

Cleggsworth Care Home Ltd

Cleggsworth Care Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Cleggsworth Care Home is registered to provide personal care and accommodation for up to thirty eight people. It caters for both long term and respite stays. The home is located in Smithybridge village, which has a variety of shops and other amenities close by. It is near to public bus routes and the train station is in close proximity. At the time of the inspection there were twenty seven people living at the service which is divided between two floors.

We last carried out an unannounced comprehensive inspection on 9 June 2015. We found breaches of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014. This resulted in us serving two warning notices and making one requirement action. The overall rating for this service was 'Inadequate' and the service was therefore placed in 'Special measures'. A service in "Special measures" is kept under review and inspected again within six months. The expectation is that a service found to have been providing inadequate care should have made significant improvements within this timeframe.

The warning notices stated that the service must be compliant with these regulations by 30 September 2015. The service sent us an action plan informing us what

Summary of findings

action they intended to take to ensure they met all the regulations. They informed us they would be compliant with these by November 2015 and requested an extension until that date, which we agreed.

This was an unannounced comprehensive inspection which took place on 12 November 2015 to check the required improvements had been made and to follow up on what action had been taken to address the warning notices and requirement actions. We found that they had met the warning notices, the requirement action had been complied with and significant improvements had been made. As a result the service has been removed from “special measures”

The home did not have a registered manager; however our records showed the current manager has made an application to register with the Care Quality Commission. 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.

Improvements had been made in staffing levels. We were shown a copy of the duty rota. We saw that four care workers were on duty between 8am and 8pm. Since our last inspection a senior care worker was now on duty during these times, providing cover between both floors. This is an increase in staffing levels. During our inspection we observed that call bells and requests for assistance were answered promptly and there were sufficient staff to meet people's needs. Despite this increase in staffing provision some people we spoke with thought that at times there were not enough staff available to support people promptly.

The home was clean and equipment was serviced and well maintained. Areas of the home had been redecorated and new furnishings and fittings had been purchased. There was a planned programme of ongoing improvements.

People we spoke with felt safe at Cleggsworth Care Home. Policies and procedures were in place to safeguard people from abuse and staff had received

training in safeguarding adults. They were able to tell us how to identify and respond to allegations of abuse. They were aware of the whistleblowing (reporting poor practice) policy.

Staff were safely recruited and received the training and support they needed to carry out their roles effectively. Staff told us they liked working in the home and were positive about the improvements the new manager had made.

People told us the staff were caring and that they were well cared for. During the inspection we found the manager and staff to be caring and responsive to people.

We found there were safe systems in place for managing medicines.

The manager and staff demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS provide legal safeguards for people who are unable to make their own decision.

People's care records were detailed and person centred. They contained good information to guide staff on what was important to people and the care and support people required. Risks to people's health and well-being were identified and plans were in place to reduce or eliminate the risk. We did note that for one resident this was not done in a timely manner.

People were supported to access health care services when necessary. Improvements had been made in the recording systems to help ensure health care professionals advice was acted upon.

A programme of activities within the home had recently been introduced.

Procedures were in place to prevent and control the spread of infection. Systems were in place to ensure all necessary health and safety checks were completed. There were procedures in place to guide staff in the event of an emergency that could affect the provision of care, such as loss of gas, electricity, heating or breakdown of essential equipment.

Summary of findings

We found there was a robust system in place for quality assurance. Weekly and monthly checks had been introduced to assess, monitor and review the service. Records were kept of any issues or concerns and any actions taken to address them.

We saw there was a system for gathering people's views about the service and acting upon suggestions and ideas.

There was a system in place for dealing with complaints about the service. People told us complaints were acted upon and they had confidence the manager would deal with any concerns.

People were complimentary about the new manager and the recent improvements that had been made and said the manager was approachable.

Summary of findings

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.

Improvements in staffing levels had been made. Although we noted there were enough staff on duty to meet peoples needs, some people we spoke with thought that at times there were not enough staff available to support people promptly. Recruitment processes were robust and helped protect people from the risk of unsuitable staff being employed.

People told us they felt safe at Cleggsworth Care Home. Staff had received training in safeguarding adults They were able to tell us how to identify and respond to allegations of abuse. They were aware of the whistleblowing (reporting poor practice) policy.

Risks were assessed and staff were given guidance on managing identified risk. Risk assessments for new residents were not always put in place in a timely way.

Requires improvement



Is the service effective?

The service was effective.

The home was clean and some areas had been decorated, new furnishings and fittings had been purchased. Equipment was properly serviced and maintained.

Staff had received the induction, training and supervision they required to ensure they were able to carry out their roles effectively.

People's rights and choices were respected. The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Good



Is the service caring?

The service was caring.

People told us they were well cared for and said the staff were polite and respectful.

Managers and staff knew people who used the service well including their needs, likes and dislikes.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

Care records were detailed. They contained information about people's needs and wishes and how they wanted to be supported.

A range of activities had recently been introduced to the home which people enjoyed.

There was a system in place for recording, investigating and acting upon complaints about the service.

Is the service well-led?

The service was well led.

The service had no registered manager. A manager had been recruited and was in the process of registering with CQC.

The manager had introduced a system for gathering and acting upon people's views and suggestions about the service and how it could be improved. There were robust systems in place for assessing, monitoring and reviewing the service

People spoke positively about the manager and the improvements since the manager had started at the home. Staff told us they liked working at the home and said the manager was approachable and supportive.

Good



Cleggsworth Care Home

Detailed findings

Background to this inspection

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

This was an unannounced inspection which took place on 12 November 2015. This was a comprehensive inspection which also reviewed the actions the provider had taken to meet the warning notices and requirement actions we had served following our comprehensive inspection on 9 June 2015

The inspection team comprised of two adult social care inspectors and an expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service. The expert had experience of services for older people and people living with dementia.

Before our inspection we looked at the information we held about the service such as notifications. A notification is information about important events which the provider is required to send us by law. We contacted the local authority commissioning, team and Rochdale Health Watch. They raised no concerns about the service.

During our inspection we spoke with six people who used the service, five visitors, a visiting health care professional, four members of care staff, the cook, activity coordinator, the manager and the assistant director. We also carried out observations in public areas of the service of the care provided. As some people were not able to tell us about their experiences, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

We looked at four care records, three staff personnel files, staff training records, duty rotas, policies and procedures, quality assurance audits and other records about how the service was managed.

Is the service safe?

Our findings

At our last inspection we found that the service was not always safe.

During our inspection of 9 June 2015 we looked at staffing levels. We found that an insufficient number of staff were on duty to fully meet the needs of people using the service. We had concerns in these areas that constituted a breach of Regulation 18 (1) of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014. A requirement notice was issued.

During our inspection of 12 November 2015 we found improvements had been made and requirement actions had been complied with. We were shown a copy of the duty rota. We saw that four care workers were on duty between 8am and 8pm. Since our last inspection a senior was now on duty during these times, providing cover between both floors. This is an increase in staffing levels.

People we spoke with gave us mixed views about staffing levels. Some people we spoke with who lived at the home and their relatives thought that at times there were not enough staff available to support people. They told us that improvement had been made since the new manager had come into post. One visitor told us, "Staffing levels have got better since the new manager arrived. I know that more staff have been employed. Still there are only two staff and the senior floats between both floors. Is that enough, I don't know. All I can say is that it is better than it was." Residents told us that on the whole call bells got answered "pretty quickly" but not as quickly as they would like at peak times and twilight times. A relative we spoke with told us "We think [relative] is safe, there is always someone about to help him." During our inspection we observed that call bells were answered promptly, staff responded promptly to peoples requests for assistance and there were sufficient staff to meet peoples needs.

The manager showed us records that were kept of every shift that indicated if staff cover for sickness or leave had been needed, whether cover had been found and if not why not. The manager and assistant director showed us the dependency assessment that was used by the service to determine staffing levels. We were shown how this was used to determine the overall staffing levels for the home. The manager and assistant director told us that whilst the dependency tool indicated that staffing levels were correct,

there were sometimes pressures on staffing due to the service being split over two floors and that they would look at the impact this had on care provided. The manager also told us that they are now using the dependency tool more often to ensure it reflects people's current needs

People we spoke with told us that they felt safe living there. One person told us "You know that you are not on your own, there are always people to talk to and we can please ourselves what we do". Others said "There are staff to help us if we need help" and "I have the carers looking after me and we have male carers, that makes me feel safe."

We saw that suitable arrangements were in place to help safeguard people who used the service from abuse. Policies and procedures for safeguarding people from harm were in place. These provided staff with guidance on identifying and responding to the signs and allegations of abuse. They included details for other agencies who could be contacted about safeguarding concerns. We saw that this information was also displayed in the entrance to the building. Staff we spoke with had a good understanding of safeguarding procedures and were clear about the action they must take if abuse was suspected or witnessed. They told us they would report any concerns to the manager and were confident that appropriate action would be taken. Discussion with the registered manager and the training records we looked at confirmed that members of staff had received training in safeguarding vulnerable adults from harm.

We saw that the service had a whistleblowing policy. This told staff how they would be supported if they reported poor practice or other issues of concern. It also gave staff details of other organisations they could contact if they were unhappy with how the service had responded to their concerns. This policy ensured that members of staff knew the procedure to follow and their legal rights if they reported any issues of concern. We saw this information was displayed in the reception area. Staff we spoke with were aware of the policy and who they could contact if they were not happy with how the service had dealt with an allegation of abuse or poor practise.

We looked at three staff personnel files and saw that a safe system of recruitment was in place. The files we looked at contained application forms with full details of previous employment, an interview record, two written references, identification documents including a photograph and a criminal records check from the Disclosure and Barring

Is the service safe?

Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. It helps protect people from being cared for by unsuitable staff. The manager told us that they were in the process of renewing any old DBS certificates to ensure information was up to date. We saw policies and procedures on staff recruitment, equal opportunities, sickness and disciplinary matters.

We found that people received their medicines safely. We saw that policies and procedures were in place for the management of medicines. These gave guidance to staff on ordering and disposing of medicines, administering, managing errors and action to take if someone was admitted to hospital or refused to take their medicines. Staff we spoke with, and records we saw, showed that staff who were responsible for the management of medicines at the home had received appropriate training. We saw that medicines were stored securely and only suitably qualified people had access to them. The temperature of the storage area was checked and recorded daily in order to ensure medicines were stored according to the manufacturer's instructions. We looked at the medicines administration records (MAR) of fifteen people using the service and found they were fully completed and included details of the receipt and administration of medicines. A record of unwanted medicines returned to the pharmacy was also available. We saw that there were no unaccounted gaps or omissions in the records. Records we looked at showed that the manager audited the management of medicines monthly and regularly checked staff competence in order to ensure that medicines were managed safely.

We looked at four people's care records. We found that these records identified the risks to people's health and wellbeing including falling, eating, drinking and the formation of pressure sores. Guidance for staff to follow about how to manage identified risks in order to promote people's safety and independence was also included in the care records. However the care record for one person, who had been with the service for two weeks, contained a completed assessment of the person's needs and risks but no individual risk assessments had been developed. This could potentially lead to staff being unaware of risks to people and how to reduce risk. The manager told us the resident was undergoing a period of assessment but that they would review the procedure for developing risk assessments.

We saw that appropriate environmental risk assessments had been completed in order to promote the safety of people using the service and members of staff. These included, electrical appliances, accessing the cellar, hoists and lifting equipment, wheelchairs, medicines, chemical and cleaning products, sharps, window restrictors, legionella and alcohol hand rub. These risk assessments had been reviewed at the end of October 2015.

Records we looked at showed that a fire risk assessment was in place and regular fire safety checks were carried out on fire alarms, fire extinguishers, emergency lighting and fire exits. We noted that a personal evacuation plan (PEEP) was in place for each person who used the service. These plans provided clear directions for staff to follow about the support each person required to safely evacuate the premises in the event of an emergency.

The service had a business continuity plan. This informed managers and staff what to do if there was an incident or emergency that could disrupt the service or endanger people who used the service. This included; bad weather, loss or damage to gas or electric supply, physical damage to the building, breakdown of essential equipment and missing persons procedures. We saw that all information that would be needed in case of fire or emergency was kept in a "grab bag" in the manager's office to ensure the person in charge had easy access to all the information they would need.

We saw that the service had procedures in place for dealing with accidents and incidents. These guided staff on what to do, who to tell and how any incidents should be recorded. Records we looked at showed accidents and incidents had been recorded and that these were reviewed by manager to look for patterns and recommend action to prevent re-occurrence.

Records we looked at showed that a system was in place for carrying out health and safety checks. We saw that equipment was appropriately serviced and maintained. We saw that a maintenance log was kept of work that needed to be undertaken within the building. It also recorded when the work had been completed. During our inspection we found some repairs that had not been logged, however during our inspection management were very responsive and we saw that those repairs or renewals were completed whilst we were at the home.

Is the service safe?

We looked round the home and found that communal areas were spacious and suitable for a variety of leisure activities. We observed that the bedroom corridors were dimly lit. This could present difficulties to residents with sight impairments.

Suitable arrangements were in place for the prevention and control of infection. The service had an infection control policy which guided staff on how to prevent the spread of infection amongst staff and residents. This included

effective handwashing, disposal of waste and advice on the use of personal protective equipment (PPE) such as disposable gloves and aprons. We saw that gloves and aprons were readily available and used appropriately by members of staff in order to protect themselves and people who used the service from infection. We saw that a macerator had been installed in the new sluice room. This meant that soiled and contaminated waste could be disposed of safely.

Is the service effective?

Our findings

At our last inspection we found significant areas of the home were not clean and were dusty and dirty. We found that equipment was not maintained; only one shower was fully operational and both assisted baths were not working. These concerns constituted a breach of Regulation 15(1) and (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A warning notice was issued.

During this inspection we found significant improvement to the environment had been made and the warning notice we issued had been complied with.

The home was clean and free from offensive odour. All bedrooms we observed were clean and tidy. Relatives and residents we spoke with all said that the cleanliness of the home had much improved since the new manager had arrived. We saw that some rooms had recently been redecorated, some flooring had been replaced and all bathing and showering facilities were working and clean. We did find some carpets were stained and in need of replacement, however we were told by the manager that they were to be replaced with non-slip flooring in the next phase of refurbishment. The manager told us that since our last inspection considerable resources had been put into improving the home and there was an ongoing plan of improvement. We were shown orders that had been placed for future equipment and furnishings.

Visitors we spoke with told us they were kept informed about their relatives. One said "If anything happens or [relative] is not very well they phone us. They tell us [relative] sleeps very well at night." Another told us "We ring almost every day they give [relative] the phone so we can speak to [relative]."

During the inspection we looked to see if staff received the training they needed to carry out their roles. We found that essential training staff needed to enable them to provide care and support to people they worked with was provided. The manager showed us the training matrix. This was used by the manager to record all staff training. The manager showed us a new system that was being used which alerted them when staff were coming out of date with essential training. Staff we spoke with told us about the training they had received. This included moving and handling, fire prevention, dementia, safeguarding adults, food safety, infection control, first aid, end of life care and nationally

recognised vocational qualifications in health and social care. Members of staff had been trained in the Mental Capacity Act 2005 (MCA 2005). Staff records we saw contained certificates for their training.

We were told that all new staff completed the care standards certificate. This is a twelve week induction which includes information about the individual staff member's role as well as policies and procedures. During the induction staff were required to undertake all mandatory training courses and to complete a work book to demonstrate their knowledge and understanding. Two new members of staff told us they had previous experience of care work and had obtained vocational qualifications in health and social care. They said they had shadowed an experienced member of staff for the first day and were waiting to do three days induction training. Relatives and residents thought that the skill and training of the staff had improved since the new manager had arrived in post. "Some staff are better trained than others, things have improved. It could not have got any worse it was really bad"

We asked the manager what systems were in place to ensure staff received the support they needed. Since the manager had started at the home we saw that all staff had undertaken an appraisal and staff were receiving supervision. The manager told us that two staff meetings had been held in the last three months and during the staff meetings they had fun quizzes to help staff increase their knowledge of important topics. We saw minutes of staff meetings which have been held twice since our last inspection; they included a quiz about infection control and moving and handling.

The manager told us at each change of shift the senior staff gave a handover. These were used to update staff about any changes in the needs of people who used the service and to allocate tasks for the day. During the inspection we observed a handover; the information given was detailed and included information about people's changing needs and important events. During the handover we heard staff making suggestions about how to improve people's care and support.

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

Is the service effective?

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 to 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 found the service was working within the principles of the MCA.

Peoples care records contained evidence that the service had identified whether the person could consent to their care and was following correct procedures when applying for DoLS authorisation. Conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection an authorisation for DoLS was in place for four people who used the service. These authorisations ensured that people were looked after in a way that protected their rights and did not inappropriately restrict their freedom. Prior to our inspection we looked at our records we found that the service had notified CQC of the authorisations, as they are required to do. The registered manager told us that urgent applications for DoLS had been made for another eight people who used the service.

The four care records we saw showed people who used the service and their representatives had been involved in the care planning process. We saw that assessments were completed prior to people starting to live at the home. These were used to identify needs and risks. Where possible people who used the service had signed their care plan to indicate their agreement with the care provided. However some people we spoke with told us they had not signed a care plan or didn't know what a care plan was.

The meal served at lunch time looked wholesome and appetising. We observed that lunch time in the ground floor dining area was an unhurried social occasion allowing people time to chat and enjoy their meal. We saw that care workers also chatted to people and offered appropriate encouragement when necessary. We saw that hot and cold drinks and snacks were also available throughout the day. One person said, "The meals are good, we have a choice and I always like what I get." Another person told us they had enjoyed their lunch and said, "there are things I don't like and they give me something different." People told us they enjoyed the cooked breakfast

Discussion with the cook confirmed they were aware of people's individual preferences and any special diets. Menus were planned in advance and rotated on a four weekly basis. People were offered a choice of meal and special diets and people's individual preferences were catered for. The cook said that alternatives to the menu were always available if people wanted something else. Fresh fruit and vegetables were also available in order to ensure that people received a varied and balanced diet. We saw that when mid-morning drinks were offered to residents, fresh fruit and snacks were also available. We saw a drinks station in the lounge, staff told us people could help themselves whenever they wanted, although people we spoke with told us very few people did. Some people we spoke with thought that the food had improved but thought that more choice could be offered particularly more fresh food and salads. The cook told us that a questionnaire about the meals provided had been distributed to people using the service and their relatives. When these questionnaires have been returned and evaluated the menus would be reviewed. The kitchen had achieved the five star "good" rating at their last environmental health visit which meant kitchen staff followed good practices.

We found that people's care records included an assessment of their nutritional status so that appropriate action was taken if any problems were identified. This assessment was kept under review so that any changes in a person's condition could be treated promptly.

Each person was registered with a GP who they saw when needed. The care records we saw demonstrated that people had access to specialists and other healthcare professionals such as district nurses, dieticians, speech therapists, podiatrists and opticians. Records were kept of all appointments and any visits from health care professionals so that members of staff were aware of people's changing needs and any recurring problems. Improvements had been made in the recording systems to help ensure health care professionals advice was acted upon. Records we saw showed that people who were at risk of developing pressure sores were referred to appropriate health care professionals and detailed records were kept of re positioning and pressure relief given. A visiting health care professional told us the service was very good at referring people and followed instructions given.

Is the service caring?

Our findings

At our last inspection we found that the service was not always caring. We were told that staff were sometimes sharp when speaking with people and did not always listen.

During this inspection we found improvements had been made.

During our inspection we spent time observing how people were spoken with and supported. The manager and staff were caring and responsive. We saw people seemed relaxed and comfortable in the company of the staff. People we spoke with and their relatives told us that they were well cared for. One person told us “The staff are very kind, they ask if they can help you.” another said “Anything I need they help me with.” “The biggest part of them are good, some could be better.” Another said “The staff are lovely and go over and above their duty in the care given.”

People told us that most of the care workers were polite, respectful and respected their privacy. We saw that residents could have their doors open or closed. Two people we spoke with said they had keys to lock their bedroom doors if they wished. We also noted that each bedroom had a lockable draw for personal and private belongings.

A visiting health care professional told us that members of staff were caring and sought advice for any concerns they had regarding the care of people who used the service. We saw that people who wanted to mobilise independently, but slowly, being encouraged and allowed to do so.

The manager knew people well and responded to requests for support compassionately. Staff we spoke with knew the needs of the people they were supporting. People we spoke with were happy that the staff knew what care they needed and all said that their relatives also made sure that their needs were met.

We found that care records were stored securely and policies and procedures we looked at showed the service placed great importance on protecting people’s confidential information

We saw that where possible information about each person’s wishes regarding end of life care and resuscitation had been discussed and documented in their individual care plan. This informed staff what people wanted to happen at the end of their life. The manager told us that senior staff were receiving additional training through the Palliative Care passport, which helped staff learn how to communicate with, prepare and support people and their relatives about their wishes at the end of their life.

People told us that clergy from the local churches visited each month to deliver services to those residents who wished to participate.

We were told that the service has an open door policy and visitors are welcomed. During our inspection we saw a number of visitors coming and going. People we spoke with said they could visit whenever they wanted. Some people we spoke with said they would like a chair for visitors in their bedroom.

We saw that information and leaflets about advocacy services was displayed in the reception area.

Is the service responsive?

Our findings

At our last inspection we found that the service was not always responsive. Staff did not always respond to the needs of people. People told us they did not have enough activities to do and no activities were available for those people living with dementia. Complaints were not addressed.

During this inspection we found improvements had been made.

Staff we spoke with told us about the activities provided for people who used the service. People had played skittles on the morning of our inspection. Other planned activities included pamper sessions and social events such as parties. We spoke with the activities co-ordinator who told us that she had only taken on the post a few weeks ago. We were shown an activities program that contained activities such as Bingo, Arts and crafts, Reminiscence, music, dancing, and board and card games. We observed the activities co-ordinator delivering a memory game to eight residents. It was done enthusiastically and all the residents seemed to enjoy it. We heard people being asked what activities they would like at Christmas and talking about making up a hamper to raffle off, a local brass band and what decorations they wanted to make. We were also told that a cheese and wine party had taken place, where relatives had been invited to attend and a clothes party had been arranged for December. Residents we spoke with said that the activities program was a recent innovation. On the day of our visit we saw an entertainer had been arranged. The residents joined in singing and dancing, there was a lot of laughter and people encouraged others to join in. A finger buffet was offered to the residents at tea time.

The manager told us that they were introducing aids around the home to help improve the environment for people who are living with dementia, including signage to help people find their way around the home. We saw that communal spaces contained pictures of famous post war film stars. They also contained pictures of Rochdale from

the same era. During our inspection we heard staff talking about the pictures and asking people about them. The manager showed us a picture board that was being used to help people to communicate their needs and wishes.

We found the service had a policy and procedure which told people how they could complain and what the service would do about their complaint. We saw this was displayed in the reception area. Records we saw showed that complaints were recorded and appropriate action taken. We saw that a suggestion box was available in reception areas for people to post comments and ideas about the service. Records showed that the manager reviewed these and acted upon them. One person we spoke with said, "I've complained before and nothing was done but if I ask the new manager she's on to things straight away."

A visitor told us "my [relative] has only been in the home for five weeks and already her mobility has improved. Staff have been very responsive to her needs."

We saw that care records contained an initial assessment of the support and care the person would need in a number of areas including; personal care, mobility, capacity, health and diet. The records included a picture of the person and details of people's life history. They included important information about the person's health conditions and allergy's. We saw that this was used to develop care plans and risk assessments. They informed staff of people's personal preferences, likes and dislikes interests and hobbies in order to promote person centred care. The records we were sufficiently detailed to guide staff on how to provide the support people needed. We found that care records had been reviewed and changes were made when people's support needs changed. The care records we saw contained evidence that people and their representatives had been involved in developing the care plans and risk assessments.

We saw that people had personalised their own room with photographs, ornaments and pictures for the walls to make them look more homely. People we spoke with told us that they could get up or go to bed when they choose to and meals could be taken in their rooms if they choose to. We saw that residents who wished to were offered a glass of wine and sweets in the afternoon.

Is the service well-led?

Our findings

At our last inspection we found that the service was not well-led. The arrangements in place for assessing and monitoring the quality of the service provided had not included obtaining the views of people who used the service and their representatives. Failure to have an effective system in place to assess and monitor the quality of the service provided is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A warning notice was issued.

During this inspection we found that significant improvements have been made and the warning notice had been complied with. We found a robust system of quality assurance had been put in place. We saw that a variety of methods had been introduced to gather people's views. The manager showed us surveys that had been sent out to staff, residents and relatives. They asked people's opinions of the service and how it could be improved. Questionnaires had also been given to people about food and activities. We were shown completed forms and saw these had been reviewed by the manager, action had been taken and results displayed. Records showed that the service had held two residents meetings since our last inspection; we saw that relatives were also present at the meetings.

We found the service had a quality management policy; this informed people who used the service, relatives and staff what quality monitoring was in place and what the service would do to review the performance of the service. The manager told us a number of weekly and monthly checks and audits were completed. Records we looked at showed us these included; health and safety, fire safety, safeguarding, medicines, care plans, training, infection control, environment cleanliness and repairs, mattress cleanliness, falls, accidents/ incidents and bathing. We saw that checks and audits were recorded, analysed for patterns and records were kept of any concerns, lessons learned and actions taken. Records we saw showed that the manager also undertook and recorded a weekly visual inspection of the home, including bedrooms and communal areas and observed a mealtime each week to monitor the residents experience. Records we saw showed

that the regional assistant director of the service also completed monthly audits to identify any further issues and review progress on any actions identified by the manager.

At the time of our inspection the service did not have a registered manager. We were told that the current manager has applied to the Care Quality Commission (CQC) to be the registered manager of the home. Our records showed that the manager had applied to CQC and then became registered following our visit. A registered manager is a person who has registered with the CQC 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. People we spoke with all knew who the manager was. They told us the manager had a very visible presence was very approachable and they could go to the manager with any concerns or worries they had and thought they would be listened to. During our inspection we observed the manager interacted politely with people who lived at the home and people responded well to her.

Records we saw showed the manager investigated complaints, responded to individuals and that action taken was recorded. People we spoke with said the service response to complaints had improved and they felt happy that they could go to the new manager with any complaints or concerns they may have, and that they would be listened to.

All the residents and the relatives we spoke with were complimentary about the manager. They told us that in the short time the present manager had been in post the service had improved. One visitor said the manager had "Worked wonders" another said, "The manager is very capable and has made so many improvements."

Staff we spoke with were positive about the manager and the changes that had been made. Members of staff told us they liked working at the home and the manager was approachable and supportive. One care worker told us about the improvements implemented by the manager. These included, more training for staff and key information about people's care needs clearly stated in the care plans. This care worker said, "[manager] is brilliant,

Is the service well-led?

she doesn't have favourites she treats everybody equally." Another care worker told us the manager had made the service more homely with the signs on bedroom doors and dining tables set with table cloths, menus and flowers.

Before our inspection we checked the records we held about the service. We found that the service had notified CQC of accidents, incidents, safeguarding's and DoLS applications. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.

The manager told us that the provider had held a meeting for residents and relatives to discuss the last inspection report and the service plans for the future. People we spoke with told us the provider and managers had assured them the new manager would work very hard to improve standards.

It is a requirement that CQC ratings are displayed in the service. We saw that a copy of the last inspection ratings was on display and available for people to read in the entrance hall.