

Capstone Care Limited Walshaw Hall

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out an inspection of Walshaw Hall on the 6, 7 and 8 November 2018, the first day of the inspection was unannounced. The service was last inspected in July 2016, when it was given an overall rating of Good. Since that time the service has made changes to its registration increasing the occupancy levels from 50 people to 106 people.

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

Walshaw Hall comprises of two properties, Walshaw Hall and The Beeches. There were 33 people living in Walshaw Hall and 30 people living in The Beeches, a modern purpose-built building, which is designated as a specialist dementia care unit. The top floor of The Beeches was unoccupied. The home is situated in a rural area close to Tottington.

The service had a registered manager. 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.

You can see what action we told the provider to take at the back of the full version of the report.

Whilst quality monitoring systems were in place to gather information about the service, we found these were not sufficiently robust nor had findings been acted upon to ensure potential risks were mitigated. Opportunities were provided for people and their visitors to comment on their experiences.

People told us that at times they had to wait for support. Staffing levels needed to be reviewed to ensure sufficient numbers were available at core times so that people receive the support they needed in a timely manner. Staff had not received all necessary training and support to develop the knowledge and skills needed to meet the individual needs of people.

Individual care records were in place. Information reflected people's involvement where possible and had been reviewed and updated. Improvements were needed to ensure information accurately reflected the current and changing needs of people so that staff were clearly directed in the safe and effective delivery of people's care.

People told us that occasional activities were provided however this was not consistent. We have recommended more meaningful activities are introduced so that people's autonomy, choice and independence is promoted.

Whilst suitable arrangements were in place to ensure people's nutritional needs were met. We have recommended improvements are made to enhance people's mealtime experience.

We found the environment, particularly in The Beeches, did not provide a 'dementia friendly' environment. We have recommended the provider refers to good practice guidance about the suitability of the environment for those people living with dementia

People told us, and we observed, staff treat them with dignity and respect when offering care and support. Staff were said to be helpful and caring and understood people's individual needs and wishes.

All relevant recruitment checks were undertaken prior to new staff commencing employment.

Relevant authorisations were in place where people were being deprived of their liberty. Care records show that capacity and consent had been considered when planning people's care and support.

Safe systems were in place for the management and administration of people's prescribed medicines. People had access to relevant healthcare support so that their health and well-being was maintained.

Effective systems were in place to ensure the premises and equipment were regularly serviced and safe to use. Internal maintenance checks were completed. Issues identified during the inspection were immediately acted upon so that the building was safe.

Suitable arrangements were in place to minimise the risk of cross infection.

Systems were in place for the reporting and responding to any complaints and concerns. People and their visitors said they were able to raise any issues and felt they would be listened to and acted upon.

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.

Staffing levels should be reviewed to ensure sufficient numbers are available at core times so that people receive the support they need in a timely manner.

A safe system of recruitment was in place. Staff understood their responsibilities in protecting people from abuse and knew what to do should an incident arise.

Suitable arrangements were in place for the safe management of people's prescribed medicines, hygiene standards, risks to people's health and well-being as well as maintenance checks in relation to the safety of the building and equipment.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff told us there was good teamwork and that they were supported in their role. Further training in the specific needs of people was required so that staff were equipped to meet the individual needs of people.

We have recommended the provider improves the mealtime arrangements providing a more positive social experience and that the environment is enhanced particularly for those people who live with dementia.

Where people were being deprived of their liberty, legal authorisation was in place.

Requires Improvement ●

Is the service caring?

The service was caring.

Interactions between people and staff were seen to be polite and friendly.

People said staff were respectful and care was provided in a dignified manner which maintained their privacy.

Good ●

Staff understood the individual needs and abilities of people and encouraged them to maintain independence in a safe and supportive way.

Is the service responsive?

The service was not always responsive.

Individual records did not accurately reflect the current and changing needs of people so that staff were clearly directed in the safe and effective delivery of people's care.

People we spoke with had mixed views about the activities and opportunities made available. Meaningful activities, particularly for people less able or living with dementia should be explored so that people are truly engaged and help them feel a sense of purpose to their day.

Systems were in place for the reporting and responding to people's complaints and concerns.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

A manager, who was registered with the Care Quality Commission (CQC), was in day to day responsibility of the home.

Areas of improvement were needed so that action identified through the quality monitoring system were acted upon. The provider should also refer to their Statement of Purpose and ensure that this reflects what people can expect from the service.

The provider had submitted notifications to CQC when they were required to do so. We saw the CQC rating was displayed within the home as well as the provider website.

Requires Improvement ●

Walshaw Hall

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 the 6, 7 and 8 November 2018. The first day of the inspection was unannounced and carried out by an adult social care inspector, inspection manager, pharmacy inspector and an Expert by Experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Day two and three of the inspection were carried out by one adult social care inspector.

The provider sent us a completed Provider Information Return (PIR). This is a form, which is requested on an annual basis and asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We also reviewed information we held about the service, including notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law.

We also contacted the quality performance officers at Bury Council and Healthwatch Bury to ask for their views of the home. No concerns were raised with us.

During our inspection we spoke with 17 people who used the service, two visitors, the chef, laundry assistant, housekeeper, well-being co-ordinator, three care staff, three senior care workers, two deputy managers, the registered manager and the area manager.

Some of the people living at Walshaw Hall were not able to clearly tell us about their experiences. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the environment and the standard of accommodation offered to people. We also reviewed four care files, thirteen medication administration records (MARs), six staff recruitment files and training and

development records as well as information about the management and conduct of the service.

Is the service safe?

Our findings

People who used the service talked about staff being polite and friendly. We spoke to people who used the service, staff, managers and reviewed the staff rota's.

A review of staff rotas confirmed what we had been told with regards to the staffing levels provided. However, we received a mixed response from people about staff not always responding in a timely manner. Whilst some people commented, "There seem to be enough staff most of the time", "There seem to be enough staff", "It can be short-staffed here sometimes, but they only usually take about 5 minutes if I use my buzzer at any time." Other people said there were delays when needing assistance from staff. Their comments included, "I don't think there are always enough staff, for example, for toileting. I really feel that it can be embarrassing at times when they don't come as quickly as I would hope, I do try to call them early to anticipate the need", "The staff are kind and treat me with respect, but they are too busy to listen to how I really feel. In this context, I suppose there are probably not enough staff here", "They are always so busy that I always feel that I'm inconveniencing them", "I think the staff know what they're doing, but there is a length of time spent waiting for staff" and "The staff are kind and they seem to listen, but they don't always have time to act on what we say. It is busy in here."

Care staff were designated to work in each area of the home and were supported by a large team of ancillary staff. Staff too felt at times sufficient numbers of care staff were not available and that due to the physical needs of people this put additional demands on the team. Staff felt the last 6 months had been a 'difficult period' however acknowledged more staff had now been employed. Staff told us, "I think more staff are still needed", "Not always adequate in Walshaw Hall", "There are never enough hours in the day, but I'm enjoying my work here", "There's never a quiet moment" and "There's a lot to get through in the day."

We asked the registered manager and area manager about how they determined sufficient numbers of staff were available. We were told the service had a dependency tool but due to the fluctuating needs of people on short term placements it was not the most effective. It was said that the needs of people were discussed at handover and those people with high care needs were allocated a staff member to work with them. It was acknowledged that the introduction of the new electronic care record system, once established, will provide reports that analyse the time spent providing the care and support needed against the staff ratios available. Staffing levels should be reviewed to ensure sufficient numbers are available at core times so that people receive the support they need in a timely manner. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people and their visitors if they felt they received safe care and support. People we spoke with told us, "I like living here and I feel safe", "It is absolutely safe", "I am definitely safe. I've got the buzzer here with me on the chair and it goes at the side of my bed at night. My door is locked all the time, which is reassuring" and "I feel safe here and if I didn't, I would call the carer or ask to see the management." The relative of one person said, "[Relatives name] has lived here since February and it is absolutely safe for them."

We looked at what systems were in place to safeguard people from abuse. We asked staff if they were aware

of the signs and symptoms of abuse and what they would do if someone was at risk. Staff spoken with had a good awareness, could identify the types of abuse and knew what action to take to help keep people safe. We saw that policies and procedures were in place to guide staff and opportunities for staff training had been provided. A review of training records showed that all care and ancillary staff had completed the training. This training helps staff understand what constitutes abuse and their responsibilities in reporting and acting upon concerns so that people are protected.

We found relevant recruitment information and checks were completed prior to new staff commencing their employment. We looked at six staff personnel files and saw references, proof of identification, full work histories and Disclosure and Barring Service (DBS) checks had been sought. DBS checks help employers make safe recruitment decisions as they identify if a person has had any criminal convictions or cautions. Verification of employment checks for agency staff were also sought. This helps to ensure people are kept safe.

The home had effective systems in place to ensure the premises and equipment was fit for purpose. Gas and electricity safety certificates were in place and up to date. Hoists, the lift and fire equipment had been serviced annually with records evidencing this. Call points, emergency lighting, the fire alarm and fire extinguishers were all checked regularly to ensure they were in working order. Each person had a personal emergency evacuation plan (PEEP), which explained how they should be evacuated from the building in the event of an emergency.

The service employed maintenance staff who was responsible for maintaining all areas as well as carrying out health and safety checks. Whilst looking around the home we found several radiators uncovered, missing window restrictors, several doors not closing to the rebate, wardrobes not secured and latex gloves were not safely stored. We also found that water temperatures were low and not maintained to 43°C. These issues were raised with the maintenance staff during the inspection. Immediately following our visit, the registered manager confirmed with us that all action had been taken to address the shortfalls identified.

Systems were in place to minimise the risk of cross infection. People we spoke with commented, "The home is very clean", "It is a good place and it's very clean" and "It's clean here and my bed is changed every six days."

The service employed a number of domestic and laundry staff who were available throughout the week. We found the home was clean, tidy with no malodour. Laundry was managed safely with a designated 'dirty' and 'clean' area. We were told that any soiled items were transferred and washed in red alginate bags. Alginate bags are a high density translucent red polythene bag that is designed to prevent the need to personally handle potential contaminated garments. Throughout the home we saw hand washing facilities were available in all areas where personal care was provided. Staff had access and were seen to wear personal protective equipment (PPE) such as gloves and aprons. The service was audited by the local authority health protection team in May 2018 and was given a compliance rating of 94%.

We looked at people's records to check that areas of risk had been assessed and planned for. Care plan documents identified people's abilities, areas of risk and how these were to be managed. These included poor mobility and risk of falls, medical conditions, poor nutrition and skin integrity. We saw monitoring records were also completed of people's weights, personal care, falls and food and drink intake. This helped staff to recognise any changes in people health and support needs.

During this inspection we found that medicines were managed safely. We looked at 13 medication administration records (MAR), spoke with the registered manager and three senior carers responsible for

medicines. People we spoke with also told us, "My medication is fine, and I am well looked after" and "My medication is good here. I'm not really on much medication, but what I have is OK."

Medicines were stored securely, and access was restricted to authorised staff. Controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) were managed appropriately in line with legislation. Temperatures were monitored daily to ensure medicines were stored in accordance with manufacturer's guidance.

Stock checks had been completed regularly. We checked a sample of medicines and found the stock balances to be correct. This meant that medicines had been given as signed for by staff. Appropriate arrangements were in place for obtaining medicines, ensuring people's treatment was continued.

Minor areas of improvement were needed with regards to the personal identification records identifying any allergies, advice needed to be sought from a pharmacist on how to appropriately administer medicines disguised in food or drink and the procedure for recording when thickener have been used needed expanding upon. These issues were addressed during the inspection.

Is the service effective?

Our findings

We looked at how staff were supported to develop their knowledge and skills, particularly in relation to the specific needs of people living at the home. We spoke with the area manager, registered manager, staff and examined training records. We also spoke to people who used the service about their experience. Two people told us, "I'm not sure about when or if they are trained but am happy with the service they give" and "Most of the staff seem well trained."

We were told, and records showed that new staff completed an induction on commencing work including relevant training. Files seen included the checklist and training certificates, this helps new staff to understand their role and responsibilities and what is expected of them.

Records showed that opportunities were provided for staff to talk about their work. These included individual supervision sessions and team meetings. Staff also confirmed that daily handovers took place at each shift change so that they were kept informed of people's changing needs, information about people was also available on the handsets carried by each of the staff. However, it was acknowledged that the frequency of supervision and team meetings had not been in line with the homes policy due to the staffing issues over the last six months. We were told that it was anticipated this would be addressed following the appointment of new staff. Deputy managers would now have supernumerary hours to complete sessions. Staff spoke positively about the team work within the home. We were told; "The residents are a pleasure to be with. It's a good team and we help each other", "Staff are extremely caring", "There's commitment from staff" and "We work well together so that we can provide a good service."

We were told current training was provided using DVD's followed by the completion of a questionnaire. A review of staff training was currently being completed and where gaps had been identified arrangements were being made to ensure staff were up to date. A review of the training records showed that courses were provided in areas such as, moving and handling, health and safety, safeguarding, mental capacity, infection control, medication, dementia awareness, first aid and food hygiene. However, there was little evidence of training in the specific needs of people, for example behaviours which challenge, end of life, pressure care and diabetes. We also discussed with the registered manager and area manager more practical training in dementia care so that staff were equipped with the knowledge and skills needed to provide 'specialised dementia care' as detailed in their Statement of Purpose and leaflets advertising the home. One staff member we spoke with said, "I'm not really sure about what different types of dementia the residents have, or how they can be supported individually. I think some of them have vascular dementia, but I'm not sure which."

Staff had not received all necessary training and support needed to carry out their role so that people using the service received care and support which met their individual assessed needs. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they enjoyed the meals provided and that their nutritional needs were met. We were told, "We can make everyday choices, for example we can choose what we want to eat at breakfast. There's

a wide choice at breakfast," "I can have a Martini when I want, and I have a little brandy with my tea in the morning. I think that warms me for the day", "The meals are very good here", and "The food is good, and it's varied. I can eat independently which is good."

We saw that only one meal choice was offered at mealtimes. This was confirmed by the chef however they said that alternatives would be provided. One person we spoke agreed this would happen adding, "There isn't any choice at lunch and tea time, but they would change food if it's not to our taste." We also observed the chef speak to one person about their meal choice as they were aware they did not like the option available.

People were assessed in relation to the risk of inadequate nutrition and hydration and food and fluid intake was monitored. We saw that people were weighed regularly and that, where necessary, referral was made to the person's GP or speech and language therapists for advice and support. We found the chef had a good understanding of people's preferences and knew how to support people on fortified or special diets.

The service was inspected by the food standards agency in February 2017 and was rated 5, the highest standard.

During the inspection we observed the lunchtime period. Whilst the meal was presented nicely and looked appetising the dining experience for people particularly in Walshaw Hall needed to be improved. Whilst some people sat in small groups, two people were sat at tables on their own. There was little interaction with or between people, with staff focusing on serving and assisting those people who needed help with their meal. Dining tables were not dressed with tablecloths and condiments providing an inviting area to sit and eat their meal. Menu boards were situated away from the dining room. They were positioned high on the wall with small writing which was not easy to read. Alternative methods, such as pictures were not used for those people not able to verbally express their preference. We also noted staff using a telephone, positioned in the corner of the dining hall, discussing people's health care needs. We recommend the provider improves these arrangements so that people's experience is enhanced providing a more social and interactive mealtime.

People told us they had regular access to health care support when needed. People told us, "They [staff] would send for a GP if we were ill", "The nurse comes to the home to dress my ulcers" and "Staff would contact the GP if I was unwell." People's visitors also confirmed that their relative's healthcare needs were met and that they were kept informed. Adding, "A podiatrist visits every six weeks", "They always phone me if there are any changes, for example, they let me know when the mental health doctor came to assess my relative's capacity", "The home itself always contacts me, for example, if my relative has had a slight fall. They are very good in this respect."

We were told a GP visited the home each week so that people's healthcare needs could be kept under review. This helped to reduce any admissions to hospital where possible. People also had access to podiatry, an optician, dieticians, speech and language therapists and district nurses, where necessary. One person told us, "I can see a doctor when I need one." One person's visitor also commented, "Always receives medical attention if needed and I'm kept informed." We saw that records were kept of any visits or appointments along with any action required. This helped to ensure people's healthcare needs were met.

We spent time looking at the standard of accommodation provided for people. The home is divided into two properties, Walshaw Hall, a traditional old building and The Beeches, which is modern and purpose built. It was acknowledged that on-going improvements were being made to Walshaw Hall to enhance the environment. Walshaw hall provides en-suite toilet facilities in 39 rooms and all rooms in The Beeches have

an en-suite shower room. We saw additional bathing and shower facilities were available on each floor. Externally people had access to an enclosed patio area with seating and extensive views across the countryside. People we spoke with commented, "The environment is pleasant and the views from the windows are beautiful" and "I love the position of Walshaw Hall and it's lovely to sit out in fine weather" and "I suppose the old building doesn't help as there isn't much natural light."

We found the environment, particularly in The Beeches, did not provide a 'dementia friendly' environment. We recommend the provider refers to good practice guidance about the suitability of the environment and the impact that contrasting colours, good signage and effective lighting can have on people living with dementia.

We saw aids and adaptations were provided throughout to promote independence as well as maintain people's safety. These included; handrails, assisted bathing, raised toilet seats and call bell leads. People confirmed that equipment was usually available to support them however sometimes they needed to wait. People told us, "Equipment is always on hand to transfer me, for example into the bath, but I agree that the equipment to mobilise us is not always available immediately and that is a problem. Also, the wheelchairs are not always immediately available" and "There isn't a buzzer over here. The only buzzer is on the wall over there by the door. I usually have to resort to shouting to attract their attention." One staff member we spoke with also felt that additional moving and handling equipment was needed within Walshaw Hall due to the physical needs of people. We ask that the provider reviews the arrangements in place.

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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the home was acting in accordance with the MCA. Where people were being deprived of their liberty relevant authorisations were in place. Notifications had also been submitted to the CQC as required by law.

We saw that policies and procedures were in place to guide staff on MCA and DoLS and relevant training had been provided. This was confirmed by staff and on review of the training records.

Where people lacked capacity to consent and did not have a legal representative, such as a Lasting Power of Attorney (LPA) for health and welfare, referrals were made for an independent mental capacity advocate (IMCA) to support them. This meant that an independent person would be involved in any best interest decisions about the person's care, to ensure their rights were protected. Where people had capacity, care files contained signed consent forms which covered a range of areas including provision of care and support, use of photographs, and professionals having access to records. People we spoke with told us, "The staff always ask for my consent before providing any care", "The staff usually ask for our consent before providing care" and "The staff are courteous and usually ask for my agreement before they do anything."

Is the service caring?

Our findings

People and their relatives spoke positively about the care and support provided at Walshaw Hall. People told us, "The members of staff are very good and are kind and caring", "The staff are wonderfully kind, caring people. I think that they listen to us", "They're very helpful staff; we just need to ask!" and "Staff are caring and respectful. They listen and act on what I say." One person also commented, "The carers often say to me, "We love our work with you." People's visitors added, "Nothing seems to be too much trouble for the staff including the laundry, kitchen and maintenance staff" and "They are all good."

People also said they enjoyed spending time with their friends and family. Those visitors we spoke with said they were able to visit at any time and were always made welcome. People told us, "I had a lovely visit today from my friend", "The family come to visit, it's always good to see them." Another person said they also enjoyed visiting family each weekend as well as trips away.

Staff considered people's privacy and dignity and were said to respect people's wishes. People said that staff "Respect our views and listen to us", "I feel that they treat us with respect, certainly in terms of privacy and dignity. For example, they will let me get on with things independently once they've transferred me to the toilet. I like to manage independently in this situation", "They always knock on my door, and always close the door when I'm in the bath to respect privacy", "They all respect privacy and dignity, for example they will knock at the door before coming into my room", "The staff are kind and respectful and they seem to understand our needs" and "They support my privacy and dignity, for example, ensuring that I am covered in the shower."

People told us they were encouraged to maintain their independence as much as possible. One person told us, "I do most things independently, including taking a shower. I believe that I am quite independent now." Other comments included, "I need a lot more help now, but I try to keep as independent as possible and can half dress and undress myself. I use my 'walker' to go for a wash independently", "I feel that they [staff] encourage us to do what we can manage" and "I shave myself, but I need assistance with walking now." One visitor also commented, "I feel that [relatives name] independence is supported, because she has freedom to move around and will help staff to clean up".

The atmosphere within the home was relaxed and calm. Staff were said to be compassionate and interactions were seen to be polite and friendly. People said they enjoyed having the opportunity to sit and chat with staff. One person commented, "I feel it helps to talk, and I believe that it has prompted my memory. It's important to me to be able to have this kind of conversation. It has helped me to regain a little of my self-esteem." Staff approach and attitude was also appreciated by a person's visitor who told us, "My relative came to live here last year. I looked at many homes, visiting them at different times and noted the staff's attitude. The hand holding here sold this place." We also observed one person say to the staff, "I love you" to which the staff responded, "I love you too". This interaction was received positively by the person.

Routines were flexible with people rising and retiring at different times. Some people also chose to spend their time in their privacy of their own rooms, rather than communal areas. Staff spoken with said they

would respect people's wishes however would 'check on them' to see if they needed anything. This was confirmed by people we spoke with who said, "We can make everyday choices, for example I could choose to stay in my room, but I like to sit here in this lounge" and "The staff respect our choices, I am free from bullying." Whilst we were visiting one person in their room we observed staff knock and enter the persons room saying, "Just checking to see how you are. I've brought this magazine in for you. Would you like me to bring anything, are you OK?"

At the time of our inspection nobody was receiving end of their life care. The registered manager explained people's wishes would be considered and appropriate arrangements made to ensure they were cared for safely. We were told the home would work closely with the GP, district nurse team and other professionals so that people who wanted to remain at the home when approaching the end of their life, could do so safely and respectfully.

We looked at how the provider considered areas of equality and diversity of people when planning their care and support. We saw the Statement of Purpose outlined what people could expect and a policy was available to guide staff about areas of equality and diversity including people's age, gender, race, disability, religion or belief and sexual orientation. We were told, and information showed that these areas were considered as part of the care planning process. This helped to promote people's human rights.

People's paper care records were kept securely, and electronic devices were password protected. This helped to ensure information about people was kept confidential.

Is the service responsive?

Our findings

We were told the service was in the process of transferring all care records to a new electronic system. The registered manager outlined the new system and how information would be used to clearly evidence the needs and wishes of people as well as the care and support provided.

We reviewed the care records for five people and found them to contain appropriate information, which reflected their current needs. We saw evidence that care plans and assessments were kept under regular review.

We saw daily care records were kept up to date by staff using a hand-held device, which detailed each task or interaction people had received. Staff spoke positively about the devices and felt that once they were 'up and running properly' they would reduce the amount of time spent on paperwork. Staff also told us, "We're going to use these electronics devices for planning. If you tap each resident's picture, all the information about the diagnosis and individual care needs come up" and "We can record what care is given to each resident. They are quite new and were all still getting used to them, but you need time to put in all the information."

A review of people's paper records showed that a preadmission and admission assessment were completed. This information was used to develop the persons care plans and relevant risk assessments. Information also included details about people wishes and preferences as well as things that were important to them, such as family and friends. Each person also had a 'hospital passport', which provided good information about the person, their needs and areas of support they need help with. This information helps to ensure people receive consistent care when transferring between services.

We did find some improvements were needed to the records so that clear direction was provided for staff. For example; one person required topical creams to be applied to their skin. Daily records completed by staff varied in relation to where the cream had been applied. There was no information on the person's plan to guide staff about the application of the cream. Another person, following discharge from hospital, now required palliative care however the care plan had not been up dated to reflect the support now required. We also found that where individual care plans referred to 'what is a typical day' records did not reflect what this meant for the person. For example, one person's nutritional plan made reference to the reason for their admission to the home and that they had gained weight. However, there was no information about the current support needs outlining any meal preference, where they liked to have their meal, large or small portion, or supplements now provided.

We also noted that due to both electronic and paper records being held information was not consistent to evidence prompt action had been taken where concerns had been identified such as increased falls. Furthermore the 'clinical risk tool' did not include the MUST score (nutritional screening) and therefore did not provide a complete risk scoring.

Individual records need to accurately reflect the current and changing needs of people so that staff are

clearly directed in the safe and effective delivery of people's care. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with said they had not been involved or could not remember being involved in drawing up their care plan, but felt staff acted on their wishes. People we spoke with told us, "I haven't seen my care plan", "I haven't seen a care plan, but they know what they're doing and will always respond to any of my requests", "I haven't seen my care plan, I suppose that might have been arranged by the family a while ago" and "I do try to discuss with staff about how I may be best supported, but sometimes it depends on the length of time available to them."

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. Any support people needed to communicate was identified and recorded in their care records.

We looked at people's routines and the activities and opportunities made available to them. We reviewed the homes Statement of Purpose and Activities policy. These outlined that people living at the home would be offered meaningful activities and opportunities based on their individual needs and wishes enabling them to live a fulfilled life. Information stated that consideration was also given to best practice when planning opportunities for those people living with dementia. From our observations and discussions with people, their visitors and staff, people's experiences did not reflect what was stated.

People we spoke with provided mixed views about the opportunities made available. They told us, "I just walk around, but I don't get bored", "The library service comes every three weeks from Ramsbottom Library and I usually get three books from them", "I just like to knit", "I don't think we do any activities. There aren't many if we do", "We don't really do many activities", "There is a keep fit class here twice a week, which is quite good", "There are not many activities in here, although I would find it difficult to do many things these days" and "I did however make some Christmas cards yesterday, which turned out quite well. I enjoyed doing it and it made a nice change." A visitor to one person commented, "They have senior fitness classes, dancing, singing and craft work here. They have Christmas fairs and they're having a meal out with anyone interested. I take my [relative] out whenever I visit." A member of staff also said, "I don't think there are any programmed activities yet. I haven't seen any programme on this floor."

We were told the service had recently appointed a wellbeing coordinator who was responsible for planning and organising activities for people. The wellbeing coordinator was to gather more information about people's hobbies and interests so that suitable activities could be arranged. We discussed this with the registered manager and area manager who acknowledged opportunities could be enhanced. We were told that alternative 'dementia friendly' activities carried out at another home owned by the provider could be introduced.

Whilst it is acknowledged some opportunities are provided we found current arrangements did not reflect information provided by the home about the could expect whilst living at the home. It is important that people including those living with dementia should be enabled, with the involvement of their carers, to take part in meaningful activities during their day helping to promote their autonomy, choice and independence. We recommend the provider explores good practice guidance in developing activities and opportunities so that people are offered variety to their day.

People had access to a hairdresser who regularly visited the home. The service had a salon which people visited for their appointments. One person told us, "I have my hair done every two weeks."

Consideration was also given to people religious needs. We were told members of the local churches visited the home each month, this meant people were able to observe their religious belief as they wished. One visitor told us, "There seem to be some links with church groups, for example, I am aware [relative] has visits from a Roman Catholic church. I'm not sure if the home organises any regular visits." During the inspection we observed a Remembrance service taking place involving the local vicar and members of the church. People actively took part in the service, singing hymns, reading prayers as well as the laying of a wreath.

Policies and procedures were in place for the reporting and responding to complaints and concerns. The registered manager maintained a complaints and compliments log. Concerns received were recorded, along with any action taken. People we spoke with said, "I have never had any concerns here", "They [staff] always listen to us" and "I've only good words to say about them all, but if anything was wrong, I would speak to the manager. I do know how to complain." Several thank you cards had also been received from families of people who had lived at the home. Some of their comments included, "On behalf of myself and the family I would like to express our sincere thanks for the excellent care given to [relative] over the past years, really appreciated" and "Thank you for your care and kindness given to mum."

Is the service well-led?

Our findings

The service had a manager who has been registered with the Care Quality Commission (CQC) since April 2017. They were supported in their role by four deputy managers and an area manager. Staff spoken with felt supported in their role and could speak with any of the management team. Staff commented, "You can approach her [registered manager]", "[Area manager] is very supportive, "Supportive and responsive" and "You can speak out."

We asked people and their visitors their views about the management and conduct of the service. People spoke positively about their experiences and felt the service was good however not everyone was aware who the manager was, or they had not needed to speak with them. Their comments included, "I haven't spoken with the manager, but she seems pleasant", "I think the home is well run", "I don't know the manager well, but she is approachable. I feel the staff know me well after nine years though", "I'm sorry, I don't know the manager", "I think it's well managed, it's all pleasant", "I think the home is good and is well run" and "The new manager seems approachable, but I've not had any dealings with her."

People's visitors told us, "[Registered manager] is a lovely manager. I can talk to her about my relative's care and I feel that she is approachable and will listen" and "[Registered manager] is one of the best home managers I've come across. She has an open-door policy and is very approachable."

We looked at how the registered manager monitored and reviewed the service provided. We saw a comprehensive list of audits and checks were completed in all areas of the home. The maintenance man took responsibility for carrying out a monthly health and safety check which explored all areas of the environment. Whilst the four deputy managers carried out a wide range of audits including care plans, medication, reviews of policies and procedures in place and reviewed, hoisting slings, weights and supplements and complaints. The registered manager was then responsible for reviewing the audits and providing a summary of any action required. In addition, the area manager also carried out monitoring visits as part of their role.

During our inspection we found action identified within the audits had not been acted upon. For example, in three care files we found shortfalls had been identified within audits completed between April 2018 to October 2018. When we checked these records, we found several areas had still not been addressed.

Policies and procedures were in place to help direct staff in areas of their work. These included activities, concerns and suggestions, supervision, safeguarding, MCA and DoLs, whistle blowing, confidentiality, recruitment, safe management of medicines and equality and diversity. However, our findings during this inspection did not demonstrate information was adhered to; for example, the supervision policy stated six sessions would be held each year, this differed from information received; the activities policy did not reflect our findings and the concerns and suggestions policy stated monthly satisfaction surveys would be complete and findings published.

The service had a Statement of Purpose which was last reviewed in April 2018. This outlined what people

living at Walshaw Hall could expect to receive. Our findings during this inspection did not reflect the information provided as detailed within this report.

Whilst systems were in place to gather information about the service, these were not sufficiently robust. Systems need to be improved to demonstrate clear management and oversight of the service, so the quality and experiences of people is enhanced. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We were told the implementation of the new electronic care planning system would allow managers to generate reports to better analysis the care and support provided, identify emerging patterns and action required where necessary. These would include the reviews and updating of risk assessments, activities, accidents and incidents and weights. Information would also be held in other business areas. This will be reviewed at our next inspection.

We were told that opportunities were provided for people and their visitors to comment on their experiences about the quality of service provided. It was said that 'resident and relative' meetings were held however these were not well attended. We asked people and their visitors if they were aware and took part in the meetings, we were told, "I don't know what a residents' meeting is", "There are monthly residents' meetings and I've attended everyone. We discuss the meals, the laundry and other matters around the home, but I'm quite happy with the service here and have never had to raise any issues" and "I've never attended any residents' meetings. I will voice my opinion about the care. For example, I have mentioned the wheelchair issue to the staff, but as yet nothing has improved." People's visitors also commented, "I have attended the residents' monthly meeting, but had nothing to say myself because I can't fault anything", and "There are monthly residents' meetings which I attend, but they're not well attended. I've not really raised any issues in the monthly residents' meetings."

A feedback survey had also recently been distributed however only nine relatives had responded. We asked the registered manager if feedback was sought from other parties involved with people's care and support, such as GP's, social workers etc. The registered manager said this had not been explored however would consider this in the future. People's visitors told us, "I haven't filled in any questionnaires, but I can speak to the staff on a daily basis" and "I have also had questionnaires and forms for feedback." We reviewed the survey responses received. Questions explored people's overall opinion of the service, care staff, catering, housekeeping, management, activities, atmosphere, physical environment and whether people were likely to recommend the service to others. Feedback received included, "We are very happy our loved one is safe and well cared for", "It all comes down to the staff, they are patient and care and that means everything" and "Overall I am very satisfied with the quality of care and have previously recommended the Beeches to other families."

Notifiable events such as accidents or incidents, which CQC should be made aware of, had been notified to us as required by law.

It is a requirement that CQC inspection ratings are displayed. The provider had displayed the CQC rating and report from the last inspection on their website and in the entrance hall of the home.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Individual records need to accurately reflect the current and changing needs of people so that staff are clearly directed in the safe and effective delivery of people's care.</p> <p>Whilst systems were in place to gather information about the service, these were not sufficiently robust. Systems need to be improved to demonstrate clear management and oversight of the service, so the quality and experiences of people is enhanced.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staffing levels need to be reviewed to ensure sufficient numbers are available at core times so that people receive the support they need in a timely manner.</p> <p>Staff had not received all necessary training and support needed to carry out their role so that people using the service received care and support which met their individual assessed needs.</p>