

Chadderton Total-Care Unit Limited

Chadderton Total Care Unit Limited

Inspection report

Middlewood Court
Chadderton
Oldham
Lancashire
OL9 9SR

Tel: 01616270027

Website: www.total-care.org.uk

Date of inspection visit:

14 September 2015

15 September 2015

16 September 2015

Date of publication:

11 March 2016

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

This inspection was carried out over three days on 14, 15 and 16 September 2015. Our visit on the 14 September 2015 was unannounced. We last inspected Chadderton Total Care in May 2013. At that inspection we found that the service was meeting all the regulations we assessed.

Chadderton Total Care Limited is situated in a residential area approximately two miles from Oldham town center. The home is registered to provide accommodation for 151 adults who require nursing or personal care.

Chadderton Total Care is a purpose built home, providing accommodation and facilities at ground floor level. The service is separated into five units. The Dales Suite is designed to care for people who have been assessed as needing residential dementia care. The Middlewood Suite is a small, unit that cares for people with a variety of nursing needs. The Saddleworth Suite is a purpose built Dementia unit. The Young Disabled Suite provides care for adults aged 18 to 65 years old and the Lakeland Suite is separated into three much smaller units named, Borrowdale, Ulswater, and Windermere, which provide care for people who have nursing needs.

A Registered Manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We identified seven breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

We looked at the systems in place to manage medication. The records of the administration of medication did not give us confidence that medicines were always managed safely.

There was a lack of evidence to show nursing staff were receiving clinical supervisions and kitchen staff were receiving regular supervisions or appraisals. Supervision and appraisal meetings support and help staff to discuss their progress at work and also discuss any learning and development needs they may have.

Systems were in place to help ensure people's nutritional needs were met. However cooked food was inappropriately stored in the cooling fridge, without the correct labelling and looked least appetising for people on a pureed diet. There was no evidence to show choice or involvement of people was considered when creating menus for people who required pureed meals.

We reviewed records for one person who was at risk of aspiration. There was no evidence of a care plan being developed for the risks associated to aspiration or support needed to mitigate risk.

We saw five people who were using wheelchairs without footplates which is not safe and not good practice.

Staffing levels were sufficient to meet the needs of the people who used the service.

We looked at fourteen staff recruitment files and found that all of the staff had been recruited in line with the regulations and had appropriate pre-employment checks.

Staff we spoke with told us they had received training in safeguarding and 'whistle blowing' (exposing bad practice) and were fully aware of their responsibilities for recognising and reporting any suspicion of abuse.

Accidents and incidents were monitored, but there was insufficient evidence of lessons learned from the analysis.

Infection control policies and procedures were in place to support staff to deal with the risk of cross infection and regular checks were undertaken to ensure cleanliness was maintained throughout the service.

Care staff told us they had received training in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. They told us they would always support people to make their own decisions and choices.

We found that 5 DoLs applications had been completed by the service but not submitted to the Local Authority due to the Local Authority advising of delays.

People who could speak with us told us that they received the support they required when needing to see their GP, district nurse or appropriate health care professional

When we asked a person if they felt the staff were caring towards them they made positive comments such as, "the girls [staff] really do care for me very well. If they can't do something, there is always somebody else who will help me.

People who used the service spoke positively of the kindness and caring attitude of the staff. They told us staff respected their dignity and privacy when they provided care

Our observations during the inspection showed that staff were respectful in their interventions with people who used the service.

Care records had not always been regularly reviewed and updated to ensure they accurately reflected people's needs.

People told us that they felt able to raise concerns with any of the staff.

People who use the service and their relatives were given the opportunity to express their views on the care they received through regular meetings.

There were a number of quality assurance processes in place but these had not been sufficiently robust to identify some of the shortfalls found during the inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

People were not adequately protected by the systems in place to manage medicines.

Staffing levels were sufficient to ensure people received safe and appropriate care.

Staff were safely recruited.

Staff told us they knew of the action to take to report any suspected abuse.

Risk assessments were not always in place in relation to people who used the service. Not all equipment was safe for people to use.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Induction and training was adequate and reflected the needs of people.

Supervision and appraisal systems needed to be improved in order to ensure nursing staff and kitchen staff had the necessary skills to be able to deliver effective care.

Care records included information about the decisions people were able to make for themselves.

Five Deprivation of Liberty Safeguards had not been applied for with the local authority.

Improvements were required for the storage of cooked food and for ensuring the nutritional value of pureed foods.

Is the service caring?

Good ●

This service was caring.

People who used the service spoke positively of the kindness and caring attitude of the staff. They told us staff respected their dignity and privacy when they provided care.

Our observations showed staff responded discreetly to people's personal care needs.

Staff supported people to be as independent as possible.

Is the service responsive?

The service was not always responsive.

Complaints received at the service had been recorded and investigated.

Activities provided in Chadderton Total Care needed to be improved to help ensure the health and well-being of all people was maintained.

Care records had not always been regularly reviewed and updated to ensure they accurately reflected people's needs.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

The service had a manager who was registered with the Care Quality Commission.

Relatives were confident that the unit managers would always listen to them

Staff told us they enjoyed working in Chadderton Total Care and felt well supported by the registered manager.

There were a number of quality assurance processes in place but these had not been sufficiently robust to identify some of the shortfalls found during the inspection.

Requires Improvement ●

Chadderton Total Care Unit Limited

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 14, 15 and 16 September 2015. The inspection team consisted of four adult social care inspectors, a specialist advisor who specialised in medication and dementia related conditions 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. For this inspection, the expert-by-experience was knowledgeable in services for people living with dementia and age related conditions.

Before the inspection took place we reviewed the notifications of incidents that the registered provider had sent us since the last inspection. We also contacted the local authority's contracts monitoring team, adult safeguarding team and health and social care professionals such as the Occupational Health team to gain their views about the service. People from those agencies told us they had concerns with the general décor of the units, broken furniture, and lack of information in care plans and complaints raised by relatives of people who use the service regarding food. During the inspection we looked at all of the concerns raised by those agencies and have noted our findings in the main body of the report.

We also spoke with the Registered Manager, 21 people who used the service, 15 relatives, 19 members of staff, a visiting General Practitioner, 2 physio-therapists and 1 Occupational therapist who visited the service. We spent time observing the interactions between people, relatives and staff in the communal areas and during mealtimes. We looked at all areas of the service including peoples' bedrooms, the kitchen, dining area, bathrooms, laundry room, and the outdoor space on all of the units.

We spent time reviewing records including 18 care records, fourteen staff recruitment files, staff rotas,

training records, accident and incident records, medicine administration records [MARs], and policies and procedures in place.

We also spoke with staff about their experience of working at the service and the induction and on-going training they received.

We used a number of different methods to help us understand the experiences of the people who used the service, including the Short Observational Framework for Inspection [SOFI] in two communal areas. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

Is the service safe?

Our findings

One person we spoke with told us they felt safe and had no complaints or concerns about the care provided to them. They said, "I find it great here. Nothing is too much trouble. They [staff] always wear their uniforms and always wear gloves and aprons if they are helping me with my personal care, like doing my teeth". Another person told us, "I feel safe here with a nurse being on all night." Another said, "I feel very safe here, I looked at a few places before I came here." Relatives told us they felt the home provided a safe place, and they had "no concerns" and "Staff are very accommodating".

Some of the people living at Chadderton Total Care were unable to give their verbal opinion about the care and support they received; because they have conditions such as Dementia or Alzheimer's both of which can affect a person's ability to remember things. We therefore used a short observational framework for inspection (SOFI). This is a tool used by Care Quality Commission (CQC) inspectors to capture the experiences of people who use services who may not be able to express this for themselves.

From our observations made using the SOFI we saw staff using equipment, such as a hoist and assisting people to use their mobility aids, safely. We also observed staff carrying out their care duties in a respectful manner. We saw people who preferred to spend time in their room on the Lakeland suite, were checked on every two hours to make sure they were safe. A person we spoke with on that unit confirmed that staff checked on them regularly and they felt safe.

During the inspection we observed there were sufficient staff on duty to meet people's needs. We looked at the staff rota which confirmed the staffing deployment described by the registered manager was sufficient for the number of people on each unit. We were told by the registered manager that each individual person was assessed for staffing dependency and staff rotas were based on people's individual needs.

There was a recruitment and selection procedure in place. We looked at fourteen staff personnel files and found that the staff had been recruited in line with the regulations and had appropriate pre-employment checks which included completing an application form, evidence of eligibility to work in the United Kingdom, two appropriate written references, and Disclosure and Barring check (DBS). A DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. Pre-employment checks help to protect people from the risk of unsuitable staff being employed.

We looked at how the service protected people from abuse. The safeguarding file contained relevant policies, which were in line with the local authority safeguarding adult's policy. Staff were given appropriate guidance by means of flow charts and sample documents for reporting abuse. Staff we spoke with told us they had received safeguarding and 'whistle blowing' (exposing bad practice) training and were fully aware of their responsibilities for recognising and reporting any suspicion of abuse. A dedicated nurse was responsible for reporting all safeguarding concerns to the local authority and the Care Quality Commission. Safeguarding records were kept and up to date. Records contained details of allegations, investigations carried out and outcomes. They showed appropriate actions had been taken by the service, including

disciplinary action, where necessary.

We found evidence of the regular checking and testing of fire safety systems and equipment, and of daily maintenance checks including servicing and maintenance contracts for cleaning, clinical waste disposal and water hygiene testing. Health and safety meetings were held quarterly with all department leads including the kitchen and maintenance manager. The health and safety file on each unit contained information relating to the health and safety policy, fire safety policy, (Personal Emergency Evacuation Plan's) PEEPs, a PEEP is a bespoke 'escape plan' for individuals who may not be able to reach an ultimate place of safety unaided or within a satisfactory period of time in the event of any emergency. Equipment alerting guidance, safety data sheets covering all liquids used on the each units, Fire inspection certificate, and records of 2 annually fire drills.

Records also showed that the equipment used within the home was serviced and maintained in accordance with the manufacturer's instructions.

A business continuity plan was in place, with guidance on how staff should respond to dealing with incidents that could affect the running of the service such as severe weather, utility failure or mass staff sickness. Plans for the evacuation and re-location of the service in an emergency were also available.

We observed five people who were using wheelchairs without footplates, which was not safe and did not promote good practice. We expressed our concern to the unit manager who told us the wheelchairs "were not in a good state of repair." The staff nurse told us he had raised his concerns at previous managers meetings and had been told new wheelchairs were being ordered.

This was a breach of regulation 15 (1)(c)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Person centred care.

We saw accidents and incidents were recorded in detail in the accident records. Accidents and incidents were monitored centrally and analysed by the registered manager, but there was insufficient evidence of lessons learned from the analysis. The lack of lessons learnt information made it difficult to establish any triggers or patterns in order to identify preventative measures to reduce potential accidents and incidents

We looked at the systems in place to order, store, administer, review and audit medication. We observed a staff member checking people's medicines on the medicines administration record (MAR) and medicine label, prior to supporting the person to take their medication, to ensure they were getting the correct medicines. Medicines were given from the container they were supplied in and we saw staff explain to people what medicine they were taking and why. Staff also supported people to take their medicines and provided them with drinks, as appropriate, to ensure they were comfortable in taking their medication. The staff member remained with each person to ensure they had swallowed their medicines.

However we found gaps in signatures on some medication administration records (MAR) sheets to show that medicines had been given. We also found that the number of tablets noted for one person in the controlled drugs (CD) register did not correspond with the number of tablets held in the CD cabinet. The CD recording book on the Lakeland suite had gaps in the recording of a second signature. We saw on 9 occasions gaps in a second signature for six people who required controlled drugs.

We noted on one person's MAR chart on Lakeland suite that Lactulose should be taken twice daily but we noted the nursing staff only recording once daily. We questioned as to why staff were not following the recommended dose prescribed and was told by the nurse on duty that "we only give the medication once

daily but the records have not been updated. This meant that up to date records were not maintained. Lack of up to date and appropriate information being available for all staff could mean this person was at risk of not maintaining their prescribed medicine regime or could be at risk of taking too much medication.

We looked at a care record on the Dale suite, which stated that one resident had covert medication. Medication given covertly is the administration of any medical treatment to a person in a disguised form. This usually involves disguising medication by administering it in food and drink. As a result, the individual is unknowingly taking medication. A nurse told us, "[person] has diazepam twice daily which is hidden in a fig roll". There was a recording on a summary sheet within the person's file to say that Doctor had agreed to covert medication. This was not recorded in a structured way. The nurse stated that the fig roll biscuits are given to person but she could not evidence processes were in place to monitor that medication had been taken and the risk involved if this person did not take their medication.

We noted whilst looking at care records there was no medication support plan in place for the people living at Chadderton Total Care Unit. We spoke with the registered manager who agreed that people who required medication must have a support plan in place. A lack of clear, accurate and contemporaneous records regarding a person's care meant that people could be at risk of receiving unsafe and inappropriate care.

On the first day of our inspection, we observed on the Dale suite one carer administering medication that had been dispensed earlier. It had been put into plastic cups, with no name on and left on a sideboard in the dining area. This is not good practice.

This was a breach of regulation 12 (1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the care records for four people who used the service on the Lakeland suite. We found three of these records contained good information about the risk people who used the service might experience including those related to falls, skin integrity, and restricted mobility. It was clear from the risk assessments how many staff were required to support people with tasks and the action to be taken to minimise any risks. Risk assessments had been regularly reviewed and were necessary updated to reflect people's changing needs. However, in the care records for one person we saw that this person had a detailed plan in place developed by the Speech and Language Therapy (SALT – a service for adults with communication, voice, or swallowing disorders) team, which clearly instructed staff to 'Observe closely for signs of aspiration, coughing, throat clearing, choking, and shortness of breath'. We saw no evidence of a risk management plan associated with aspiration. This meant that the person was at risk of receiving unsafe and inappropriate care and treatment because care records did not clearly identify this person's individual needs and guidance for staff to follow to mitigate risk had not been documented.

This was a breach of regulation 12 (1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Infection control policies and procedures were in place to support staff to deal with the risk of cross infection and regular checks were undertaken to ensure cleanliness was maintained throughout the service.

We looked around all areas of the home and saw that all bedrooms and communal areas were clean and tidy however there were some stains on carpets. Relatives we spoke with confirmed that they were happy with the general level of cleanliness in the home. A visiting health professional told us they felt the cleanliness and hygiene in the home was "Very good". Several relatives had concerns about clothing going

missing in the laundry, although one told us it had improved recently.

The kitchen was clean; however there were no records of any audits being completed by the catering manager such as cleaning records, for the kitchen area, or the storage areas. We also identified gaps in the recording of food temperature records. We noted a cleaning record which was last updated dating back 10 August 2015. Up to date documentation and records must be kept.

Is the service effective?

Our findings

People spoken with told us they felt the staff were skilled and knew what to do to meet people's needs. One person said, "Yes, the staff are trained and are experienced" and "". A visitor we spoke with said, "Yes they [staff] are skilled, [person] was well looked after but there wasn't much for her to do during the day" visitors told us they thought the staff were sufficiently skilled to meet people's needs.

During the inspection we spoke with a visiting occupational therapist about the skills and knowledge of the staff team. They said, "staff are very good and have a good rapport with patients, staff sometimes require additional training with patients who have had a stroke, patients seem happy". A visiting physio-therapist told us "I have no concerns, there's good care"

The care staff we spoke with told us they had received the necessary training to enable them to do their jobs effectively and safely. We were given a copy of the training spreadsheet which showed that people had received training in areas such as; moving and handling, first aid, food hygiene and health and safety. The training sheet showed that further training had been undertaken by some of the staff in clinical topics such as diabetes management, nutrition, dementia care and end of life care. We were shown records of additional training for all nursing staff covering areas such as catheter care, medication and gastro feed accreditation, supporting them to maintain their nursing registration. Staff also had access to more specialised training to meet people's individual needs. The service had also started using the Care Certificate programme. The Care Certificate aims to equip health and social care support workers with the knowledge and skills which they need to provide safe, compassionate care.

Staff told us that they had an induction before they were able to work at the home unsupervised with people. This was to ensure that all new employees had a basic understanding of the organisation and its policies and procedures, including getting to know the people they would be working with. The induction also provided information to help staff understand what was expected of them and what needed to be done to ensure the safety of the people who use the service.

We reviewed 14 staff files, which contained supervision and appraisal records. Care staff received regular supervision every two months and an appraisal annually. Records reviewed during the inspection showed that care staff had the opportunity to discuss any learning and development needs. We checked to see if kitchen staff were receiving supervisions and found there was no evidence that any of the kitchen assistants were receiving supervision. Supervision and appraisal meetings support and help staff to discuss their progress at work and also discuss any learning and development needs they may have.

On reviewing nursing staff and unit manager's files, there was no evidence to demonstrate that they were receiving clinical supervisions. Clinical supervision is a formal process of professional support and learning. We were told by the registered manager that clinical supervisions were the responsibility of the nurses and they were to book with the registered manager should they need one. The registered manager told us clinical supervisions were not recorded, and that she had an open door policy for all staff to discuss any issues. This meant that people may be at risk of receiving unsafe and inappropriate care because not all

staff had received the support necessary for them to ensure the care and support they provided reflected best practice and enabling them to carry out their role and responsibilities effectively.

This was a breach of Regulation 18(1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack capacity to do so for themselves. The Act requires that as far as possible people make their own decision and are helped to do so when needed. When they lack capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Care staff told us they had received training in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. They told us they would always support people to make their own decisions and choices.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards.

The manager had applied for Deprivation of Liberty Safeguards (DoLS) for 21 of the 26 people who used the service on Saddleworth suite. We were told by staff and saw evidence that the five people that lacked capacity were not free to leave and were under continuous supervision, but no applications had been submitted. The senior nurse told us that applications had been completed, but the service had been advised by the local authority that there was a delay in processing applications and the service had been asked to delay submitting the applications. This meant that these five people were being deprived of their liberty and there was a risk that their rights may not be upheld.

This was a breach of Regulation 11(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people who used the service if they felt able to make choices about the care they received and whether staff respected their decisions. People on the young disabled unit told us staff asked for their agreement before providing care. One person commented, "They treat me like a lord, staff here are fantastic. They are all nice people. If I need anything I buzz and they come to help the moment I ask."

One relative told us "The staff respond well but don't seem to look at the underlying issues [person] had a bad toothache which may have been causing some pain but because of their poor communication skills was unable to alert staff, so it took some time for staff to recognise this." But, once they did, the relative believed they responded well and found a sympathetic dentist to support the person.

We looked at the arrangements in place to help ensure people who used the service had their nutritional needs met. We saw that the menu was balanced and that people had the opportunity to choose the meals they wanted. Most of the people we spoke with were positive about the quality of food provided although one person told us this could sometimes vary. We spoke with a family member who told us, "they get some really good meals here; we went around six care homes and picked this one". The only negative comment made was that "The food is not always hot when it is served."

On the first day of the inspection one member of the inspection team sampled lunch with people who used the service. They found the lunch was appetising.

We observed the lunchtime experience on the Lakeland suite and Dale suite. We noted the atmosphere on the Lakeland suite was relaxed and sociable. Tables were set with condiments and drinks and staff provided support to people who required assistance to eat.

We completed a Short Observational Framework for Inspection (SOFI) on the Dale suite. The dining tables were bare, no table cloths, serviettes or condiments were seen. It was fairly quiet, and there was limited engagement between staff and people who used the service. Lunch was soup and sandwiches but there was no choice offered. We heard one staff member comment, "I`m not sure what the sandwiches are but they look ok". We raised this with the registered manager who assured us our concerns would be addressed.

We saw care plan records that showed specific pharmacist, general practitioner (GP) and dietician instructions had been followed for a person using a Percutaneous endoscopic gastrostomy (PEG). PEG feeding is used where patients cannot maintain adequate nutrition by taking food orally.

We asked the registered manager about systems in place to monitor the nutritional needs of people who used the service. They told us people were weighed regularly and a referral was always made to a person's GP should any concerns be raised.

We looked in the home's kitchen and saw people's dietary requirements, likes and dislikes had been noted and copies of special diets were seen on the kitchen noticeboard.

Food store cupboards and freezers were well stocked. There was a good supply of fresh meat, fruit and vegetables. However we saw cooked food stored in a cooling fridge from the day before, such as peas, swede, mincemeat green beans. When we asked kitchen staff why this food was being stored we were told it was to be used as pureed food for people who required pureed diets. We saw that all foods being used for pureed diets were prepared using the left overs of the cooked meals from the previous day.

We checked the freezer and found bags of cooked frozen pasta not labelled or dated confirming when they had been prepared. We were told by the catering manager that the cooked pasta was used again for pureed diets as it was "easy to prepare". There was no evidence to show choice or involvement of people was considered when developing menus for those people requiring a pureed diet. Storage of cooked foods had not been stored appropriately in line with The Food Hygiene Regulations (2006).

This was a breach of regulation 14 (1)(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who could speak with us told us that they received the support they required when needing to see their GP, district nurse or appropriate health care professional. When we asked a visiting GP if people were supported to receive on-going healthcare and support they said, "I visit the home regularly to meet with the service users. The staff always advises me in advance if there are particular healthcare issues with people; the staff engage well". A person commented, "I still get to see my own GP even though they aren't local and that's really good. I have used the optician that visits here and got some new glasses from them. I'm sure they would get a dentist for me if I ever needed one."

During a tour of the service we noted that some of the furniture in the bedrooms on the Borrowdale suite were shabby and worn and some bedroom carpets were heavily stained with tread marks and required cleaning. Curtains in the communal areas also were worn in appearance.

Shared bathrooms and toilets were spacious enough to manoeuvre wheelchairs and hoists. We saw that some work was being undertaken to improve the accessibility of toilets, bathrooms and bedrooms to

maintain people's independence by making the rooms large enough for wheelchair users.

Is the service caring?

Our findings

When we asked a person if they felt the staff were caring towards them they made positive comments such as, "the girls [staff] really do care for me very well. If they can't do something, there is always somebody else who will help me. I can speak to any of the girls who work here about anything. There are two particular ones who are gems and I can talk to both of them more than the others. They are very professional and trustworthy. I feel very involved in my care and my family are too".

One person on Dale suite told us "I like the staff here. They are good to you. It is the best home I have been in." Another person on Dale suite said about staff, "They are nice". A person on Middlewood suite said, "The staff are good. The food is lovely". Whilst another person on Windermere suite said, "Staff is magnificent. Food here is fantastic. My room is great." We spoke with a relative on Windermere suite who agreed that they are very happy with the care provided. "My [relative] has enjoyed day trips organised by the unit, and visiting entertainment" Another relative said, "They are very good. Anything you ask, they do it right away. If you aren't feeling well, they always get a nurse. Another resident on Windermere suite complimented the staff. She said, "They are very kind and have a sense of humour".

We spoke with one relative, whose mother had recently moved into Chadderton Total Care and told us "I'm very impressed with the home, it took a bit of time for my mum to settle in, but she's much happier as she's eating well, she is safe, and there's a good all round feeling about the home. The staff are great; If I needed to I could approach the staff at any time".

Our observation during the inspection showed that staff were respectful in their interventions with people who used the service.

Staff we spoke with on the Young Disabled Suite told us they would always try to promote the independence of people who used the service; this was confirmed by the people we spoke with.

Staff we spoke with demonstrated they understood the importance of person centred care. This was confirmed by one person we spoke with "Staff leave me to it, they know my likes and dislikes and they know not to disturb me if I'm on the computer"

Throughout the inspection, we saw staff caringly respecting people's privacy and dignity when supporting people. We saw staff making sure that curtains and doors were shut when assisting people with their daily routines. We noted that all care records were securely held and maintained and only authorised staff had access to the information held about people; this helped to ensure that confidentiality of people who used the service was maintained.

We saw staff involving people by asking them where they preferred to sit in the communal areas and assisting them to their chosen seat. We saw staff showing warmth and friendship to people and they spoke to them in a kind, comforting and sensitive manner. This helped to make sure people's wellbeing was promoted.

From our observations made using the SOFI it was apparent that people who lived at Chadderton Total Care were familiar and relaxed with the staff as we observed people smiling, laughing and chatting freely in the company of staff.

Chadderton Total Care supports people with a range of cultural and spiritual needs. This information forms part of the person's care plan and staff provide support. One person from an ethnic minority background was being supported to practice their faith and culture on a daily basis. A weekly Christian Church Service was held for people who use the service to attend if they wished. A Catholic priest also regularly visited the service

We looked at the results from the recent survey distributed by the provider to people who used the service. We noted positive comments from people regarding staff approach. These comments included "The service is excellent", and "[Staff] really care about the residents"

We asked the registered manager about the care offered to people in Chadderton Total Care at the end of their life. She told us they had good relationships with community health based services to help ensure people received the care they wanted and needed at the end of life. The registered manager told us they would always try to seek information from family members about any expressed wishes by individuals regarding end of life care.

Is the service responsive?

Our findings

One person told us that the staff delivered her care the way she required. They said, "The girls always pass on information at the right time. They always come back if they can't do something straight away. I have no concerns and I've never needed to make a complaint. If I was dissatisfied I would speak to one of the nurses. They are trustworthy". However one relative told us "My only negative comment about the home is that the time given to staff and resident interaction is poor"

Standardised care plan documentation was used across the service. Information contained within people's care plans was standardised and not person centred, as it did not identify people's individual needs in detail. Information and instructions had been written under incorrect headings for some care plans. Basic risk assessments didn't fully identify or mitigate risks, nor did they show how risks would be managed. This meant that people were at risk of receiving unsafe and inappropriate care and treatment because an up to date care assessment had not been carried out and staff might not know how to respond appropriately to people's needs

We reviewed the care plan of a person on the Borrowdale suite and saw that although the person had received a comprehensive needs assessment before they moved into the service, written instructions about how the person's care should be delivered was not person centred and did not fully identify the persons individual needs and their associated risks.

Daily handovers took place at the beginning of each shift to ensure that all staff were aware of changes to people's needs or risk and to pass on any other information about the people who lived at the home.

Chadderton Total Care employed 2 activities therapists, 1 music therapist and a holistic therapist. The activity therapist was on leave on the day of the inspection; one nursing staff member stated that normally there would be more activities to occupy people, but many preferred to stay in their rooms, usually watching television. We were told by a member of nursing staff, member "There are no regular afternoon activities, most of the people go to sleep, and they are in their 80's and 90's". One person we spoke with on the Middlewood suite told us "The activity therapy is excellent it gets the blood flowing" We saw that a number of people had access to and were using mobile phones; all residents had a phone line in her room. Internet access and a computer were available in the young disabled unit for all people to use.

We looked at four care plans on the Dale suite; we found that some contained a "This is Me" life history that also included the person's likes and dislikes.

We spoke to a person on the Dale suite who told us, "They don't have books here." We looked at this person's care records and found an initial assessment within their file, provided by other professionals which stated, that "Enjoys the Oldham Chronicle". The unit manager told us, "[person] can't read.....so there is no point in having a paper. She can spend ages looking at postcards from New Zealand and France but it is upside down." We saw no evidence of books, magazines, games or activities in the communal living areas for people to enjoy.

In another person's care records, we found a letter from an Occupational Therapist dated 27/11/2014 in which she recommended accompanied visits to Royton market, the shops and library, and the availability of picture books of travel and the world. The unit manager told us "relatives can take residents out whenever they want but there are no arrangements for staff to take residents into the community.

On Windermere unit we looked at daily records for one person and noted that, "Poor communication," was regularly recorded. This did not indicate that staff were developing strategies to enable and support the person to communicate.

One care record showed a requirement for a person to be turned regularly in bed to relieve a pressure sore area. Care staff confirmed there would be a turning chart in this person's room but when we checked the person there was no turning chart in the room.

We looked at how the service responded to and managed concerns and complaints. The complaints procedure was displayed in the entrance of the building and on each suite. The policy described how the provider responded to any complaints and concerns. We looked at the complaints and concerns file and saw that any concerns raised were recorded and investigated. The file also provided evidence of the action taken. People we spoke with told us they felt able to raise concerns with any of the staff.

Is the service well-led?

Our findings

The service had a manager who was registered with the Care Quality Commission (CQC) in February 2015 and was present throughout the inspection process, as was the home's Deputy Manager.

The manager was aware of their responsibilities in informing the Care Quality Commission of any incidents occurring in the home. We checked our records prior to the inspection and noted that incidents and other important information had been reported to us appropriately.

People and relatives we spoke with were complimentary about the manager and the staff in the home. One relative told us "I have been invited in a few times to meetings but sometimes I can't make it, but I do get asked. The unit manager is very approachable and always here to explain what's going on". Another relative said "Every time I come in, I speak with all the staff and the manager – If you don't go to speak to them they come over and talk to you" One staff member told us "Happy place; we have a laugh, it is relaxed and supportive environment." Support staff spoke well about each unit manager's. "Very helpful and listens to us" and "The registered manager comes over every morning to talk to you".

Staff told us the morale and culture in the home had improved, one member of staff said things have improved and they were happy in their current role. Another staff member told us "My unit manager is always there to support me if I need anything and we all work together as one big team."

We were told by the registered manager that regular checks were undertaken on all aspects of the running of the home, including auditing of medication, care plan records and the cleanliness and maintenance of the kitchen area. However, we found that these checks had not been sufficiently robust enough to identify some of the shortfalls in care records, the administration of medicines and kitchen which we identified during the inspection.

This was a breach of regulation 17(1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had the opportunity to take part in the development of the home and services provided by attending regular staff meetings. People and their relatives were also given the opportunity to express their views on the care they received by having regular meetings. We read from the minutes of all meetings that all aspects of the home were discussed, from food to health and safety.

The registered manager told us they routinely ask people who use the service or their family members to complete satisfaction surveys. We observed copies of the survey on display in the reception area of the service, for people to complete if they so wished. We reviewed the recent survey conducted in 2014. Overall the forms indicated that people were happy with the service.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Five people were being deprived of their liberty as application of DoLS had not been sent.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment No evidence of a care plan and risk management plans being developed for the risk associated to aspiration or support needed of the risk associated to aspiration. Gaps on some medication administration records (MAR) sheets which had not been signed to show that medicines had been given. This meant that people were not fully protected against the risk associated with giving the correct medication and medicine errors. No medication support plans in place for any of the records we viewed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs Cooked food inappropriately stored labelled and lacked nutritional value.
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 15 HSCA RA Regulations 2014
Premises and equipment

We observed five people who were using wheelchairs without footplates which is not safe and not good practice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Lack of evidence to show quality assurance checks of the kitchen area and for care records and MAR charts by the registered manager
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Lack of evidence to show nursing staff were receiving clinical supervisions and kitchen staff supervisions or appraisals.