

East And West Healthcare Limited

Braeside Care Home

Inspection report

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Smallbridge
Rochdale
Lancashire
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Tel: 01706526080

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30 January 2018

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 30 January 2018 and was unannounced. The last inspection was carried out in April 2015 when the service was rated as Good. At this inspection we found breaches of Regulation 9, 12 and 14 of The Health and Social Care Act (Regulated Activities) Regulations 2014 in relation to lack of measures to ensure good nutrition, poor recording of food and fluid intake, lack of staff engagement with people who used the service and unsafe use/storage of oxygen.

Braeside Care Home is a privately owned residential care home located in the Smallbridge area of Rochdale. Braeside Care 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.

The care home accommodates 36 people in one adapted building, over two floors. The lower floor accommodates people with nursing or residential needs and the upper floor specialises in providing care to people living with dementia. At the time of the inspection there were 34 people living at the home, there was one vacancy and one person was in hospital.

There was a registered manager in place who had managed the service for a number of years. 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.

There was an appropriate safeguarding policy and procedure in place, staff had undertaken safeguarding training and demonstrated a good understanding of the issues and how to report any concerns.

Staff recruitment was robust at the home and staffing levels were good on the day of the inspection. The medicines systems were safe.

The home was clean in most areas and there were no malodours. However, some areas required attention to ensure they were safe. Health and safety certificates were in place and general and individual risk assessments had been completed, though some of the individual risk assessments had not been not regularly updated.

The service was working within the legal requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Care files included a range of information relating to health and well-being. However, some specific care plans and monitoring charts had not been completed.

There was a good induction for new staff and training was on-going. However, a number of refresher training courses had been completed in one day, which undermined the quality of the training.

People told us the food was good and there were choices available. The mealtime experience could have been improved with better interaction with staff. The environment could have been better equipped for people living with dementia.

People we spoke with had mixed views about the care provided at the home. We saw that visitors were made welcome, but staff interaction with people who used the service was poor at times.

There were up to date policies on privacy and confidentiality, equality and diversity, fair access, diversity and inclusion. Residents' and relatives' meetings were held regularly so that people's views could be taken on board.

Information within the care files was person-centred and included people's preferences and background information. There were some activities on offer, but some people were left with no meaningful occupation through the day.

There was an end of life policy and procedure and staff had received training in end of life care.

There was an up to date complaints procedure and this was outlined in the service user guide and displayed in the reception area of the home.

People we spoke with said the registered manager was approachable. We saw evidence of staff supervisions, but the recording of these was extremely brief. Staff meetings took place on a regular basis.

The service worked in partnership with other agencies and were involved with some pilot schemes and initiatives.

There was a family satisfaction survey carried out on a regular basis to gain people's views. Audits were in place but did not always include actions and follow up. Recording across the board was inconsistent.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

There was an appropriate safeguarding policy in place, staff had undertaken safeguarding training and demonstrated a good understanding of the issues and how to report any concerns.

Staff recruitment was robust at the home and staffing levels were good on the day of the inspection. The medicines systems were safe, but an oxygen cylinder was not stored safely at the home.

The home was clean in most areas and there were no malodours. General and individual risk assessments had been completed, though some of the individual risk assessments had not been not regularly updated.

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Is the service effective?

The service was not always effective.

The service was working within the legal requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Care files included a range of information relating to health and well-being. However, some specific care plans and monitoring charts had not been completed.

There was a good induction for new staff and training was on-going. However, a number of refresher training courses had been completed in one day, which undermined the quality of the training.

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Is the service caring?

The service was not always caring.

People we spoke with had mixed views about the care provided at the home. We saw that visitors were made welcome, but staff interaction with people who used the service was poor at times.

There were up to date policies on privacy and confidentiality,

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equality and diversity, fair access, diversity and inclusion. Residents' and relatives' meetings were held regularly so that people's views could be taken on board.

Is the service responsive?

The service was not always responsive.

Information within the care files was person-centred and included people's preferences and background information. There were some activities on offer, but some people were left with no meaningful occupation throughout the day.

There was an end of life policy and procedure and staff had received training in end of life care.

There was an up to date complaints procedure and this was outlined in the service user guide and displayed in the reception area of the home.

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Is the service well-led?

The service was not always well-led.

People we spoke with said the registered manager was approachable. We saw evidence of staff supervisions, but the recording of these was extremely brief. Staff meetings took place on a regular basis.

The service worked in partnership with other agencies and were involved with some pilot schemes and initiatives.

There was a family satisfaction survey carried out on a regular basis to gain people's views. Audits were in place but did not always include actions and follow up. Recording across the board was inconsistent.

Requires Improvement ●

Braeside Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 30 January 2018 and was unannounced. The inspection was carried out by two adult social care inspectors from the Care Quality Commission (CQC).

Prior to the inspection we looked at information we had about the service in the form of notifications, safeguarding concerns and whistle blowing information. We also received a provider information return (PIR) from the provider. This form asks the provider to give us some key information about what the service does well and any improvements they plan to make. We also contacted the Local Authority safeguarding team and the local commissioning team and the local Healthwatch. Healthwatch England is the national consumer champion in health and care. This was to gain their views on the service. We received no negative comments about the service.

During the inspection we spoke with the operational manager, the registered manager, the deputy manager, a senior carer, three members of care staff, the cook and kitchen assistant. We also spoke with four people who used the service and four relatives. 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 or give us their views.

We looked at four care files, three staff personnel files, training records, staff supervision records, meeting minutes and audits.

Is the service safe?

Our findings

On arrival at the home the deputy manager was in charge until the registered manager arrived. When asked how many people were resident at the home, she was unsure of the exact number. In the event of an emergency this could have meant people were put in danger.

There was information in the reception area of the home, including the statement of purpose and service user guide, staffing structure, complaints procedure and facilities available at the home. The home's last report and rating were also displayed.

There was an appropriate, up to date safeguarding policy and procedure in place with flow charts for staff to follow easily. Details of safeguarding concerns and minutes of meetings were filed, but there was no overview to help facilitate monitoring, analysis and lessons learned with regard to safeguarding. Staff had undertaken safeguarding training and demonstrated a good understanding of the issues and how to report any concerns.

Staff recruitment was robust at the home. All the necessary information was included in the four staff files we looked at. This comprised of an application form, two written references, proof of identity, terms and conditions of employment, health questionnaire and Disclosure and Barring Service (DBS) checks. DBS checks help ensure staff are suitable to work with vulnerable people.

Staffing levels were good on the day of the inspection. One member of staff told us, "We have got some good staff but some staff are off sick a lot". There was one nurse and a deputy manager, one senior carer, five care assistants, a cook, a kitchen assistant and domestic staff. On nights there was a nurse and three carers. The home occasionally used agency staff when they needed to cover a shift that could not be covered by their own staff team. Any agency nurse came with a pen profile, DBS check and professional registration (PIN) check. We discussed with the registered manager the need to ensure agency staff had a health and safety and fire safety induction before their shift to ensure their safety and the safety of people who used the service in the event of an emergency.

The home had an appropriate infection control and prevention policy in place and we saw that staff wore personal protective equipment (PPE), such as plastic gloves and aprons, when undertaking personal care tasks. There were no malodours detected anywhere in the home and one relative said, "The home smells nice when you walk in, looks nice and clean". Another visitor said, "I'm impressed about there being no odour, however, under [relative's] bed is not always clean."

We looked around the premises and saw that it was clean and tidy in most areas. However, the kitchen was in need of some attention, for example, the pipes under the sink required boxing in and a square box on the ceiling, which we were unsure of the function of, was coming off and required attention. There was a mop and bucket in the main kitchen area and one dispenser did not have any paper towels. We looked at the hairdressing room, which we saw was in need of a deep clean and there were coats and other clutter in the room. The bedrooms were clean and tidy, but we saw an oxygen cylinder free standing in one person's

room. This was too big for the cylinder holder and potentially dangerous if it was to fall over on someone's leg or foot.

The lack of safety regarding the oxygen cylinder constituted a breach of regulation 12 (2) (e) of The Health and Social Care Act (Regulated Activities) Regulations 2014.

The home had personal emergency evacuation procedures (PEEPS) in place. However these were of poor quality, not regularly updated, some handwritten on scraps of paper, and did not contain enough information to be effective in an emergency situation. We asked where the plan of the building was, but the registered manager and operational manager were unable to tell us. The inspector located the plan but it only highlighted zones not where each room was. We discussed the need to have an accessible, comprehensive floor plan and to improve the quality of the PEEPS, with the registered manager, who agreed to address this.

We looked at health and safety records. Certificates were up to date for electrical testing, gas safety and portable appliance testing (PAT). There had been a thorough examination of the passenger lift and moving and handling equipment had been tested and maintained to an acceptable standard. There was a fire risk assessment in place and fire alarms were tested weekly and the records were up to date. Monthly tests of the emergency lighting had not been completed since October 2017.

There were up to date records of checks on room temperatures and room call systems. Window restrictors were in place to help keep people safe and secure. Checks of water temperatures were up to date and we saw records relating to the cleaning of shower heads, showers and baths. We asked to see the legionella testing certificate, but this was not produced at or following the inspection.

There were appropriate general and individual risk assessments in place. However, some of the monthly evaluations of individual risk assessments were not up to date. Accidents and incidents were recorded and monitored for each person. However, there was no overview which would have provided a way of analysing accidents for patterns and trends to help drive improvement to service delivery.

There were systems in place for ordering, storage, administration and disposal of medicines. Medicine administration record (MAR) sheets all included a photograph of the individual for easy identification. Some issues needed to be addressed by the service, such as ensuring the times when medicines given 'as and when' required (PRN) were recorded. This would help ensure people's pain levels were kept under control and minimise the risk of overdose. We saw that several people were prescribed 'thickeners'. Thickeners are added to drinks, and sometimes food, for people who have difficulty swallowing and may help prevent people from choking. The service was recording on the MAR sheets that these had been given in drinks four times daily. However, drinks given in between by care staff were not recorded. We discussed, with the nurse on duty, the importance of recording every drink and ensuring that the records showed that the correct consistency was given on each occasion.

One person had their medicines given covertly, that is given in food or drink. There was a letter from the person's GP stating that the medicines could be crushed and put into food, but there was no clear record of a best interest decision making process leading to the administering of covert medicines. The registered manager agreed to implement this immediately. The medicines fridge was clean and tidy and temperatures had been recorded on a daily basis to ensure they were within the manufacturers' recommended levels. However, there was one omission, where the temperature had not been recorded, which we pointed out. There were bi monthly medication audits done by the home, we saw no actions recorded on these.

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).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff had been given training in MCA and DoLS and those we spoke with demonstrated a good understanding of the principles of MCA. They were aware of who was subject to a DoLS and what this meant in practical terms.

The care files included clear information on people's levels of capacity and ability with regard to day to day decision making, for example, people were offered a key to their rooms, and it was recorded clearly if they were unable to manage this. Consent to issues such as sharing information with other professionals, having bed rails in place and the use of photographs had been signed either by the person who used the service or their representative. Where they were unable to consent themselves, this was clearly recorded. DoLS authorisations were kept within the files and there was clear information as to the date the review and renewal of the DoLS was due.

Care files we looked at included a range of information relating to health and well-being, including an assessment of individual needs. The assessments were comprehensive and included sections on safety and environment, communication, sight and hearing, breathing, hygiene and health care, elimination and continence, mobility, foot care and falls, eating, drinking and weight, sleep, pain and personal preferences. There were care plans to address people's general needs. However, we saw that one person had a percutaneous endoscopic gastrostomy (PEG) feeding system in place. This is a way for a person to receive food through a tube in their stomach when they are unable to eat their food orally. There was no working care plan in situ for cleaning, flushing and caring for the PEG site. There was a printed sheet on having a PEG in place which had not been updated since 3 March 2015. Nothing was recorded in the daily records about the PEG feed and there was no guidance for staff. Similarly there was no care plan or guidance for staff about how to deal with a pressure wound.

Where required there was information about people's special diets, any nutritional or weight issues. We saw that consideration had been given to the needs of people living with dementia, who may require food that was easier or more appropriate for them, such as finger foods. Weight charts were completed and food and fluid charts were produced for people whose nutritional fluid intake needed monitoring. However, some food and fluid charts we looked at contained gaps where the information had not been completed. Similarly

some people needed regular positional changes to help minimise the risk of pressure areas developing. Some of these charts were also incomplete. This could seriously compromise people's health and well-being.

The lack of specific care plans and completed food and fluid charts constituted a breach of Regulation 9 (1) (b) of The Health and Social Care Act (Regulated Activities) Regulations 2014.

There were risk assessments for issues such as mobility, falls and nutrition. There were transfer forms within the files, with information to be sent with people should they be admitted to hospital. This information would help to ensure they received the care they needed. We saw that people were referred to other agencies, such as speech and language therapy (SALT) teams should the need arise. The home had recently signed up to a pilot entitled 'The dental Buddy Scheme', provided by the Clinical Commissioning Group (CCG). This pilot was to help ensure that people in the home received appropriate dental care and it was hoped to roll the scheme out across the borough if it proved to be successful. We saw that people who used the service had had access to opticians and chiropody services regularly.

Staff we spoke with told us they had undertaken a good induction on commencement of their employment and they were required to complete the Care Certificate. The certificate is a set of standards that health and social care workers are expected to adhere to in their daily working life and includes all mandatory training.

Staff we spoke with felt training was good. We saw certificates for refresher training for mandatory subjects and saw that staff had completed up to seven subjects in the course of one day, for example first aid, safeguarding, moving and handling, infection control, nutrition, fire safety and health and safety, Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS). We questioned the quality of the training and whether all the aspects of each subject could be learned in such a short space of time. The operational manager agreed that it would be difficult to take in all the information required, even on refresher training, for seven subjects in one day.

We recommend the service look at the quality of the refresher training to help ensure staff have the skills and knowledge required to undertake their roles effectively.

Staff supervision sessions had taken place on a regular basis, but notes of these were extremely brief. Staff we spoke with told us supervisions were helpful and supportive. We discussed the value of keeping more comprehensive records of supervisions for future reflection.

We saw that the service produced some of their information in alternative formats, for example easy read the information on MCA was produced in easy read. The service user guide could be produced in a number of ways, such as large print or alternative languages. This helped make the information accessible to more people.

The home had received a four star food hygiene rating, which was good. People we spoke with told us the food was good. One relative said, "If [relative] won't eat a hot meal they give an alternative. The food smells nice and looks alright". Another visitor told us, "The food is excellent and they always offer a meal to visitors". A third commented, "The food looks good and smell good, the menu board has been completed today". A person who used the service told us, "The food here is absolutely outstanding. They give us a choice about one to two hours before the meal. You can have a cooked breakfast on Sundays". Another said, "There is enough food and drink".

We spoke with the cook, who confirmed there was plenty of fresh food and dried supplies. We saw the

kitchen was well stocked. We looked at menus, which were on a four weekly cycle and offered two choices for each meal. Alternatives to these were offered if neither choice was suitable. From the records we saw that breakfast for most people every day was Weetabix. There was a lack of recording of anything else, for example toast and/or preserves. We saw that there were a lot of chips and beans and, at times, the two main choices were very similar, for example, two meat dishes or two pastry dishes. We discussed with the registered manager, the need to re-look at the menus to ensure choices were appropriate.

We observed the lunchtime meal on both floors via a short observational framework for inspections (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. People living with dementia were accommodated on the first floor, the tables were set without condiments and there were no menus or pictorial representations on the tables so that people would know what they were eating. Brightly coloured melamine plates and cups were used and people were offered clothes protectors. We saw that people were able to come to the dining room or sit in the lounge or in their rooms if they wished to and staff assisted those who required it in a patient and kind manner. Staff clearly explained what the food was and the alternatives on offer and people were given time to make their choices. Hot and cold drinks were offered and topped up when required. Staff were patient and kind when offering assistance and showed an understanding of their needs with regard to food and drink.

On the ground floor there were three tables with no condiments. Staff sat three people on three different tables and there was no social interaction. One lady was looking tired, staff placed her meal in front of her, but no one offered any assistance. The meal was taken away untouched after five minutes and a pudding was put down in front of the same person. Staff were seen having their lunch together, separately from people who used the service, leaving those people bored and asleep for most of the time.

The lack of proactive measures to ensure people received good nutrition constituted a breach of regulation 14 (1) of The Health and Social Care Act (Regulated Activities) Regulations 2014.

We looked around the home and saw the lounges on both floors had date, day and time clocks to help people with orientation. On the first floor where people were living with dementia the lighting was poor and there was poor signage around the unit. There were few aids and adaptations in the bathrooms.

We saw that people had their own slings, as required, for the hoist. On the ground floor we saw that one person was sat with their hoist sling, which was creased, behind their back all day. This, whilst not a safety issue, looked uncomfortable and we discussed it with the registered manager. She could not provide an explanation for why they had the sling behind them all the time.

We observed that there was no outside space for people to move freely with purpose. There was a small palisade area at front of home but for most people staff would need to accompany them.

Is the service caring?

Our findings

We spoke with people who used the service and some were complimentary about the care they received whilst others had some negative comments to make about the attitude of staff. Comments included, "We are very lucky. It's very good here. The staff are generally pretty good, some are exceptional and you can feel the care coming from them". "Nice and friendly. I feel lovely in here". One person who used the service was asked by staff to complete a satisfaction survey. They gave some negative comments, for example, "Some carers are rough and them taking you to the toilet is a nightmare. I feel I have no control over my daily life." The service followed the correct procedures on being told about this by referring to safeguarding for investigation.

Throughout the day there were a large number of visitors to the service. We saw that they were made welcome by staff. A relative told us "[Relative] is always clean, with nice clothes and her hair is always brushed. They do her nails, which was a big issue for us and they manage to keep on top of it. Visitors are always made welcome. Staff know each resident and are confident in what they are doing". Another relative said, "Staff are really friendly and very caring. Generally [relative] has come on leaps and bounds. She has now started to get around with a zimmer and the service has helped with her memory. I can now take her out, which I couldn't do before. I have nothing but praise".

We observed the ground floor lounge and dining area for most of the day. There were three people in the lounge area, but we saw no staff interaction throughout the morning, although staff were constantly walking past people sitting there, to get to the kitchen. Drinks were placed in front of people during the day, without any conversation from staff, and some people did not move from 09.15 am until lunch time. One person was taken to the toilet as they were able to request this, but none of the other people were asked if they needed the toilet. We observed one of the staff leaning against the lounge wall for over ten minutes. They looked uninterested and did not engage at all with people who used the service. There was no stimulation in the downstairs lounge until the activity coordinator came downstairs after lunch. Staff were seen sitting in the dining room doing paperwork and having drinks. The TV was on all day with subtitles; no one was showing any interest in what was on. Two people had visitors and one had a visitor who took their relative out for lunch.

On first floor, where people were living with dementia, the lounge was dull and people were sitting around with empty laps and no stimulation. One staff member was sitting with someone, looking at a cookery book, but others had nothing to occupy them.

The lack of staff engagement with people who used the service was a breach of regulation 9 (1) (b) of The Health and Social Care Act (Regulated Activities) Regulations 2014.

There were up to date policies on privacy and confidentiality. Staff were aware of the importance of confidentiality and keeping records secure. People's privacy and dignity was respected and we saw that, when people were moved via a hoist, this was carried out with consideration to dignity. People were able to have a key to their own room, if they had capacity for this, so that they could have privacy when they wanted

to. One person liked to go back to their room every day, but told us they sometimes had to wait for a long time for a member of staff to take them there.

There was a service user guide which included information about the service, staff, complaints procedure and contact details. There was also a statement of purpose which set out the aims and values of the service. There were policies and procedures around equality and diversity, fair access, diversity and inclusion.

We saw that residents' and relatives' meetings were held regularly so that people's views could be taken on board. Minutes of these meetings were sent to relatives who were unable to attend the meetings. There was also a suggestions/comments box in the foyer to the home, where people could post any comments they may have. There was a policy around independent advocacy and staff were able to seek independent advocates for people who used the service when they required someone to speak for them.

Is the service responsive?

Our findings

Information within the care files was person-centred and included people's preferences for issues such as getting up, going to bed, food likes and dislikes, whether a bath or shower was preferred, and if the person liked an afternoon rest. There was background information about people's past interests and jobs, things that upset or made people happy, what could make them feel better and information around their most effective method of communication. People's religious beliefs and spiritual needs were also noted. Representatives of different religions visited people at the home to help fulfil these requirements.

Reviews of most care plans and risk assessments had been undertaken regularly. However, some documents showed that monthly updates had not been recorded as required. In discussion with the registered manager she felt some information was not recorded on the correct paperwork and did not require monthly updates. We discussed the need to provide clarity as to what needed to be regularly updated and what was just for information.

There was an activities coordinator at the service, who worked five days per week. A relative told us staff did manicures for people; there was someone who came in to do gentle exercises and regular entertainers. The registered manager told us there was a new activities person who had been employed to work in the afternoons on the first floor, with the people living with dementia.

Although there were some activities taking place, such as the activities coordinator doing a jigsaw with someone and reading a newspaper with another person we saw little meaningful engagement with some people throughout the morning on the ground floor. Staff members passed them in the lounge on many occasions without making any conversation, asking if they were alright or engaging in some occupation. Staff were not too busy to have used a few minutes to do this.

There was an end of life policy and procedure. People's wishes for how they wanted to be cared for when they were nearing the end of their life were recorded, if they had expressed these wishes. The registered manager told us that they endeavoured to keep people at the home, if this was their wish, at the end of their lives and relatives would be welcome to stay with them if they wanted to.

Staff had received training in end of life care from the local hospice. This training was entitled 'Passport', and covered all aspects of end of life management, including nutrition and hydration and bereavement support. We saw that 95% of staff had completed this course.

Two staff completing the Passport training had received a 'Shining Star' award and one staff completing the Passport training had received an award for the best completed portfolio. The care home had received an award from the hospice for the large number of staff who had completed the Passport course.

There was an up to date complaints procedure and this was outlined in the service user guide and displayed in the reception area of the home. We looked at the complaints file, which included responses to complaints received. We spoke with the registered manager about ensuring that responses were appropriate. We also

discussed the need to have an overview of complaints received to facilitate monitoring and analysis and drive improvement to service delivery.

People we spoke with were aware of how to make a complaint. One person we spoke with told us, "We have nothing at all to grumble at".

The service had received a compliment from the Continuing Health Care service, which read, "Care plans clear and concise and up to date. Had enquiries regarding Braeside as families have had good reports".

Compliments from families included; "Thanks to staff for friendship and for the care given at Braeside during [relative's] stay"; "Thank you for the wonderful care you gave [relative]"; "We would like to say a very heartfelt thank you for all the love, care and support you gave [relative] and also all the family. We were always welcomed into the care home and it will now be sadly missed".

Is the service well-led?

Our findings

There was a registered manager in place at the home. She was an experienced manager and had been registered for 12 years. There was also a deputy manager and senior care staff to support the registered manager. Directors of the provider company attended regularly to offer their support to the registered manager.

People we spoke with said the registered manager was approachable. We spoke with a senior staff member and four care staff about support. One staff member said, "Good support from the management, very supportive and understanding".

We saw evidence of staff supervisions, but the recording of these was extremely brief. Staff meetings took place on a regular basis and provided an opportunity for staff to voice concerns and make suggestions and for information to be disseminated.

The service worked in partnership with other agencies and were involved with some pilot schemes and initiatives. For example they were involved with the local Clinical Commissioning Group in the pilot scheme around dental care. There was also an initiative around reducing inappropriate admissions to hospital, which the service was working on in partnership with the CCG and Rochdale local authority. The service attended tissue viability and infection control link meetings, care home and nursing meetings and Caring Together Network For Care Providers. This demonstrated a commitment to working in partnership to help improve joint working.

A dedicated nurse from the service attended the tissue viability and infection control meetings which were held bi monthly. This was to ensure the service remained up to date with good practice and any new or updated information could be disseminated to all staff. The registered manager linked in to the local safeguarding forum which met on a six weekly basis and provided a good resource for ensuring good practice was maintained. The registered manager was involved in a task and finish group with the safeguarding nurse, looking at homely remedies. Both the registered manager and the deputy had recently undertaken and completed Level 5 Diploma in Leadership in Health and Social Care.

There was a family satisfaction survey carried out on a regular basis looking at care, staff and management attitude, menu, laundry, activities, privacy and dignity and call bell answering. We saw the results of the most recent one, which were mainly positive about the service delivered, but cited some issues. Comments included; "Overall we are pleased with [relative's] care. There are just a few minor issues, hence the 'good' as opposed to 'very good'"; "Very good food but portion sizes not always sufficient for those with a good appetite". There was a comment about used cups being left around for some time, which resulted in some people living with dementia picking these up and drinking the dregs. There was also a suggestion that a 'proper' supper be offered, rather than biscuits.

There were audits in place for staff files, safeguarding and MCA, equipment, such as commodes and mattresses, catering, maintenance and medicines. However, the records were not always complete and

there was little information about whether issues had been followed up with actions in a timely manner.

Recording across the board was inconsistent and needed to be completed in a more comprehensive and clear way. This would help to ensure there was evidence of the service addressing any issues or shortfalls with appropriate actions.

This service cannot be judged as good in the well-led domain because we have identified breaches of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Where a breach has been identified in a domain the well-led section cannot be rated as good.

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Diagnostic and screening procedures	The care and treatment of service users did not meet their needs as food and fluid charts were not completed.
Treatment of disease, disorder or injury	The service were failing to ensure care and treatment met people's needs in terms of staff engagement.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
	The service were failing to ensure that the equipment used by the service provider for providing care or treatment to a service user was safe for such use and used in a safe way.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs
	The service were failing to ensure the nutritional and hydration needs of service users were met.