training champion for the service. The plan was for them to then to provide additional training to staff and coordinate all the training from induction through to ensuring the qualified nurses maintained their professional registration. At present staff that were new to the service received a two week induction, where they spent time shadowing more experienced staff and undertaking training in essential areas such as moving and handling, fire safety and safeguarding. Staff that were new to the caring role were enrolled on the care certificate. The care certificate is a set of standards that social care and health workers stick to in their daily working life. The registered manager told us that staff were encouraged to undertake vocational qualifications to support them in their roles. Staff we spoke with confirmed this. Staff also told us they were completing a training book, as part of the care certificate, to support them to meet the needs of people living at the home. This showed the service ensured staff received appropriate training in order to support them to meet the needs of people using the service.

The training matrix showed that only seven staff had received Mental Capacity and Deprivation of Liberty Safeguards refresher training in the past 12 months. Three staff hadn't completed MCA/DoLS training since 2014 and eight staff hadn't completed it since 2012. Staff we spoke with had a good understanding in these areas despite not having any recent training in this area. We saw the service had planned and booked people onto refresher training in the coming months.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We found that there were correct assessments in place in relation to people's capacity and decisions to restrict someone's liberty were being followed.

Staff understood the importance of asking a person for their consent prior to carrying out any care or support needs. They also had a clear understanding about the least restrictive approach. We saw staff asking people for their consent and waiting for a response before carrying out a task. Where possible, we saw the service had recorded if the person had consented to their care and support needs. When the person was unable to consent, we saw the service had discussed the persons care needs with family members or people who knew them well. There was information for people to access the advocate service if there was no one to speak on the persons behalf.

At the time of this inspection we saw DoLS applications had been made to the local authority, information about who had an authorisation was in place and whether this was a standard authorisation or not. We saw evidence of best interest decisions being made and recorded. For example, we saw a best interest decision in relation to a person being able to leave the home independently. We saw the service had consulted with people who knew that person well and a decision had been based on the risks this posed to the person and what they felt was in the person's best interest.

Supervisions provide an opportunity for management to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. Records of supervisions showed a formal system was used to ensure all relevant topics were discussed. Where actions were identified the process ensured these were reviewed at the subsequent supervision meeting. Staff we spoke with confirmed they received regular supervisions and were able to speak to seniors and management outside of these formal supervisions, to discuss any issues they had. One staff member told us, "There is always someone to speak to if I do have any issues." Another staff member said, "I get regular supervisions, every couple of months and on request." Staff also confirmed they had an annual appraisal. This showed the service provided staff with supervisions and staff felt able to approach management outside of these times for support.

We checked to see if the service was meeting people's nutritional and hydration needs. We saw the service employed a cook who worked part time and another member of staff, who also worked as a member of the domestic staff worked the other part of the week. We asked people living at the home, what they thought about the food and if they were able to make choices about what they ate. One person told us, "I am satisfied with the food, they feed you very well." Another person said, "I love to have a proper full breakfast on weekends, staff do it for you. The only thing I don't like is that staff only allow you to have two Weetabix. On the other hand, there is always more choice." A third person told us, "Even though you get more choices, I can't seem to get seconds on my choice of meal." A fourth person said, "Dinner was smashing." We spoke with the cook on duty about the meals and they explained that there was a rotating menu; however people can choose whatever they wanted. We observed the lunchtime period on the first day of inspection and saw people had the choice of a pasta dish, jacket potatoes with a choice of filling, a salad or sandwiches and soup. Staff explained that one person required a puree diet and this was recorded in the file in the kitchen as well as the persons care file. We were told by a staff member that the service was looking at improving the menu and giving people choice about what they wanted for their meals.

We observed that the service met people's cultural needs by ensuring their meals were prepared to the persons cultural requirements. The provider told how they had implemented a more 'social' mealtime. Staff were now encouraged to sit with people at the dining tables and have a drink, whilst people ate their meals. This had recently been implemented and feedback from staff was that mealtimes were 'calmer' than they had been previously.

We saw that referrals had been made to healthcare professionals such as required and people had been supported to attend appointments with GP's, opticians, dentists and hospitals. People confirmed the staff

contacted the GP when necessary. One person told us, "If I got an infection, staff phone the doctor for me." They added, "I have seen my dentist last year." Another person said, "Staff took me to hospital not so long ago." This showed the service supported people to maintain good health and access healthcare professionals as required.

Is the service caring?

Our findings

We checked to see if the service was respecting people's privacy and maintaining their dignity. We saw staff ensured people's doors were kept closed and observed staff asking people's permission before carrying out any care and support. We also saw that everyone living at Victoria Nursing Home was given a plastic cup to drink their hot drinks out of. We observed one person 'pulling a face' when given the cup. We asked this person why they had pulled a face, they told us, "I don't like them." We asked the provider why everyone was given a plastic cup to drink out of. We were told it was because some people living at the home would "throw" them when they became agitated. We checked to see if this behaviour had been recorded in people's care files. We saw no record in the care files we looked at that indicated the person had thrown a cup, when agitated. Nor did we see it documented that this risk had been assessed and it had been decided that everyone needed to use plastic cups. Since the inspection the provider has contacted the Commission with additional evidence. We have now received a hazard risk assessment dated 06/05/2016, along with an incident log that captured 11 incidents from 2013 to 2016 when people would throw cups. Although, the provider had a rationale why they introduced plastic cups, this had not been assessed individually and therefore did not respect people's choices if they wished to use ceramic mugs.

By making everyone use a plastic mug it did not allow people choice and did not respect their dignity. This was a breach of Regulation 10 of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014. Dignity and Respect.

We viewed five people's care files and noted that none of them contained any information with regards to the person's end of life care and their support needs. We saw that one file did contain a Limitation of Treatment (LOTA) dated 09/10/15, which stated the person was to be kept comfortable. We also saw a copy of a do not attempt pulmonary cardiac resuscitation (DNACPR) on file for one person. There was no other details about the person's wishes for their end of life care. This meant the service had not consulted with people and recorded the wishes of people living at the service, and what they wanted for their end of life care. We discussed this with the registered manager who told us it wasn't an area they had thought about but will consider it as an area to implement. Not supporting people to discuss their end of life care needs was a breach of Regulation 9(3) (a) of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014. Person-Centred Care.

We observed how staff interacted with people living at the home. We saw staff knew people well, they knew who they could 'joke' with and who they needed to speak to more formally. People told us they thought staff were, "Very good." People were encouraged to be as independent as possible. One person told us, "Even though I do most things for myself, staff encourage me to make choices." Another person said, "I get up when I like and do what I like."

We checked to see if people had been involved in the planning of their care and support. The care plans recorded that when possible; people had been involved in the planning of their care. One person told us they were involved in the reviews of their care plans and also had the support from an advocate. The care plans we viewed were person centred and had been written to meet the current needs of the person. Where

changes had occurred in the person's care, we noted the care plans were updated to record these changes. For example, we saw a person's care file and risk assessment had been updated when they developed a problem with their ability to swallow. We saw the service had sought appropriate guidance and a change had been made to the person's meals.

We were told by staff that people's religious and cultural needs were always recognised and respected. Staff told us they supported people to church whenever they requested to attend. We saw that people using the service were provided with foods that met their cultural needs.

Whilst walking round the home, we noted that some doors had their own locks. We were told that people had requested the locks for their rooms in order to maintain their privacy and also to prevent others from entering their rooms. We noted that one person who required additional monitoring from staff, due to their behaviour, had a chair located near their bedroom door. Staff explained that they needed to monitor the person but did not want to invade the person's privacy by sitting in the person's room with them, or sitting right outside the door when they slept. Instead they positioned the chair, close enough to be able to provide the support when needed, but far enough away to maintain the person's privacy and dignity.

Staff we spoke with understood their responsibility to ensure information about people was kept confidential. We saw that people's care files were kept in the staff office, which was kept locked when not in use. This meant that information about people was kept secure at all times.

Is the service responsive?

Our findings

People we spoke with told us they felt they were well looked after and that staff listened to what they wanted. One person said, "If you are in your room and you want to be left alone, staff don't bother you but they do check on you later." Another person told us how staff talked to them all the time and asked if they needed anything. A third person told us how staff asked them what they wanted to do. They told us, "When staff asked me what I would like to do, I wrote it down." They went on to tell us how staff were now looking at ways in which they could support them to achieve their goal.

The provider told us how they had supported one person who prior to coming to the service had not left their home. They had worked with this person, building up their confidence and setting them achievable goals to meet until they felt they were able to go outside the home. They continued to work with this person until they felt confident to venture further. This person now goes out into the community with the support of staff and no longer stays in their room.

We asked staff how they ensured people were receiving safe care and treatment. We were told that each person had an assessment of their needs which was reviewed and updated by the nursing staff. We saw that each nurse had their own group of people whose care files they reviewed with the person and updated them as required. By reviewing the care files and risk assessments it meant the service was able to identify and make changes to ensure the placement continued to be suitable and meet their needs.

We looked at five people's care files. We found the care plans gave detailed information about the individual's preferred routines as well as their likes and dislikes. They also contained direct quotes about what they liked for example; one person had described their preferred eating environment. This showed the service had involved the person and reflected a person centred approach.

We looked at what activities were provided for people living at the service. We were told by staff that activities were centred around what the individual was able to do and what they chose to do on a day to day basis. The service employed an activities coordinator to provide additional support in this area, however the service ensured that during the middle part of each day, there were additional staff on duty to be able to support people to undertake more activities within the community, whilst providing sufficient support to those who were not able or chose not to participate in these. We saw the service kept an activities folder which included what was important to each person living at the home including interests and activity records.

However, we saw little in the way of activities taking place within the home; people we spoke with told us they were however happy with the activities on offer and to go to the local shops or visit Manchester centre. One person told us, "Every Thursday I go to town to spend about £100 of my money. Otherwise I spend my time sitting down, or reading or on my tablet (which is my choice)." Another person said, "I mostly like taking walks with staff, but I also enjoy trips. Last year we went to Blackpool, Rhyl and Southport beach on a bus coach." The activities on offer reflected people's choices and despite there not being a formal activities plan as such, people's choices were taken into consideration and they were supported to undertake their

activity of choice.

We were told by people they have regular residents meetings. One person told us, "I do go to meetings, but I can't remember what we talk about." Another person said, "I attended the last one and told staff I wanted pudding." We saw minutes from these meetings which were held every two months and where issues had been raised, we saw a response from the provider about actions which had been taken, or were going to be taken.

We looked at how the service managed complaints. There was a copy of the complaints procedure displayed in the reception area, which provided details about how a person could complain and the time it would take for a response. We viewed a complaint the service had received and the actions taken. We saw the service had recorded the actions they had taken and how they had responded to the complainant. This showed the service had a formal complaints procedure in place and responded to complaints appropriately.

We saw the service had received a number of compliments from local professionals. Comments they received included, 'All your nurses have done well' (in relation to some training they had undertaken). Another comments recorded, 'Done a marvellous job.'

Is the service well-led?

Our findings

The service had a registered manager who had been in post since 2007. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection we found policies and procedures, including the staff hand book were not in place. At this inspection we found that policies and procedures had been updated including the infection control policy. We noted that this policy stated that staff were to avoid wearing jewellery apart from wedding bands. We saw that two staff members were wearing 'engagement style rings' with large stones in them and another member of staff wearing a 'signet' style ring. Despite the service having a policy in place, staff were failing to adhere to this.

Our last inspection showed that audits completed did not show whether any areas for improvement had been identified and if so, what action had been taken and within what timescale; necessary to ensure people received safe and effective care. We viewed the audit file and found that the audit on the cleaning schedule had not been completed since the third week in January 2017. The Laundry audit had not been completed. The infection control audit had not been completed since the third week in January 2017 and again there were just initials but not dated. We saw infection control audits dated 31/1/17, 16/11/16, 16/6/16, 9/5/16 and 9/9/15. This showed these audits were not being completed regularly and put people at risk from spread of infection. We saw the maintenance audits, again this had only been completed on the second week in January 2017, and no other records were seen despite requesting them. We noted that it was unclear as to when audits were being completed or if any issues had been identified or any actions taken as they had been just 'ticked' with no signature or date.

This was a repeated breach of Regulation 17(2) (d) of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014. Good Governance.

Staff we spoke with felt they were supported by the registered manager and were able to approach them or the provider of the home, if the need arose. They told us the manager had an 'open door' policy and felt able to discuss any concerns or issues they may have. Comments made included: "I love coming to work, such an amazing team." Staff confirmed they had regular team meetings and felt able to raise any issues at these or in their supervisions.

We spoke with the registered manager about the service about the aims and objectives of the service. They told us it was "To improve the quality of their (people living at the home) lives." The greatest achievement has been taking people into the service who have been deemed to be difficult, supporting them and working with them to achieve freedom and be able to go out into the community. The registered manager explained that they need to look at whether this home remains a 'home for life' as their aim is to support people to become as independent as possible.

The registered manager understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the provider's registration. We saw the registered manager informed CQC via a statutory notification of all notifiable incidents within a timely manner.

It is a requirement of the regulations that providers display the rating they received at their last inspection, within the home and on their website if they have one. The rating of 'requires improvement' from our last inspection was clearly on display on the foyer to the service and also on their website. This showed the service was ensuring people using the service or considering using the service, had access to the most recent report.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The service was not completing all the required checks on the staff who worked there, to ensure they were suitable to work with vulnerable people.</p> <p>Not supporting people to make decisions about their end of life care and treatment.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA RA Regulations 2014 Dignity and respect</p> <p>By making people use plastic mugs and not giving them choice did not respect people's dignity</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Environmental risks were not being monitored.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Audits were not being completed regularly. Audits which had been completed did not identify if and issues had been identified or if any action had been taken.</p>

