

Lily Care Ltd

Newhey Manor Residential Care Home

Inspection report

64A Huddersfield Road
Newhey
Rochdale
Lancashire
OL16 3RL

Tel: 01706291860
Website: www.lilycare.com

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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 was an unannounced inspection, which took place on the 29 and 30 March 2017. Our last inspection report was published in March 2016. At that inspection we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation people potentially being unlawfully deprived of their liberty and inadequate assessments to minimise risk of harm or injury. We asked the provider to send us an action plan telling us what action they had taken to meet the regulations. This was provided. During this inspection we checked to see if the breaches in regulation had now been met. Relevant action had been taken.

Newhey Manor Residential Care Home is a purpose built residential care home situated in Newhey, Rochdale. There are 24 single rooms, two of which have en-suite toilets. There are several communal areas such as a lounge, dining room and access to large playing fields at the rear of the house. At the time of the inspection there were 19 people living at the home.

The service has a registered manager. They were supported in their role by two deputy managers. 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.

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

Risk assessments and the monitoring of health needs were not always completed so that people's health and well-being was protected.

Suitable arrangements were in place to ensure the premises and equipment used by people was safe. However action was required with regards to the mains electric circuit check, contingency plan and individual emergency evacuation plans so that people were protected from harm or injury.

Systems to monitor, review and improve the quality of service provided needing improving to help ensure people were protected from the risks of unsafe or inappropriate care and support.

The overall system in place for managing people's oral medicines was safe. We have made a recommendation about maintaining clear and accurate records about people's medicines.

People and their visitors were complimentary about the staff and the standard of care and support offered. From our observations we saw staff speak with people in a polite and respectful manner and responded to people's requests promptly.

People told us they felt safe and received the care they needed. Staff had received training in safeguarding adults and were aware of what action they must take to take if they thought someone was at risk.

Where people were being deprived of their liberty the registered manager had taken the necessary action to ensure relevant authorisation was in place. As much as possible people were involved and consulted with about their care and support.

Relevant information and checks were completed when recruiting new staff. This helps to protect people who use the service by ensuring that the people they employ are fit to do their job.

Opportunities for staff training, development and support were provided. Staff spoken with confirmed they had completed relevant areas of training and felt supported by the registered manager.

People were offered adequate food and drinks throughout the day ensuring their nutritional needs were met. Where people's health and well-being had been assessed as at risk, relevant health care advice had been sought so that people received the treatment and support they needed.

Hygiene standards were maintained to help minimise the risks of cross infection. The premises and equipment were adequately maintained and regular checks were undertaken with regards to fire safety; this helped to keep people safe. We found some areas of the home appeared 'tired'. Maintenance and redecoration of some areas was taking place.

Care files contained sufficient information to guide staff in the delivery of people's care. Information about people was easily accessible to staff and held securely so that confidentiality was maintained.

Activities and opportunities were offered to people to help promote their health and wellbeing as well as maintain community links.

Suitable arrangements were in place for the recording and responding to any complaints or concerns. People and their Visitors said they would not hesitate in speaking with the registered manager or staff and felt confident their concerns would be listened to and acted upon.

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 always safe.

Emergency procedures and management plans needed improving to help minimise the risks to people's health and well-being. Suitable arrangements were in place to ensure the premises were kept safe.

We found the overall system in place for managing people's oral medicines was safe. We have made a recommendation about maintaining clear and accurate records about people's medicines.

People were cared for by sufficient numbers who had been appropriately recruited. Staff had received training on identifying and responding to allegations of abuse and were able to demonstrate their knowledge and understanding.

Is the service effective?

Good ●

The service was effective.

Where people were being deprived of their liberty the registered manager had taken the necessary action to ensure relevant authorisation was in place. As much as possible people were involved and consulted with about their care and support.

Opportunities for staff training and development were in place to help staff develop the knowledge and skills needed to meet the needs of people safely and effectively. Staff told us they were supported in their role and the team worked well together.

People were provided with a choice of suitable food ensuring their nutritional needs were met. Relevant advice and support had been sought where people had been assessed as being at nutritional risk.

Is the service caring?

Good ●

The service was caring.

People and their visitors spoke positively about the staff and care

provided. Staff were seen to be polite and respectful towards people when offering assistance.

Staff spoken with demonstrated they knew people's individual needs and preferences and were able to provide examples of how they encouraged people to be as independent as possible.

People's records were stored securely so that people's privacy and confidentiality was maintained.

Is the service responsive?

Good ●

The service was responsive.

People's assessed needs and wishes were detailed in people's care plans providing sufficient information to guide staff on how they wished to be cared for.

Activities and opportunities were offered to people to help promote their health and wellbeing as well as maintain community links.

Suitable arrangements were in place for the reporting and responding to any complaints or concerns. People and their visitors were confident any issues brought to the registered manager's attention would be dealt with.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The service had a manager who was registered with the Care Quality Commission (CQC).

Systems to monitor, review and improve the quality of service provided needing improving to help ensure people were protected from the risks of unsafe or inappropriate care and support.

The registered manager had notified the CQC as required by legislation of all events, which occurred at the home with regards to the well-being of people.

Newhey Manor Residential 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.

Prior to the inspection we contacted the Local Authority Commissioners and Rochdale Healthwatch to seek their views about the service. We also considered information we held about the service, such as notifications received from the registered manager.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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. This was completed by the provider as requested and returned to CQC. Information provided was used to inform the inspection.

This inspection took place on the 29 and 30 March 2017. The inspection team comprised of an adult social care inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

During the inspection we spent time speaking with ten people who used the service, six visitors, seven care staff, the chef and the registered manager.

As some of the people living at Newhey Manor were not able to clearly tell us about their experiences 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 looked at the environment and the standard of accommodation offered to people as well as three

care files, medication administration records (MARs), four staff recruitment files and training records as well as information about the management and conduct of the service.

Is the service safe?

Our findings

We asked people living at Newhey Manor if they felt safe and whether their needs were met safely and effectively. We received lots of positive comments from people about their experiences. People told us; "I feel absolutely safe here", "I feel safe here. If I press my buzzer, the staff usually come right away", "I feel safe and comfortable here and have no worries at all", "I feel perfectly safe here and would speak to the manager about anything that worried me", "I feel very safe here and would be able to speak to the manager if I didn't. If I need anything, staff have told me to use the buzzer and they do come right away if I use it", "I like it here and I feel safe. The staff are good and there seems to be enough of them. They do come quickly if there's a problem", "I feel safe. I'm quite happy here and everything is right for me" and "It all seems to be OK here. I had read the reports about the home and there was nothing to cause concern."

People's visitors also felt their relatives were cared for appropriately. Visitors told us, "My [relative] has only been here for several weeks. She is safe here and there haven't been any concerns", "I've no complaints about this home. I think that there's really good care here" and "The staff here seem to be on top of any problems, which is reassuring." A visiting health care professional also told us, "The staff seem very friendly, helpful and supportive here."

During our last inspection we identified that risk assessments did not provided sufficient detail to help minimise risks to people. During this inspection we found that areas of risk to people's health and well-being had been identified. This included poor nutrition, falls and the risk of developing pressure ulcers. On two of the care files we found that people were at high risk of falls and pressure care. The care plan referred staff to the action plan to manage such risks. However on examination risk management plans had not been completed. We raised this with the registered manager who said this would be addressed. On a third file the person was identified as being at risk of weight loss due to poor nutritional intake. Staff said that additional monitoring had been put in place to monitor food and fluid intake. An examination of these records showed that these had not been completed for the week prior to the inspection and did not include sufficient detail about the amount eaten and drank. We raised this with a senior member of staff who said that staff would be reminded that consistent monitoring was required. Without clear and accurate records people's health and welfare may be at risk. We found this was a breach of Regulation 12 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we looked at what systems were in place should an emergency arise. The provider had a contingency plan, which was last reviewed January 2017. This provided basic information should the home need to be evacuated. However, this did not include guidance and relevant contact details for agencies or contractors should there be a loss of mains, supplies or failures within the building.

We saw that internal checks were carried out with regards to fire safety. We saw fire safety and evacuation procedures were discussed at induction and during the staff meeting so staff were aware of the procedure to follow. Records showed that individual personal emergency evacuation plans (PEEPs) had been completed. We noted that some records identified they were due for review however these had not been done. We also found that PEEP's had not been completed for those people who had more recently moved into the home.

This information is important and helps to assist the emergency services in the event of an emergency arising, such as fire.

We looked at other records to check that equipment and services within the home had been serviced and maintained in accordance with the manufacturers' instructions and were seen. These included checks to the gas safety, passenger lift, hoisting equipment, small electrical appliances and the fire alarm and equipment. However we found the 5 year electric check, last completed in May 2011 had not been carried.

Effective checks need to be maintained to ensure people's comfort and safety is maintained so they are not placed at risk of harm or injury. This was a breach of Regulation 17(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We looked to see how people were supported to manage their prescribed medicines. People we spoke with said they received their medicines regularly and could see their doctor when they needed to. People we spoke with said, "There is no problem with getting my medicines from the staff every day" and "I brought my medications in with me and the staff make sure I get the correct doses each day."

We looked to see how the medicine system was managed. Medicine stocks, including controlled drugs (very strong medicines that may be misused) were stored securely. We were told that only those staff trained in medicines were responsible for the administration of people's medicine. We reviewed people's medication administration records (MARs). Records were completed in full and relevant codes had been used when medicines had not been given.

We explored how topical creams were recorded to show they had been applied as prescribed. We were told by the deputy manager that care staff applied creams when assisting people with care. Staff would then inform senior staff responsible for the administration of medicines so that the MAR's sheet could be signed. This meant the record did not accurately reflect who had administered the prescribed item. We also found that guidance (protocols) for 'when required' medicines were prescribed did not provide sufficient detail to guide staff, particularly where people lacked the capacity to ask for this medication. If information is not available to guide staff about 'when required' medicines need to be given, people could be at risk of not having their medicines when they actually need them. We recommend that the service consider current guidance on maintaining clear and accurate records to demonstrate people are receiving their prescribed medicines safely and effectively.

We looked at how people were safeguarded from abuse. We saw that policies and procedures were available to guide staff in safeguarding people from abuse. Staff spoken with were able to demonstrate their understanding and told us what action they would take if they thought someone was at risk. An examination of training records showed training had been undertaken by staff. The registered manager was aware that training needed to be planned for the newest members of the team. This training is important to ensure staff understand what constitutes abuse and their responsibilities in reporting and acting upon concerns so that people are protected.

We looked at four staff personnel files to check if robust systems were in place when recruiting new staff. The files contained a completed application form, copies of the person's identification, written references and a job description. We also saw checks were also carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. Information and checks had been received prior to new staff commencing employment ensuring their suitability for the position.

We looked at the staffing arrangements in place to support people living at Newhey Manor. We spoke with people who used the service, staff and visitors, looked at staffing rotas and observed the support offered throughout the day. We were told that the team was stable with some staff having worked at the home for many years. During the inspection we saw that in addition to the registered manager there was a senior member of staff and two care workers available throughout the day. They were supported by kitchen and domestic staff. Night cover also comprised of two care staff with additional 'on-call' support from the registered manager should further assistance be required. This was confirmed on the staff rotas we examined. From our observations there were sufficient numbers of staff available at the time of our inspection. Staff spoken with felt sufficient staff numbers were available and that the team helped each other when shifts needed covering. One staff member commented; "We tend to have a low turnover of staff and I think that's because of good teamwork."

During the inspection we spent time looking at the premises. We found the home to be clean, tidy and free from malodours. People and their visitors said the home was kept clean and tidy. Adding; "My room is cleaned every day" , "I like it here and it does seem clean in my room", "It seems lovely and clean here" and "Mum's bedroom is spotless."

We saw there were infection control procedures in place for staff to refer to along with training in infection prevention and control. We saw sufficient supplies of protective clothing, such as; disposable gloves and aprons were available. Staff were seen to wear them when carrying out personal care duties or assisting at meal time. Liquid soap and paper towels were available in bedrooms, bathrooms and toilets where personal care was provided. We also saw yellow 'tiger' bags were used for the management of clinical waste and red bags were used for soiled items sent to the laundry. Periodic checks were carried out to make sure hygiene standards were maintained. These included; the environment, kitchen area, PPE (personal protective equipment) and hand hygiene. This helped to ensure that good hygiene standards were maintained within the home.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed.

When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

During our last inspection we identified that the provider had not taken the necessary action to ensure people were not unlawfully deprived of their liberty. During this inspection we checked whether the service was working within the principles of the MCA. We found the registered manager had made applications for eight people, three of which had yet to be authorised or renewed by the supervisory body (local authority). Further applications were to be considered for those people who had more recently moved into the home.

Policies and procedures were in place with regards to MCA and DoLS. These were also available in an 'easy read' format and were included in the information pack available to people. Information showed that training in MCA and DoLS had also been provided for most staff. Staff said this had been an awareness course facilitated by the registered manager. Some of the staff we spoke with were able to demonstrate their understanding of the MCA and DoLS procedures. One staff member said they would like more training so they could further enhance their knowledge and understanding. The registered manager told us that further training opportunities would be sourced. This training is important and should help staff understand that where a person lacks the mental capacity and is deprived of their liberty, they will need special protection to make sure their rights are safeguarded.

We also looked at how people were involved and consulted with about their care and treatment. The home's 2016 survey results showed that 85% of people living at the home said they were 'in control of their life'. People we spoke with confirmed that staff sought their permission prior to assisting with care tasks. People told us, "The staff always ask for my consent before providing care", "I don't believe I've been asked about my support needs, but I don't feel there are any restrictions. I can make my own choices", "The staff always ask for my agreement before providing any care. I feel that I can discuss my care needs with them. The staff respect my choices and are very helpful", "The staff always ask my permission before providing care. We can make everyday choices", "The staff do ask for my consent before providing care. I suppose they don't know me very well because I've only been here for two weeks, but they are good with me" and "Staff always ask if it's all right to give any form of support or treatment and I am happy with my care." This demonstrated people were consulted and involved in decisions about their care and support.

A review of care records showed that people's 'mental capacity' was explored where decisions needed to be made on their behalf. On three of the files we looked at a capacity assessment had been completed. Whilst

these followed the principles of the MCA, the records did not clearly outline what decision needed to be made. We raised this with the registered manager who was able to explain the reason for the assessment. They said that this information would be added to the form.

We looked at how staff were supported to develop their knowledge and skills, particularly in relation to the specific needs of people living at Newhey Manor. We asked the registered manager about the training and support provided, spoke with staff and examined training records. We found, and staff confirmed, that opportunities for training, development and support were provided to help them carry out their role and responsibilities safely and effectively.

We saw new staff were supported to complete the Care Certificate induction programme. This also included the completion of relevant training. The Care Certificate, developed by Skills for Care and Skills for Health is a set of minimum standards that social care and health workers should apply to their daily working life and must be covered as part of the induction training of new care workers.

We also saw that a programme of on-going training was provided. The registered manager monitored the completion of training and made plans when refresher courses were required. Information showed that a range of topics were provided including; MCA and DoLS, safeguarding adults, fire safety, moving and handling, first aid and nutrition. The team had also completed training in 'dignity in care'. The registered manager and a deputy manager had completed a 'train the trainer' course 'dignity in care' and were able to facilitate this to the team. In addition eight staff had also been offered training in The Palliative Care Education Passport training. This training had been developed by the education staff at the local hospice to assist care homes in delivering quality end of life care.

Staff spoken with said they were provided with opportunities to develop their knowledge and skills. Staff told us that they discussed their work in the individual supervision meetings and occasional team meetings. Staff said they were able to request training if they felt it was necessary. Staff spoken with also told us; "We all get regular training and it is a very supportive atmosphere", "We always have it [training]" and "We tend to all work well together and the manager supports teamwork." Another staff member added; "Having the knowledge helps to provide more person centred care."

We saw that staff handovers were completed at each shift change. Records were completed to help ensure any changes in people's care and support needs were properly communicated to all members of the team and acted upon. Staff told us they were always kept informed and worked well as a team.

People's health care needs were appropriately met. People and their visitors told us that appointments would be made and supported by staff when needed. People's comments included; "They do call the GP whenever it's needed, for example, two weeks ago the GP was called because of increased pain. A higher level of painkillers was prescribed, which has helped" and "I can maintain my visits to hospital from here." Visitors also said, "Staff seemed to be trained and would call for the GP, if mum needed to be seen. They usually notify me of any changes" and "The staff let us know of any changes in my mother's health. The optician comes into the home to see her, which is quite useful."

Records confirmed what we were told. Information showed people had access to a range of external health care professionals, where necessary. These included their GP, dieticians, community nurses, diabetic retinopathy, podiatry and optician. This helped to ensure that people's changing needs were met promptly and effectively. The home's 2016 survey results showed that 92% of people living at the home felt they were supported to stay healthy.

We looked to see if people were provided with a choice of suitable and nutritious food to ensure their health care needs were met. We looked at the kitchen and spoke with the chef. We saw that refreshments were regularly offered throughout the day, with two meal choices provided at lunch and tea time.

During the inspection we observed the lunch time period. The food looked appetising and nutritious. Consideration had been given to portion sizes. Those people requiring additional support to eat their meal were supported by staff in a patient and unhurried manner. Staff were seen chatting with the person they were supporting, offering lots of encouragement.

We asked people their views about the quality and choice of meals provided. People commented; "The food is excellent", "I like the food here. We have a choice and it's nicely cooked", "The food is quite nice and at least I can chew it", "The food is good here. It's all very well prepared", "I think the food is of a very good quality. There's plenty of choice and there are always fresh vegetables" and "The food here is mostly home-cooked, which is very nice." However those people we spoke with who ate their meal in their rooms told us, "I would say that the food is adequate. It's not always hot when it reaches me though" and "I like my drinks of tea here, but the food is often cold when it gets to me."

Records showed that people's weight was monitored. Where people had been identified at nutritional risk additional support and advice had been requested from the dietician or Speech and Language Therapist. Kitchen staff understood about fortifying foods for people at risk of weight loss and were aware of those people who required a specific diet. Records showed that people were consulted with about their food 'likes' and 'dislikes' on admission. This information was then shared with the kitchen staff.

Newhey Manor is a purpose built home. Accommodation is provided over two floors and accessible by a passenger lift. There is a large communal lounge and dining room available and bedrooms were all single occupancy. We found all areas were adequately maintained and provided comfortable accommodation for the people who lived there. Whilst looking around the home we saw that some areas including the lounge area were cluttered with unused items. We discussed this with the registered manager who said that unwanted items would be removed. People living at the home said they were comfortable and liked the home. Their comments included; "I think the environment is pleasant enough and it's nice and warm in here" and "I like my room and spend most of my time in here. That for me is the main thing. I feel quite comfortable here."

Is the service caring?

Our findings

All the people we spoke with and their visitors were happy with the care and support offered at Newhey Manor. One person said, "I'm comfortable enough here and the staff are supportive." Another person who chose to spend their time in the own room said they did not feel isolated. Adding, "I don't leave my room much, so it's heartening to know that they [care staff] listen to me and also have some conversation." The home's 2016 survey results showed that 100% of people liked living at the home.

Visitors also spoke positively about the care and support their relatives received. They told us; "I don't think you'd find better staff than here in terms of kindness. I really think they care about the residents. You can see that in the way that they respond to everyone" and "The staff are kind and caring here and they're doing the very best for my mum. She is very happy here." One staff member told us, "I would be happy for members of my family to live here."

For those people not able to tell us about their experiences, we spent some time observing how they were spoken to and supported by care staff. We found staff interactions with people were pleasant and relaxed. Staff spoken with demonstrated a good understanding of people's individual needs and were seen to respond quickly to people's request for help.

The home had recently achieved the 'Daisy Mark Accreditation'. This is a scheme designed to promote dignity in care homes and grant the homes with Daisy Accreditation when they achieve a high level of good dignity practice. People told us that staff were respectful and ensured people's privacy and dignity and considered when offering support. People we spoke with said, "The staff respect my privacy and treat me with dignity. I feel that I am supported to be independent, because my choices are allowed", "The staff are kind and respectful", "They respect privacy and dignity by ensuring that we have choice and they always knock on the door before entering" and "Yes, the staff are kind and I think they treat everybody with respect. They respect our privacy too, which I think is important."

People were encouraged to maintain relationships with family and friends. Visitors said they were able to visit at any anytime and were always made welcome. One person told us they continued to see friends away from the home. Adding, "I do manage to get out with my friend. We go shopping in town, so I feel that I am fairly independent here."

We saw that people were assisted with their personal appearance. People were clean, tidy and appropriately dressed. We were told the service did not have a designated laundry person. One staff member told us, "None of us have specific responsibility for particular residents. We all tend to support the needs as they arise. This is the same with the laundry, which is done every day by whoever's responsible that day. All the residents' clothes are clearly marked." One of the people we spoke with told us, "I leave washing on that chair, it's collected in the evening and returned to me washed and ironed on the following morning."

We were able to look at some bedrooms during our inspection. Rooms seen were homely and comfortable. We saw that people had personalised their rooms with belongings from home. There were a small number

of people who wished to spend their time in the privacy of their own room, this was respected.

We saw people's care records were stored securely in the main office, which was kept locked when not occupied. Monitoring records and diary notes were kept next to the staff room and were easily accessible when needed. A staff handover was carried out at each shift change, providing an update for care staff on any changes in people's needs.

At the time of the inspection we were told that there was no one receiving end of life care. The registered manager told us that training was being provided for some staff in end of life care, The Palliative Care Education Passport. This training enables staff to recognise and meet the physical, emotional and spiritual needs of the dying person and their family.

Is the service responsive?

Our findings

During this inspection we looked at what opportunities were made available to people to help promote the well-being and involvement of people living at Newhey Manor. We were told the service did not employ a designated activity worker. Opportunities were provided by the staff team as well as outside entertainers. Staff told us; "There is no activities coordinator, but we all take a turn in doing different activities with the residents."

We were told the home also maintained close relationships with the local community. Children from a local nursery visited throughout the year taking part in activities and events were planned such as parties and an Easter bonnet parade. A hairdresser also visited each Thursday as well as Active Minds who provide entertainment and exercises. We were also told that the registered manager also purchased newspapers and magazines for people to read.

We asked people how they spent their time. Some people told us they preferred not join in any of the activities choosing to spend time quietly, reading or watching television. People told us, "I like to sing. There was a good singer here last night", "I like some of the activities, for example, the quizzes. I tend to read or watch TV in my room", "I love to read in my room. I always have a book with me. My friend brings books in for me and there are some that we can choose from the bookcase here in the home. I also like to play bingo, which they sometimes do in the evenings." Visitors also commented, "There was a comedian here last night. He got the residents singing and dancing as well. Apparently he comes in once a week."

We asked if people's religious beliefs were considered and respected. Staff spoken with commented; "We try to cater for people's faith needs, for example we have a Methodist minister who comes in every second Tuesday of the month and a Catholic priest who comes on Saturdays." One of the people we spoke with also told us the Father from the church they were a member of visited them regularly. This enables people to observe their religion should they wish too.

We asked the registered manager to tell us about the assessment process when people were referred to the service. We were told they would complete an assessment of the persons care and support needs. The registered manager would liaise with the person, where possible, their family and hospital or care home where the person was moving from. Relevant information was gathered along with any local authority social care assessments detailing people's health history and any areas of potential risk. This information enabled the service to make a decision about the suitability of the placement. We were also told that people, where able, would also be encouraged to visit the home to look around and have the opportunity to meet other people and staff.

During the inspection we spoke with the family of one person who had recently moved into the home. They confirmed what we were told and that the registered manager had met with them and their relative on three occasions prior to a move into the home being arranged. Other visitors told us; "When my relative came in, I was asked about his care needs and about his likes and dislikes" and "The staff seem very responsive here. When my mum came in, I was asked about her particular care needs."

We looked at the records for three people to see if their needs, wishes and preferences were taken into consideration when planning their care. We found the care records contained sufficient information about people's care and support needs including potential risks. Life story books were also completed to help the care staff understand people's routines, likes/dislikes as well as things that were important to them such as, family and religion needs.

We saw records had been reviewed on a monthly basis to ensure information reflected people's current and changing needs. The registered manager also told us that they met annually with people and their relatives to review the care and support provided. This was confirmed on the records we looked at. Results from the home's 2016 survey results showed that 92% of people living at the home said they would know who to speak with if they wanted to make changes to their care and 85% said staff listen to them.

We looked at how the provider responded to people's complaints or concerns. We saw a complaints procedure was available for people and their visitors to refer to. This was provided in the information pack people received about the service on admission and which were kept in people's bedrooms. All the people we spoke with said they felt able, if needed, to speak with the registered manager or staff if they were unsure about anything. One person told us, "I can approach the manager here and he is very easy to talk to. He also sorts things out quickly and listens to what you say." Other comments included; "If I wasn't happy about something here, I would speak to the manager, who is very nice", "If there were any issue about my care, I would speak to [registered manager]", "If I needed to make any comments about my care, I would speak to the manager" and "If I needed to express my views, I would speak to the manager. I'm not aware of how to make a formal complaint here, but speaking to the manager seems to sort any issues out."

The registered manager had a 'complaints and compliments file'. We saw that no issues or concerns had been raised about the service since the last inspection. Displayed in the home were a number of cards complimenting the registered manager and staff on the care and support they had provided to people's relatives.

Is the service well-led?

Our findings

The registered provider is also the manager of Newhey Manor. They were registered with the Care Quality Commission (CQC) and were supported by two deputy managers, two team leaders, care and ancillary staff.

We asked people their views about the management and quality of service provided. People told us; "The manager has the right attitude to providing care for people. He seems a genuine person and is very approachable", "I feel that I can talk to the manager, who is kind and approachable" and "It's definitely well led here. The manager is so friendly and I think the staff know me quite well." Other comments were received from people's visitors. They told us, "The staff seem to be doing the best they can and I feel that I can take any problem to the manager" and "The manager listens. I have spoken to him every day."

We also asked staff their views about the management of the service. Staff we spoke with were happy working at Newhey Manor and felt supported by both the team and registered manager. One staff member told us, "I think it's a good team and everyone tends to pull their weight, including [registered manager], who leads by example." Other staff commented, "I feel part of the team and can approach the manager with any issues", "[Registered manager] is approachable and fair" and "The staff here are very good and we do not have rapid turnovers of staff as many care homes seem to have. This helps to develop a positive and caring culture. I enjoy my work here and look forward to each day."

We looked at how the registered manager monitored and reviewed the service so that improvements were made, where needed. We saw that periodic checks were completed to the environment, medication, health and safety and infection control. The registered manager also monitored maintenance required to the environment, completed annual care reviews and took responsibility for the recruitment and training needs of staff. However monitoring checks were not sufficiently robust identifying where improvements were needed and did not explore all areas of the service so that people were kept safe.

We saw that policies and procedures were in place to direct staff in areas of their work. These included safeguarding, whistleblowing, MCA and DoLS, recruitment and infection control. On review of the policy manuals we found that documents were duplicated and included old out of date information and legislation. We raised this with the registered manager who acknowledged this information needed to be reviewed.

Systems to effectively monitor, review and improve the quality of service needed improving to help ensure people were protected from the risks of unsafe or inappropriate care and support. This was a breach of Regulation 17(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Opportunities were also provided for people and their visitors to share their views about the quality of the service provided. Feedback surveys were distributed on an annual basis. The registered manager provided us with the results from the last survey completed in 2016. Information showed that people felt staff understood their needs and how they wished to be supported, that they were involved in making decisions

about their care and support and staff listened and acted on what they had to say. The registered manager also told us that whilst resident and relative meetings were not routinely held they did meet with people and their visitors on an individual basis to review the care plan and discuss the care provided. Records reviewed confirmed what we had been told.

We saw that staff were also able to share their views and ideas at any time. One staff member told us, "We are all able to make suggestions that can improve our day-to-day work." Periodic staff meetings were held and annual staff surveys were completed enabling staff to share their experiences. Records showed that 100% of staff said, 'I am clear what is expected of me at work', 'I receive training and personal development in areas I need to do my job' and 'I know what our team's purpose is and what we are trying to achieve'.

We saw that information about the service was available to people in their rooms. This included information about what people could expect whilst living at Newhey Manor.

Before the inspection we spoke with a social worker from the Local Authority Commissioning team and Health Watch to seek their views about the service. We were not made aware of any serious concerns about the service provided.

We also reviewed our records and saw that events such as accidents or incidents, which CQC should be made aware of, had been notified to us.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Without clear and accurate records people's health and welfare may be at risk. We found this was a breach of Regulation 12 (2) (a)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems to effectively monitor, review and improve the quality of service needed improving to help ensure people were protected from the risks of unsafe or inappropriate care and support. This was a breach of Regulation 17(2)(a)</p> <p>Effective systems need to be maintained to ensure people's comfort and safety so they are not placed at risk of harm or injury. This was a breach of Regulation 17(2)(b)</p>