

Coulson & Collins Care Home Ltd

Abafields Residential Home

Inspection report

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Bolton
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Tel: 01204399414

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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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 9 August 2018 and was unannounced. The last inspection took place on 7 April 2016 when the home was rated Good. At this inspection we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Abafields is a privately owned residential '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.

Abafields Care Home is situated close to Bolton town centre. There is parking to the front of the building for visitors.

The care home accommodates 35 people in one adapted building, over two floors. Bedrooms and bathrooms were located on the ground and first floor. The dining room and lounge areas were situated on the ground floor. On the day of the inspection there were 31 people living at the home.

The home had a registered manager in place who had been at the home since January 2018. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was also the nominated individual.

The service used Bolton local authority safeguarding procedures to report any safeguarding concerns. Staff had been trained in safeguarding topics and were aware of their roles and responsibilities.

There were a number of policies and procedures in place. We discussed with the registered manager that the policies needed to be reviewed, updated and made specific to the service.

Staff recruitment was satisfactory. However, there was a lack of information about a new member of staff, including no Disclosure and Barring Service (DBS) check. We were told by the registered manager that the DBS had now been applied for.

We looked at the staffing rotas which showed staffing levels were consistent. However, the general manager was not included on the rotas, On the day of the inspection there were sufficient numbers of staff on duty including a number of volunteers.

The ordering of medicine was not consistently safe as an individual had been left without their medicine for a period of three days. Training records showed that staff had been trained in administration of medicines.

Staff had received training in infection control. However, the last inspection from the Community Infection

and Prevention Control team in July 2018 indicated a drop in standards. In one room we noted there was a malodour. We discussed this with the registered manager for actions to be taken to address this.

The environment both inside and outside required attention. The first floor required some refurbishment. We found some safety issues in a number of bedrooms where wardrobes were not secured to the walls. The outside garden areas were unkempt and required attention. The home did not have a maintenance person to keep on top of jobs that staff cannot deal with.

Electrical and gas supplies were serviced regularly. Each person had a personal emergency evacuation plan (PEEP). A PEEP informs the fire service what room people live in and what assistance they require to evacuate them safely from the building. The home's fire risk assessment was out of date and needed to be reviewed.

People were offered a well-balanced and nutritional diet with a wide range of choices available.

Staff had been trained in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of her responsibilities of how to apply for any best interest decisions under the Mental Capacity Act 2005 and followed the correct procedures.

New staff received induction training to provide them with the skills to care for people. Staff supervision and appraisals were ongoing. Supervision sessions offer staff the opportunity to discuss their work and ask for any further training and development.

We observed good interactions between staff and people who used the service. People told us the staff were kind and caring.

There was a service user guide given to people and their families. However, this required updating.

The roles of the registered manager and the general manager were not clear. This needs to be clearly defined in the job descriptions provided.

We found the support offered by the provider was instructive rather than supportive. There were no systems in place for the provider to monitor and have oversight on the day to day running of the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

People told us they had no concerns about their safety. Staff had received training in safeguarding adults.

In the main, staff had been safely recruited and there were enough staff to meet people's needs.

The ordering of medicines was not consistently safe

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

People were happy with the choices and quality of the meals and snacks available. The food and fluid charts required more detailed recording so staff were clear on what food and fluid people had consumed.

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

Attention was required to the first floor and the outside areas of the home.

Is the service caring?

Good ●

The service was caring.

People told us the staff were kind, supportive and helpful. People's privacy and dignity was maintained.

People spoken with told us they were well cared for and happy living at the home.

Residents' and relatives' meetings were held regularly so that people's views could be taken on board.

Is the service responsive?

Good ●

The service was responsive.

Care plans contained sufficient information to guide staff on the care and support people required. However, some monthly reviews had not been completed.

The home had a complaints policy and complaints log. Complaints had been addressed. However, there was no overview or analysis on how the complaints had been dealt with or lessons learned.

The home was not providing end of life care. However, people's end of life wishes were recorded in care files.

Is the service well-led?

The service was not consistently well-led

The roles of the registered manager and the general manager were not clear. This needs to be clearly defined in the job descriptions provided.

People spoken with said the registered manager was approachable. Staff said they felt supported by the registered manager and that she had made changes for the better.

There were a number of policies and procedures in place. We discussed with the registered manager that the policies needed to be reviewed, updated and specific to the service. Audits were in place but did not always include actions and follow up.

Requires Improvement 

Abafields Residential 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.

This unannounced inspection took place on 9 August 2018. The inspection team comprised of two adult social care inspectors.

Prior to the inspection we looked at the information we held on the service. This included the last inspection report and statutory notifications we had received from the service. We also contacted the commissioning team from Bolton council, Bolton safeguarding team and Healthwatch Bolton. Healthwatch is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people were experiencing when accessing the service. No concerns were raised about the service. We also contacted the Community Infection and Prevention Control team who had some concerns following their last inspection.

We received a provider information return record (PIR) from the registered manager. This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make within the next 12 months.

We spoke with a range of people about the service. They included four people who used the service and two relatives. We spoke with the registered manager, the general manager, three members of care staff and the chef. We spoke with two healthcare professionals and the owner of MIND Crafts which is a voluntary visiting organisation.

We looked at the care records for three people, medication records and the food and fluid intake file. We looked at five recruitment files, staff training and supervision records. We looked at records relating to the management of the home and the arrangement for the provision of meals. We looked at the way the home was staffed to determine if sufficient staffing levels were in place to meet the needs of people who used the service.

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.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the home. Comments included, "Oh definitely, I love it here". Another said, "Yes I feel safe. It's good to know that there is always someone around". A visitor told us, "I feel [name] is safe and well cared for". Another said, "[Name] is very happy here. I visit a lot, I have no concerns". People also told us they felt their property was safe and secure.

The service used the Bolton local authority safeguarding procedures to report any safeguarding concerns. The registered manager told us she had recently raised a concern to the safeguarding team. From the staff training record, we saw 92.24% of staff had been trained in safeguarding topics and were aware of their roles and responsibilities. Training was on-going and all staff were to complete refresher training. Whistleblowing procedures were in place. Staff could tell us of the action they would take to protect people who used the service from the risk of abuse. They told us they would also be confident to use the whistleblowing procedure in the service to report any poor practice they might observe. They told us they were certain the registered manager would take any concerns seriously. However, they were aware of the organisations they could contact, including CQC, if they felt the registered manager or provider had not taken their concerns seriously.

We looked at the staffing rotas which showed staffing levels were consistent. However, the general manager was not included on the rotas. All staff working on shift should be included on the weekly rotas. On the day of the inspection there were sufficient numbers of staff on duty including a number of volunteers.

From the training record provided we saw that 100% of staff had completed training in medication awareness. We found that medicines were safely stored in locked trolleys. Medications were in blister packs with some boxed medicines. We saw that in the medication administration records sheets (MARs) had been completed accurately. Medicines which must be given before meals were given at the correct time. Systems were in place for the management of controlled drugs as required.

During the inspection we spoke with a visiting healthcare professional who made us aware of a shortfall in the safe handling of medicines. This person told us one of their patients had to receive their medication in a specialist way. However, they had been without medication for a period of three days on the 24, 25 and 26 July 2018. We saw the MARs for this this medication was held in a separate file. This medication is used to treat certain types of epilepsy or is used for symptoms of anxiety, tension or insomnia. The healthcare professional told us there had been a problem with the ordering of the repeat prescription and that this had not been done in sufficient time to ensure adequate supplies were at the home. This could have had a detrimental effect on this person's wellbeing.

Some people who had swallowing difficulties were prescribed thickening agents to be added to their drinks, to prevent them from choking and aspirating. We saw that people were given their thickened fluids safely and appropriate records were made.

We looked around the home and found in four of the bedrooms checked the wardrobes were not secured to

the wall. Unsecured wardrobes placed people at risk of harm as these could be pulled over. Following our inspection, the registered manager confirmed this issue had been addressed. This will be checked at our next inspection. We also found in one room there was no window restrictor in place. We asked the registered manager to check all rooms to ensure that windows were fitted with appropriate window restrictors to ensure people's safety. In the outside area, which people had access to, we noted a large set of ladders propped up against the wall. We discussed with the registered manager that the ladders needed to be moved or secured to the wall to prevent these from being pulled over.

Most areas of the home were clean and fresh. However, we noted that one bedroom had a malodour. This was discussed with the registered manager who following the inspection sent an action plan indicating that the provider had been informed and the flooring would be replaced within the month. We will check this at our next inspection.

We looked at the equipment and facilities at the service and found that in the main the environment was safe. We saw that regular services were done on moving and handling equipment such as hoists, water checks and the water supply to prevent legionella. Checks had been carried out on the supply of gas and electrics and on portable electrical appliances. We saw that fire safety checks had been completed and fire exits were free from obstructions. From the training record we saw that 85.71% of staff had completed fire awareness training. Each person had a personal emergency evacuation plan (PEEP). PEEPs inform the emergency services of where people's rooms are located and what equipment is needed to evacuate them safely.

The last fire officer's report in June 2015 required the provider to carry out a suitable Fire Risk Assessment. The fire risk assessment should be reviewed annually. We were provided with a copy of the latest fire risk assessment. However, we found this to be out of date. Following our inspection, the registered manager confirmed that a fire risk assessment was to be actioned within one month of our inspection. We will review this at our next inspection. We also found that a fire alarm inspection and service report was carried out on 11 July 2018. There were some recommendations highlighted on the report that still needed to be actioned.

We found that the above breached Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked to see that staff had been safely recruited. We reviewed five staff personnel files and saw that four files contained an application form which included a full employment history, two references and confirmation of the person's identity. Checks had also been carried out with the Disclosure and Barring Service (DBS) for all applicants. 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. These checks should help to ensure people are protected from the risk of unsuitable staff. However, there was a lack of information about one new staff member, including no Disclosure and Barring Service (DBS) check. Following our inspection, the registered manager confirmed a DBS had now been received.

Staff had received training in infection control. However, the last inspection from the Community Infection and Prevention Control team in July 2018 indicated a drop in standards from May 2017 where the service scored 96%. In July 2018 the service scored 86%. The infection control audit showed that; the undersides of dining room furniture and small tables were not cleaned, commodes were not being cleaned properly and all mattresses and pressure cushions needed to be reviewed. The action plan sent by the service following our inspection included actions and timescales for completion. The infection control team will re-audit the service. The registered manager confirmed that they had booked infection control training for 20 August 2018.

We saw a copy of the food hygiene partial inspection report dated 4 July 2018. This showed some contraventions of the food hygiene legislation and identified recommendations which needed to be addressed. This included, various recommendations regarding documentation, food preparation and kitchen cleaning, wall tiles to be replaced and personal items which were stored in the kitchen were to be removed. The home was awarded a four star rating. The food standards agency will re-audit the service as required.

We saw that accident and incidents had been recorded and actions taken to identify risks and patterns had been implemented to help prevent reoccurrences.

Is the service effective?

Our findings

We saw that staff completed an induction on commencing work at the service. This included a range of essential training. Training was provided by both e learning and classroom based teaching. Staff spoken with confirmed that a lot of refresher training had been actioned since the registered manager came in to post.

Staff supervisions were undertaken on a regular basis. Supervision meetings are one to one discussions where the member of staff can discuss any worries or concerns they may have or any further training and development they may wish to undertake. The registered manager was aware that staff appraisals needed to be completed annually and these were factored in to the calendar.

People who used the service and the visitor we spoke with said they felt the staff knew how they or their relatives should be cared for. One person told us, "They [staff] are all great, they can't do enough for you. I am very happy here". Another person told us, "I am well looked after, the staff do a good job". On relative said "Can't fault the place. I have never seen anything that worries me. Both [relative] and I are very happy in fact I am booking myself a place for when I need it". Another relative told us, "The staff are very good, they all work really hard".

We saw that staff had the right skills and knowledge to meet people's needs. We saw some people were living with dementia. From the training records we saw the 86.36% of staff had completed training in dementia awareness. We saw that staff when speaking to people had the right approach. Staff knelt to the person's eye level so the person could see who was speaking to them.

We spoke with a visiting professional who told us, "Things are improving, the paperwork is better and the behaviour charts are completed. Staff make referrals as appropriate and they are more relaxed and able to provide relevant information. I have no concerns over the general care here". Another told us, "It's lovely here, the staff are very good. The atmosphere is relaxed and friendly. We are always made welcome".

Care plans included a range of information around health and well-being. We saw that preferences and things that were important to people were available in easy read formats if required. People told us if they were not feeling well staff contacted their GP. We found that two of the three care plans we looked at had not been updated and reviewed as required. However, this had not had an impact of people's well-being. We discussed the reviewing of the care plans with the registered manager. The action plan received from the registered manager confirmed that all care plans were to be reviewed and relevant to the individual. Care plan training had been arranged for all staff for 28 August 2018. All new care plans were to be in place by January 2019. The care plans will be checked at our next inspection.

We asked the registered manager to tell us how, in the event of a person being transferred to hospital, information about the person was passed to the receiving service. We were told about the 'Red Bag' that was sent with the person. The Red Bag should contain the person's care and medication records, their medication and their personal items.

The Red Bag Initiative was rolled out to all nursing and care homes across Bolton NHS Foundation Trust. We were told the aim of the initiative was to improve the experience of people when they were admitted to hospital and reduce their length of stay by speeding up the discharge process and improving communication between hospitals and nursing homes.

We looked around the home and found bedrooms had been personalised with people's own belongings and mementoes brought with them from home. We found the standard of décor on the ground floor was good. However, the first floor of the home required attention. The décor on this floor was looking tired and dated. The registered manager informed us that an ongoing renovation was planned over the next two years. We saw there was some signage to help people orientate around the building.

The outside grounds of the home required attention. We found that the garden areas were unkempt and did not offer a suitable environment for people who enjoy being outside. We saw that young people from a local club had painted a mural on one of the walls, this brightened up this area, but there was potential to make the area much more pleasant and inviting.

The home did not have a maintenance person to keep on top of jobs that staff cannot deal with. For example, gardening and DIY tasks. We were informed, that until a permanent maintenance person could be employed, the service had employed a contractor for 20 hours a week. The progress with this will be reviewed at our next inspection.

At lunch time 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 found the dining experience to be satisfactory. People were asked where they would like to sit and if they would like a clothes protector on to avoid spillages on their clothes. However, there were no napkins on tables for others to wipe their hands and mouth. We saw dining tables were laid with the minimum of items. For example, lack of condiments, there was only one salt pot for use at all the tables.

We observed that one person pushed their plate away. We were told this person normally had a healthy appetite. Staff removed the plate without questioning why they had not eaten their meal. The food served was on a white plate and was chicken and creamed potatoes and cauliflower, there was no colour on the plate, this person was living with dementia and may not have been able to recognise or see the food. People living with dementia benefit from coloured plates. For example red or blue as little food is of this colour and therefore stands out from the background (refer to National Institute for Clinical Excellence (NICE) Guidelines- supporting people with dementia). We saw that a pictorial menu was available to help people with their choice of meal. People were offered a drink of their choice with their meal.

We saw staff were respectful with their interactions with people. They were kind and patient and asked people if they wanted assistance with their meal.

People we spoke with told us the food was good. One person said, "The food is excellent. I have no complaints at all. There is plenty of it and there's always second helpings". Another said, "Can't fault the food, very good indeed".

Throughout the day we saw that drinks and snacks were available. We heard people asking for cups of tea and biscuits during the day and staff brought them straight away.

We saw that some people required a food and fluid chart as concerns had been identified with weight loss and poor hydration. We saw that the charts had been completed by staff. However, we discussed with the

registered manager that more information was required, for example size and quantity of portions and not recording 'eaten all'.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 can make their own decisions and are helped to do so when needed. When they lack capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care home and hospitals is called the Deprivation of Liberty Safeguards (DoLS). We saw DoLS paperwork within care files as required.

Staff spoken with had good understanding of MCA and DoLS and could tell us who was subject to DoLS and what this meant in practical terms.

Permissions forms were signed by people who used the service or their representatives, where appropriate around the use of bedrails, medicines administration, sharing information, treatment and care.

Is the service caring?

Our findings

People we spoke with said that they were well cared for. Comments included, "We are well looked after". Another said, "All the staff are lovely, we have a good laugh with them". People who used the service and their relatives all agreed that staff treated people with dignity and respect. People were addressed with their preferred name.

Our observations throughout the day showed that staff were kind and caring. We saw that staff were available to sit and chat with people. The atmosphere within the home was calm and no one was rushed.

We found that people looked well cared for, were clean and appropriately dressed. Some ladies were having their nails painted by staff.

Staff had a good understanding of the people they were caring for and knew how to meet their individual needs. People were encouraged and supported by staff to help maintain their independence.

We found that visitors were made welcome at any time and could meet with their relatives in the privacy of their own rooms or in the communal areas.

Staff spoken with told us, "I love my job, the best thing is talking to and looking after the residents and hearing about their lives". Another said, "We have enough staff and new starters are joining us". A third member of staff told us, "There have been lots of changes over the last few months, but things are settling down. The new manager has worked really hard to keep things going and to make sure the residents are happy and well cared for".

We saw that people had been involved with care planning. The current care plans were a pre-printed booklet. The registered manager told us that using this style of care planning meant some relevant information could not be included. The registered manager showed us a new format of care plan which they were going to start using. The action plan sent to us following the inspection told us that all new care plans would be in place by January 2019.

There was a service user guide available to people and their families. This should contain information about the services and facilities available. However, we found this was out of date and required updating. The action plan sent to us following the inspection told us that a statement of purpose and the service user guide was to be updated and made relevant to Abafields.

There were people at the home from different ethnic backgrounds. For one person we noted they had reverted, at times to their first language. We discussed with the registered manager that it may be beneficial to these people if things such as food and music were introduced to their daily life to represent their cultural background.

Is the service responsive?

Our findings

We looked how people spent their day. We observed a wide range of activities were offered. The home had an activities coordinator who planned both individual and group activities. The activities coordinator was spending time with some people who were sat colouring and in the afternoon, was taking a person in to the town centre shopping. We saw one person did not want to join in the activity but was encouraged to come and sit with the group and chat. This person was happy to be included. As part of the activity there was a reminiscence session ongoing looking at old pictures and chatting about pastimes.

Some people preferred to stay in their own rooms. Their wishes were respected and we observed staff going in and out for a chat

During the morning of the inspection a group of volunteers arrived at the home from MIND Craft which is an organisation that assists with activities and spends time chatting with people. We observed people enjoying an art and craft session and making cards.

The home had a pet dog and people told us they enjoyed the dog's company. A risk assessment was in place for the dog being at the home.

Throughout the day the staff were seen responding quickly to people who required assistance. For example, when people needed to go to the bathroom or required drinks staff were on hand to facilitate this.

We looked at three care records. These contained sufficient information to guide staff on how people were to be supported. Records outlined people's preferences, for example times of rising and retiring. We observed one person coming down for breakfast at 10.45 am after deciding to have a lie in. Care records also contained information on dressing, personal hygiene, eating and drinking, falls and mobility.

We saw that risk assessments were in place for moving and handling people safely, prevention of pressure wounds, falls and nutritional screening. We saw that people had access to other agencies, for example the mental health team, GPs, dieticians, and the Speech and Language Therapy team (SALT).

There was a complaints policy and procedure in place. We looked at the complaints file and found this included letters and emails of responses to any complaints that had been made. We discussed with the registered manager that an overview or analysis of complaints was required to look at any trends or patterns and lessons learnt. The registered manager agreed to action this. People spoken with on the day of the inspection had no concerns or complaints. We received only positive comments for example, "There's nothing to complain about, it's great here". Another said, "No faults at all".

The registered manager was looking for any suggestions or improvements that could be made to help improve the service. There was a satisfaction survey box in the foyer and cards for people who used the service, staff and relatives to complete if they wished. These were regularly reviewed by the registered manager.

The service had received a number of compliment letters and cards which were displayed in the foyer. Comments included, "Thanks to all the staff for taking care of [name]", and "Thank you for your care and kindness".

We asked the registered manager how they supported people who were ill and nearing the end of their life. The registered manager told us that people's preferences would be taken in to account and where possible people would remain at the home with support from the district nurses and from the local hospice. At the time of the inspection no one was receiving end of life care.

Is the service well-led?

Our findings

The home had a registered manager in place who had been at the home since January 2018. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was also the nominated individual. The role of the nominated individual is to be responsible for supervising the management of the regulated activity provided.

The provider had appointed a general manager in July 2018 who was working alongside the registered manager. Discussions with the registered and general manager identified that their roles and responsibilities needed to be clarified by the provider to enable them to work together in the most effective and efficient way.

We found that the registered manager had worked hard to improve the service over the last six months and the overall experience for people living at the home was good. The registered manager was aware of areas that needed to be improved.

We found that the support offered to the registered manager from the provider was instructive rather than supportive. The provider was located abroad and was unable to spend time at the service. It was therefore important that the management team at the home were given the authority and autonomy needed to respond to the changing needs of the service in a timely manner. We asked people who used the service about the management of the home. People told us they were very happy with the service. One person told us, "The manager is very good". Another told us, "Yes, I think the home is well run".

Staff spoken with were positive about the way the registered manager ran the home. Comments included, "She's [manager] had a lot to cope with. A lot of staff left the home when [previous manager] left. There has been lots of changes mostly for the better, such as changing the lounge and dining areas and decorating". Another said, "[Registered manager] has made sure that all training is being brought up to date and we are getting supervisions". We were told that that the registered manager was approachable and supportive and staff felt comfortable in approaching her at any time.

We saw audits and checks were in place. These included infection control, fire safety, meals service, weights, and medicines. However, we found that some of the audits were not always completed monthly as stated and were lacking in any analysis of the findings.

Our findings with regard to the medication error, lack of recording on food charts, areas and safety of the environment and the dining experience had not been identified in the audits. The fire safety issues which required addressing had not been identified in the quality monitoring checks. The provider had failed to ensure that all staff had a relevant DBS checks as required and had not been supportive of the registered

managers decision that staff must have a DBS check when commencing work at the home. With the prolong periods of absence from the home there were no systems in place for the provider to monitor and have oversight on the day to day running of the home.

We found this was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to - Governance.

The registered manager was new to the Bolton area and was keen in forging links with other providers and groups such care home providers meetings, safeguarding team, commissioning team and the quality assurance team.

Before our inspection we checked the records, we held about the service. We found that the manager had notified CQC of any accidents, serious incidents and safeguarding allegations as they are required to do. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.

Records we reviewed showed staff meetings took place. Staff meetings are a valuable means of motivating staff, keeping them informed of any developments within the service and giving them an opportunity to discuss good practice. These actions demonstrated the registered manager listened and acted upon the views of staff.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure the safety of people living at the home.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure that effective quality monitoring systems were in place.