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Urmston Manor RH

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 27 and 28 February 2018 and was unannounced.

At our last inspection in June 2017 we rated the service as inadequate. We found five breaches of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regard to safe care and treatment, person centred care, premises and equipment, recruitment, good governance staff supervision and training.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve all the key questions to at least good.

This service has been in Special Measures since our last inspection in June 2017. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

Urmston Manor Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Urmston Manor RH is registered to provide care to up to 24 older people, including people who may be living with dementia. The home has been operating since 1984. Accommodation is based over three floors and there is a passenger lift between the floors. At the time of our inspection there were 23 people living at the home.

There was not a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The current manager was in the process of purchasing the home from the provider. Their registration for this was being assessed by the Care Quality Commission at the time of our inspection and was due to be completed within the next two months. The current provider had no oversight of the home at the time of our inspection, with the current manager having taken on the responsibility for the home.

At this inspection we found improvements had been made in all areas; however there continued to be a breach in the regulation for good governance. The manger had introduced a system of audits at the service; however these were not detailed or robust enough to review and improve the quality of the service. The manager was aware of this and was working with staff to improve the quality of the audits and action plans.

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

People living at the service, their relatives, staff and visiting health professionals were all very positive about the changes made by the manager and the improvements made at the home. The manager had a clear vision and values for the home. Staff confirmed that they had received training on privacy and dignity and they were now more aware on how to support people in a dignified way. People and relatives were very complimentary about the staff and said they were supported with kindness, dignity and respect.

Building work had been completed to meet the fire regulations. A new fire alarm and call bell system had been installed. Evacuation plans were in place for each person and fire drills had been held. A business continuity plan was in place to identify the actions to be taken in the event of an emergency.

A legionella risk assessment had been completed by an external company and actions taken to reduce the risk of legionella disease at the home.

Risk assessments and care plans were up to date, reviewed monthly and reflected people's care and support needs.

Medicines were administered as prescribed. Guidelines for when people may need an 'as required' medicine to be administered had been written. Recording sheets for the care staff to sign when they applied topical creams and added thickeners to drinks were introduced during our inspection. We have made a recommendation that medicine administration records are checked more frequently than after each four week medicines cycle so any issues are identified more quickly.

People said they felt safe living at Urmston Manor.

Staff received the training and support they needed to undertake their role. A safe recruitment system was in place to recruit staff who were suitable to work with vulnerable people. There were sufficient staff on duty to meet people's assessed care and support needs.

Relative and staff surveys had been carried out. These showed a large improvement in the levels of satisfaction with the service and communication with the manager and staff team.

An activities co-ordinator was now in place who organised a series of activities both within the home and in the local community. People and relatives were very positive about the activities now available.

People were supported to maintain their health and nutrition. Visiting health professionals said staff now had the information they asked for and followed any guidance they were given. Referrals to health professionals, such as GPs and district nurses were appropriately made. Staff now supported people to attend appointments if their relatives were not able to do this. This meant appointments did not now need to be cancelled.

Dementia friendly signs had been purchased. Individualised posters had been made for people's bedroom doors detailing a person's favourite hobbies, food, drink and places. These would assist people living with dementia to orientate themselves around the home and provided staff with a prompt of topics of interest to the person when talking with them.

The service worked with social services and local hospitals for people assessed as medically fit to be discharged from hospital but needing an assessment of their care needs.

The service was working within the principles of the Mental Capacity Act (2005). People's capacity to make decisions was assessed and applications made for Deprivation of Liberty Safeguards where applicable.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Building work had been completed to meet fire regulations.
Legionella risks were now controlled.

Risk assessments had been completed and reviewed.
Behavioural support plans were in place, but did not provide sufficient guidance for staff.

Medicines were administered as prescribed. Charts for when topical creams were applied and thickeners were added to drinks by care staff were implemented during our inspection.

Is the service effective?

Good 

The service was effective.

Staff received the training and support through supervisions and appraisals to undertake their role.

A new call bell system had been installed that was effective and protected people's privacy.

People's health and nutrition needs were met. We received positive feedback about the food.

Is the service caring?

Good 

The service was caring.

People and their relatives were very complimentary about the staff team. They felt they were supported with kindness, dignity and respect.

Information about people's live history, likes and dislikes had been compiled.

Staff knew people's needs well and promoted their independence where possible.

Is the service responsive?

Good 

The service was responsive.

Care plans were in place, reviewed monthly and reflected people's assessed needs.

A new activities co-ordinator had been appointed. We received very positive feedback from people and their relatives about the increase in the activities at the home.

A copy of the complaints policy was made available in each person's bedroom. People and relatives said that the manager listened to their concerns and took appropriate action to resolve them.

Is the service well-led?

The service was not consistently well led.

The people, relatives, staff and visiting professionals were all very complimentary about the manager and the changes they had introduced at Urmston Manor.

Auditing systems had been introduced in December 2017. They were not sufficiently robust to monitor the quality of the service and drive improvements.

Notifications were made to the Care Quality Commission as required.

Requires Improvement 

Urmston Manor RH

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.

The inspection took place on 27 and 28 February 2018. The first day of the inspection was unannounced and was undertaken by one inspector and an expert-by-experience. An inspection manager also accompanied the inspector on the first day of the inspection as part of an annual practice observation. We told the provider we would return the following day. The second day of the inspection was undertaken by one inspector. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses this type of service.

The provider had completed a provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We found the PIR was reflective of the service provided at the home.

Prior to our inspection visit we reviewed the information we held about the service. We looked at the statutory notifications the manager had sent us. A statutory notification is information about important events, which the provider is required to send to us by law. Following the inspection we contacted the local authority safeguarding and commissioning teams. They were positive about the changes and improvements made at the home by the manager.

We also contacted Trafford Healthwatch who did not have any feedback about Urmston Manor. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also observed the mealtime experience for people and interaction between people using the service and staff throughout the inspection.

During the inspection, we spoke with thirteen people who used the service, six people's relatives, five members of care staff, three visiting health professionals, the activities co-ordinator, two housekeepers, the chef, the operations manager and the manager.

We looked at records relating to the management of the service such as the staffing rota, policies, incident and accident records, two staff recruitment files and training records, three care plans, meeting minutes and auditing systems.

Is the service safe?

Our findings

At our last inspection in June 2017 we found there was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider had not taken reasonable steps to ensure the premises and equipment were safe.

At this inspection we saw that improvements had been made and this regulation was now being met. Building work had been carried out to control the fire risk at the home. Additional fire doors had been fitted and walls rebuilt in line with fire regulations. The Greater Manchester fire service had stated that the actions taken to date were suitable, with only minor works still to be completed. Further work was now planned to re-decorate the areas where the building work had been done.

An emergency grab bag was in place in the staff office. This contained a file with the plans of the building and the Personal Emergency Evacuation Plans (PEEPs) for each person living at Urmston Manor and a business continuity plan. The PEEPs detailed the support each person would require in the event of an emergency and provided information for staff for the evacuation strategy to be used. For example if people were in their bedrooms on the first or second floor a system of horizontal evacuation was to be used where people were moved away from the fire to an area on the same floor protected by a fire door. This would enable people to be evacuated from the building in stages as the situation required.

A new fire alarm had been installed which was tested on a weekly basis. Staff had undertaken training in fire awareness and fire drills had been held.

The business continuity plan provided details of two local homes where agreements were in place in the event emergency accommodation was needed. Contact details for utility providers, lift engineers and heating engineers were also noted in the plan. Procedures were also detailed in the case there was a high rate of staff absence, for example due to illness.

At the last inspection we found the home was not taking reasonable measures to control the risk of legionella developing in the water system. At this inspection we found control measures were now in place. Legionnaires' disease is a potentially fatal form of pneumonia caused by the legionella bacteria that can develop in water systems. At this inspection we found a Legionnaires' risk assessment had been completed by an external specialist firm. Actions had been completed following the assessment, including testing the water system for the Legionella bacteria and removing pipework that was no longer used. Checks of the water system were completed by the external company every three months.

The homes handy man had completed a course in Legionnaires' disease and the checks required to reduce the risk of infection. Guidelines for the management of Legionnaires' disease recommend the temperature of the hot water leaving and returning to the boilers is monitored and is above 60 degrees Celsius. Following the inspection the manager sent evidence that the temperatures were above 60 degrees Celsius and said that they were being measured each week.

The hot and cold water temperatures at each outlet (sinks and baths) were monitored weekly to reduce the risk of scalding. We saw that the hot water had not been working in two bedrooms for six weeks. We were told that this had been reported to the provider, but they had not arranged for repairs to be completed. The manager told us this was due to the provider selling the home and so not wanting to spend additional money before the sale was completed. The manager told us they would contact the plumber directly to arrange for the necessary repairs to be done.

At the last inspection we found bed rail assessments were not in place for one person. At this inspection the bed rail assessment had been completed for each person at the home to clearly state if they were or were not required.

At the last inspection we found there was a failure to keep accurate records in relation to people's care and to carry out adequate assessment of risks which was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and this regulation was now being met. Risks in relation to mobility, falls, pressure area care, malnutrition and swallowing difficulties were in place. These were reviewed monthly or following an incident or accident.

The staff we spoke with were aware of the risks for the people living at the service and were able to explain how they supported people to mitigate the risks. However we saw two people could display behaviour that may challenge staff. Behavioural support plans were in place, but these were not detailed as to the potential causes (triggers) of any behaviours or how the staff should support the person to reduce their anxiety. Staff told us how they supported people but this was not recorded in the behavioural care plan. One person's relatives we spoke with told us that staff were very good at being able to re-assure their relative when they became anxious by talking calmly with them about topics they were interested in.

This meant that whilst staff knew people and how to support them when they became anxious this was not fully recorded in the behavioural care plans. We discussed this with the manager who, following our inspection, sent evidence that the behavioural care plans had been updated to provide more detail and guidance for the care staff.

At the last inspection we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because medicines were not managed safely. At this inspection we found improvements had been made.

A new dedicated medicines fridge had been purchased which meant the medicines were no longer stored in a domestic fridge. A new cabinet for controlled drugs had been purchased and was securely attached to the wall as required. Controlled drugs are certain medicines that due to their risks of misuse or abuse are subject to more stringent legal requirements in relation to their storage, administration and destruction. We saw all controlled drugs had been signed by two staff when administered or booked in. The quantity of each controlled drug was checked at every shift handover.

Each person had a profile sheet which detailed any allergies and the person's GP. We saw that guidelines had been written for 'as required' (PRN) medicines. These included information on how staff would know that a person required a PRN to be administered where they were not able to verbally communicate this to the staff.

We looked at six medicine administration records (MARs). We saw there were a few gaps where the staff member administering the medicines had not signed to state they had administered the medicines as prescribed. We discussed this with the manager who said that all MARs were checked at the end of each four

week medicines cycle. Any gaps were checked with the medicine packs to check that they had been administered and the manager followed up the recording accuracy with the relevant staff member. However this could be over four weeks after the gap in recording had been made. We recommend the manager follows best practice guidelines to monitor the MARs on a more regular basis so any gaps can be addressed in a timely manner. Any tablets not administered, for example if they had been refused, were recorded before being returned to the pharmacy.

We also noted that where tablets were 'carried over' from one medicine cycle to the next the quantity carried over was not always documented. This made it difficult to check whether the quantity of tablets held at the service corresponded with the number that had been administered.

The care staff applied any topical creams and then informed the senior care staff member who recorded this on the MARs. Good practice guidelines state that the person applying the cream should sign to confirm they have done this. On the second day of the inspection we saw that the manager had written a new MARs sheet for topical creams which would be kept in people's bedrooms and signed by the care staff member who applied the cream.

We saw that one person was prescribed a thickener for their drinks to reduce the risk of choking. It was not recorded when the thickener was added to their drinks. We discussed this with the manager who said they would ensure that the staff member who added the thickener recorded this on a chart to be held in the kitchen area as this was where the drinks were prepared.

This meant people received their medicines as prescribed and the manager had taken prompt action to address the issues we identified.

Records showed and staff confirmed that they had received training in the administration of medicines. This included a theory knowledge check and observations of competency.

At our last inspection in June 2017 we found an ongoing breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider had not consistently followed safe recruitment procedures. At this inspection we found improvements had been made that met this regulation. We looked at two staff recruitment files and saw they contained completed application forms detailing previous employment histories and an explanation of any gaps in employment history. Two references from previous employers were obtained and appropriate checks had been made with the disclosure and barring service (DBS). The DBS checks to ensure that the person is suitable to work with vulnerable people. This meant the people who used the service were protected from the risks of unsuitable staff being recruited.

The manager had reviewed the storage of clinical waste and this was now disposed of in suitable bins. Actions identified in the local authority infection control audit in February 2017 had been completed. We found the home to be clean throughout, with no malodours being present. We observed staff using personal protective equipment when carrying out personal care tasks.

People we spoke with and their relatives said they felt safe living at Urmston Manor. People said, "I used to live alone in my own flat and I had many accidents and then my son suggested I come here, the best thing ever, it is safer for me." Relatives told us, "My [relative] has Alzheimers, it was getting worse and I could not keep her safe at home or be with her all the time. But in here, I know that she is surrounded by brilliant staff who work very hard to ensure she is safe, and if I had any concerns, I find staff and [manager] very open and flexible" and "My mum is happy here, she is treated very well and she herself said she feels comfortable and that gives me peace of mind, knowing she and her belongings are safe." The staff we spoke with, confirmed

by the training records we saw, said they had completed training in safeguarding vulnerable adults. Staff were able to describe the signs of different types of abuse or neglect and the method for reporting any concerns.

Accidents and incidents were recorded on the CareDocs computer system and reviewed to reduce the chance of a re-occurrence. The system created an observation record following an accident or incident. This involved initial hourly checks, moving to two hourly, four hourly and six hourly checks covering a 48 hour period. The accident / incident reports were reviewed by the manager who noted any actions taken to reduce the chance of a re-occurrence. This involved reviewing any relevant risk assessments and care plans.

A report of all incidents and accidents recorded could be produced by the computer system detailing the person involved, the time and location of the incident. This enabled the manager to have an overview of all incidents and review them for any patterns.

We observed staff used equipment such as hoists safely. Records showed that equipment was serviced and maintained in line with manufacturer's instructions and national guidelines.

People and their relatives said they thought there were sufficient staff on duty to meet people's assessed needs. They said the manager had increased the number of staff on duty, they did not have to wait for long periods for support and the staff responded promptly if they used their call bells at night. People said, "There is plenty more staff now" and "No one waits for long when you need staff." A relative said, "There are noticeably more staff on duty now and there seems to be more time for them to chat and interact with the residents." The rota confirmed that the staffing levels we observed were consistent. Agency staff usage had reduced at the home, with additional staff having been recruited and the number of staff needed at night being reduced when the fire safety work had been completed.

Staff felt there were enough staff to meet people's needs; however at certain times of the day they could be busy, especially if people were unwell. They also said that the manager had increased the staffing levels, with dedicated staff now employed to undertake the laundry duties rather than care staff having to do this as part of their role.

Is the service effective?

Our findings

At the last inspection in June 2017 there was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the staff had not completed all the training courses required for their role. At this inspection we found improvements had been made and this regulation was now being met.

All the staff we spoke with said that the training provided had significantly increased since the manager had taken over. Staff told us, confirmed by the training records, courses had included deprivation of liberty safeguards, first aid, safeguarding and dementia awareness. One person commented, "Staff are well supportive and appear to be well trained to give us the care we need."

Completed training was recorded on the computer based care planning system. This then highlighted to the manager when the training was due for refreshing. This meant the manager had a clear oversight of the training that needed to be organised for the staff team.

New staff were enrolled onto the care certificate where required. The care certificate is a national set of standards that social care and health workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new care workers. New staff shadowed experience staff as supernumerary to the rota for a week so they were able to get to know people and their support needs.

The manager told us additional training was being arranged for designated 'champions' in key areas such as nutrition, dignity and infection control. Two staff had been identified for each area and they were then a point of contact for other staff and passed on their knowledge to the rest of the staff team. Staff we spoke with who had already completed their training to be a champion were positive about their role and the personal development this enabled them to achieve. Records showed that 85% of staff had achieved a nationally recognised qualification in health and social care.

Staff were positive about the support they received from the manager, with day to day support as well as planned supervisions and annual appraisals. One staff member said, "I can always phone [manager's name] at any time." Records showed that staff received regular supervisions where they were able to discuss their performance, training and development and any ideas or concerns they may have. One staff member said, "I've had regular supervisions and my appraisal was very in depth, with detailed feedback on my role, how I felt about the job and any support I needed."

This meant that the staff had received the training and support to carry out their designated roles.

Clear recording sheets had been introduced in the staff office to show if there had been any falls, pressure sores, urinary tract infections, hospital admissions or safeguarding referrals made. This enabled the staff to have a quick check for any changes in people's needs. Handovers were also held between each shift. This meant staff were made aware of any changes in people's health and support needs.

At our last inspection we found a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as the intercom system was not adequate to meet people's needs, and compromised their privacy and confidentiality. At this inspection we found that a new call bell system had been installed which met this regulation. The call bell system enabled people to alert staff that they required assistance, but did not relay any sound from the rooms, thus protecting people's privacy and dignity.

At our last inspection we recommended the provider reviews good practice guidance on developing dementia friendly environments. At this inspection we saw that dementia friendly signs had been purchased to identify bathrooms and toilets. The activity co-ordinator had also spent time with individuals to find out their favourite colours, places, hobbies, food and drink. These had then been used to create an individualised A4 sized sheet for their door with their name highlighted in their favourite colour and pictures of their chosen favourite things. These would help people to orientate themselves within the home and also provided a reminder for staff so they were able to engage in conversation with people about topics they were interested in.

The manager informed us that they were planning to purchase additional dementia friendly signage for the home and also look at painting the doors for bathrooms and toilets a distinct colour from the walls and other doors so that they stood out and people would find it easier to locate them. We will look at these changes at our next inspection.

A pre-assessment was completed by the manager or operations manager prior to people moving to Urmston Manor. Initial care plans were written and made available to staff. Staff also said they received a verbal handover about a new person's needs. More detailed care plans would be written as the person settled into the home. This meant staff had the information they needed to be able to support people when they moved to the home.

Urmston Manor had been contracted by the local authority to work with the local hospitals to provide a 'discharge to assess' for people who were medically fit to be discharged from hospital but required an assessment of their social and care support needs. People were discharged to Urmston Manor for a period of three weeks, although this was sometimes longer. During this period an in depth assessment of people's care and support needs was completed by the local social services department, with information also provided by Urmston Manor staff. Following this assessment, social services agreed with the person and their family where appropriate for them to move back to their own home with the identified support or to move to a residential home. Four people who had moved to Urmston Manor on this scheme had decided to live permanently at the home.

This meant the home was working with external organisations, enabling people to be discharged from hospital and then have their social care needs assessed.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The manager had made applications to the supervisory body where they had identified this was required. The manager had introduced a tracking sheet to monitor when applications had been made, whether there were any conditions on the authorisation, and when the authorisations expired.

We saw people's capacity had been considered as part of their assessments. For example, one person's care file recorded that the person sometimes had capacity to make decisions and that they should be consulted about all decisions about their care. Where people had capacity to make their own decisions they had signed a consent to care form which stated their agreement to the care and support provided at Urmston Manor.

It was recorded where people had a lasting power of attorney in place so that named people were legally able to make decisions on a person's behalf if they no longer had the capacity to make their own decisions.

Staff we spoke with explained how they supported people to make their own decisions and choices where ever possible. We observed staff asking for people's consent before providing support.

People were positive about the food at Urmston Manor saying, "The woman in the kitchen often asks you to choose what you prefer to eat" and "The food is home cooked, the woman in kitchen is always busy making sure that when the food is here, it always nicely cooked and warm." The cook had details of people's dietary requirements in the kitchen, for example if people needed a soft or pureed diet. Where required people's food and fluid intake was monitored. People were weighed regularly and appropriate referrals made to dieticians or the speech and language team (SALT) made.

We also saw that referrals were made to other health professionals, for example district nurses and GPs when required. People told us, "Staff always get someone to see me when I am unwell." Relatives said, "They (staff) get the health professionals in when needed; the GP has been very involved with [name]." We spoke with three visiting health professionals who were all positive about the home following the changes made by the manager. We were told, "There's such a difference since [manager] came; staff have the information I need to hand now and the referrals made are all appropriate."

We saw minutes from a relatives meeting that clearly stated that staff would be available to support people to attend medical appointments. We discussed this with the manager who told us that before they worked at the home if people's relatives were not able to go with their relative to an appointment it would be cancelled. Appointments were no longer cancelled as staff supported people to attend.

Is the service caring?

Our findings

All the people and relatives we spoke with were very complimentary about the staff team at Urmston Manor. They said they were very kind, caring and respectful. People said, "The staff are excellent in treating everyone politely and with respect," "Staff are simply terrific in the way they care and look after us" and "Staff are a very pleasant bunch, just adorable, they are." Relatives said, "They (the staff) managed to maintain his dignity (when person was unwell) and were without exception kindness itself" and "The staff are first class; there's been a positive difference in [name] since they moved here."

Throughout our inspection we observed positive, kind and caring interactions between the staff and people living at the home. Staff had time when talking with people, giving them the opportunity to respond or make choices. Urmston Manor had a calm homely atmosphere throughout our inspection. One relative said, "When I came to view the place I found it more homely and mum loves it here, it is like family"

The staff we spoke with knew people well, including their assessed needs and preferences. The new activities co-ordinator had completed life stories with most people living at Urmston Manor. These included information about people's family, work life, hobbies they enjoyed and information about the person's likes and dislikes, for example food. This meant staff were able to form meaningful relationships with the people who used the service and engage in conversations about their life and interests.

We saw staff ask people if they required support, for example with personal care, in a discreet way, respecting people's dignity. Staff were able to explain how they maintained people's privacy when supporting them with personal care. We were told how staff would ensure doors and curtains were closed and that they had all the items they needed, for example toiletries or continence pads, ready before starting their support. Staff told us they had completed training in privacy and dignity and this was an area the manager was keen to promote. One staff said, "Staff are much more aware of this (promoting people's privacy and dignity) now." People and their relatives confirmed that staff respected their privacy and dignity.

We observed two staff members supporting a person using a hoist. Throughout the procedure they explained what they were doing and provided re-assurance to the person.

Relatives also told us that the staff kept them informed of any changes in their relative's health or wellbeing. Relatives told us, "Staff are great at picking up a phone and letting you know what's happening with [name]" and "They (staff or manager) ring straight away if there is an issue."

People's care plans recorded people's cultural needs and beliefs. We saw that a vicar and a priest visited the home to talk and pray with those people that wanted to. The home had requested a copy of the last Care Quality Commission report in large print and easy read versions so people living at Urmston Manor were able to look at the report. The manger has also requested this report in large print and easy read versions so it is as accessible to as many people as possible.

We saw that all staff had completed equality and diversity training.

People said that they were supported to complete tasks they were able to do themselves. Staff explained to us how they prompted and encouraged people to be independent wherever possible. One staff member said, "I always get the service user to do as much as they can for themselves and don't just jump in."

People's care plans were securely stored on the computer based system which was password protected. Other personal information was securely held in the manager's office. This meant people's confidentiality was respected.

Is the service responsive?

Our findings

At our last inspection in June 2017 we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as there was a lack of up to date, personalised information on people's support needs and preferences. At this inspection we saw that improvements had been made and this regulation was now being met.

The care plans we viewed contained details of people's assessed needs and provided guidance for staff in how these needs should be met. For example care plans were in place for mobility, dementia, personal care and night time routines. Care plans also included details of people's likes and dislikes and information about their life history.

Care plans were reviewed each month or following an incident or accident. The manager showed us that older versions of care plans were stored on the care planning computer system so that changes made to the care plans could be tracked. Feedback from the local authority commissioning team was that the care plans had improved and staff now had more confidence in completing daily records.

Where there was an assessed need we saw that technology, such as bed sensor mats, was used to reduce the risks for people. The sensor mats were linked to the new call bell system and alerted the staff when triggered. For example one person had had a fall in their room when trying to get out of bed. A sensor mat had been used to alert staff when this person was getting up so they were able to go and provide any support required.

The manager also had plans to use an iPod device to have large print crosswords, puzzles and other apps on for people to use. This meant technology was being introduced to reduce the risks and to provide additional activities and interactions for people.

People and their families told us they had been involved in agreeing the care and support they needed. One relative told us, "We do not miss mum's care review" and another said, "I have been involved with my wife's care from the beginning." The manager held reviews of people's care and support needs with them and their families every six months.

The staff we spoke with knew people's care needs well and were able to describe the support they required. Staff offered day to day choices to people, for example what they wanted to eat or drink. At the last inspection some people who required assistance told us they had to go to bed when the staff asked them to. People we spoke with at this inspection said that they were able to go to bed and get up when they wanted to. We were told "I decide when I go to bed or when I want to stay in bed." A relative said, "This home is no longer as regimental as it was before [manager name], everything is flexible and easy going now."

Staff also said that now people were encouraged to get up and go to bed when they wanted to. Institutional practices such as people having to be up by a certain time and go to bed when staff wanted them to were no longer evident. One staff member said, "It varies on who gets up when; people ring (the call bell) when they

want support to get up."

We saw that people and their families had been asked about their wishes at the end of their lives and advanced care plans written. Where people had not wanted to discuss the end of their life this had been respected. The advanced care plans included information about whether people wanted to be resuscitated and if they wanted to be taken to hospital or remain at Urmston Manor. They also included information about the person's wishes following their death, including any funeral arrangements they wanted.

Since our last inspection the home had employed an activities co-ordinator, who worked an average of 30 hours per week. People and families we spoke with were very positive about this role and the increase in activities that had resulted. These included activities within the home either in groups or on a 1:1 basis, for example indoor games, baking and crafts. Trips out to local shops and pub had also been arranged. One person said, "There is always something to do ever since [staff name] is doing activities" and another told us, "I like to go shopping, I can't go out on my own, staff have to come with me. I like their company; at least I am not bored anymore." A relative commented, "A really significant improvement has been the introduction of an activities organiser. This is greatly improving interaction amongst residents and makes the atmosphere in the lounge more positive."

The care co-ordinator and manager told us that they hoped to increase the number of organised trips and were already planning going to the local theatre. They were also planning themed days, for example St Patrick's day or, Australia day where activities and the menu would reflect the theme. The manager told us they were planning to increase the activities available at the home by having an activities co-ordinator or additional care staff working each day.

This meant that people now had activities they were able to participate in each week, which would promote their health and wellbeing.

The home had a complaints policy in place. We saw that a copy this was available in each person's room. There had not been any formal complaints since our last inspection. People and relatives we spoke with said that they would raise any concerns they had directly with the care staff or manager. They were all confident that they would deal with any concerns raised.

Is the service well-led?

Our findings

At our inspection in June 2017 we found a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider did not have robust processes in place to ensure the safety and quality of the service was adequately monitored and improved, and to ensure known risks were acted upon.

At this inspection we found improvements had been made throughout the service; however further work was required to ensure the home had a robust quality assurance system in place. Known risks had been assessed as described previously in this report.

The CareDocs computer system had a range of audits available including health and safety, care plans and infection control. We saw these had started to be completed in December 2017. These had been delegated to senior member of staff and were overseen by the manager. However we saw that the audits had been completed with Yes or No answers without any further detail or explanation of what had been looked at. For example the care plan audit asked if all care plans were up to date and was answered Yes. There was no indication that a sample of care plans had been looked at to ensure they were accurate and contained sufficient detail. We discussed this with the registered manager who acknowledged that a sample of care plans needed to be reviewed each month and details of these included in the audit. The manager said they were supporting the senior member of staff doing the audits to ensure that a representative sample of records was looked at each month and that these were recorded.

The manager had completed a medicines audit in July 2017 and recognised that this needed to be completed on a regular basis. As detailed in the safe domain the medicine administration records were only checked at the end of the four week cycle. The hot water taps in two bedrooms had not been repaired for a period of six weeks.

This meant that a quality audit system was being introduced, but required more detailed sampling of records to ensure they were robust in identifying any shortfalls and action plans written to make any improvements required. This was a continued breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with reference to 2 (a).

The current provider did not have any oversight of the service and relied on the manager to ensure the quality of the care and support provided. This situation will change when the current manager completes their purchase of Urmston Manor. Relatives and members of staff we spoke with were aware the manager was purchasing the home and were very supportive of this.

Everyone we spoke with - people living at Urmston House, their relatives, staff and visiting health professionals – were extremely positive about the manager and the changes that they had implemented at the home. One person told us, "He is very approachable, running a tight ship." A relative said, "[Manager's name] has been a breath of fresh air, the changes are amazing. The atmosphere is better, they've got lifting equipment now, more staff, activities and staff clearly know their roles." Other comments included, "The

manager has brought lots more improvement, I like the idea that he has changed to fire doors now," and "We are happy he is our manager."

Visiting professionals also said there had been a lot of positive changes at Urmston Manor since the manager took over. One said, "There's been a huge change since [manager's name] took over. Before I struggled to get the information I needed, now the staff are really engaged" and another, "It used to be difficult to arrange my visits; the staff were really pushed. Now it feels cleaner and brighter and staff have got information to hand."

Staff we spoke with said that the manager was very approachable, would listen to their ideas and concerns and then take action where required. One told us, "[Manager name] listens to staff and will take action. We all feel more comfortable now and the team work is better."

Feedback from the local authority commissioning team was also positive, stating the home was now more organised and the manager and staff more approachable.

We saw regular team meetings had taken place, with discussions taking place with regard to staffing, training and changes being made at the home. Meetings had also been held with residents and relatives. People said, "There was a meeting, we talk about what food we like" and "We talked about what we would like to do, how we want to spend our day."

Surveys had also been distributed to relatives. The replies were all very positive. The survey asked for opinions on a range of areas including the attitude of the management, whether concerns were listened to and activities based on the service 12 months ago and now. All areas showed a marked improvement in the responses. Comments in the surveys included, "Much improved communication from the leadership team" and "Better atmosphere, more entertainment; just overall better."

Staff surveys had also been completed asking for feedback on how supported staff felt, training, morale and if staff were happy in their job. Again all responses showed a marked improvement on 12 months previously. Comments in the survey included, "We now have a leader who gives help, guidance and training."

This meant the manager had sought the views of the people living at the home, their relatives and the staff team. A report had been compiled of the survey results giving an overview of the replies.

Services providing regulated activities have a statutory duty to report certain incidents and accidents to the CQC. We saw that the CQC had been appropriately notified of any incidents by the registered manager.

Overall we found improvements had been made throughout the service and all staff, people living at the service and their relatives we spoke with were positive about these changes.

At our last inspection we found a breach of regulation 20A (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the home's rating was not displayed on the homes' website. At this inspection we saw the last report was clearly displayed within the home. The provider had removed the front page of the website from the internet. However the remaining pages were still available to view. The provider was not aware of this and arranged for the rest of the website to be removed during our inspection.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>A quality audit system was being introduced but required more detailed sampling of records to ensure they were robust in identifying any shortfalls and action plans written to make any improvements required.</p> <p>Reference 17(2) (a)</p>