

Astley Grange Homes Limited

Astley Grange

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

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

This inspection took place on 16 November 2017 and was unannounced.

Astley Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At this inspection we found six breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to fire safety, medication, safeguarding, premises and equipment, staffing and training.

The home did not have 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 home had appointed a manager who had been in post for eight weeks and was in process of applying to the Care Quality Commission to become the registered manager.

People who used the service, relatives and staff told us they found the manager helpful and supportive.

Staffing levels on the day of the inspection were insufficient to meet the needs of people who used the service.

Systems were in place to ensure staff were safely recruited. However there was no record of interviews in some of the staff files reviewed. Staff completed an induction on when starting work at the home

We found that people did not receive their medicines in a safe and timely manner as prescribed. This meant medicines due at lunchtime could be delayed due to the time lapse needed before repeat medicines being given.

Infection control systems required improvement to reduce the risk of cross infection in the service. Staff had access to protective clothing such as gloves and aprons when needed.

People were not kept safe from the risk of fire due to obstructions on stairs and under stairwells. There was also a lack of fire training. Staff told us they had received some training. However this had lapsed and essential training was overdue.

Care records included detailed information about people's health and well-being. However, it was difficult to find information the files as there was so much paperwork in different sections.

We saw evidence of some staff supervision notes. However some staff had not received regular supervision. We saw that not all staff had received annual appraisals as required.

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

People told us they had a choice of meals and there were alternatives if they did not want what was on offer.

People we spoke with told us the staff were kind and caring. We observed good interactions between staff and people who used the service. People were treated with privacy and dignity.

There was a range of activities provided at the home.

The design of the building and facilities provided were appropriate for the care and support provided.

People were encouraged to provide feedback on the service they received. Any complaints or suggestions were acted upon to help improve people's experience of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

People were not cared for in a safe environment. Poor fire safety practices comprised the safety of people at the home.

There were systems in place to help ensure staff were supported to report any abuse they witnessed or suspected.

Staff had been safely recruited. Staffing levels were insufficient to meet the assessed needs of people.

Safe systems were not in place with regard to ordering, administering and recording of medicines.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff had not received up to training.

Staff had an understanding of the MCA, DoLS and the MHA. The manager had taken appropriate action to apply for restrictions in place in a person's best interests to be legally authorised.

People told us the quality of food served was good with plenty choices available

Is the service caring?

Good ●

The service was caring.

People who used the service told us staff were supportive and helpful.

People's privacy and dignity was maintained.

There was a service user guide given to people and their families. This required updating with the new managers details.

Is the service responsive?

Good ●

The service was responsive.

Arrangements were in place to help ensure people received individualised care to meet their diverse needs.

People who used the service were involved in reviewing the support they received. This helped to ensure the service was responsive to people's changing needs.

People were encouraged to provide feedback on the service they received. Any complaints or suggestions were acted upon to help improve people's experience of the service.

We looked at the care records for four people who used the service. We found some information was contradictory in places.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

The manager was in the process of registering with the Care Quality Commission.

Systems were in place to monitor and assess the quality of the service. At this inspection we found six breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service, relatives and staff felt supported by the manager and told us she was approachable.

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Astley Grange

Detailed findings

Background to this inspection

We carried out this comprehensive 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 inspection took place on 16 November 2017 and was unannounced. The inspection was carried out by two adult social care inspectors and an expert by experience. The expert-by-experience had personal experience of caring for someone who used this type of care service.

Prior to our inspection we contacted the Clinical Commissioning Group (CCG), the local authority commissioning team and 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 experienced accessing the service.

We also received a provider information return (PIR) from the provider. This form asks the provider to give us some key information about what the service does well and any improvements they plan to make.

During the inspection we spoke with three people who used the service and six relatives. We also spoke with four healthcare professionals and a visiting GP. We spoke with the provider, the manager and the deputy manager, four members of the care and nursing staff team. We observed the lunch time meal. We reviewed records at the home including four care files, five staff personnel files, meeting minutes, training records, health and safety records and audits held by the service.

Is the service safe?

Our findings

We asked if people felt safe within the home. One person told us, "I feel safe and secure in general, but not when I don't feel well. When I am not well I feel lonely as I am in my room on my own". Another person said, "The carers make me feel safe with their air of welcome". A relative told us, "The doors are locked, there is a lot of security and staff are around". Another relative said, "I trust the staff to care for my [relative]".

We looked at all areas of the home. There was a keypad at the front door and also on the door from the entrance hall into the home. This helped to keep people safe by ensuring the risk of entry into the building by unauthorised persons was reduced. It also helped to prevent people who were assessed as being at risk if they left the home alone, from leaving the building unsupervised.

The provision of CCTV, directed on the front door, enabled the staff, especially 'out of hours,' to see who required admission to the building before they allowed them access. This also helped to keep people safe.

We looked around the home and found the internal fire escapes were blocked with clothes hanging on racks, two duvets airing on the bannister, hoists and slings, boxes and items of furniture and staff coats. The roller iron, household iron and ironing board which were used by staff were stored in this area. We also noted some of the fire rescue equipment; such a Ski Pads had been moved aside to accommodate the equipment being stored. The blocking of the fire escapes placed the health and safety of the people who lived, worked and visited the home at risk. We discussed this with the provider who told us that storage was a problem. The provider agreed to remove the items following the inspection.

From discussions with staff and looking at the staff training matrix we found fire training had not been provided for staff. We contacted Greater Manchester Fire and Rescue Service on 16 November 2017 with our concerns. They carried out an inspection at Astley Grange on 17 November 2017. An enforcement notice was served by the Fire Officer due to five areas concern. These included: The fire risk assessment was not suitable and sufficient. The fire safety arrangements were not adequate. The escape routes were obstructed. Staff had not received comprehensive and relevant information on appropriate procedures and fire drills to be followed in the event of serious and imminent danger. Inadequate safety training for staff. The home must meet the requirements of the fire enforcement notice by 28 February 2018.

On the 21 November 2017 the Bolton Infection Control team visited Astley Grange. They raised concerns with the CQC that they found the stairwells blocked with hoists and other equipment. This was raised with the provider at the CQC inspection on 16 November 2017 and by the Greater Manchester Fire and Rescue service on 17 November 2017. The provider had not actioned the removal of such items and was therefore compromising people's safety.

On the 17 November we received an action plan from the provider stating that the fire exists and under the stairs were not blocked. The action plan states, "These were obstructed and they have been cleared".

Personal emergency evacuations plans (PEEPs) were kept of the support people who lived at Astley Grange

would need to evacuate the building safely in the event of an emergency. We also noted a business continuity plan was in place to provide information for staff about the action they should take in the event of an emergency such as a failure of the gas or electricity supply to the premises.

The bedrooms, dining room, lounge and corridors were well lit, clean and bright and there were no unpleasant odours. The provider had taken environmental steps by ensuring the windows above ground floor level were fitted with restrictors and that radiators in communal areas and bedrooms were covered. However, we did see however that the radiator and piping in an en-suite toilet in one of the bedrooms was not protected. We also saw that the radiator cover in one of the bedrooms was broken and left an area of the radiator exposed. Unguarded radiators and hot water pipes pose a serious risk of harm to people who use the service.

As we were not able to look into all the seven en-suite toilets we required the provider to undertake their own checks to see if there were other unguarded radiators and pipes in place. The provider was to inform us of the outcome. The provider sent confirmation on 17 November 2017 that all radiator covers had been checked and were now in order and fixed. This will be checked at our next inspection.

The provider had failed to ensure the premises were kept safe. Failing to ensure that the premises are safe is a breach of Regulation 12 (2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the systems in place for managing medicines within the home. This included the receipt, storage, recording and disposal of medicines. We also checked the medicine administration records (MARs) of seven people who used the service.

We were told that only the registered nurses were responsible for managing the medicines and that the medicine keys were kept on their person at all times. Keeping medicine keys secure helps to prevent medicines from being accessed and misused by unauthorised persons.

We found that medicines, including controlled drugs (very strong medicines that may be misused), were stored securely.

Some medicines needed to be stored in a refrigerator at a temperature of between 2-8 degrees centigrade. Although the temperature was recorded at least daily, records showed that the maximum recorded temperature of the fridge had been at 15 degrees centigrade for several days and no action had been taken by staff to investigate the reason for the high temperature. Medicines may spoil and not work properly if they are kept at the wrong temperature. The manager told us they would get the fridge 'checked out' by the community pharmacist.

It was identified on one of the MARs that a person was prescribed a strong painkiller that had to be taken when required. The MAR identified there had been no stock of the painkiller for seven days. Our enquiries showed that this person had been, and was, in pain. A visiting professional, who was responsible for monitoring the care provided to the person, reported the incident to the safeguarding team. Staff had failed to ensure sufficient stocks of a persons medication was available.

It was identified from the MARs that some medicines were to be given 'when required' or as a 'variable dose'. We saw there was no information available to guide staff when they had to administer medicines that had been prescribed in this way. If information is not available to guide staff people could be at risk of not having their medicines when they actually needed them.

Another person had been prescribed 1.25mls to 2.5mls of a very strong painkiller, four hourly as required. Although staff were recording that the person was being given the painkiller there was no accurate recording on the MAR showing how much was administered. This meant that it was not possible to assess if the medicine was effective or if in fact the person was getting the amount they needed to relieve their pain.

We saw that several people were prescribed 'thickeners'. Thickeners are added to drinks, and sometimes food, for people who have difficulty swallowing or at risk of choking.

A discussion with the care staff showed they knew when the thickeners were to be given and how much was required for each person. Records showed however that the care staff were not recording when they had given the prescribed thickener. To ensure that people are given their medicines consistently and as prescribed, it is important that care staff record each time when they have given the thickener. They must record how much thickener is added to how much fluid.

During our walk around the home we identified that a prescribed thickener container was left unsecured in a person's bedroom. The containers must be kept secure to prevent the accidental ingestion of the contents; which could result in harm due to choking.

We saw that charts were in use for the application of prescribed skin creams. We looked at three of the charts. One chart showed that the prescribed cream was being applied regularly. However there was no MAR for this person. The container showed that the cream had been prescribed for that person. No explanation could be offered by the staff for the absence of the MAR.

The other two skin cream charts showed that the prescribed skin creams had not been applied on the day of the inspection. Although the creams were to be applied 'as required', we were told the condition of the person's skin required they were to be applied every day.

We found that medicines were not managed safely and there was a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Appropriate arrangements were in place to safely dispose of medicines that were no longer needed. They were kept in a tamper-proof container in a locked area.

From the training record it was apparent that not all staff had received up to date training in safeguarding adults and children. We spoke with staff who confirmed they had previously received adult safeguarding training however this was some time ago. However it was clear from discussions they had a good understanding of safeguarding and whistleblowing procedures.

We had been made aware of four safeguarding concerns by the local authority safeguarding team. CQC had not been notified of two of these by the provider. These related to staff not following the advice from the Speech and Language Team (SALT) which placed two people at significant risk of choking. The local authority safeguarding team were dealing with these incidents.

We found this was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 in relation to safeguarding.

We checked to see that staff had been safely recruited. We reviewed five staff personnel files and saw that each file contained an application form with 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. In the five staff files we looked at we saw information was available. Some files had interview notes and an induction, others had neither. The provider sent us a copy of some interview notes. However these were not related to the files we looked at and the person's name did not appear on the training record we reviewed

We asked the provider about staff induction. We were shown a copy of an induction. This was carried out on 07 November 2017 and was signed off as completed 07 November 2017. This meant that the person had completed an induction in one day.

We saw there were procedures in place to confirm that all nursing staff maintained an up to date registration with the Nursing and Midwifery Council (NMC). This should help ensure people received care and treatment from nursing staff who met national standards and code of conduct.

We looked at the on-site laundry facilities situated on the ground floor. We found there was sufficient laundry equipment to ensure effective laundering. Hand-washing facilities and protective clothing of gloves and aprons were in place and specialised bags were used for heavily soiled laundry.

We saw staff wore protective clothing of disposable gloves and aprons when carrying out personal care duties. Alcohol hand-gels and hand-wash sinks with liquid soap and paper towels were available throughout the home. Good hand hygiene helps prevent the spread of infection.

We saw a number of hoist slings were left around the home. Any person requiring a sling should be individually assessed so they get the correct size of sling to ensure their safety. Individual slings are also required to reduce the risk of cross infection. We discussed this with the manager who thought the ones we saw were spare. We recommended that these be washed and stored to avoid staff using them in error. This had not been addressed on 21 November 2017 when the Infection Control team visited the service.

On 21 November 2017 Bolton Infection Control team carried out an audit of Astley Grange. The audit confirmed some positive outcomes. For example staff hand washing procedures and the environment were good. However the sharps bin (secure container for needles) was so full that needles were protruding out of the top of the bin. Handwashing in bathrooms was virtually impossible due to the amount of items being stored in the bathroom. Commodes needed to be cleaned after each use with appropriate equipment and detergent. The treatment room needed to be de-cluttered and a high level of dusting needed to be added to the cleaning schedule. The overall rating from the audit was 83% and coded as amber.

We found this was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 in relation to premises and equipment.

We asked people if they thought that staffing levels were sufficient. A relative told us, "I sometimes think there should be more staff as they are dealing with people with a lot more of complex needs that require a lot more care". Another two relatives agreed that there were not enough staff on duty. A person who lived at the home told us, "I think it would help if they had more staff they are rushed off their feet."

The home used a dependency tool to assess the number of staff required to meet the needs of the people who used the service. This showed that all but three people in the home had been assessed as having high needs. On the day of the inspection there were insufficient staff on duty. There was one nurse to cover both floors of the home and two carers on each floor. The nurse on duty completed the morning medication round at 12.00. This meant that people had to wait for their medication and this had a knock on effect to the lunch time medicines. Several people also required the nurse to attend to dressings and set up

Percutaneous Endoscopic Gastrostomy (PEG) feeds (tube in to the stomach in which a liquid diet and medication is passed through). And other types of specialised feeding equipment. There were also people who were nursed in bed and other people were at an end of life stage. We observed staff were struggling to cope with delivering care and had little time for quality engagement with people.

We found this was a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 in relation to staffing.

We looked at four 'Positional Change' monitoring charts and four 'Diet' monitoring charts.' The Diet charts were stapled to the positional change charts but they had no name or date documented on them. Documents need to be named and dated so that an accurate record is in place of any care and treatment provided to a person at any given time.

It was documented on the charts when any positional changes had been undertaken and staff were recording the amount of diet and fluids taken. We saw that risk assessments were in place; however these were not always being adhered to.

There were policies and procedures were in place; these were designed to protect people who used the service and staff from risks including those associated with cross infection and the use of equipment. We saw the medication was dated 2014, we recommended that the provider update this policy in line with current guidelines. Records we looked at showed us equipment used in the service was maintained and regularly serviced to help ensure the safety of people in Astley Grange. We have asked the provider to forward to us a copy of the last electrical certificate and the legionella certificate. These could not be located on the day of the inspection. We have now received confirmation that the electrical and legionella certificates were valid and up to date.

Is the service effective?

Our findings

People who used the service and visiting professionals were complimentary about the care their relative received. One healthcare professional told us, "Staff are very helpful, they do a good job". Another told us, "There's a nice feeling when you come into the home. The staff are lovely; they communicate well and engage well with other agencies". A GP who visited the home on regular basis told us, "The home is caring for a lot of poorly people. They [staff] do a good job caring for them. They act on advice given; I have no worries or concerns". A relative told us they felt the staff were well trained and looked after their relative well.

We walked around the home and saw the home was clean and fresh. Bathrooms, shower rooms and toilets had suitable aids and adaptations to assist people. We saw several mobile hoists in use. These help to promote people's independence and comfort and assist in their safe moving and handling. Due to the lack of storage space we found the home was cluttered and equipment was inappropriately stored.

The home is a purpose built home; the corridors were wide to enable people to move freely around the home with the use of walking aids or wheelchairs. There was ramped access to the front of the home. The home was well lit with both natural and electric lighting. There were some dementia friendly signage to help people orientate around the home. Improvements could be made to aid recognition to assist people to recognise their own bedrooms. For example different coloured doors or memory aids.

We spoke with staff about training and development. Some staff had previously done essential training. However some of this was out of date. The training record provided indicated that training had lapsed. The provider told us the training record needed updating and would email the inspector with an up to date copy. This was received on 17 November 2017. We found that the home manager had no up to date training in any of the essential topics. For example moving and handling, adult and child protection, fire safety and food safety and hygiene. The training record showed that the deputy managers training was not up to date in adult and child protection, moving and handling, food safety and hygiene. The maintenance person had no training in adult and child protection, fire safety and fire evacuation. The home is commissioned to care for people living with dementia. Fifteen staff out of 35 named on the training record had not completed training in caring for people living with dementia. This meant that some staff may not have a good understanding of providing good dementia care. None of the staff had completed food hygiene training and only 17 staff had training in food safety. The audit from Bolton Infection control team highlighted that staff required training in Aseptic Non Touch Techniques (ANTT), catheter care including emptying and changing bags and patient personal hygiene and updated training in enteral feeding procedures.

Staff spoken with told us that training is delivered by one of the owners at the home and is usually done by power point presentation. This included DoLS, safeguarding, fire safety and manual handling. Whilst we appreciate that some training can be delivered by power point, a practical side of learning should be delivered face to face. For example moving and handling and fire safety. This helped to ensure trained staff remained up to date with best practice guidance.

We found this was a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 in relation to training.

Records we reviewed confirmed staff supervision had not been carried out on a regular basis. Information in staff files we looked at showed for one person the last supervision recorded was 05 May 2016. One to one supervision meetings provide staff with an opportunity to discuss with the manager any areas of concern or worries they may have and any further training and development they wish to undertake. We saw that not all staff had received annual appraisals as required.

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. We saw that DoLS information was documented and was accurate. Staff spoken with had a good understanding of MCA and DoLS.

We observed that staff spoke with people with a kind, caring and respectful manner. People were called by their preferred name. Staff were heard asking and explaining to people what they were doing prior to any care tasks or support taking place. One person said, "I think they ask me if it's alright to come and help me, I can't remember but everything's fine".

We saw consent forms within care plans, which had been signed by the person who used the service or their relative, if appropriate. There was documentation within care files about people's level of capacity to make decisions and how to understand best interest decisions if capacity was an issue.

From the care records we looked at we saw people were supported to access health care services in relation to their mental and physical health needs. This included appointments with dentists, opticians and GPs. Where necessary physical health care plans were in place to identify people's needs and included the action staff should take to support people to meet these needs.

We asked the manager about how information was passed to the hospital should a person need to be admitted. The home is part of the 'Red Bag' Initiative was rolled out to all nursing homes across Bolton NHS Foundation Trust on 13 November 2017. It aims to improve the experience of people when they are admitted to hospital, and reduce their length of stay by speeding up the discharge process and improving communication between hospitals and nursing homes.

The distinctive red bags can be easily packed in a hurry and should contain important care notes belonging to the person, all their medication, and personal items such as a pair of slippers, a change of clothes for when they are returning home and things like their spectacles, dentures and a reading book for passing the time. The bag will be handed over to ambulance staff and then passed on to hospital staff on admittance. The bag will identify the person as living at a care home and should be updated with all the relevant paperwork to ensure a speedy discharge when the time comes.

We spoke with the cook who had a good understanding of people's dietary needs and preferences. The cook told us, "When someone arrives we get a sheet to say what their diet is, whether it is pureed, thickened, soft meat and vegetables or whatever they need". We asked people about the quality and food choices. A relative told us, " There is a menu in the foyer and they have a choice of two meals each lunchtime, for breakfast [relative] usually had cereal and toast but they know he loves bacon and egg so the cook makes that for him once a week ". One person told us, "The food is variable sometimes not very good, I am not very good with meat I can't chew it, I don't need a special diet, I just leave the meat. We saw that there were plentiful supplies of fresh produce as well as tinned and dried goods. The service had received a five star rating on 24 October 2016 from the food hygiene rating scheme which meant they followed safe food storage and preparation practices.

We observed the lunch time meal; this was an overall pleasant experience. Staff were available to assist people who required help with their meal in a discreet and sensitive way.

Is the service caring?

Our findings

Two relatives spoken with were happy with the care their relatives received. One relative said, "The residents seem very happy, it's like a big family, no one is left out, all the carers know about the residents". Another relative said, "The staff feel that residents are their family, it's friendly and caring everyone gets on". One person who used the service told us, "They [staff] are kind and caring I can't say anything against them, some are more natural that way, some put it on but at least they do put it on".

Staff demonstrated a commitment to providing high quality support and care. Staff told us they worked well as a team; they all helped one another. All staff spoken with agreed that it was hard work and extra staff would give them more time to spend with people who used the service. We observed that with only two care staff on each floor the care was task driven.

One member of staff said, "I love coming to work the staff get really close to the residents and are very upset if one passes on". Another said, "The residents are like grandmas and granddads to us". A third when asked what was the best thing about the home said, "It's the residents and staff, every day is different someone can just say or do something that gives you a real boost". Staff spoken with told us they enjoyed working in the service and felt valued by both colleagues and the manager.

During the inspection we observed warm and friendly interactions between staff and people who used the service. We also saw staff knock to gain entry to people's bedrooms in order to respect their dignity and privacy.

We saw that where possible people had been involved with their care planning and reviews. One person knew about his care plan but was happy for his wife to deal with it and discuss any changes. We saw people had signed care plans to indicate their agreement with the level of support they were to receive.

We saw that all care records were held securely. This should help ensure the confidentiality of people's personal information.

We saw that visitors were made welcome throughout the day. This was confirmed by relatives we spoke with. One told us, "It's a lovely atmosphere, there are a lot of people who are really poorly but the atmosphere is welcoming, friendly and there are lots of smiles and laughter".

We spoke with the manager and staff about the culture at the home. They told us that people required a lot of nursing intervention and care for people nearing the end of their life. The aim was to care for people, maintaining their dignity and respect their wishes. Relatives told us that staff offered them support when necessary.

We asked staff how they supported people from different ethnic backgrounds. Staff discussed how they supported a person to go out in to the community and visit a particular barber and purchase food from shops of their choice. The home had also arranged for visits to a day centre.

There was a statement of purpose and a service user guide. The service user guide provides information to new people who may wish to use the service and to relatives about the home, staffing structure and the facilities available. This needed updating to show about the new management arrangements.

Is the service responsive?

Our findings

People who used the service had opportunities to comment on the support they received. We saw that their views had been taken seriously and acted upon in order to improve their experience in the service. Feedback was sought through staff and relatives meetings and through satisfaction questionnaires. Visiting healthcare professionals had also completed questionnaires. Comments included: "Always welcomed by staff, residents always seen in private and home is clean". Another said, "I visit on a regular basis and I am always made welcome. I have never had to complain". Visitors comments included, "All the staff do brilliant job, any problems are reported to the correct people and acted on promptly". Another said, "I am always made welcome, my [relative] has only been here a short time, everything is fine so far". Comments from the staff survey were positive. Comments included: "I enjoy my job.", "It's a homely place to work". Another member of staff said "We have enough equipment".

We looked at the system for managing complaints in the service. We noted a complaints procedure was in place which provided information about the process for responding to and investigating complaints. Information was also on display in the communal areas to tell people how to make a complaint. All the people we spoke with during the inspection told us they knew how to make a complaint if they were dissatisfied with the support they received and were confident their concerns would be taken seriously. There had been some concerns raised with the manager. We saw that these had been dealt with appropriately.

We saw there were a number of compliment cards from relatives. Comments included, "To all the wonderful staff, a massive thank you to all for the care you gave to our [relative]. Another said, "Many thanks for all your loving care".

People who used the service were supported to undertake activities both within and in the local community. We saw that a range of activities was available. Activities included, bingo, entertainers, reminiscence games. A relative told us, "They [staff] used memory cards and pre decimal currency. They also do a Christmas Pantomime, have a Christmas Fayre. They made Halloween decorations and made poppies for Remembrance Day". Staff spoken with told us that there were a lot of poorly people at the home some of whom were nursed in bed. One said, "We try to spend one to one time with them but sometimes that is difficult as we are very busy".

We visited several people in their bedrooms to see how they were being cared for. They looked clean, comfortable and well cared for. A special type of bed that helps staff position people more easily was in use in each bedroom where people with complex health care needs were cared for. Specialised pressure relieving mattresses were in place. This was to help prevent pressure ulcers and promote comfort.

People with complex health care needs had the required equipment in place such as suction machines, oxygen concentrators and nebulisers to ensure their health care needs were met.

We looked at four care plans. The care plans and risk assessments were held on computer with additional

information contained within individual files. Although all the information required was in place to show how people were to be supported and cared for. We found that the information was difficult to access as the files contained a lot of old information which could be archived.

We asked the manager to tell us how staff cared for people who were very ill and at the end of their life. We were told that the registered nurses who worked at the home were very experienced in caring for people nearing the end of their life. The manager told us they had recently received specialist training in this area. We were also informed that the staff at the home received good support from the Bolton Hospice Palliative Care Team and from the Macmillan Nurses.

A visiting GP told us they felt the staff were extremely good at caring for people with palliative care needs.

Is the service well-led?

Our findings

The home did not have 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 home had appointed a manager who had been in post for eight weeks and was in process of applying to the Care Quality Commission to become the registered manager. They were supported in the day to day running of Astley Grange by a deputy manager.

People we spoke with told us that the new manager was supportive and approachable. Healthcare professionals described the manager as being forward thinking and proactive. Staff were also positive about the manager, one said, "She's always around and you can approach her at any time".

We saw that staff turnover was low. Some staff had worked at the home for a number of years. This helped to provide continuity care of care to people who used the service.

Before our inspection we checked the records we held about the service. We found that the manager had notified CQC of some accidents, serious incidents and deaths. However we were made aware by the safeguarding team of two safeguarding allegations both on the 13 November 2017 that had not been reported to the CQC as required. This meant we were not able to see if appropriate action had been taken by the service to ensure people were kept safe.

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 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 relating the environment, medication, equipment and bedrails. We found that in some of the care records we looked at they had not been reviewed as required. We discussed this with the manager and deputy manager who agreed to action this immediately. The manager told us they needed to work through the care plans as they contained a lot of outdated information of which some could be removed.

Records we looked at showed the manager also completed a review of any incidents which occurred within the service to ensure appropriate action had been taken and lessons were learned to help prevent further similar occurrences in the future.

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

When a service does not have a registered manager we place a limiter on the well led domain of the report, which means this domain cannot be rated as good.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Regulation 12 (2) (d) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. The provider had failed to ensure the premises were kept safe. The provider had failed to ensure that medicines were safety managed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment
Treatment of disease, disorder or injury	Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. The provider had failed to notify the Commission of all safeguarding notifications as required.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment
Treatment of disease, disorder or injury	Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure premises and equipment and standards of hygiene were suitably maintained.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	Regulation 18 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
	The provider had failed to ensure that sufficient numbers of staff were on duty to meet people's needs.
	The provider had failed to ensure that staff had received relevant and up to date training.