

Hill Care 1 Limited

Alderwood Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

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

Summary of findings

Overall summary

This inspection took place on 04 and 06 December 2018. The first day was unannounced.

Alderwood is a purpose built care home providing accommodation for up to 39 people over two floors. There are 31 single rooms, 19 of which are ensuite and three are double rooms. There are three communal lounges and a dining room. The residents have access to well maintained, garden and patio areas. The home is situated in a quiet residential area of Boothstown, near to a range of local shops and transport links.

At the time of the inspection there were 34 people living at the home.

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

We last inspected Alderwood care home in April 2018 and rated the home as 'Requires Improvement'. This was because we identified regulatory breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to person centred care, safe care and treatment, safeguarding and staffing. Requirement notices were issued due to these breaches of the regulations. We also issued a warning notice regarding to good governance. Following the inspection the home sent us an action plan, detailing how the improvements they planned to make. We also met with the provider and registered manager in October 2018 to discuss the progress being made.

At our most recent inspection in December 2018, although we found improvements had been made in some areas, we identified three continuing breaches of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, for two of the regulations regarding person centred care and good governance (two parts of this regulation). You can see what action we have asked the provider to take at the back of the full version of this report.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found people did not always receive care that met their needs and reflected their preferences.

We found accurate and contemporaneous records were not always maintained. Records were not always stored securely and confidentially.

Further improvements were still required to overall governance systems to ensure the concerns from the inspection were identified and acted upon in a timely way.

We have also made three recommendations relating to the conditions within peoples DoLS authorisations, the accessible information standard and the quality assurance policy and procedure.

Medication was recorded, administered and disposed of safely.

The premises were being well maintained, with regular servicing checks of equipment and the building carried out. The home was clean and tidy throughout, with infection control procedures followed as required.

People who used the service and their relatives told us they felt the service was safe. There were appropriate risk assessments in place for people, with guidance on how to minimise risk. Staff recruitment was robust with appropriate checks undertaken before staff started working at the home.

We found staff received sufficient training, supervision and induction to support them in their role. The staff we spoke with told us they were happy with the training they received and felt supported to undertake their work.

We found the home worked closely with other health professionals and made appropriate referrals if there were concerns. Details of any visits from other professionals were recorded within people's care plans.

People told us they enjoyed the food and we saw people being supported to eat and drink, throughout the day.

We received positive feedback from people we spoke with about the care provided at the home. Visiting relatives said they had no concerns with the care being delivered at the home. People said they felt treated with dignity and we observed staff treating people with respect during the inspection.

There were a range of different activities available to participate in and people told us there was enough to keep them occupied during the day.

We found complaints were responded to appropriately, with compliments also collated where people had expressed their satisfaction about the care provided.

Staff meetings took place, giving staff the opportunity to discuss their work and raise any concerns about practices within the home. We observed a staff handover taking place, where an update was provided about people's care needs from that shift.

Staff spoke positively about management at the home and said the manager was supportive and approachable.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were systems in place to safeguard people from abuse

Medication was handled safely.

Staff were recruited safely with appropriate checks carried out before they started work.

Is the service effective?

Good ●

The service was effective.

Appropriate systems were in place regarding DoLS and the MCA, although we have made a recommendation relating to conditions within peoples DoLS authorisations.

Staff told us they received sufficient training, induction and supervision to support them in their roles.

We observed staff seeking consent from people throughout the inspection.

Is the service caring?

Good ●

The service was caring.

People who lived at the home and visiting relatives made positive comments about the care being provided.

People were treated with dignity and respect.

We observed caring interactions between staff and people living at the home.

Is the service responsive?

Requires Improvement ●

Not all aspects of the service were responsive.

People did not always receive care that met their needs and reflected their preferences

Accurate, secure and contemporaneous records were not always maintained by staff.

We have made a recommendation relating to the Accessible Information Standard (AIS).

Is the service well-led?

No all aspects of the service were well-led.

Further improvements were still required to governance and auditing systems within the home. We also made a recommendation regarding the policy and procedure for the frequency of quality assurance checks within the home.

Everybody we spoke with made positive comments about management and leadership within the home.

Staff meetings and handovers took place so that staff could discuss their work and raise any concerns.

Requires Improvement 

Alderwood Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 04 and 06 December 2018. The first day was unannounced, however we informed staff we would be returning for a second day to complete the inspection and announced this in advance. The inspection was carried out by two adult social care inspectors from CQC on both days. A pharmacist inspector from CQC also attended on the first day to look at how people's medication was managed.

Prior to the inspection we reviewed all the information we held about the home in the form of notifications, previous inspection reports, expected/unexpected deaths and safeguarding incidents. This would indicate if there were any particular areas to focus on during the inspection. We also contacted stakeholders from Salford City Council to establish if they had any information to share with us. The feedback we received was predominantly positive.

During the inspection we spoke with a wide range of people, including the registered manager, senior regional manager, seven people who lived at the home, two relatives and nine members staff (including care staff and kitchen staff).

Records looked at during the inspection included nine care plans, four staff personnel/recruitment files, 12 Medication Administration Records (MAR), training records, building/maintenance checks and any relevant quality assurance documentation. This helped inform our inspection judgements.

We undertook a Short Observation Framework Inspection (SOFI) at lunch time on the first day of the inspection to establish how staff communicated and interacted with people who may not be able to share their views due to living with dementia.

Is the service safe?

Our findings

At our last inspection in April 2018, this domain was rated as Inadequate. This was because we identified concerns regarding safeguarding people from abuse, drink thickeners for people with swallowing difficulties, staffing levels, referrals to other health care professionals, mobility, medication and fire safety. We found these issues had since been addressed and that appropriate action had been taken to address the concerns.

The people we spoke with told us they felt the home was a safe place to live. One person said, "The best thing about being here is that I feel safe." Another person said, "I feel safe here, I always get my medicines on time." A visiting relative also told us, "My (family member) is here and I know that they are cared for and safe."

We looked at how medication was handled. We observed some people being given their morning medicines. Staff gave these in a kind way and ensured the person had taken all their medicines before signing the MAR. All the records we looked at had a photograph of the person to help staff who were not familiar with the people living there identify them and ensure the right medicines were administered to the right people. The records listed allergies and contained information on how each person liked to take their medicines.

Medicines including controlled drugs were stored securely and access was restricted to authorised staff. Temperatures were monitored and recorded daily but there were several occasions when the fridge temperature was out of the recommended range. The manager assured us this would be addressed.

There were no gaps in MARs indicating that people were receiving their medicines as prescribed. We checked a sample of medicines and the stock balances were correct. When medicines were to be given on a when required basis, via a patch or in the form of a cream or ointment, additional information was available to help staff give these safely. Some medicines must be given at specific times or have a certain time gap between doses. Records showed that these were being given properly and times of administration recorded. For medicines to be most effective, some must not be given at the same time. However, for some people, records showed they were not being given separately. We explained this to the manager and they were going to seek advice from a pharmacist.

A number of people were prescribed a powder to thicken their drinks due to swallowing difficulties. Information on fluid consistency was available for all staff responsible for making drinks. We observed a care assistant make a thickened drink for a person to take their medicines and this was done properly, with staff recording each time the thickener was used.

One person was given their medicines to take away from the home as they were going out with family. Staff explained how the medicines were managed and there was a policy in place for staff to follow. However, there was no risk assessment in place as per their policy to assure staff that it was safe for this person to take medicines away from the home. This was rectified during the inspection and a risk assessment was completed. Regular medicine audits were completed and action plans put in place to address any issues

found. Staff responsible for administering medicines had their competencies checked regularly.

We checked to see there were sufficient numbers of staff working at the home to care for people safely and viewed a sample of the home's staffing rotas. The staffing ratio on shift consisted of a senior carer and two care assistants at night and two senior carers and three care assistants during the day. In addition, there were also staff who worked in the kitchen and cleaners who undertook domestic duties, as well as additional support from the registered manager when needed. This was to provide care and support to 34 people.

Certain people spent the majority of their day in the reception area and lounge where comfortable chairs were located and we observed there was a staff presence in these rooms at all times to support people as required. There was an improved staff presence in the dining room which had been a concern at our last inspection and we did not observe people having to wait for assistance. Others spent the day in their bedroom and we observed staff checking on people in their rooms to see if there was anything they needed and bringing them drinks. We observed people being supported in a timely manner with tasks such as mobilising around the home, being assisted to the toilet and being supported to eat their meals. The staff spoken with during the inspection said they felt staffing levels were sufficient.

We looked at how the service managed risk. Each person's file we looked at included a series of risk assessments which contained appropriate information to manage any risks posed to them. Risk assessments in place covered areas such as waterlow (for people's skin), mobility and nutrition and contained detailed information about how risks could be mitigated. Appropriate systems were in place to monitor accidents and incidents. These were investigated and preventative measures put in place to keep people safe and mitigate any further risk. Monthly trends analysis was also completed to monitor any re-occurring events, such as repeated falls. Personal emergency evacuation plans (PEEPs) had been completed for each person and provided emergency services and staff with an overview of how people needed to evacuate the building safely.

Staff recruitment was safe. We looked at four staff recruitment files and noted they contained documents and checks such as photographic identification, application forms, references, interview questions/responses and job offer letters. DBS checks were also undertaken to ensure that new applicants did not have any criminal convictions that could prevent them from working in a care setting with vulnerable people. We noted that all of these checks had been carried out in advance of staff commencing employment.

There were systems in place to safeguard people from abuse. These included having a safeguarding policy and procedure for staff to refer to if they encountered any allegations of abuse. The training matrix showed staff had received training relating to safeguarding and staff spoken with demonstrated a thorough understanding of how to recognise signs of abuse and report their concerns. Staff told us they were aware of whistleblowing procedures (used to report any bad practice within the home) and said they would not hesitate to use them.

Safeguarding concerns such as unexplained bruising were now consistently being reported to the local authority for further investigation which had been a concern at our last inspection. However, we found one person had returned from hospital with some unexplained bruising. This had occurred when the registered manager was on annual leave and was not reported for further investigation. We have made a recommendation about this with the Effective section of this report.

The premises and equipment were well maintained and we saw certificates and relevant documentation of

any work that had been completed. These included checks of electrical installation, fire alarms, legionella, portable appliances, hoists/slides and fire equipment. Any remedial work or recommendations had been followed up on to ensure the premises were safe to be used by people living at the home.

We looked at the systems in place with regards to infection control. We observed domestic staff undertaking various cleaning tasks the morning of our inspection and noted that the home smelt fresh with no odours present. We checked in bedrooms, toilets, bathrooms and communal areas and found they were clean and tidy and staff wore appropriate personal protective equipment (PPE) to reduce the risk of any infections being spread.

Is the service effective?

Our findings

At the last comprehensive inspection, in April 2018, this key question was rated as requires improvement. This was because we had found concerns in relation to the conditions attached to Deprivation of Liberty Safeguards (DoLS) authorisations. The service had not always notified the local authority when a person had been in hospital for more than 72 hours. DoLS authorisations were not always being kept up to date to ensure they were still valid. We had also found staff had not received regular supervision and appraisals.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. At this inspection we found there had been some improvement.

The service had a system to ensure that DoLS were applied for before they expired. People had been supported to make decisions for themselves. Where a person was found not to have the capacity to make a particular decision, we found the service had followed the principles of the MCA and ensured decisions made on behalf of people were in their best interests and the least restrictive option. There was a best interest decision log in the care plan which were reviewed regularly. The service had notified the local authority when people, to whom this condition applied, had been in hospital for more than 72 hours. However, we found that this had not been maintained regarding two people living at the home when the registered manager had been on leave the previous month.

We recommend an effective process is implemented to ensure robust handover arrangements are in place when the registered manager is on annual leave.

Staff supervision is a one to one meeting between a member of staff and a senior, the purpose is to consider what is going well and what could be improved. Staff can also raise any issues they feel necessary. We found staff had received supervision regularly. Most staff had also had an annual appraisal, with further sessions scheduled in the coming months. Staff we spoke with felt the supervision had been useful and said they took place regularly.

People's needs had been comprehensively assessed prior to them moving in to the service. Care plans included details about all aspects of the person's health and social care needs, and information from other professionals had been included in the care plans which ensured they were holistic.

We saw people had been supported to live healthier lives. Regular health screening including; oral health, optical health and podiatry had been maintained. In addition the activities coordinator had introduced regular exercises which we saw people engaged with enthusiastically. Staff also ensured people had been supported to keep moving regularly. People had been supported to attend sessions at a local community centre to support healthy hearts and healthy hips.

People living in the service and their relatives told us they felt the staff were knowledgeable about their needs and supported them appropriately. Comments included, "Staff are really good, they help with

showering and know what they are doing," and "I found it disorientating when I first came here, staff have been good at reassuring me and seem to know what they are doing."

New staff had received comprehensive induction training. The staff team had received training which enabled them to support people effectively. We reviewed the training records for the service and found training was up to date and included all mandatory areas. There was a system in place to ensure training was refreshed when needed. A training calendar indicated planned training and who needed to attend it. Staff we spoke with told us they felt they had received good training which equipped them to do their jobs. One member of staff told us, "My induction training was good, I feel I know how to support people and can rely on the team for guidance as well." Team working was effective. Staff spoken to felt part of a good team and able to rely on each other.

People had been supported to maintain their nutritional needs. Where people had been identified as being at risk of malnutrition, referrals had been made to the dietician, and their advice had been included in the care plans and reviewed regularly. People's weight was kept under regular review which ensured the service had been aware of changes which may have caused concern.

Similarly, where people had difficulties with swallowing, referrals had been made to the speech and language therapist and their advice had been included. Records had been kept of food and drink consumed. The care staff and kitchen staff understood who needed modified/enriched diets and ensured they received this. Three people needed thickened fluids and we observed they had received them correctly, with accurate records maintained by staff. We observed people who had been identified as needing a soft diet, had this provided for them. Allergies and food intolerances were recorded and we saw there was a toaster for gluten free bread which ensured anyone with a gluten intolerance would not be at risk of accidental consumption.

There was a four week menu. People had recently been consulted about their preferences and a review of the menu to reflect people's preferences had been underway when we inspected. People told us they enjoyed the food. Comments included; "The food is good, my favourite is the Sunday dinner, we sometimes get this in the week as well. You can always ask for something different if you want," and "The food is nice and you always have a choice. There is plenty to eat and drink if you want it." We observed there was juice and snacks available in the communal areas.

Is the service caring?

Our findings

At our last inspection in April 2018, this domain was rated as Good.

We asked people living at Alderwood and their visiting relatives for their views and opinions of the care provided at the home. One person said, "Staff are very good and reassure me, I was upset once and the staff were lovely." Another person said, "Staff make the home very friendly and are always willing to help." A third person added, "Staff here are caring and kind." A visiting relative also told us, "We cannot fault them and they are top of the list."

We carried out observations during the inspection between staff and people living at the home which were seen to be kind and caring. For instance, we observed staff bringing people their daily newspaper whilst giving them a hug at the same time and telling them how nice they looked that morning. We also observed staff responding to a person who looked uncomfortable. They offered reassurance and rubbed their back to help ease their discomfort. The person seemed much happier afterwards.

People were dressed appropriately and we did not see anybody looking unclean or unkempt. People had matching clothing on such as colour coordinated blouses and skirts. Males were also dressed smartly in trousers, shirts and jumpers which we noted they had expressed as a preference to wear and was detailed in their care plan. Some people needed assistance with their personal grooming regimes and we observed they were clean shaven, with records of these interventions maintained by staff. One relative said to us, "They treat mum very well and always ensure she is well presented. They take her to the toilet when she needs to go."

We noted there were a range of compliments made about the quality of care delivered at the home. Some of them read, 'Thank you for all the help and support given to mum, we really appreciate it,' and 'To all of the staff that look after mum, many thanks,' and 'Thank you for looking after mum so well.'

During the inspection we observed staff treating people with dignity and giving them privacy if they needed it. People told us they felt well treated and were never made to feel uncomfortable or embarrassed. We observed staff knocking on people's doors before entry and then closing it behind them. A person living at the home said, "I am always treated very well by the staff, never been a problem."

People's independence was promoted by staff and we saw people being able to walk around the home on their own and eat their own meals if they were able to. People were able to make choices about how they spent their day, whether this be in the lounge area, or the comfort of their own bedroom. One person said, "I like to do things for myself, staff are really good at monitoring how well I am doing and intervene only when they know I need them to."

People's equality, diversity and human rights were respected and recorded as part of the care planning process. At the time of the inspection, there was nobody living at the home who had any specific cultural requirements, with people mainly being of white British ethnicity. People of all faiths were welcome at the

home and we were told their religious beliefs would be taken into account as required.

Is the service responsive?

Our findings

At our last comprehensive inspection in April 2018, this domain was rated as Requires Improvement. This was because we had identified concerns regarding person centred care, record keeping and appropriate care plans not always being in place. At this inspection, we still identified similar concerns in these areas.

We looked to see if people living at the home were receiving person centred care that reflected their needs and preferences. During the inspection we looked at nine people's care plans, which provided a detailed overview of the care staff needed to deliver to people. These care plans were reviewed each month to ensure the information was still an accurate reflection of people's care needs.

We looked at the care plan for one person which stated they needed a plate guard at meal times to prevent them from spilling their food. We observed this person eating their breakfast on the first day of the inspection without this in place and noticed they had spilled their corn flakes on the floor and onto their lap. We raised this with staff and saw this was then provided at lunch time. The care plan also stated they enjoyed juice with all their meals, however we saw this was not offered to them at meal times and was not reflected on previous fluid intake sheets at each meal as being offered as a choice. We raised this with staff and noted this was then served to the person during the lunch time meal.

They also enjoyed a daily cooked breakfast of sausage, bacon and scrambled eggs, however we observed them eating cornflakes and toast and were not offered this as a choice by staff, although some other people were. They were also at high risk of falls and needed a sensor mat to be used when in their bedroom to alert staff when they were attempting to mobilise. We noted they had gone back to their bedroom during the inspection because they felt unwell, however the sensor mat had not been put in place.

In a second person's care plan, it stated they were independently mobile with the use of a walking stick and staff were to encourage them to use it when walking. They also had a history of falls. However we observed this person walking around the home throughout the inspection, not using it, with staff not always prompting them to use it as required. Their communication care plan also stated they needed to wear hearing aids in both ears and that staff needed to ensure these were worn at all times. We saw these were not being worn as required, with the person's relative also expressing their concerns that they were struggling to hear what was being said. Staff told us the person often took them out themselves, however staff were not checking this regularly to ensure they were worn as needed.

In a third person's care plan, it stated they had a preference to have a bath twice a week. We spoke with this person during the inspection who told us this was what they would like but didn't always receive it. We looked at a sample of their bathing records between 01 November and 06 December 2018 and this showed they had only had four baths within this period which was not in line with their preference and any refusals were not documented. This person was also hard of hearing as described in their care plan and we found this to be the case when speaking with them. The care plan stated they would be happy to be referred for an audiology appointment as they currently had no hearing aids, although we found this appointment had not yet been arranged at the time of the inspection.

This meant there had been a breach of regulation 9 (part 1, b and c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding person centred care. This was because the care people received did not always meet their needs and reflect their preferences.

We looked to see if accurate and contemporaneous records were being maintained by staff. We found some care plans lacked detail about people's care requirements. For example, two people's communication care plans made no reference to their sight and hearing requirements and any aids that may be required such as glasses, or hearing aids. Another person's care plan described them as having full capacity to make everyday choices, yet they were also subject to a DoLS authorisation as they lacked capacity.

Two people's skin integrity care plans also lacked information about any equipment they may need such as pressure relieving mattress or cushion, despite them being described as being at high risk of skin breakdown. Another person's capacity care plan was blank and had not been completed by staff. Two people's social histories had also not been completed. This meant staff would not have access to accurate information about their care needs.

In another person's care plan, it stated they had been assessed by the dietician service in September 2018. One of their recommendations had been to offer full fat yoghurts if they were refusing to eat their pudding at meal times. We looked at a sample of food intake sheets and noted this person had refused their pudding on six occasions, however this recommendation had not been followed by staff.

Staff maintained records about all aspects of people's personal care, although we found historical entries from previous periods of the year were not being stored in chronological order, with some records difficult to locate when requested. These were held in a filing cabinet which was not organised. These records were also stored a room with a coded key pad lock on the door. However we found this room was not always secured when the room was not in use. This meant unauthorised personnel could access peoples information.

This meant there had been a breach of regulation 17 (part 2, c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding Good Governance. This was because a secure, accurate and contemporaneous record in respect of each service user was not maintained.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. Signage around the building was clear and of a suitable size with good contrast between the text and the background to allow them to be read more easily. We were informed of one person who was unable to communicate their needs verbally and often used hand gestures to express their views. Whilst staff told us they were aware of what these signals meant, we spoke the registered manager about ensuring this was clearly documented in their care plan so that any new members of staff had a clear understanding about their needs and what they may require.

There were activities available within the home if people wished to take part. An activity board was displayed on the ground floor corridor, informing people of what was going on during the week. During the inspection observed activities taking place such as ball games and exercise sessions. A local nursery had visited the home to sing Christmas songs to people and recent trips out included Blackpool illuminations.

There were systems in place to involve and seek/respond to feedback from people living at the home, relatives and also staff, in the form of satisfaction surveys and residents/relative meetings. This gave people the opportunity to raise any concerns about the service, or provide feedback about things that were working

well so the home could continually improve.

We looked at the systems in place to investigate and respond to complaints. A central log of any complaints made was held within the home, including details about who had raised the complaint, what the issue was, details about the investigation and the outcome. We saw that where any complaints had been made, a response had been provided with any actions to be taken. A complaints policy was in place, which explained the process people needed to follow. The people we spoke with during the inspection had never needed to make a complaint, but were aware of the process to follow, should they be unhappy with the service provided.

We looked at the systems in place regarding end of life care. People had end of life care plans in place, capturing information about people's preferences in the event of death such as people to inform, funeral arrangements and if they wished to be buried, or cremated. Anticipatory medicines (used when people are approaching end of life) were in stock and ready to be used by staff when required. Some people had chosen not to discuss their end of wishes at this stage and this had been respected by staff.

People living at the home were supported to maintain relationships as much as possible, with no restrictions on visiting times.

Is the service well-led?

Our findings

At the last comprehensive inspection, this domain was rated as Requires Improvement. This was because governance systems had not been effective in maintaining and improving the quality of service for people. We also issued a warning notice regarding regulation 17 relating to Good Governance.

At this inspection we found there had been some improvements, although systems needed to be strengthened further. Governance systems in place included a monthly workbook which identified all aspects of the management of the home, including; training, supervision, DoLS applications, recruitment and care plan reviews. This was completed by the registered manager and reviewed by the regional manager. We could see where any action had been identified, a plan had been made with a date for completion, with any issues addressed in a timely way.

However, not all checks had been completed according to the services' own policy. Weekly walk rounds of the home had not been completed every week. We found none had been completed in September, only one in October and two in November 2018. These would identify any concerns with the environment and care delivery. Daily flash meetings between the heads of departments including, the registered manager, kitchen, maintenance, care staff and activities coordinator, had not been completed regularly. There had been none recorded in October and only five in November 2018. These meetings were an opportunity to ensure each department was up to date with any changes to people's needs and wishes and to raise awareness of any other issues.

We discussed our findings with both the registered manager and the regional manager. They agreed the meetings and walk rounds had not happened as frequently as described in their policies and procedures. They advised these systems were developed by the provider and were more appropriate in larger services.

We recommend the service devises a new policy and procedure which reflects the frequency of when these checks will be carried out within the home.

Further improvements were required to internal governance systems to ensure the concerns found during this inspection were identified and acted upon in a timely manner. For example, regarding person centred care, record keeping and the storage of confidential information.

This meant there had been a breach of regulation 17 (part 2, a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding Good Governance. This was because systems to assess and monitor the quality of service delivery were not being operated effectively.

Daily handover was completed at each shift change and included comprehensive information about each person, key risk factors, any changes to their needs and which staff would be identified to meet their needs. This ensured the registered manager would be able to trace back to individuals if any issues arose which might be improved by training.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like the registered provider, 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 registered manager was committed to their role. In addition to their existing experience and training, the registered manager was taking a leadership and management course to develop their own skills and knowledge. This showed they were committed to improvement and development in the service.

We saw how the registered manager had engaged with the team, delegated responsibilities and worked alongside staff in ways which ensured the values and culture of the organisation were embedded. There were shared values and understanding of the standard of care expected. Staff we spoke with praised the registered manager and some comments included, "Management are very approachable about any issues they communicate well and are clear about the standards they expect and our roles," and, "The manager is very good, the team is really focussed and professional."

People had been supported to engage with the service and give their feedback. Staff meetings were held regularly. We reviewed the notes from the two most recent meetings. The agenda included discussions about individuals and upcoming events. Staff told us meetings were useful and they felt able to contribute and raise topics for discussion. In addition, there was a policy of the month identified, senior staff discussed this with the team to improve understanding and confidence. Most recently this had included safeguarding and moving and handling. The registered manager reported an increase in staff discussing and raising any issues in these areas.

People and their relatives had been consulted in different ways, there were questionnaires and surveys. Regular resident meetings provided a forum for people to raise ideas and concerns. In addition the registered manager made time to speak with people individually on a regular basis to try to engage with people who might not feel comfortable in meetings or completing surveys. People living in the service felt listened to, with comments including, "We have client meetings and can raise what we like," and, "It is nice here, they listen to you and it's got a good feeling," and "Things have really settled here and we are very happy with the place, we can raise any concerns directly."

The service had recently been visited by the council's infection control team, they had made a recommendation that they completed more regular audits of mattresses, we saw the home had included monthly checks in their auditing. This showed the service worked with others and responded to their recommendations.

The registered manager worked effectively with partner organisations to share knowledge and experience to improve the quality of the service. They attended HAELO an initiative supported by Salford local authority to improve safety in care homes. They had also engaged with the care homes excellence programme and a safeguarding programme known as 'saints'. The registered manager identified the impact for the service had been improved networking, shared knowledge and experience which they had utilised in the home.

The home regularly submitted statutory notifications to CQC as required regarding any deaths, serious injuries, or safeguarding concerns.

The ratings from our last comprehensive inspection were displayed on the Hill Care 1 (the provider) website and in the home so that people knew about the standards of care being provided.

