

Harbour Healthcare Ltd

Peel Moat

Inspection report

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Tel: 01614422597

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31 October 2017

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 26 and 31 October 2017 and the first day was unannounced. This meant the provider did not know we were coming.

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

Peel Moat provides accommodation for up to 31 people who require personal care, some of whom are living with dementia. At the time of the inspection, 28 people were living in the service.

At the last inspection undertaken on 1 August 2016, the registered provider had breached Regulations 9, 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to the lack of risk assessments relating to the premises, risk assessments in relation to people at risk of choking, medicines management, staff training was not up to date and the registered provider's quality assurance systems had not identified the areas of concern we found. We also made a recommendation because the home did not have features to support people living with dementia, such as reminiscence material, items of visual or tactile interest, or dementia-friendly signage. The overall rating for the service was requires improvement.

Following the last inspection we asked the provider to complete an improvement action plan to show what they would do and by when to improve the key questions, is the service safe, effective, responsive and well led to at least good. At this inspection, we found that improvements had been made in all areas and plans were in place to make further improvements.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was absent and the deputy manager was available throughout this inspection. We were informed that the registered manager left the service shortly after our inspection and plans were in place to recruit a suitable replacement.

We raised concerns during the first day of this inspection about the recruitment process for a new member of staff. There were also concerns about a person's deteriorating health and behaviour which had resulted in an incident. The deputy manager took prompt action to address both matters.

We saw that improvements had been made to the management of medicines and risk assessments were now in place for the premises. This included a risk assessment for the new alarm system, which had been introduced following feedback from the Coroner in relation to an incident at another of the registered provider's services.

Risk assessments were in place for people who had identified problems with swallowing which meant they were at risk of choking.

Staff training was not up to date. However, this was because there had been a number of staff who had recently come to work at the home who were undertaking induction training. We recommended that the outstanding staff training is completed as soon as possible.

We saw that the service had created a dementia friendly lounge, which had reminiscence materials such as visual items including 1950's ornaments and furnishings. Further improvements had been made to the environment with 'dementia friendly corridors' to help people make their way around the home.

Staff we spoke with told us they would have no hesitation in reporting any poor practice they witnessed from colleagues and were confident they would be listened to by the deputy manager and action would be taken.

There were enough staff available to meet people's needs.

People were supported to maintain their general health and wellbeing.

Staff received training in the Mental Capacity Act 2005 (MCA) about their responsibilities when caring for people who lacked capacity to make a decision. The registered manager also understood the need to apply for Deprivation of Liberty Safeguards (DoLS) to make sure people were not restricted unnecessarily.

People were offered a choice of food and had access to drinks.

People had their own rooms, which allowed privacy. Rooms were furnished in accordance with people's choices and preferences. The home was clean, comfortable and homely.

People and relatives were complimentary about the service and made positive comments about the staff. They were happy with the care and support they received at Peel Moat.

Care plans were personalised and reviewed regularly. Staff were knowledgeable about people's needs and preferences.

A new activities co-ordinator had been employed at the home. There had been an improvement in the activities available to people and the activities co-ordinator had had a positive impact on the atmosphere at the home.

There was a complaints procedure in place. In the absence of the registered manager people, relatives and staff told us that the deputy manager was approachable and always willing to listen and help.

Managers used a variety of methods to assess and monitor the quality of the service. These included regular audits as well as, staff, relative and resident meetings to seek their views about the service provided.

The service had been working hard to recruit the right staff and reduce the need for agency staff. This included promoting teamwork and confidence of staff through increasing their responsibilities and skills. This had led to a recent positive impact of staff morale at 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?

Good ●

The service was safe.

Improvements had been made to the management of medicines.

Risk assessments were in place for the building and where people had an identified risk of choking.

There were enough staff available to meet people's needs.

Systems were also in place to reduce the risk of cross infection in the service.

Is the service effective?

Good ●

The service was effective.

People were supported by staff that were sufficiently trained.

People were supported to maintain their general health and wellbeing.

People lived in a comfortable and homely environment

Is the service caring?

Good ●

The service was caring.

The atmosphere at the home was relaxed and friendly.

We observed staff were caring towards the people they supported.

Staff were knowledgeable about the people they supported.

Is the service responsive?

Good ●

The service was responsive.

Care plans were in place outlining people's support needs.

We saw a new activities co-ordinator was in post who was

effective at carrying out the role, which had a positive impact on the service.

There had been no recent complaints made about the service.

Is the service well-led?

The service was well-led.

The service had a manager who was registered with us at the time of our inspection.

People and staff spoke positively about the deputy manager. The deputy manager was said to be approachable and supportive. They demonstrated a commitment to ensuring people's experience of the service was positive.

A range of audits were in place to monitor the health, safety and welfare of people who lived at the home.

Good 

Peel Moat

Detailed findings

Background to this inspection

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

The inspection took place on 26 October 2017 and the first day was unannounced. This meant the provider did not know we were coming. One adult social care inspector undertook this part of the inspection. Two adult social care inspectors returned for two hours on 31 October 2017 to complete the inspection.

Before the inspection, we reviewed other information we held about the service and the provider. This included previous inspection reports and statutory notifications we had received from the provider. Notifications are changes, event or incidents the provider is legally obliged to send to CQC within required timescales.

We reviewed the Provider Information Record (PIR) we received prior to our inspection. 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 provided us with information and numerical data about the operation of the service. We used this information as part of the evidence for the inspection. This guided us to what areas we would focus on as part of our inspection.

We also contacted the local authority commissioners and safeguarding team for information. This information helps us to gain a balanced overview of what people experienced accessing the service. We received information back from the local authority quality assurance monitoring team who raised no major concerns about the service.

During our inspection, we spoke with five people who used the service and four relatives. We spoke with the deputy manager and the provider's representative, the care quality lead as well as five care staff, including two night staff. We also spoke with the maintenance person, the cook and two of the housekeepers.

We checked parts of the building to ensure it was clean, hygienic and a safe place for people to live and

observed staff interactions with people in their care We viewed a range of records about people's care and support needs and how the service was managed. These included the care and support records of three people and medicines management records. We looked at staff training, supervision and appraisal records and documents in relation to the management of the service.

Is the service safe?

Our findings

At the last inspection undertaken on 1 August 2016, the registered provider had breached Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were no risk assessments available for the environment and temperature checks to the treatment room and medicines fridge were not being recorded. The overall rating for this key question was requires improvement.

Following the last inspection we asked the provider to complete an improvement action plan to show what they would do and by when to improve the key questions to at least good. At this inspection, we found the breach in the regulation had been met.

At this inspection, we saw that risk assessments were in place for the environment, which included a risk assessment for the new alarm system. This alarm system had been introduced following feedback from the Coroner in relation to an incident at another of the registered provider services. We saw records that showed that treatment room and fridge temperatures were being maintained. The records helped to evidence that medicines were stored at temperatures that ensured they did not deteriorated and become ineffective.

On the three care records we examined we saw that there were risk assessments in place relating to falls, pressure area care, choking, malnutrition, risk to others, moving and handling, oral health and wellbeing. These helped to promote people's health and well-being.

At the last inspection undertaken on 1 August 2016, the registered provider had breached Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to medicines management. This was because some medicine administration records (MARs) did not contain clear application instructions for staff to follow when applying topical medicines. Thickening powder administration did not state how many scoops or to what consistency fluids should be. The overall rating for this key question was requires improvement.

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

At this inspection, information about thickeners was found on the medication administration records (MARs), which made reference to the Speech and Language Therapist (SALT) assessment on the person's care file. Body maps were being used to show staff were to apply a person's prescribed creams. We found no gaps in recording and changes to stock rotation meant that 'when required' medicines were in place and a small amount of additional stocks of prescribed 'when required' pain relief were available.

We looked at medicines management with the senior carer who took the lead role for medicines and was the medicines champion. They told us that only the managers, senior staff and one carer who had previously held a senior role were responsible for administering medicines. They said that medicines were closely monitored and that there had been a correlation between errors and agency staff. The use of agency

staff had now considerably reduced due to the increase in senior care staff at the home.

During our inspection we saw that a registered manager from one of the provider's other services was carrying out a medicines competency check with two new senior care staff.

We saw that medication administration records (MARs) had a front sheet that clearly identified the person with a photograph to ensure medicines were administered to the right person. We saw that a 'pod' type medication dispensing system (MDS) was used by the service.

No-one was being administered their medicines covertly or without the person's knowledge, for example, hidden in food. We checked the systems that were in place for controlled medicines. These are dangerous medicines that could be misused by other people. We checked the control drugs register against a controlled medicine and found it to be correct. We saw that a new person who had recently been admitted took an anticoagulant medicine. We saw that the home had contacted the person's doctor and an emergency referral had been made for the person's blood levels to be checked. This helped to ensure people received their prescribed medicines safely and effectively.

The service had a recruitment policy and procedure. Staff we asked confirmed that recruitment checks were carried out before they started work with people who used the service. We looked at staff recruitment records for three care staff who had recently started to work at the service. These showed checks had been made with the disclosure and barring service (DBS) before new staff were employed. This was to confirm whether applicants had a criminal record or were barred from working with vulnerable people.

Although the provider had in place a Regulation 19 Schedule 3 form to be completed, which detailed all the relevant checks and documentation, we found on one recruitment file an incomplete employment history. The omissions from the employment history meant that appropriate references were not taken to ensure that the staff member was suitable to carry out their role. The deputy manager took swift action to address this matter through disciplinary procedures and reviewed all other recent staff recruitment files to ensure that regulation 19 Schedule 3 had been fully applied. All the relevant information was found to be in place.

People and relatives we spoke with felt the service was safe. People told us, "I feel safe, they are competent" and "I feel looked after." A relative said, "When I walk out of the door I've no qualms about the care or food, I've recommended the home to a neighbour." We arrived at the service at 7.00am. The home was found to be secure and our identification was checked by staff before they allowed us entry.

The service had a safeguarding and whistleblowing policies and procedures that gave staff the information about relevant legislation and what action they should follow if they had a concern about wrongdoing in their place of work. Staff we spoke with knew how to raise concerns and were confident the manager's would respond. Staff told us, "They encourage you to raise concerns. I could speak to the board if necessary and the regional manager who comes in."

We were aware that there had been a number of changes to the staff team. A relative said, "I was worried about the changes, there has been some unhappiness but its back up now. The new staff are brilliant."

There was a night senior and two night care staff on duty when we arrived. Night staff thought there were usually enough staff on duty to support people, however a person who had recently moved into the service had been presenting as a challenge to them. An incident occurred and the appropriate health care professionals were involved. One to one support was put in place for the person and a medicines review had been carried out. This situation was to be monitored by the healthcare professionals involved.

The deputy manager told us that the service had been working hard to get to zero use of agency staff. They told us that the home was currently overstaffed and there were no agency staff being used. The rotas we saw for all members of staff supported that only 33 hours of agency staffing had been used by the home in the last month.

People told us, "It's very clean, it's cleaned every day." We saw that the service was light, bright and no malodours were detected. We saw two housekeepers and a laundry assistant were on duty. We saw that the kitchen and laundry were in the cellar and not accessible to people who used the service.

The kitchen had received a 5 rating from the national food hygiene rating scheme, which meant they followed safe food storage and preparation practices. A quarterly catering audit was carried out covering a range of areas, including, purchasing and delivery, storage of chilled and frozen food and the cooking of food.

A housekeeper we spoke with told us that they used products that were specially made for care homes, with colour coded buckets and mops to help prevent the spread of infection. The laundry assistant told us that red bags were used to safely transfer soiled items to the laundry, which went straight into the machine and dissolved.

Infection control procedures were covered in staff members' induction training. We saw staff were provided with personal protective equipment (PPE) when supporting with personal care. Paper towels and hand wash were also available for staff to use.

The home had a maintenance person who carried out checks on equipment. These included checking profiling beds, wheelchairs, the call system, water temperatures and showerhead cleaning to help prevent legionella. The service had current certificates in place in relation to the health and safety of the premises. For example, gas safety and electrical installation certificates.

The maintenance person was also responsible for fire safety. The fire alarm was tested every week and fire drills were undertaken every month at different times of the day. This helped to check that staff understood what action they needed to take to evacuate the building in cases of emergency. Evacuation chairs were available in the stairwells to help people get down the stairs. Staff had access to people's current personal emergency evacuation plans (PEEPs). A business continuity plan along with copies of the PEEPs was kept in a grab bag for staff. This meant staff had information available in case of an emergency. Records of accidents and incidents were seen to be maintained on the care records we examined. Staff also received emails on the computerised system about any accidents and incidents that they needed to be aware of.

Is the service effective?

Our findings

At the last inspection undertaken on 1 August 2016, the registered provider had breached Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because training records showed only 19 out of 29 staff had completed dementia training and only 22 out of 29 staff members had completed safeguarding training which also included whistle blowing training. Supervision records showed only five staff out of 29 had received supervision that year. This meant we could not be sure staff received appropriate training and support to enable them to carry out their role safely and effectively. The overall rating for this key question was requires improvement.

Following the last inspection we asked the provider to complete an improvement action plan to show what they would do and by when to improve the key questions to at least good. At this inspection we found the breach in the regulation had been met.

At this inspection, we looked to see how staff were supported to develop their knowledge and skills. Records we reviewed showed that staff employed in the service had access to training to help ensure they were able to provide people with effective care and support. We noted that on the staff training record not all staff had received the training and refresher training they needed. However, we were aware that the figures were being impacted on by four new staff members coming to work at the home who were undergoing induction training. We recommended that the outstanding staff training is completed as soon as possible.

The service had a training policy and procedure, which linked to the Care Quality Commission's (CQC) Key Lines of Enquiry (KLoE's). The registered provider had created a training room at their new local headquarters for staff to use and also provided external trainers. Most training was online training. We were told that there were ongoing improvements being made to the system, which would make it more interactive in the future.

We were informed that staff new to care completed a six week induction period and those staff with previous experience in care four weeks. New staff confirmed that they had shadowed existing staff to ensure they were comfortable with routines and practices at the service. We saw that a staff member who had returned to the home as a senior carer was retaking their induction. They said they had been made to feel welcome and that there was a lovely atmosphere at the home.

We saw a copy of the staff induction programme when they started to work at the service. This included, fire safety and evacuation, a tour of the premises, emergency contact details, a brief outline of health and safety, instruction in the safe use of equipment, work with a mentor to give instruction on personal care and encouraging people to make decisions. We saw that the registered provider had a senior carer induction booklet that was completed with them.

Staff said, "Staff morale is good", "We are a good team. We just get on with it" and "With the recent changes staff are now happy."

We saw that a record was kept of staff supervision and appraisals. We noted that most staff had received either a supervision session or an appraisal in September and October 2017

At the last inspection undertaken on 1 August 2016, the registered provider had breached Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because whilst food and fluid charts noted people's target fluid intake for the day, people's total intake for the day was not recorded. This meant we could not be sure if people had received enough to drink to maintain their well-being, or whether appropriate action had been taken if they had not received their target fluid intake for that day. These shortfalls had not been identified within the audit process, which meant the governance process was not effective. The overall rating for this key question was requires improvement.

Following the last inspection we asked the provider to complete an improvement action plan to show what they would do and by when to improve the key questions to at least good. At this inspection we found the breach in the regulation had been met.

At this inspection, we saw what systems were in place to monitor people's food and fluid intake and their weight. A carer showed us how they kept a written record of what people had to eat and drink and this information was transferred onto the person's electronic records. The senior on duty checked the record at the end of the shift. The system then supported care staff to monitor intake. We also saw that when staff inputted the person's weight into the computerised care records the system produced a graph of the person's weight, which gave information over a time period. This graph helped staff to make an assessment as to whether a person was gaining or losing weight. A malnutrition universal screening tool (MUST) was also completed.

People were supported to maintain their general health and wellbeing. We saw that referrals had been made to healthcare professionals and that doctors, dieticians and speech and language therapists had assessed people as needed.

We saw on people's care plans information about specific health needs such as insulin controlled diabetes. We saw that medical notes were kept when staff had contacted health care professionals such as the doctor, district nurses or community psychiatric nurses.

People told us, "There's a choice of two things but I think they would find me something if I didn't want them" and "The food isn't bad but it's okay. If I ask for something special they will do it." A relative said, "My [relative] was losing weight but he's put it back on since they have been in here."

We talked with the cook. They told us that when a person moved into the home they received a dietary notification sheet. This gave them information about people's required diet, for example, a soft diet to reduce the risk of choking for people with swallowing difficulties or diabetes.

People told us they were happy with the meals. We saw that some people liked to get up later in the morning and had their breakfast in bed. At lunchtime, we observed the meal looked and smelt appetising and was presented well. Lunchtime was a relaxed and social experience with people talking amongst themselves and with staff. We saw most people were able to eat independently and required no assistance with their food. The staff did not rush people allowing them sufficient time to eat and enjoy their lunch. We saw people had access to cold drinks in the lounge and in their bedrooms, which were accessible to them. Regular hot drinks were provided throughout the day.

A champion for the dining room experience had been introduced to encourage waiter style service to

people. We saw a copy of the dining experience audit undertaken on the 8 October 2017 that checked to see that food was nicely presented, tables were set correctly, that there was a choice of meals and specialised diets were catered for and whether people enjoyed their meals.

At our last inspection, we found that the service did not have features to support people living with dementia, such as reminiscence material, items of visual or tactile interest, or dementia-friendly signage. We recommended that the service seek advice and guidance from a reputable source about the adaptation, design and decoration of the service for people living with dementia.

At this inspection, we saw that the front lounge had been furnished to 1950's style with ornaments and other items from that era. We saw that there was a ceiling rack and an old style radio was playing. There were soft toy dogs and cats in baskets that moved when touched by people. Further improvements were planned to the corridors, signage and memory boxes to help people find their bedrooms had been ordered.

Staff said, "I like the size of the home. It's small" and "It's a homely home." We saw that the house was pleasant, homely, comfortable and nicely decorated. There were fresh flowers and people's artwork was displayed in the activities area. A person who used the service told us that they were able to bring their collection of books and other items when they moved in.

We saw that there were plans in place to make improvements at the service. These included improved access and the replacement of windows. A larger wet room was also planned. The hairdressing room was to become a beauty room. Further improvements were also planned for the second downstairs lounge. People who used the service had been involved in choosing the wallpaper, new furniture and carpets. A new television stand was also being purchased which would help take the focus in the room away from the television. The fence obscuring the outlook to the main lounge was to be moved back as part of the improvements and the entrance porch and pathways were to be changed to help improve people's access to the building.

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. The service had a Mental Capacity Act and deprivation of liberty safeguarding policy and procedures, which gave links to the relevant legislation. It also gave information on the test for capacity, acting in the best interest of a person who lacks capacity, lasting power of attorney, court appointed deputies and court of protection. People had been assessed in line with the MCA to determine whether a DoLS authorisation was required. A central record was kept of all the people who had DoLS in place and when applications had been made for authorisation or where a DoLS in one case had been refused. Applications had been submitted to the relevant local authorities where appropriate and a record of this was kept. The deputy manager told us they were considering making more applications due to recent changes in the key pad system.

A staff member said, "I always ask before for the person's consent before carrying out care tasks." We saw

that mental capacity assessments were completed for people on their care records.

Is the service caring?

Our findings

When we arrived to carry out our inspection, four people were up and dressed, having a cup of tea, reading the newspaper or chatting together on the settee. People were nicely dressed and their hair had been brushed. The atmosphere was calm and relaxed throughout our inspection.

People told us, "The staff have got to know me, they know I like to be left alone. They let me try to do things for myself" and "I get up and go to bed when I like. I miss home but I have friends here. [Friend] likes breakfast in bed so I will see [friend] later."

One senior told us, "I tell care staff to treat people as you would want to be treated and let them be themselves." Another staff member said, "I like the different characters, talking to people and getting to know them. Valuing the small things that matter to them. If I treat everyone as if they are my mum then it will always be right."

We observed staff to be caring whilst supporting people in the home. Staff spent time talking with people in a warm and friendly way. We observed staff crouch down to eye level and hold people's hands gently when speaking with them. It was clear from people's relaxed body language, facial expressions such as smiles and behaviour that they were comfortable in the presence of staff.

Staff had a good understanding of people's personal preferences and were knowledgeable about the care they required. We saw a carer had completed a getting to know you document with a person who had recently moved into the home. We observed staff knock on bedroom doors before entering. Staff used people's preferred names.

We saw an example of a carer supporting and comforting a person who had become distressed in a gentle, compassionate and reassuring way. We saw a day staff member bringing in newspapers with them for people to read. A staff member said we take chocolates for people who are in hospital and send condolence cards to relatives when their loved one dies. A staff member said, "Working with families is really important."

We saw that the service ran a 'moments that matter' scheme. This is where visitors can complete a card when they had witnessed a staff member making a real difference, for example, "[Staff member] gave me the best welcome on my arrival for a visit at Peel Moat as infection control lead." The service also held an employee of the month award. This is where people and other staff could nominate a staff member for good practice.

We saw on the care plans that we looked at that people's end of life wishes had been discussed with them. No-one was receiving end of life care at the time of this inspection. Some staff were also undertaking Six Steps End of Life training. This will help them to support people in a dignified way as they approached the end of their life.

Is the service responsive?

Our findings

Before people came to live at Peel Moat, their needs were assessed to help ensure that the service could effectively meet them. We talked with two people who had recently moved into the home. One person said, "[Deputy manager] did the right thing bringing me here. Otherwise I don't know what would have happened. I did not want to go back into hospital" and "I am getting myself back together. I am eating again. I want to go home but I would come back here." Relatives said of the second person, "[Deputy manager] has been very helpful and done everything she could to make [relative] comfortable."

The pre-admission records contained details about a range of needs. These included, maintaining a safe environment, history of falls, eating and drinking preferences, personal hygiene, continence, communication, social interests and religious and cultural needs.

We examined three care plans of people who had a diverse range of needs. Care plans included general information about the person and 'This is me' information. This gave information about what name the person liked to be called, the person's background, current and past interests, routines that are important to me, things that may worry and upset me and what makes me feel better.

Care plans covered a range of areas, for example, sleep patterns, memory, mobilisation, personal care and physical wellbeing, daily life and social activities, communication, elimination, dietary needs, skin care, safety and wellbeing, behaviours and end of life wishes. We saw that a care plan and risk assessments were in place for the person who had been most recently admitted to the home. We saw care plans had been reviewed regularly by senior staff.

We spent time with a member of the care staff team who was being supported to become more involved in the care planning. They said, "Increasing my responsibilities has increased my confidence" and "Entries have to be factual." The deputy manager would normally carry out five care plan audits each month, however they told us that due to other priorities such as the building and staff team they were two months behind.

New senior workstations had been put on all floors to help staff access and update relevant information. Handover meetings took place at each shift change which involved a written and verbal information about each person to help ensure continuity of care and support.

The service had a new activities coordinator. The deputy manager told us, "[Activities co-ordinator] has made a big difference to the home." A relative said, "Since [the activity coordinator] started there is so much more going on. She's very keen on getting residents out of the house. There are trips to the shops and trips to Blackpool with fish and chips."

A notice board displayed available activities for the day. We saw activities were planned to take place over seven days. Activities included Halloween crafts, church service, one to ones, bingo, hand, massage, afternoon tea dance, singalong, flower arranging. On the Sunday a birthday was planned with a Buddy Holly tribute band attending. Baking took place every other Sunday.

We saw that the service produced a leaflet everyday for people to read called the 'Daily Sparkle'. This contain information about what happened on this day in a bygone year in this case 1965 and the Beatles receiving their MBE, the way we were shopping for shoes, do you remember a grocers bike, over to you about names, a travel and missing words quiz. Answers were found on the back page and a list of questions that staff could ask people about other items featured on the sheet.

During our inspection, we saw that there was a designated space for activities. We saw some people were making spiders ready for Halloween and other people were drawing them. Other people were knitting and looking at magazines listening and singing along to Roy Orbison. Other people preferred to spend time in their rooms.

One person who enjoyed reading quietly said they found it hard living in a group and preferred to stay in their room. They said their faith was very important to them and they received Holy Communion in their room every week.

We saw that three people who used the service had made applications to make a wish come true. The wishes included a trip to Manchester City football stadium; Jodrell Bank Observatory and a visit to the church were a person was married. The registered provider had a mini bus that was based at Peel Moat.

We saw that the service had weekly coffee mornings, which relatives and visitors were invited to attend. We saw that regular resident and relatives meetings were held at the home. At the last meeting held on 2 October 2017 with the activities co-ordinator people who attended confirmed that they were happy with the care, liked the food provided, gave suggestions for future activities, talked about ideas for the refurbishment of the lounge and death and dying care plans. The next meeting was scheduled to be held on 6 November 2017. To strive for continuous improvement the service had asked relatives and visitors to complete a feedback survey on the five key questions. The survey most recently put out to relatives was about 'effective' and covered all the Key Lines of Enquiry. However, we did not see the results from this survey.

We saw there was a complaints procedure in place, which was on display. All the people we spoke with during the inspection told us they would speak to the deputy manager if they were dissatisfied with the support they received and were confident their concerns would be taken seriously. A relative told us, "I know I can speak to the manager or any of the seniors if there are any issues. When there was an issue, I had a long chat with the manager and they explained the process and kept me informed at every stage." There had been no recent complaints made at the service.

Is the service well-led?

Our findings

At the last inspection undertaken on 1 August 2016, the registered provider had breached Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider's quality assurance systems were not always effective. This was because they had not identified the shortfalls we had found during the inspection. The overall rating for this key question was requires improvement.

Following the last inspection we asked the provider to complete an improvement action plan to show what they would do and by when to improve the key questions to at least good. At this inspection we found the breach in the regulation had been met.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services. This ensured they provided people with a good service and met appropriate quality standards and legal obligations.

We saw there was a system of audits in place. For example, we saw a copy of the last quarterly health and safety audit undertaken by a senior care staff on 19 October 2017, a dining experience audit was carried out on 08 October 2017 and a falls prevention monthly audit.

We saw that the internal support visits were carried out by one of the registered provider's managers who was external to the home. We saw that the external manager had looked at medicines, care plans, activities, audits, surveys and a mystery shopper telephone call. We saw copies of the internal support visits for 29 May, 30 June and 14 September 2017 were the audit scored 85% and was described as excellent.

We saw a copy of the homes service improvement plan (SIP). The last review of the SIP was carried out by the quality assurance manager on 26 October 2017 and makes reference to plans to improve the premises, for example, redecorating the lounge, replacement of windows and replacing the porch to make the home more accessible.

The manager on duty completed a daily walk round and a record of this check was maintained. We saw copies of the managers daily morning check report. There was a daily meeting held each morning at which a staff member representative from all areas of the service attended. This meeting discussed feedback from the daily morning check walk round, planned activities for the day and the resident of the day.

We saw records for recent residents of the day which included information about the person's room being deep cleaned, their weight checked, the person's care plan being reviewed and discussed with them as appropriate and checking with the person, relatives and friends if they had any concerns about the care the person was receiving.

We saw that two managers also carried out a night visit spot check twice a year. We saw the report for the last night visit spot check. At this spot check night staff were asked about what they would do in the event of

a fire. This helped to ensure that staff knew what action to take in the event of a fire during the night.

The service had manager in place who registered with us on 24 April 2017. The registered manager was absent during this inspection. The deputy manager and at times the registered providers care quality lead assisted us with this inspection. The deputy manager told us that in the absence of the registered manager they had received good support from the regional manager. We were made aware following this inspection that the registered manager had left the service and plans were in place to find a suitable replacement.

People, relatives and staff gave us positive feedback about the deputy manager. They told us the deputy manager was approachable and always willing to listen and help.

We asked about what improvements had been made recently. We were told that additional senior care staff had been put in place to ensure that there was a senior staff member on duty at all times and an emphasis on team building. The new senior staff and two care staff had been involved in care plan workshops. This had helped to ensure that care planning was person centred and increased the skills of the staff team.

The deputy manager thought that morale at the service had improved recently and staff were now supporting each other and covering staff absences so there were less agency staff being used. The deputy manager said, "It's been wonderful. The team are brilliant." This meant that people were being supported by staff who knew them well.

Staff spoke positively about the deputy manager. They said, "I am happy with recent changes. [The staff team] have gone from one extreme to the other. Old ways, new ways but it's massively improved now", "Three months ago I was looking for a new job. [Deputy manager] stepping up has been brilliant. She is more approachable and supportive. We have the champions' team in place and are building on our strengths", "[Deputy manager] is amazing. She tries to do her best for everyone. She works so hard at improving us all and pushing us further saying you can do it" and "I am confident that the difficult period is over and we are working well as a team."

Records we reviewed showed regular 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. We saw that some staff had taken on the role of champion for various aspects of care and support at the service, for example, medicines management and the dining experience.