

The Knoll Care Partnership Limited

The Fairways

Inspection report

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Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Inadequate ●

Summary of findings

Overall summary

This inspection took place on 8 September 2016 and was unannounced. This meant that the provider and staff did not know we would be visiting. We carried out an announced visit to the home on 9 September 2016 to complete the inspection.

We last inspected the service on 6 August 2014 where we found the service was meeting all of the regulations we reviewed at that time.

The home provides personal care and accommodation for up to 20 people, some of whom have a dementia related condition. There were 20 people living at the home at the time of the inspection.

There was a registered manager in place. She had worked at the home since the home opened in 1990. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We spent time looking around the home and found shortfalls with the premises and infection control procedures. The nominated individual showed us their plans to build a 40 bedded care home on a nearby piece of land that they had recently purchased. They explained that people from The Fairways and their other home, The Knoll, would move into the new purpose built home. The new home was due for completion in April 2018. The manager and nominated individual told us that they were aware of the issues with the premises. They explained however, that due to the imminent build of the new care home; they did not want to undertake any extensive building work.

The manager explained that informal checks were carried out to monitor the quality and safety of the service since she and the directors were always available. No formal audits were completed in relation to care plans, the dining experience and health and safety. In addition, medicines audits did not highlight the shortfalls which we found. We identified multiple breaches of regulations, most of which had not been identified and actioned by the provider.

People and staff told us that there were sufficient staff deployed. There were two staff on duty at night. There was no evidence that night time staffing levels had been assessed to ensure that two staff were sufficient to evacuate people safely in an emergency. The manager told us that they had a staffing tool to help calculate staffing levels; however this had not been completed.

Most people told us that they felt safe. One person disclosed a safeguarding allegation to us. We spoke with the manager about this allegation and she referred it to the local authority safeguarding adults team. There was a safeguarding policy in place. It was not clear however, when the police would be contacted in allegations where it was suspected that a crime had been completed. Staff informed us that they had not witnessed any concerns and said they felt able to inform the manager if abuse was suspected.

There was a supervision and appraisal system in place. Informal supervision sessions were sometimes carried out but these were not always documented. Staff told us they received sufficient training. We noted that there were some gaps in training provision. The manager told us that the local authority had stopped delivering training. She said they were currently working with other providers to source further training.

There was a lack of evidence that people had consented to their care and support.

We checked whether people's nutritional needs were met. People and relatives spoke positively about the meals at the service. However, we identified shortfalls in the provision of meals for those people who required a pureed diet. There was a lack of choice and all items of food were blended together which did not appear appetising and meant the individual flavours of the meal could not be experienced. The cook had not undertaken specific training in the provision of modified textured diets. In addition, it was not always clear what advice had been sought from relevant health care professions to ensure that people's diets were appropriate.

Although staff informed us that people's needs were met in a person centred way, some people informed us that at times, care and support was based on routines which were not always person centred such as bathing and getting up in the morning.

The provider used a computerised care management system to plan and review people's care and support. This system reminded staff when reviews of care plans and risk assessments were due.

People told us that their social needs were met. A new activities coordinator was due to start working at the home the week after our inspection. We saw photographs of activities which people had historically taken part in, such as pet therapy and arts and crafts.

There was a complaints procedure in place. No one with whom we spoke had made any formal complaints.

The registered manager and nominated individual were very open and transparent throughout the inspection process and acknowledged the concerns we raised. They were aware of the issues with the premises, especially in relation to the sluice/laundry area and lack of storage.

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special measures.'

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

We found seven breaches of the Health and Social Care Act 2008. These related to person-centred care; dignity and respect; need for consent; safe care and treatment; staffing; meeting nutritional and hydration needs and good governance. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 always safe.

Risk assessments had not been carried out to assess all risks relating to the premises. There were shortfalls in infection control procedures.

There were safeguarding procedures in place. It was not clear however, when the police would be contacted in allegations where it was suspected that a crime had been completed. There were shortfalls with the management of medicines.

People and staff told us that there were sufficient staff available. A staffing tool linked to people's dependency levels had not been completed to confirm this. Recruitment checks were carried out to ensure that staff were suitable to work with vulnerable people.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People told us that they were satisfied with the provision of meals at the service. We identified shortfalls however, with the provision of meals for those who required a modified textured diet.

There were certain gaps in the provision of training. Plans were in place to source additional training. A supervision and appraisal system was in place.

There was a lack of evidence to demonstrate that people had consented to their care and support.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Some people did not have access to call bells and had to shout for assistance. In addition, the meal time experience did not always promote people's dignity.

We observed that some staff were more confident than others at

communicating with people who had a dementia related condition.

There was a lack of evidence to demonstrate that people were involved in their care and support.

Is the service responsive?

The service was not always responsive.

Some people said that care was based on routines and not always responsive or person centred.

A computerised care management system was in place to assess and review people's care. Recording on this system was sometimes generic and not always specific to people.

People told us that their social needs were met.

There was a complaints procedure in place.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

An effective system was not in place to monitor the quality and safety of the service.

We identified shortfalls in various aspects of the service which had not been identified through the provider's own quality assurance system.

Relatives and staff informed us that they felt involved in the running of the service. Meetings and surveys were carried out.

Inadequate ●

The Fairways

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 was unannounced and carried out by one inspector on the 8 September 2016. Two inspectors carried out a second visit to the service which was announced, on 9 September 2016 to complete the inspection.

We spoke with 10 people who lived at the home. We also spoke with four relatives and a visitor. We spoke with all four directors including the nominated individual and registered manager. We also spoke with two senior care workers, a care worker and two night time care workers so we could ascertain how care was delivered at various times of the day. We spoke with a district nurse who was visiting the home on the second day of our inspection and contacted the local authority safeguarding and contracts and commissioning teams. We also contacted the local Healthwatch organisation. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We examined the computerised records for four people. We also checked the recruitment and training files for five staff. In addition, we checked records relating to the servicing of equipment and premises checks.

Prior to our inspection, we checked all the information we had received about the service including notifications which the provider had sent us.

The provider completed a provider information return (PIR) prior to the inspection. A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make.

Is the service safe?

Our findings

Relatives told us that they thought their family members were safe. One relative said, "I no longer have to worry. I know that she is safe and being looked after. It's peace of mind." Most people told us they felt safe living at the home and when receiving care from staff. One person disclosed a safeguarding allegation to us which we spoke with the manager about. She referred the allegation to the local authority's safeguarding team in line with their safeguarding adult's procedure. However, the police were not contacted. The nominated individual told us that staff at the home would not contact the police if any allegations of abuse were made; he said that this would be down to the safeguarding adults team. This meant that appropriate action was not taken to reduce the risk to this person.

Following our inspection, the nominated individual contacted us to state, "Historically, custom and practice within Trafford Local Authority is that we would advise the safeguarding team of all allegations and that they would decide which incidents needed to be escalated to the police. We have checked with the safeguarding team and they have confirmed that this has been the agreed process to date. However, given your advice, we will now inform the police in the event that there is an allegation that a crime has been committed at the same time as informing the safeguarding team."

Staff told us that they had not witnessed anything which concerned them. They said they had completed safeguarding adults training and that they would contact the manager straight away if abuse was suspected. There was a whistleblowing policy in place.

We checked the condition and suitability of the premises. People told us they were happy with their accommodation and the condition of the premises. One person said, "I have a comfortable room." A relative said, "It's homely." A visitor commented, "The place always seems nice and clean and I'm a stickler for cleanliness."

All providers of health and social care have to comply with the Code of Practice for health and social care on the prevention and control of infections, and related guidance. We found that criterion one of this code, which requires the provider to have systems to manage and monitor the prevention and control of infection was not being fully met.

Prior to our inspection, we contacted the infection control team for any feedback related to infection control matters within the home. They sent us their audit which they had carried out at the service. We saw that a number of deficits were highlighted in their report including the sluice and laundry area.

The laundry and sluice area were located in the same small room which was excessively warm. This meant there was a risk of cross infection since bacteria could transfer from the sluice area to the laundry area. One staff member told us, "It's unhygienic." Staff explained that once a week they deep cleaned the commode pots in the upstairs bathroom in the bath. They explained that the bath was rarely used by people. We observed that towels were stored in this bathroom. We considered this was a risk of cross infection because bacteria could transfer from the commodes to the stored laundry and also onto staff themselves whilst they

were carrying out this task. The nominated individual said, "We know it's a problem." We also saw that there was a lack of storage space. The hoist was stored in the small dining room on the ground floor which was a trip hazard.

We noted that a number of checks had been carried out to ensure that the premises were safe. Electrical installations tests and water checks had been undertaken. There was no evidence however, that an asbestos survey had been carried out. It is a legal requirement for providers to undertake an asbestos survey since asbestos containing materials, if found, can pose a health risk. Following our inspection, the nominated individual wrote to us and said, "We haven't had an asbestos survey but will commission one with immediate effect."

We found that not all risks related to the premises had been assessed. Most of the people at the home had a dementia related condition. We saw that there was free access into the kitchen and most of the wardrobes were not fixed to the wall to prevent any accidents or incidents. This meant that some people with a dementia related condition may not be aware of the risks associated with their environment and may come to harm.

Fire safety checks were carried out. These included weekly fire alarm tests and fire door checks. Annual fire training was undertaken. There were two staff on duty at night. There was no evidence that night time staffing levels had been assessed to ensure that people could be evacuated safely in an emergency. In addition, personal emergency evacuation plans [PEEPs] were not in place to document how people should be evacuated in an emergency. Following our inspection, the nominated individual wrote to us and stated, "We will seek advice and initiate PEEPs and review evacuation procedures."

We checked equipment at the service. There was a call bell system in place. Call bells were located in people's bedrooms and communal areas. However, we noted that most call bells did not have leads attached to them so that people could use them when they were out of bed and sitting in their chairs. One person told us, and the manager confirmed that his call bell was broken. He said, "That is broken, I am here, but it is there. I can't get to it." Another person told us and our own observations confirmed that he shouted out when he required attention. There were no documented checks on the call bell system to ensure that the system was suitable and people were able to use it according to their needs.

The nominated individual, manager and two directors informed us that they were aware the premises were not suitable. They showed us their plans to build a 40 bedded care home on a piece of land that they had recently purchased nearby. They explained that people from The Fairways and another home they owned would move into the purpose built home when it was completed in April 2018.

Following our inspection, the nominated individual wrote to us and stated, "All residents are assessed on admission and call bell extension leads are provided where appropriate. The staff will monitor the call system as part of their duties and report any defects on [name of system] or in the defects book. All residents and their families are given 'instruction' in the use of call bell system on admission. A stock of call bell extension leads is always in stock for use when required."

Prior to our inspection, the manager had notified CQC that one person had fallen and sustained an injury. We checked this person's computerised care records and read that they used a walking frame. We noted however, that there was no falls risk assessment in place to document whether the person was at risk of falling and what actions staff should take to reduce any risks.

We checked the management of medicines. We observed staff when they administered medicines. We saw

that they carried out the correct procedures. We heard one member of staff ask an individual, "[Name of person] have you any pain?" The person told the staff member he had a headache and she immediately gave him some pain relieving medicine. We heard her also ask him, "Do you want me to break them [tablets] in two for you?"

We examined 10 people's medicines administration records. We noted that the administration of prescribed emollient creams was not recorded. The deputy manager informed us that their pharmacist had informed them that there was no requirement to record each administration of prescribed emollient creams. This meant that a complete record of all prescribed items was not maintained.

We checked the storage of medicines. Medicines trolleys were secured to the wall in the open office on the ground floor and the dining room on the first floor. Temperatures of medicines storage areas were not monitored to ensure that medicines remained effective and safe for use. Following our inspection, the nominated individual informed us that temperatures were now being monitored.

One person administered their own asthma inhaler. We visited this person and found that the inhaler they were using was empty and out of date. We informed the deputy manager and the person was immediately given a new inhaler. We found that although a general risk assessment had been written with regards to self-administration, there were no regular documented checks to ensure the person was using their inhaler safely and there was asthma medicine in their inhaler.

We checked the management of controlled drugs. These are medicines which are liable to misuse. Stricter storage and recording controls are needed. We saw that the storage of controlled drugs did not meet with legal requirements.

Day staff had completed medicines training. We read the most recent staff meeting minutes which stated, "Most staff responsible for medication management thought that they had adequate training and understood their role and responsibility. One member of staff thought that they would benefit from some refresher training." We noted that the training manager was going to organise this.

We spoke with night staff who informed us that not all night staff had completed medicines training. They stated that they never administered medicines at night and all 'as required' medicines were given through the day. 'As required' medicines are those that are given when required, such as for pain.

Formal documented medicines competency checks were not carried out to make sure that staff were following safe procedures with regards to medicines management. The deputy manager informed us that she carried out informal checks and would bring staff in for supervision if any concerns were noted.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

Following our inspection, the nominated individual wrote to us and stated, "We will from now on sign the MAR sheets when emollient creams are administered... Inhaler is recharged on demand; staff will routinely enquire and check. We have requested a practice nurse visit to assess [name of person's] use of Inhaler... All staff distributing medicines are appropriately trained and shadowed on a meds round as part of our annual one-to-one supervisory meetings."

We checked staffing levels at the service. There were five staff on duty in the morning, four in the afternoon, three in the evening and two on duty at night. The manager told us that they had a staffing tool to help

calculate staffing levels; however this had not been completed.

Relatives and most people told us that there were sufficient staff to meet people's needs. One person told us that there were delays at mealtimes. They said, "The wait at meal times is too long." We too observed that there was a delay at meal times. One person got upset and wanted to leave and we saw another person with his head on the table. One cook was on duty from 7am until 3pm, Monday to Friday. Care staff heated up and served the tea time meal. At weekends, care staff cooked and served each meal. Staff told us that this was manageable. However, we considered that delays could occur due to care staff being busy with care duties.

We examined staff recruitment. Checks were carried out to ensure that applicants were suitable to work with vulnerable people. This included obtaining two written references including one reference from the applicant's previous employer and a Disclosure and Barring Service check [DBS]. We noted that the reasons for any gaps in employment were not always documented and references were not dated to evidence that references were obtained prior to staff commencing work. Following our inspection, the nominated individual wrote to us and stated, "We have amended the reference request form to include a date box."

Is the service effective?

Our findings

Most people and all relatives informed us that they felt staff knew what they were doing and met their needs effectively. Comments from relatives included, "Some seem more experienced than others, but none seem inexperienced and incapable" and "They know what they are doing and they always inform me if there are any concerns."

Staff told us that there was sufficient training provided to enable them to care and support people safely and effectively. One staff member said, "We do regular mandatory training every year. We always go through the training in our appraisal. There is also distance learning training."

The manager explained that they used to access training from the local authority, however the local authority had stopped their training programme. She told us that they were in the process of booking training where gaps had been identified.

The manager provided us with information about staff training. We saw that staff had completed "mandatory training" in food hygiene; infection control; moving and handling; dealing with dementia; safeguarding vulnerable adults and fire safety. We noted however, that only three staff had completed first aid training; four had completed health and safety; one had completed recording skills; two had completed equality and diversity; one had undertaken managing challenging behaviour and one staff member had undertaken pressure area care. We spoke with the training manager about staff training. She told us that these areas were covered in staff induction training. However, we identified concerns with certain practices at the home such as infection control, medicines management, meeting nutritional needs and promoting people's dignity. We considered that further training was required in these areas as staff did not always demonstrate they were competent in their skills in these areas.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. Staffing.

Staff informed us that they felt supported by the manager and deputy manager. There was a supervision and appraisal system in place. The manager told us that informal supervision sessions were sometimes carried out which were not always documented. Supervision and appraisals are used to review staff performance and identify any training or support requirements.

The Care Quality Commission (CQC) is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

The manager told us and records confirmed that she had submitted DoLS applications to the local authority for assessment and authorisation in line with legal requirements. We noted that none of the staff had carried out training in the MCA. Following our inspection, the nominated individual informed us that MCA training was included as part of the induction and dementia care training. In addition it was covered in the vocational training which staff had completed or were working towards.

We noted that the computerised care management system had a clear system in place for documenting information about mental capacity. We saw some evidence that mental capacity assessments had been carried out and best interests decisions had been documented for certain areas of care such as the use of bed rails. However, further work was required in this area. Staff informed us that one person received their medicines covertly [hidden]. There was no evidence that a mental capacity assessment had been carried out with regards to this decision.

Some people had sensor mats/alarms in place which alerted staff if they got up and were at risk of falling. One person told us, "I'd rather not have it, it's a nuisance. It gives you no freedom." There was no evidence that this person's consent had been obtained with regards to the use of this equipment. We spoke with the manager and nominated individual about this feedback. They told us that they would have had conversations with this individual and others who had a sensor alarm to seek their consent before the equipment was used; however, they must not have documented these conversations.

There was no evidence in the four care plans we viewed that people had consented to their care and treatment. The deputy manager told us that they were currently reviewing care plans with people and their representatives and they would address this.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Need for consent.

Following our inspection, the nominated individual wrote to us and stated, "All residents are assessed for falls risk on admission and as required thereafter. Informal agreement has always been sought from residents or their families. Since your visit we have also spoken with [names of people] with regards to the use of pressure sensors and they have given formal, signed, agreement to the use of the mats to reduce the risk of falls. We will roll out this practice over the next month. The need for consent was discussed at our last 'Families meeting' and minutes distributed to all families. There doesn't appear to be a checkbox on the [computerised care management system] to record consent. We will discuss this with [name of computerised care management system provider]."

We checked how people's dietary needs were met. People and relatives informed us that they were happy with meals at the service. Comments included, "I think it's very good. [Name of person] is very happy and he likes the food," "The food is acceptable," "They give you a very good dinner," "The food is excellent" "The food is good, but she has to have everything liquidised" and "They provide good English food which he likes. I've seen the delivery vehicles coming with fresh produce."

We spent time observing the lunch and tea time periods on both days of our inspection. There was a three weekly rotational menu in place. There was one choice at each meal time. Staff explained and our own observations confirmed that alternative meals were provided if people did not like the choice on offer. We heard a staff member ask a person who did not want their lunch, "Would you like a sandwich instead? A sweet sandwich with jam, or a savoury one with tuna or cheese."

We saw that staff supported people with their meals. They assisted those who required assistance to cut up

their food and provided drinks throughout the meal. We heard one staff member ask a person, "Did you have a nice lunch?" The person replied, "It was lovely."

We had concerns however, about the provision of meals for those people who required a pureed meal. All constituents of the meal had been blended together which did not look appetising and meant the individual flavours of the meal could not be experienced. Both of the people presented with these pureed meals at lunch time refused them. At tea time we saw that the same blended meal was provided. One staff member informed us that often the same blended meal was provided at both lunch and tea time. On the second day of our inspection, the cook informed us that the tea time pureed meal was jacket potato with baked beans which would be "mushed" down. There was no evidence in people's care plans about the consistency of pureed diet which should be given. The cook told us that she had not completed specific training with regards to modified textured diets.

We read that one person required a pureed diet; however it was unclear what advice had been sought regarding their dietary needs and the consistency of the meals. We saw that another person had lost weight. The deputy manager informed us that they had seen the GP about their weight loss but had forgotten to specify this in their write up regarding the GP visit.

Staff brought meals and drinks up on an open trolley. There was no hot trolley available and drinks were poured from the kitchen downstairs which was a health and safety risk. Staff explained that sometimes people told them that their drinks and meals were not as hot as they could be.

This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Meeting nutritional and hydration needs.

Following our inspection, the nominated individual wrote to us and stated, "We have, since your visit, contacted the SALT team direct to update such guidance for one resident and asked for a GP referral for two other residents...The staff team have been provided with vacuum flasks for serving tea and coffee on the first floor...It is highly unusual for the same meal to be served at lunch and dinner. We have spoken with the cook and will ensure that a different meal is offered in the future. [Name of manager] has spoken with the SALT team but (due to cuts) training in modified diets is no longer offered. We will continue to investigate further training opportunities for the cook with the local authority, providers networks and private providers. We will provide guidance on the categories of pureed meals (B, C, D and E) and update all staff accordingly. This information has been included in individual care plans previously when provided by the SALT team."

We checked whether people had access to healthcare services. We spoke with a district nurse who told us, "I've never had any concerns...Staff are on the ball, they always follow advice and guidance... They are probably one of the better homes."

People and relatives told us that staff contacted relevant healthcare professionals when required to meet people's health care needs. One relative said, "They have all the people coming in like the chiropodist."

On the morning of our first visit, staff explained that one person may be more confused than normal and they would seek advice from their GP and take a urine sample in case they had a urinary tract infection. We saw that this was not carried out until the second day of our inspection. We spoke with the deputy manager about this issue. She told us that normally advice would be sought straight away, but there had been some confusion because of our visit and both the involvement of the manager and herself in this person's care.

Is the service caring?

Our findings

People told us that they thought "most" of the staff were very caring. Comments included, "Some are very nice," "95% of them are very good" and "I'm very happy here." Comments from relatives included, "The kindness they show you," "If you need care, we have no reservations" and "He is well looked after." A visitor said, "They are very friendly" and "If I had parent, I would be happy to leave them here... When I'm not here, I believe that they would still be very caring."

We observed how staff interacted with people. We heard one person tell a member of staff, "I can't be coming here anymore." The member of staff said, "Oh no, we couldn't do without you;" the person smiled and said, "I like being here." Another person became upset and a staff member knelt beside them; placing their arm around the person's shoulder. We heard the staff member say, "Should we go into another room for a chat." The staff member and individual came back to the dining room later on and the staff member said, "Do you want me to stay with you?" We saw that some staff were more confident at dealing with people's emotions than others. One person started to cry and the staff member said, "What are you doing that for?"

Relatives told us that people always looked well presented. One relative said, "Her hair is always clean and tidy. She seems to get on with staff." This was confirmed by our own observations. We saw that one person was cared for in bed, they looked well-presented and comfortable.

People and relatives told us that staff promoted people's privacy and dignity. One relative said, "If dad was on the commode, the door would always be shut and they would take the commode out when he had finished it straight away." We noticed however, that people did not always have access to call bells to summon assistance when help was required. One person informed us that they "shouted" when support was needed. This was confirmed by our own observations. We heard the individual shouting "nurse, nurse" which we considered did not promote their dignity.

We observed the tea time meal on the ground floor and saw that the door to the toilet which was located in the dining room remained open. The toilet had been flushed and the sound of the cistern could be heard throughout part of the meal which was not dignified. We observed the lunch time meal on the first floor. We saw that staff scraped people's leftovers onto a plate which became piled high with food. The presentation of meals for those who required a pureed meal did not promote people's dignity. All constituents of the meal were blended together and were not presented attractively.

Following our inspection, the nominated individual wrote to us and stated, "We have amended the meal time routine to ensure plates are cleared to a bowl. We will discuss meal time arrangements, and the need to keep toilet doors closed with all staff on the next round of staff meetings... We will work with the cook on improving the presentation of pureed meals. We have always tried to ensure that the mealtime experience is a pleasant and fulfilling part of the residents' life."

There was no evidence in the four people's computerised care records that we viewed to demonstrate that

they were involved in their care. The deputy manager informed us that they were currently going through people's care plans with individuals and their representatives and obtaining their agreement. The deputy manager told us that the computerised care management system was still relatively new and they had only been using it for approximately 12 months.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Dignity and respect.

Following our inspection, the nominated individual wrote to us and stated, "Care plans are agreed with residents and their families on admission. We consult informally with all residents as to their care needs and update care plans accordingly. We write to all families every year to invite them to review care plans, and copy correspondence is available on file. We also have documentary evidence that ten out of twenty current residents' families have signed off on care plans in the last six months."

The manager informed us that no one at the home was currently using an advocate. We saw information about advocacy displayed around the home. An advocate represents and works with a person who may need support and encouragement to exercise their rights, in order to ensure that their rights are upheld.

Is the service responsive?

Our findings

Most people informed us that staff were responsive to their needs. Some people said however, that at times, care was based on routines and not always responsive to their preferences. One person said, "I get a shower once a week - it's not enough for me. I'm one of those people who liked a daily shower, but I don't like to ask." Another person said, "You're tied to the system." We saw a rota in the office which confirmed that people had a weekly shower. One staff member said, "They have one shower a week. They can have an extra shower if they have been incontinent." Another member of staff said, "All the residents have one shower or bath a week."

Three people who were able to communicate their views told us that they were not always able to get up and go to bed when they liked. One person said, "Not so much with getting up. They have a roster which they stick to which says when you like to get up...They just say, 'It's time to get up'...I know it's from a medical point of view."

A computerised care management system was in place. Care plans and assessments were stored on the computer. The computerised care management system reminded staff when reviews or updates were required. We saw that information was sometimes generic. We read one person's care plan which stated, "Staff to be aware of [name of person's] likes and dislikes." Further information was not included.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person-centred care.

Following our inspection, the nominated individual wrote to us and stated, "All residents have always been able to request a shower whenever they would like. For operational reasons we have a rota system for all bathing, it simply wouldn't be possible to bathe each resident daily but we will ask each resident how often they would like a bath or shower and amend rota's accordingly. We will discuss arrangements with all staff on the next round of staff meetings."

People told us that their social needs were met. The manager told us that a new activities coordinator was starting the following week. We noticed that various activities had taken place such as pet therapy and arts and crafts. People's birthdays were also celebrated. One person told us, "I don't go out, I can't walk, I use a frame. They are looking into getting me a wheelchair so I can go out." Another person told us that they would like to out for a curry. We spoke with the manager about this request and they said that this would be organised.

There was a complaints procedure in place. This stated that complainants could, "Request a visit from the Care Quality Commission (such a request can be made at any time)." However, CQC are not responsible for resolving individual complaints. We use the information we receive to plan our inspections. The nominated individual informed us that the complaints procedure would be amended. None of the people or relatives with whom we spoke informed us that they had raised a formal complaint. Comments from relatives included, "Nothing could be improved" and "No reason for any complaints."

Is the service well-led?

Our findings

The home was a family run service. It had previously been Flixton Golf Club House and opened in 1990 as a 10 bedded care home. In 1992 a 10 bedded extension was built, enabling the home to provide accommodation for up to 20 people. There was a registered manager in post who had worked at the home since they opened. She had undertaken vocational training at level four and completed her Registered Manager's Award. There were four directors including the registered manager and nominated individual who oversaw the quality of the service. One of the directors was in charge of staff training and was also the registered manager of the provider's other nearby care home.

The nominated individual showed us their plans to build a 40 bedded care home on a nearby piece of land that they had recently purchased. They explained that people from 'The Fairways' and their other home, 'The Knoll', would move into the new purpose built home. The home was due for completion in April 2018.

The manager explained that informal checks were carried out to monitor the quality and safety of the service since she and the directors were always available. No formal audits were completed in relation to care plans, the dining experience and health and safety. In addition, medicines audits did not highlight the shortfalls that we found. We identified multiple breaches of the regulations, many of which had not been identified and actioned by the provider.

We identified shortfalls with record keeping. The provider had access to a staffing tool; however this was not completed to demonstrate that staffing levels were sufficient to meet people's needs. PEEPs had not been completed to help ensure that people could be evacuated safely in an emergency. Staff references were not dated which meant it was not possible to check whether these had been obtained prior to employment. In addition, it was not always clear which audits and checks had been carried out with regards to The Fairways or the provider's other care home.

Accidents and incidents were documented. However, we noted that the manager had previously completed a monthly overview of all accidents and incidents at the service but this recorded analysis had last been completed in March 2016. The manager told us that accidents were now recorded individually on the computer. However, this meant no documented overarching analysis was undertaken to highlight any themes or trends so that action could be taken. The manager told us that she was aware of each accident and incident that occurred and immediate action to reduce any reoccurrence would always be taken.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

Following our inspection, the nominated individual wrote to us and stated, "We will review [our] accident recording process on [computerised care management system]."

People, relatives and staff spoke positively about the support they received from the manager and deputy manager. One relative said, "If I want to speak to the manager at any time I have her number. If you want to

speak with the manager you can get hold of her in two minutes. [Name of deputy manager] the number two is also very good."

Relatives informed us that they were involved in the running of the home. One relative said, "When they brought in the new computer system they took two hours to go through it all with us." Meetings were carried out to obtain the feedback of people's representatives. One relative said, "We had a relatives' meeting and it's open to all members of the family. You can raise anything you want." We read the most recent minutes from a "Families meeting" which was held on 12 April 2016. The computerised care management system; proposed new care home; compliments and complaints and surveys were discussed.

Staff told us that they felt involved in the running of the service and said they could raise any issues and action would be taken. We read the most recent staff meeting which was held on 19 July 2016. The question, "What makes a good team?" was discussed. The minutes stated, "All staff engaged in a positive debate and identified both positive and negative traits that would affect a good team ethic. There was a general sense that most members of the team worked well in partnership with their co-workers and management." We also noted that "lessons learned" were discussed at staff meetings. We read that one person who had a dementia related condition had accessed the local community unsupervised. Procedures and actions taken to promote people's safety and security were discussed. The manager told us that the key pad code was now changed weekly and not disclosed to anyone other than staff.

People, relatives and a visitor told us that they thought that the service was well run. Comments included, "I think that it's to a good standard, I would say eight out of 10" and "The communication is good and the home is efficiently run."

Many staff had worked at the home for a number of years. They told us that morale was good and they enjoyed working at the service. Comments included, "I like it, I get on well with the staff and residents, it has a nice homely atmosphere" and "I love my job. I am very happy."

The registered manager and nominated individual were open and transparent throughout the inspection process and acknowledged the issues we raised. They told us that these would be addressed.

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 9 HSCA RA Regulations 2014 Person-centred care The provider had not always ensured that people received person centred care that reflected their individual needs and preferences. Regulation 9 (1)(b)(c).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The provider had not always ensured that people were treated with dignity. Regulation 10 (1)(2)(b).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent There was no evidence that people's consent to care and support was obtained. In addition, where people did not have the capacity to consent, records did not evidence that staff had acted in accordance with legal requirements. Regulation 11 (1)(2)(3).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs People were not always provided with a suitable diet which met their dietary needs. Regulation 14 (1)(4)(a).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff did not always receive appropriate training to enable them to carry out the duties they were employed to perform. Regulation 18 (2)(a).</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risk assessments had not been carried out to assess all risks relating to the premises and people. There were shortfalls in infection control procedures. Personal evacuation plans were not in place to document how people should be evacuated in an emergency. There were shortfalls with the management of medicines. Regulation 12 (1)(2)(a)(b)(d)(f)(g)(h).</p>

The enforcement action we took:

We issued a warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>An effective system was not in place to monitor the quality and safety of the service. Regulation 17 (1)(2)(a)(b)(c)(d)(i)(ii).</p>

The enforcement action we took:

We issued a warning notice