Rosewood Health Care Limited

Barley Brook

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Good

Overall summary

This unannounced inspection took place on 08 December 2015.

Barley Brook is in Wigan and is owned by Rosewood Healthcare. The home is registered with the Care Quality Commission (CQC) to provide care for up to 28 people. The home provides care to people with residential care needs, many of whom are living with a diagnosis of dementia. We last visited the home on 06 February 2015 where the home was rated as 'Requires Improvement' overall and in each of the five, key questions, with three breaches of regulation. This inspection looked at any improvements made since then.

During this inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to Person Centred Care and Safe Care and Treatment.

People living at the home told us they felt safe, as did relatives that we spoke with. Staff also displayed a good understanding of Safeguarding and how they would report any concerns. This helped to keep people safe.

At our previous inspection we had concerns about how medication was handled. Although we saw improvements in this area since the last inspection, we still identified problems with how medicines were given to people who lived at the home. These issues related to

Summary of findings

wastage of medication, care plans not being updated where dosages had altered, lack of recording where medication had not been given and in one instance, where a person's medication had not been changed from tablet to liquid format, due to swallowing problems.

We looked at maintenance records held by the home to ensure that the building was safe for people who lived there. With regards to electrical maintenance, it stated that 'Urgent/Immediate' work needed to be carried out, although we saw no evidence that this work had been undertaken.

We found that staff recruitment was safe overall, although where one member of staff had previous criminal convictions on their DBS form, we were unable to see that an appropriate risk assessment had been undertaken. This would ensure that it was still suitable for them to work with vulnerable adults.

The home used a dependency tool to identify how many staff were required to safely meet the needs of people who lived at the home. Overall we found there were sufficient staff working at the home on the day of the inspection. This included the home manager, deputy manager, a senior carer and two care assistants. The night shift was staffed by a senior carer, who was able to give people medication during the night and two care assistants. This was to provide care to 25 people.

The home used a matrix to monitor the training requirements of staff. This showed us that staff were trained in core subjects such as safeguarding, moving and handling, infection control and health and safety. Each member of staff we spoke with told us they were happy with the training and support available to them. Staff also had access to an induction programme when they started working at the home and received regular supervision. Staff supervision was one of the areas where we found improvements since the last inspection.

We observed the lunch time meal served at the home. We saw staff displayed a good understanding of people's nutritional needs and offered choice where necessary. Some people required a 'soft' diet and we saw this was provided for them in order for them to consume their food safely.

Overall, the people we spoke with told us they were happy with the care they received at the home, although many were unable to fully communicate their views to us. Relatives told us they didn't have any concerns and reported seeing vast improvements at the home over the past 12 months.

We saw that people were treated with dignity and respect and were allowed to retain their independence where possible. Staff were also able to provide good examples of how they did this when delivering care.

Each person living at the home had their own care plan, which provided an overview of the care and support they needed to receive from staff. During the inspection, we identified several instances where guidance in care plans was not followed by staff. Additionally, care plans didn't always provide an accurate picture of what peoples care requirements were. One person who didn't communicate verbally, had limited information in their care plan about what their body language meant to staff. This meant staff couldn't always be responsive to people's needs.

We found that complaints were responded to appropriately, with a policy and procedure in place for people to follow when they needed it. Additionally, we saw that a response had been provided to the complainant, letting them know of any action that had been taken.

The staff we spoke with were positive about the leadership of the home and told us they had seen great improvements at the home in recent months.

At the time of our inspection, the home manager was not yet registered with the Care Quality Commission, although they had attempted to register on several occasions. 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.

There were various systems in place to monitor the quality of service provided to people living at the home. These included the use of regular audits and seeking feedback from people who lived at the home through surveys and using the feedback to improve the quality of service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Not all aspects of the service were safe. This was because medication was still not always given to people safely. There were improvements since the last inspection however.

Staff recruitment procedures were safe, although where one person had previous criminal convictions on their DBS, we were unable to see that an appropriate risk assessment had been completed

We found that specific work with regards to the home's electrics had not been completed in a timely manner.

Requires improvement

Is the service effective?

The service was effective. We found that staff had received training in core topics such as safeguarding, moving and handling, infection control and health and safety.

The manager had made DoLS (Deprivation of Liberty Safeguards) referrals where necessary.

Staff received supervision to support them in their roles. This was an area of improvement since the last inspection.

Good

Is the service caring?

The service was caring. The people we spoke with and their relatives told us they were happy with the care provided by staff at the home, with improvements over the last 12 months.

We saw people were treated with dignity and respect and were allowed privacy at the times they needed it.

People were offered choice by staff and we saw they able to choose how and where they spent their day.

Good

Is the service responsive?

Not all aspects of service were responsive. Staff didn't always follow guidance in people's care plans, which were not always reflective of peoples current care requirements.

We saw complaints were handled and responded to appropriately with an appropriate response given to each complainant.

There were many activities for people to take part in to keep them both occupied and stimulated.

Requires improvement

Summary of findings

Is the service well-led?

Good

The home had a manager in post, although they were not yet registered with the Care Quality Commission.

Staff who worked at the home felt the home was well-led and that the manager was approachable.

We found there were various systems in place to monitor the quality of service provided at the home.

Barley Brook

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

We carried out this unannounced inspection on 08 December 2015. The inspection team consisted of two adult social care inspectors, a pharmacist inspector who looked at medication 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.

At the time of the inspection there were 25 people who lived at the home. During the day we spoke with the registered manager, five people who lived at the home, two relatives, six members of staff and a visiting professional. We looked around the building and viewed records relating to the running of the home and the care of people who lived there. This included care plans, staff personnel files, policies and procedures.

We spoke with people in communal areas and in their personal rooms. Throughout the day we observed how staff cared for and supported people living at the home. We also observed lunch being served in the dining room of the home.

Before the inspection we contacted external providers in the Wigan area such as Healthwatch, Safeguarding and the Quality Assurance Team at Wigan Council. We didn't receive a response from all of these agencies in advance of our inspection. We also reviewed previous inspection reports and any notifications we had received either from, or about the service.

Requires improvement

Is the service safe?

Our findings

Those that were able to, told us that they felt safe living at the home, as did their relatives. During the inspection, not everybody was able to tell us about their experiences, mainly due to living with different stages of dementia. We asked people what made them feel safe whilst living at the home. One person said; "The friendliness of everyone". Another person added; "The people around me". Another person told us, "There's always someone there for you". A visiting relative said to us "There's always somebody there". Another relative told us, "I come every day". I've never seen anything that concerned me about people's safety".

At previous inspections we had concerns about the way medicines were managed and administered within the home. Following our last visit the manager sent us an action plan detailing how improvements were to be made. At this visit we looked at the medicines, medication administration records (MARs) and other records for 19 people living in the home. We spoke with the manager and the senior care worker responsible for handling medicines on the day of our visit about the safe management of medicines, including creams and nutritional supplements, within the home.

Medicines were stored securely and at the correct temperatures to ensure that they were not misused and did not spoil or become unfit for use, with stock managed effectively to protect people from the risk of running out of their medicines. Medication records were clear, complete and accurate and it was easy to determine that people had been given their medicines correctly by checking the current stock against those records. On occasions where medicines had not been given, care workers had clearly recorded the reason why.

Trained, senior care workers supported people living in the home to take their medicines in ways that maintained people's individual needs and preferences as much as possible. Where people were prescribed medicines that only needed to be taken 'when required' such as painkillers, care plans were in place to enable care workers to administer each person's medicines consistently and correctly. We saw three examples where the care plans had not been updated following dose changes, although this was reflected on the MAR records. The manager assured us that these would be updated straightaway.

Records showed that care workers had recently asked the doctor to review one person's medicines as they established as being non-compliant with their medication. As a result, their medicines had been changed from tablets to liquid. We saw that although the liquid had been received from the pharmacy, it had not been started and the person was still being given the medicine in tablet form. The manager did not know why the medicine hadn't been changed over as instructed by the doctor and took immediate action to ensure that the person's medicines were swapped over and assured us that the incident would be investigated.

Regular audits (checks) were carried out to determine how well the service managed medicines. We saw evidence that where concerns or discrepancies had been highlighted, the senior care workers and manager had taken appropriate action straightaway in order to address those concerns and further improve the way medicines were managed within the home.

We looked at maintenance records held by the home to ensure that the building was safe for people who lived there. We saw that checks were carried out for legionella, gas, fire, emergency lighting and electrics. With regards to the electrical installation condition report, it stated that 'Urgent/Immediate' work needed to be carried out, although we saw no evidence that this work had been undertaken in a timely manner, which had the potential to place people at risk. Following the inspection the manager contacted us to say they had been in touch with head office, who confirmed the work had not been undertaken, but that somebody would visit the home to complete the work immediately.

This meant there had been a breach of regulation 12 (2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to Safe Care and Treatment because the home did not ensure that the premises were safe to use for their intended purpose and were used in a safe way

During the inspection we spoke with staff and asked them about their understanding of whistleblowing and safeguarding vulnerable adults. Each member of staff could clearly describe the process they would follow if they had concerns about people's safety. One member of staff said; "There is a set protocol, which we would follow. If I saw anything I would go straight to the manager who would notify CQC appropriately". Another member of staff said;

Requires improvement

Is the service safe?

"Some of the signs of potential abuse that I would look for include unexplained bruising, acting differently or seeming depressed". Another member of staff added; "We keep a log of any marks or bruising and report them straight away".

People were protected against the risks of abuse because the home had a robust recruitment procedure in place. Appropriate checks were carried out before staff began work at the home to ensure they were fit to work with vulnerable adults. During the inspection we looked at six staff personnel files. Five of the six files contained job application forms, interview notes, a minimum of two references and evidence of either a CRB or DBS (Criminal Records Bureau or Disclosure Barring Service) check being undertaken. In one file we looked at, the member of staff had previous criminal conviction, although we were unable to see that an appropriate risk assessment had been completed to establish if this person was suitable to work with vulnerable people, which had the potential to place them at risk. The home manager told us this would be something they would consider moving forward.

We checked to see if there were enough staff working at the home to safely meet the needs of people who lived there. When we arrived at the home at approximately 7am, the staffing numbers included a senior carer who was able to give medication during the night and two care assistants, one of whom was an agency worker. The day shift at the home then commenced at 8am, with the staffing numbers consisting of the home manager, deputy manager, a senior care and two care assistants. In addition, the manager said there would be two domestics (cleaning/laundry), a cook, kitchen assistant and maintenance person. The manager told us that these were the 'Standard' staffing levels within the home and that although agency staff were used on occasions, in-house staff would be approached first to see if they could cover. Overall, we found that these numbers were sufficient to meet the needs of people living at the home, although at times, lounge areas were left unsupervised where people with mobility problems were located.

We asked staff about the current staffing levels. One member of staff said; "As there are only 25 people, they are fine for the time being". Another member of staff said; "I think four of us is definitely enough to meet people's needs". A third member of staff said; "We all work as a team and some people living here are independent despite their dementia". A member of night staff also said; "I have no concerns at night. There are enough staff but it depends who you work with".

We looked at how the home managed and prevented risk. We saw that people had risk assessments in their care plans which covered areas such as falls, mobility, nutrition and management of pressure sores. The home used a scoring system to identify the level of risk to people and how that needed to be managed by staff. We saw that where risks had been identified, there were controls measures in place about how to keep people safe. For example, we identified two people who, although they were mobile, needed to have the environment and their bedrooms clutter free so that they could walk safely. When we checked their bedrooms, we found they were free from any obstacles that could place them at risk. Two other people required a 'Soft diet' so that they could swallow their food safely and we saw this was provided for them by staff. The home also conducted environmental risk assessments, which were simple, easy to follow and used symbols to relate to. Staff had signed to show they had reviewed and understood them. Some of the areas covered included hot water, Christmas decorations, bed rails, hoists and windows.

Good

Is the service effective?

Our findings

There was a staff induction programme in place, which staff were expected to complete when they first began working at the home. This enabled staff to gain a thorough understanding about the expectations of working at the home and undertake any relevant training or support where necessary. Each member of staff we spoke with told us they undertook the induction when they first commenced their role. One member of staff said; "I did receive an induction when I first started. I was told about all the fire procedures and read the different policies and procedures. I was also able to shadow senior members of staff". Another member of staff said; "The induction gave me a good introduction into working at the home I would say. I was observed doing the medication initially and also did moving and handling and safeguarding". A third member of staff said; "I was happy with the induction. It was informative".

The staff we spoke with told us they were happy with the support and training they had available to them. We looked at the training matrix, which showed staff had undertaken a variety of courses which included moving and handling, infection control, medication, safeguarding, fire awareness and health and safety. There were also approximately five members of staff who were listed on the training matrix as having not yet undertaken any training, although following the inspection, the manager sent us confirmation that these courses had been arranged for staff in the coming months. One member of staff said; "I have done my NVQ (National Vocational Qualification)level 3 for Social Care and am currently doing an NVQ for dementia also. If I need to know something then I can ask for it". Another member of staff said; "I feel like I'm getting enough training and I feel supported. Since the manager started last year things have definitely improved". Another member of staff added; "I feel well supported and the manager is very approachable. There is an open door policy and the manager supports us on the floor if we are struggling".

At the previous inspection, we found inconsistencies with the frequency of staff supervision and saw improvements in this area during our visit. Since the last inspection, the manager had introduced a supervision matrix, which made it easier to keep track of when supervisions were due for each member of staff. Supervision provided an opportunity for staff to speak with their line manager about any concerns, training requirements and areas for career progression in a confidential setting. The staff we spoke with reported that these now tended to take place approximately every three months. One member of staff said; "They take place frequently, as do staff meetings". Another member of staff said; "They always take place".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw that DoLS (Deprivation of Liberty Safeguards) were referenced in care plans, which would help ensure staff were able to provide care in accordance with any conditions.

At the time of the inspection, there were just four people who weren't subject to a DoLS according to the home manager. We were told that applications would be put in, but it had been requested by Wigan to prioritise and send limited numbers through where possible. We also observed that people were asked for their consent before receiving any kind of support, with staff being able to provide examples of how they aimed to do this when delivering care. In one instance, we observed a member of staff approaching different people in the lounge area and asking if they wanted to go into the next room to take part an activity which had been organised. We heard the member of staff saying; "Would you like to come next door and join in" and where people refused, this was respected by the member of staff. In other instances, people were asked if they would like to take their medication, or sit at the dining table to eat their lunch.

During the inspection we observed the lunch time meal provided at the home. This enabled us to seem how people's nutritional requirements were adhered to. We saw that the menu wasn't very visible and not in accessible format. The manager said picture cards had been trialled and didn't work. We saw people were given a choice of orange or blackcurrant to drink and shepherd's pie or a vegetarian option for their main course. Salt and pepper was kept on a shelf and we saw staff added it to people's food when it was requested. Two people needed a soft diet and we saw that this was provided for them, with staff

Good

Is the service effective?

assisting these people to consume their food safely. We observed that several people could have benefited from plate guards, as they appeared to be using their fingers to put food on their spoons.

On another occasion a member of staff who was assisting a person to eat asked if they wanted more and put the spoon to her mouth whilst they were still chewing. We saw that the majority of people ate shepherd's pie, although they were all given a choice at the beginning of the meal. Before they had finished their shepherd's pie, a member of staff came round and offered everyone vegetable pasta, although we saw this was then placed in with the shepherd's pie and when mixed together, didn't look particularly appetising. We raised these areas with the manager during feedback, who said she would speak with staff.

We saw that people's care plans described the types of support people required in relation to their nutritional intake, with corresponding risk assessments about how to do this safely. We asked the people who lived at the home for their opinions of the food. One person said; "It's quite good, because I'm very fussy with food. I get a choice, there's always something I can eat". Another person said; "I like it, I have toast for breakfast and sometime marmalade." Another person told us; "It's generally ok. I do get hungry but we do get snacks sometimes". A visiting relative also told us; "She eats everything. There isn't anything she doesn't eat but she knows when she is full". Another relative added; "He's eating well and has put weight on".

The vast majority of people living at the home were living with dementia and at the previous inspection, there had been limited adaptations made to the environment in order to make it more 'Dementia Friendly'. Since then, bedroom doors had been replaced, which resembled the front door of a normal house with door knockers, a letter box and photos of whose room it was on the outside. There was also signage for rooms such as toilets, bathroom doors and the lounge area. Several mirrors in the home also had certain stickers on them due to one person having a reflexion anxiety. Rather than removing the mirror completely, the stickers provided a distraction and allowed other people to use the mirror as required, such as to comb their hair.

The manager told us that 'Memory boxes' weren't something that was used within the home. Memory boxes consist of photographs, memories or specific items that people can relate to and would be located outside their bedroom door, making it easier to find. There was also a lack of tactile objects around the building, which people could touch and relate to as they wandered around the building. We raised this with manager who said it would be something they would address.

Good

Is the service caring?

Our findings

Not all of the people were able to fully communicate their views to us due to them living with varying stages of dementia. We did observe however that people appeared comfortable in their surroundings and in the presence of staff. Some of the comments from people living at the home and their relatives included; "If I need anything they are there" and "We have a laugh. Generally we get along" and "The staff are quite reasonable I would say". One relative said to us; "They speak in a nice way. They're always having a laugh with him". Another relative told us "They have a good relationship".

We asked both people who lived at the home and their relatives if they felt they were offered a choice by staff. One person said; "I can go to bed when I want", whilst another person said; "I go to bed when I'm ready". A relative also told us; "He's staying up later here. Just after he came in he got up at 3 am and said he wanted to get dressed, so they dressed him". Another relative told us; "Last weekend she wanted a lie in so they let her, she goes to bed about 7.30 pm, which is what she wants".

During the inspection we saw that people were treated with dignity and respect by staff. The staff we spoke with were clear about how to treat people with dignity and respect when providing care. In one instance, we heard staff discussing, which people needed continence pads changing, however they moved closer to each other and whispered which people needing this doing. This meant that other people in the room wouldn't hear this discussion and showed respect for these people and allowed them to maintain their dignity. One member of staff said to us; "I would always close doors and curtains when delivering personal care". Another member of staff said; "I'll lock the door when I'm in the bathroom with people. If people ever have an accident, then I will be discreet about it".

Whilst speaking with staff we found they were able to describe how they offered people choice and allowed them to retain as much independence as possible. One member of staff told us; "Some people who live here are able to feed themselves. In this instance I will load the fork for them and allow them to eat themselves. I'm there to assist, but not too much". Another member of staff said; "When delivering personal care I will give people the soap and let them wash themselves. Also when I assist people in the toilet. I won't intervene unless people want me to".

During the inspection we spent time observing how people spent their day and looked at the types of support people received from staff. We saw people being supported to walk around the building, given their medication and assisted both to and from their chair. Staff spoke to people with respect and it became clear that good, caring relationships had been developed between staff and people who lived at the home. We also saw staff took the time to explain to people what was happening whilst delivering care. For instance, we observed one person being hoisted into their chair by two members of staff. The staff introduced themselves and explained exactly how this person was going to be transferred which appeared to keep them calm.

Overall we observed that people who lived at the home looked clean and well presented, although one person, whose care plan stated they liked to be well presented, had dirty finger nails. This person had been observed eating their food with their hands at lunch time, although their nails were still dirty approximately four hours later. We raised this with the manager during feedback who said they would speak with staff.

Requires improvement

Is the service responsive?

Our findings

We saw that when people first started living at Barley Brook, staff undertook a pre-admission assessment so they could gain an understanding of how to best meet people's needs. The manager said admission assessments were often done in 'twos' in order to get second opinion. Each person living at the home had their own care plan, which provided an overview of the care and support they needed to receive from staff. There were also records of people's likes/dislikes, favorite colours, favorite food and drink, preferred time of getting up/going to bed, interest/hobbies and favorite TV programs. Some of the care plans in place covered moving and handling; nutrition; medicines (including reference to PRN); pain management form, personal care; sensory/activities and elimination. These were reviewed on a monthly basis. Where people required care or support to be provided from staff, there were specific guidelines that staff needed to follow.

During the inspection, we identified several instances where guidance in care plans was not followed by staff. For example, one person had a risk assessment in their care plan around inappropriate behavior towards a female resident who lived at the home, who they presumed to be their wife. On several occasions we observed this person with their hand on the other person's leg and with their hand down the back of their clothing. The care plan provided specific guidance for staff to follow when this behavior took place such asking this person to help set tables, offer them a cup of tea, go for a walk or do some garden chores. During the inspection however, we saw that this guidance wasn't followed.

We observed that another person engaged in several verbal altercations with different people who lived at the home, who the manager had earlier in the day described as being challenging towards others. This person's care plan stated that when this behavior took place, staff should escort this person to quieter areas of the home in order to de-escalate the situation. We observed that when this behavior took place, staff walked past where the incident took place and allowed it to continue on several occasions. In a third person's care plan, it stated that they often forgot where the toilet was and needed to be encouraged to use the toilet regularly and shown where it was located. However when observing this person, they walked up and down a corridor briefly, before urinating on another person's bedroom door, with no member of staff prompting them to use the toilet in advance of this incident.

Additionally, care plans didn't always provide an accurate picture of what peoples care requirements were. For example, we read in two people's care plans that they were at risk of developing pressure sores and needed to have specific equipment in place such as pressure cushions and for one of these people, an air flow mattress. These care plans had both been reviewed at the end of November 2015 stating that there were no changes to the care being provided. In the afternoon of the inspection we observed that these two people weren't sat on pressure relief cushions when in the lounge, however when we raised the issue with staff we were told they didn't need to be because they weren't currently at risk. The home manager told us that this was the case also. On checking one of these people's bedrooms they still had the airflow mattress in place and their care plan said they were currently well known to the district nursing team.

We also observed another person during breakfast time, where staff were in and out of dining area leaving people unattended for short periods. One person was given porridge and was briefly encouraged to eat it, but did not. This person later poured their drink of coffee in the porridge, mixed it up and began to eat it. We alerted staff who brought fresh porridge, but would have otherwise been unaware of this taking place. This person's care plan stated they needed encouragement and prompting to eat their food.

We also observed another person in the lounge area who didn't communicate verbally and used various hand gestures throughout the day. Although this person had a communication care plan in place, it didn't state what these various hand gestures meant and how staff would be able to understand what this person wanted or vice versa. Additionally, we observed that this person was often in the lounge unsupervised meaning it would be difficult for staff to respond to any specific requests in a timely manner.

These issues meant there had been a breach of regulation 9 (1) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to Person Centred Care.

Requires improvement

Is the service responsive?

The home employed an activity co-ordinator, who also worked as a member of care staff on certain days. Each person had their own individual activity record with choices of activities including music, ball games, art and craft, making reindeers, book trees (trees made out of pages of old books), painting, decorating, Connect 4, dominoes, picture bingo, snakes and ladders and having a sing along, Christmas wreath making, card craft, films, and chair exercises. The activity co-ordinator told us they sometimes darkened the room and played relaxing music, with people being able to have massages if they wished. During the inspection we observed several people 'batting a balloon', where people seemed animated and were smiling and talking to each other. People looked as though they enjoyed seeing who could keep the balloon in the air for the longest time. In the main entrance of the home there was a notice displayed about any particular outings, which included panto, picnics and a Christmas party. We also saw that activity preferences were in care plans, with one to one activities also being available such as 'What's in the news', sock pairing and reminiscence.

There was a complaints policy and procedure in place. This clearly explained the process people could follow if they were unhappy with aspects of their care. We looked at the complaints file during the inspections and found that any complaints had been properly responded to, with a response given to the complainant. People told us that if they needed to complain they would speak to their key worker, or with the home manager.

We saw a system was used called 'You said, we did'. This was a survey sent to staff, people who lived at the home and relatives asking how they would like things to be improved within the home, and demonstrated what had been done as a result of the feedback. The responses raised issues about laundry services, food/menus and the general cleanliness of the home.

Good

Is the service well-led?

Our findings

At the time of our inspection, the home manager was not yet registered with the Care Quality Commission, although they had attempted to register on several occasions. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The staff we spoke with felt that the home was both well run and managed. The manager stressed how she felt the service had worked very hard to make improvements and showed a willingness to act on any feedback. One member of staff said; "It's a lot better now than what it was. The manager is approachable, supportive and we can go to her with anything". Another member of staff said; "I think the manager is great and was one of the main reasons I wanted to work here. She is open, friendly and approachable". A third member of staff added; "We all work well as a team. The manager is a good leader and the staff tend to follow when there is a good manager at the helm". In between shifts we observed a handover taking place. This enabled staff to gain an understanding of people's car requirements on that particular day. We saw staff went through each person by room number and gave a brief overview of any change in needs.

There were various systems in place to monitor the quality of service provided at the home. These included regular audits of bed wedges, housekeeping, care plans, medication, weights, pressure sores, accidents, complaints, infection control and bed rails which were all conducted monthly. There were also regular provider audits carried out, with the most recent being done in June 2015. The manager said there had been another since, but it had not yet been printed. This identified areas for improvement with actions and covered accidents, records, weight loss, action plan, maintenance and medication. Additionally, there were regular audits of accidents and falls. We saw there were monthly statistics along with the of type of fall/ accident actions taken such as care plan updates, post-accident observations, medical attention, notifications sent to CQC and if anything needed to be taken forward as RIDDOR.

We saw evidence of regular meetings between staff who worked at the home. These provided an opportunity for staff to raise concerns and discuss improved ways of working. There was a notice displayed with dates of staff meetings, which tended to take place each month. Topics for discussion included specific care needs, communications between staff, night checks, breaks, management cover. Staff also signed to say had attended the meeting. We also saw evidence that Wigan Council's 'friends and family' network had been promoted within the home.

There were systems in place to monitor accidents and incidents within the home. We saw that where certain incidents had occurred, there was detailed information about how to prevent future re-occurrences and help to keep people safe. The manager told us that new flooring had been laid at the home and as a result, the number of falls had reduced.

Providers are required by law to notify CQC of certain events in the service such as serious injuries, deaths and deprivation of liberty safeguard applications. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service.

The home had policies and procedures in place, which covered all aspects of the service. The policies and procedures included; safeguarding, complaints, whistleblowing, and medication. This meant that staff had access to relevant guidance if they needed to seek advice or clarity about a particular area.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 9 HSCA (RA) Regulations 2014 Person-centred care (1) (b) The care and treatment that people received did not always meet their needs.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment (2) (d) The premises used by the service provider were not always safe to use for their intended purpose and were not always used in a safe way.