Jewelglen Limited

Parkview Residential Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This unannounced inspection took place on Tuesday 20 December 2016.

Parkview Residential Home is a large property built on three levels with a passenger lift to all floors. The home is registered with the Care Quality Commission to provide care for up to 32 people. The home which has garden areas to the front and rear is facing a local park. It is situated close to Bolton town centre and on the main bus routes.

At our previous inspection in April 2016, Park View Residential Home was rated as 'Requires Improvement' overall and for the 'key questions' Effective, Responsive and Well-led. The Safe 'key question was rated as 'Inadequate', whilst Caring was rated as 'Good'. At that inspection we identified regulatory breaches due to concerns relating to the safe management of medication, assessing/mitigating risk, infection control and monitoring the quality of service effectively to ensure good governance. At this inspection, we found the home had taken appropriate action to address these concerns.

People living at the home told us they felt safe. The staff we spoke with had a good understanding of safeguarding, whistleblowing and how to report any concerns.

We found medication was given to people safely and staff had received appropriate training. Management also undertook regular audits to ensure there were no shortfalls in practice.

Staff were recruited safely with references from previous employers sought and DBS (Disclosure Barring Service) checks undertaken. This would ensure that staff were suitable to work with vulnerable adults.

There were sufficient staff working at the home to meet people's needs. Feedback from people living at the home, visitors and staff was that staffing levels were sufficient. Staffing levels at night had also increased from two members of care staff to three since our last inspection.

Staff received an induction when they started working at the home, as well as receiving appropriate training and supervision to support them in their role. This would ensure that staff were provided with thorough knowledge and understanding to work in a care environment.

The home worked within the requirements of the MCA (Mental Capacity Act) and DoLS (Deprivation of Liberty Safeguards). We saw appropriate assessments had been completed if there were concerns about a person's capacity. DoLS referrals had been made as necessary to the local authority. Staff spoken with displayed a good knowledge about MCA/DoLS and what action they would take if they had concerns about a persons capacity.

We saw people received enough to eat and drink, with people also making positive comments about the food provided at the home. The staff we spoke with knew about people whose were at risk with regards to

their nutrition such as if they had lost weight or were at risk of choking.

All of the people we spoke with during the inspection including people living at the home made positive comments about the care provided. The people living at the home said they liked the home manager and had noticed an improved level of care being provided since they had started working at the home.

People told us they felt staff treated them with dignity and respect and promoted their independence where possible. We also saw people being offered choices about how they wanted their care to be delivered.

People felt the home was responsive to their needs and we saw examples of staff doing this during the inspection when assisting people to walk around the home, administering medication and helping people to transfer from sitting to standing or in to their chairs..

Each person living at the home had their own care plan, which was person centred and detailed people's choices, life history and personal preferences. This would help ensure staff had appropriate information available to them in order to provide person centered care.

There was a complaints procedure in place which allowed people to voice their concerns if they were unhappy with the service they received. We looked at any complaints that had been made and saw an appropriate response had been provided to the complainant.

All of the people we spoke with told us they felt the service was well-led and that they felt listened to and could approach management with concerns.

There were systems in place to monitor the quality of service such as audits, resident meetings, staff meetings, accident/incident monitoring and the management had sent satisfaction surveys. These systems would help to ensure the quality of service was able to continually improve.

Staff told us they enjoyed their work and liked working at the home and told us they felt there was an open positive culture. The staff told us they felt the home manager was supportive and told us they felt significant improvements had been made since they started working at the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People living at the home told us they felt safe. Staff displayed a good understanding about reporting safeguarding concerns.

Medication was handled safely.

Appropriate checks were carried out before staff began working at the home to ensure they could work with vulnerable adults.

Is the service effective?

Good

The service was effective.

People we spoke with confirmed the staff employed at the home were competent.

Staff were aware of how to seek consent from people before providing care or support.

People living at the home told us they received enough to eat and drink. Staff had a good understanding of people's nutritional needs and who was at risk.

Is the service caring?

Good

The service was caring.

People told us they received a good standard of care and that staff were kind.

Staff spoken to had a good understanding of how to maintain people's dignity and respect people's rights. Staff showed patience and encouragement when supporting people.

We observed lots of appropriate physical contact and caring interactions during the inspection such as holding hands and hugging.

Is the service responsive?

Good

The service was responsive.

Each person had their own care plan which provided an overview of how their care needed to be delivered.

The home had systems in place to seek and respond to feedback from people in the form of satisfaction surveys and residents meetings.

The home had procedures in place to receive and respond to complaints.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post.

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.

Parkview Residential Home

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 Tuesday 20 December 2016. This meant the provider did not know we would be visiting the home on this day. The inspection team consisted of two adult social care inspectors and a pharmacist inspector from the CQC (Care Quality Commission). Our pharmacist inspector looked at how medication was handled.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

In advance of our inspection we liaised with external stakeholders based at Bolton Council. This included the local Safeguarding and Contracts/Commissioning Team. This was to see if they had any information to share with us in advance of the inspection. As part of our inspection planning we reviewed all the information we held about the home. This included previous inspection reports and any notifications sent to us by the home including safeguarding incidents, expected/unexpected deaths and serious injuries.

At the time of the inspection there were 17 people living at the home. During the day we spoke with the registered manager, the chef, three people who lived at the home, three relatives and six members of night and day care staff.. As part of the inspection, 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 five care plans, five staff personnel files and five medication administration records (MAR).

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 to see how people were supported to eat and drink.

Good

Is the service safe?

Our findings

People living at the home said they felt safe as a result of the care they received. The visiting friends and relatives we spoke with also felt the people they had come to see were safe living there. One person living at the home said to us; "I do feel safe living at Park View. There is always somebody on hand". Another person said; "It's alright here, the staff treat me good. The manager makes me feel comfortable". Another person commented how they 'Felt safe here (at Park View)', when asked.

We found there were systems in place to safeguard people from the risk of abuse. This included having both a safeguarding and whistleblowing policy and procedure in place, informing both staff and people who lived at the home how they could both report and escalate concerns. The manager also maintained a safeguarding file with an overview of any investigations and recommendations to help prevent future incidents. The staff we spoke with were clear about what abuse was, the signs and symptoms they would look for and who they would speak with about concerns. One member of staff said; "If I saw an altercation between two people it would be my duty to keep people safe. Signs such as crying, becoming upset and irritable could indicate abuse. I also have access to various numbers including safeguarding and the police if I needed to report concerns". Another member of staff said; "Financial abuse could be if somebodies money was taken from them, whilst physical abuse would be hitting, punching or kicking a person. I have the relevant information available to me to raise concerns if needed".

Staffing levels on the day of the inspection were sufficient to care for people safely. The staffing numbers consisted of three members of staff at night (this had been increased from two) and five members of care staff during the day. This was to provide care to 17 people. During the inspection we observed staff were able to meet peoples needs in a timely manner such as assisting people to go to the toilet, assisting them to mobilise, supporting people to eat and administering medication. There was a calm atmosphere at the home and staff did not appear rushed or unable to respond to peoples requests. The majority of people spent time in the main lounge at the home and we saw staff had a co-ordinated approach to ensure there was a continuous staff presence throughout the day.

Everyody we spoke with including people living at the home, staff and visiting friends/relatives told us they felt there were enough staff working at the home. One relative also commented how they felt there had been a more stable staff group recently which they liked. A person living at the home also commented that they felt there were enough staff and never needed to use their call bell for assistance. One person living at the home said; "I feel the staff cope pretty well and I've noticed the night time staffing levels have now been increased to three members of staff which is good". A member of staff also said to us; "Staffing levels are okay at the minute and I feel re-assured that people are safe". Another member of staff said; "We are fine at the minute. We have a senior carer and four care assistants during the day and that is definitely sufficient". Another member of staff added; "We all muck in and everything gets done".

We looked at how medication was managed. We previously found the home to be in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 at our last inspection. At this inspection, we spoke to the registered manager, a quality manager and a senior carer responsible for

medicines. There were 17 people living in the home on the day of this inspection and we reviewed the medication administration records (MAR) of five people who lived at the home.

At the previous inspection, three people were unable to have their prescribed medication because there was none available. One of the five people we reviewed at this inspection did not have a sleeping tablet for one day and an eye drop for dry eyes for two days as there was none in stock. When this was noticed, the home had immediately faxed a request to the person's doctor and pharmacy to obtain a supply when they checked whether all medicines had been delivered. To reduce the risk of medicines not being available to give, the home should review their ordering processes and the time period in which medicines are received into the home.

At the previous inspection, medicines were not administered safely as there were no (PRN) 'when required' protocols in place; information to guide staff where prescribed creams should be applied was missing and staff were not measuring thickening powder accurately to thicken fluids to the correct consistency. The home had since updated the PRN protocols and these had clear directions to guide staff when medicines might be required. The home had also introduced body maps which guided where creams should be applied, which are both improvements since our last inspection. The home had introduced cups that could measure fluid accurately, which meant fluid thickening powder could be measured accurately for people with swallowing difficulties ensuring fluid given was of the correct consistency.

We looked at how the home managed risk. We saw each care plan we looked at contained risk assessments for areas such as falls, moving and handling, malnutrition and waterlow (to assess people's skin condition). We noted that where risks were identified, guidance for staff to follow was recorded in the corresponding care plan section as opposed to the risk assessment itself. This meant staff had access to appropriate information and guidance about how to mitigate any risks presented to people.

We found that environmental risks were mitigated around the home where necessary. For example, at our previous inspection we had raised concerns about the cellar door being left unlocked and people being able to access the cellar via a steep stair case.. We checked this at various points during the day and found it to be locked, with a coded key pad in use. We also checked a select sample of upper floor windows during the inspection and found appropriate window restrictors in place. This would prevent people either falling out, or leaving the building in an unsafe manner.

There was a system in place to record accidents and incidents. This captured full details of the incident which occurred and any action taken as a result. The manager had completed an analysis of accidents which had occurred and if anything needed to be implemented. This would ensure any re-occurring trends could be addressed, with appropriate action taken to help keep people safe.

We looked at five staff personnel files and found there was evidence of robust recruitment procedures. The files included application forms, proof of identity, interview questions and responses, contracts of employment and references. There were Disclosure and Barring Service (DBS) checks undertaken for staff in the files we looked at. A DBS check helps a service to ensure the applicant's suitability to work with vulnerable people. These checks evidenced to us that staff had been recruited safely meaning they were safe to work with vulnerable adults.

During the inspection we looked around the premises. We saw the home was clean and free from any malodours. We saw liquid soap, foot operated pedal bins and paper towels were available in all the bathrooms and toilets. We also saw staff wore appropriate PPE (Personal Protective Equipment) when delivering care and assisting people at meal times. This would help to reduce the risk of the spread of

infections. One person told us their room was regularly cleaned and that they had noticed a lot of improvements with the decoration throughout the home.

We looked at maintenance certificates and relevant documentation relating to the running of the home. These included checks of gas safety, portable appliance testing, electrical installation, passenger lifts, hoists, fire safety and mattresses. These checks would help to ensure the building and equipment was safe for people living at the home.

Good

Is the service effective?

Our findings

People living at the home and their relatives told us they felt staff were sufficiently trained and had the correct skills to provide effective care. A person who used the service told us, "I feel the staff are well trained, have good skills and know what they are doing".

The staff we spoke with told us they completed the induction when they first started working at the home. The induction was centred around the care certificate and provides staff with an introduction into working in a care setting. One member of staff said, "I completed a three day induction. It covered areas such as moving and handling, health and safety, safeguarding, and infection control. It was based around the care certificate. The induction was good and it was an opportunity to refresh certain areas I may have forgotten about".

We looked at the training staff had available to them to support them in their roles and viewed the homes training matrix. This showed that staff had undertaken training in areas such as health and safety, safeguarding, moving and handling, fire safety, DoLS (Deprivation of Liberty Safeguards) and infection control. The staff we spoke with told us they had enough training available to them and felt supported to undertake their work. One member of staff said, "I have actually done quite a bit over the past few weeks including food hygiene, safeguarding and infection control. There is enough available and training is much better at the minute". Another member of staff said; "I have done quite a bit of late including a recent safeguarding course and I have refresher courses coming up. There is more training available now since the new manager started". Another member of staff told us; "Training is going good so far. There is a lot going on and I am also being signed up for the NVQ level 5. I feel I could ask for more training if needed". A fourth member of staff added; "I've been provided with enough training and it has given me a good start working here".

Staff told us they received supervision as part of their work and we looked at a sample of records which demonstrated these took place. Staff supervision allows staff to discuss their work with their line manager in a confidential setting and also work towards set goals and objectives. We saw that some of the areas discussed included a review of any actions from previous meetings, job responsibilities, concerns, working relationships/teamwork, personal development/training, staff/residents needs and understanding policies and procedures. A member of staff told us; "We do have supervision and we are given a form in advance to complete. I enjoy supervision and you can get you point across". Another member of staff commented; "Supervision sessions are really useful and we can talk about any concerns or changes within the home". A third member of staff added; "We have supervisions as well as senior carer team meetings and I find them to be beneficial".

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager demonstrated effective systems to manage DoLS applications, with appropriate referrals made where necessary. A list was also maintained in the managers office with the date that the authorisation was granted and when it was due to expire. The staff we spoke with had a good understanding of DoLS and MCA and were able to tell us under what circumstances they felt a DoLS application could be required. One member of staff said; "If a person was a risk to themselves or others and lacked capacity, I feel a DoLS would be required. It wouldn't be safe for them go out alone as they could be vulnerable". Another member of staff said; "A DoLS is required if people lack capacity. Best Interest meetings can also be held to discuss the best way forward". A third member of staff added; "I actually received training around this about two months ago. A DoLS order is needed when people lack capacity to help keep them safe".

During the inspection we observed staff seeking consent before undertaking any care interventions. For example, we saw staff asking people if they wanted to take their medication. The people we spoke with said staff always sought their consent before assisting them and staff told us how they aimed to do this when providing care. One person said; "The staff never do things without asking me first". A member of staff also told us; "I will always seek consent from people when offering them a bath or shower for example. I will offer people the choice, but also respect that choice if it isn't what they want". Another member of staff added; "It's important to always ask and explain what we do first. If somebody told me they didn't want assistance then I would leave them and try again later". A third member of staff added; "I'll always ask if its okay to assist with personal care. It sometimes works to change the member of staff to see if they can persuade people to let us help".

We looked at how people were supported to maintain good nutrition and hydration. There were 'Food and drink' care plans in place. This provided an over view of peoples care needs such as where people liked to eat their meals, if they had any swallowing difficulties and if they required assistance from staff. There were also 'Assessments of malnutrition' which helped staff to identify if people were at risk of weight loss. Weight records were captured in this document and were completed each month, or more frequently if required. This guidance ensured staff had an overview of people's nutritional needs. We observed drinks were served at regular intervals throughout the day by staff. One person had been assessed as being at risk of choking and when drinks were being prepared, we overheard staff arranging for thickener to be added to this persons drink which showed staff understood peoples needs.

We spent time observing the lunch time meal at the home. This provided us with the opportunity to see how people were supported to eat and drink. The dining room was clean and there was a menu giving the options available on two whiteboards which was a choice of either gammon or fish pie. We saw tables were set with clean tablecloths, serviettes and place mats. The radio was playing Christmas songs in the background. There were condiments, and Christmas decorations or plastic flowers on each table, giving an overall homely and relaxed feel. Additionally, we observed staff wore plastic aprons and gloves as appropriate when serving food. Not everyone ate in the dining room and we saw staff taking meals to people in their rooms and in the sitting room when it was their preference to eat in these alternative places .

We spoke with two of the chefs during the inspection. We were told people always had a choice and the home worked to a six week menu cycle, which we viewed during the inspection and was on display in the dining room. We were told the chefs always met with a new person who was admitted to the home to discuss their nutritional needs and preferences. The chefs gave us an example of how they met peoples

cultural requirements, with one person having a preference for Caribbean food. We spoke with this person during the inspection and they confirmed this was provided for them. The chefs told us there was always plenty of food available and only occasionally did they run out of things like milk. In these instances they told us they could access petty cash and go to the local shops.

We asked people who lived at the home and visiting relatives for their opinions about the food. One relative said their family member was always encouraged to eat at meal times. We were told that previously they had always been a 'poor eater' and initially lost weight on admission to the home, but now maintained a steady weight. One person who lived at the home said; "Meals are nice and there is always a choice". Another person said to us; "We get good food and there are different choices available on the menu".

People's care plans contained records of visits by other health professionals where they had provided any intervention or advice. We saw that a range of professionals including GPs, chiropodists, podiatrists and district nurses (DN's) had been involved in people's care. This demonstrated staff at the home were seeking advice and guidance where necessary and could provide the necessary care and support people required.

Good

Is the service caring?

Our findings

The people living at the home told us they were happy with the care they received and described the staff as caring. One person told us, "It's alright here and is a lot better since the new manager started. I'm receiving a good level of care I feel. The staff are alright and are kind and caring people. I feel like I can have a laugh and a joke with them as well which is nice". Another person said; "The staff are alright, nothing they could do better".

The visiting friends and relatives we spoke with during the inspection told us they felt a good standard of care was provided at the home. One relative told us; "Staff are very good. Bedrooms are cleaner now and staff are on the ball. The staff respect [person's} wishes and when we walk in now, it's so bright and clean". Another relative said to us; "It's very clean and the level of care is very, very good".

During the inspection we observed people appeared well presented and looked well cared for. Peoples hair was tidy and their feet, hands and finger nails were clean. People had personal hygiene care plans in place and we were able to look back through daily records to establish that staff provided care interventions on a consistent basis, as well as providing baths and showers as necessary. Throughout the inspection, we also observed positive interactions between staff and people who lived at the home. For example, we saw staff sitting and singing with people in the lounge area and throughout the day we observed lots of laughter, friendly joking and appropriate touching, hand holding and kisses on the cheek. This demonstrated the caring approach from staff towards people living at the home.

We observed people were treated with dignity and respect by staff. For example, we heard one person asking to be taken to the toilet. A member of staff quickly assisted this person to the bathroom in a discreet manner without making others aware. Another person, who was seated in an arm chair appeared to be lifting their skirt up an revealing their legs and underwear. A member of staff noticed this and quickly discouraged this to help preserve this persons dignity. Additionally, we were shown around peoples bedrooms by both the registered manager and care staff. We observed that on approach to bedrooms, staff knocked on the door and checked if it was okay for them to come into the room.

People told us staff treated them with dignity and respect and we observed people were treated with kindness during the inspection. The staff we spoke with were also clear about how to treat people in this way when delivering care. One person living at the home said to us; "Fortunately I am able to do quite a bit myself, but I've noticed staff always knock on my door before coming in". A member of staff told us; "In order to treat people with respect, I knock on doors, close curtains and make sure people are covered with blankets during transfers to preserve their dignity". Another member of staff said; "I will always seek consent during personal care out of respect and keep the door closed so that people have privacy".

People told us staff promoted their independence where possible and we saw staff promoting peoples independence during the inspection with tasks such as eating and drinking. The staff we spoke with were clear about how to allow people to maximise their independence when providing care. One person living at the home said to us; "I can do quite a bit for myself such as having a shave and the staff leave me to do that.

I'm also able to go out on my own which the staff encourage people to do here". A member of staff also said to us; "If I am assisting somebody to have a wash, I will offer them the opportunity to wash their face and top half first. I'll also try and get people to eat on their own but be there to assist if necessary". Another member of staff said; "One person is able to wheel themselves out to the smoking shelter which promotes their independence. They have a buzzer with them though so they can let me know if I am needed".

During the inspection we saw people were offered choice about their routines and how they wanted to spend their day. This included participation in activities, where they chose to sit and the food they wanted to eat. At one point during the inspection, we observed a member of staff offering one person the choice of either bacon or sausage on toast, or both. People were also able to spend time in their bedrooms if this was something they wanted to do and this was respected by staff. The staff we spoke with were also clear about how to offer people choices when delivering care. One member of staff said; "People here can have a choice of anything such as if they want to eat or drink and what time they chose to get up and go to bed. I let them decide".

The home had systems in place to facilitate communication between staff and people living at the home. During the inspection we saw staff talking with people whilst at the same time, sat at the same level and talking closely to their ear so that they could hear what was being said. People had communication care plans in place and this provided an overview of any aids the person required such as glasses or hearing aids and any adjustments the person may require. For example, if staff needed to speak slowly and clearly so that they could be understood.

Good

Is the service responsive?

Our findings

People told us they received a service that was responsive to their needs. One person told us; "I feel I am getting everything I need here and the staff are responsive to what I want".

During the inspection, we observed staff were responsive to people's needs and facilitated their requests when needed. For example, we observed people being taken to the toilet by staff, given their medication and assisted to stand from their chair or into their wheelchair. On another occasion a member of staff noticed a person was presenting with a chesty cough and immediately got them their sprays for their throat which had been prescribed.

We saw the service was responsive to people's needs. For example, one person had previously been identified as having swallowing difficulties and had therefore been referred for an assessment. Another person had also been referred to the dietician and Speech and Language Therapy (SALT) due to being identified as being at risk of choking. Following this, we saw this person was prescribed the supplement 'Thick and Easy' in order to make their drinks easier to swallow and we observed this being given during the inspection. The staff followed the manufacturers instructions when preparing this by using the scoop provided in the tub to ensure the correct amount was added. These examples showed that staff were responsive to people's needs if there were concerns about their health or condition.

The staff we spoke with displayed a good understanding of people's care needs. For example, the staff we spoke with consistently referred to the same people who were currently receiving services, or had been referred to the dietician, required turning/re-positioning during the day or at night and also those that were subject to DoLS orders. This meant staff could provide appropriate care in response to their care needs. We also observed that staff had a good understanding of people's moving and handling requirements. For example, when one person had asked to be helped from their chair, a member of staff waited for a second member of staff to assist due to this person having been assessed as needing two members of staff for all transfers. This would minimise the risk of this person falling during a transfer to help keep them safe.

Each person living at the home had their own care plan in place which covered areas such as mobility, skin, eating and drinking, personal care, toileting and occupying the day. This provided staff with an overview of people's needs and the type of care they needed to receive. These were updated each month or when people's needs changed. Each care plan had a photograph of each person so that they could be easily identified by new members of staff as well as a 'Past experiences document'. This took into account family background, schools attended, employment, favourite holiday places, hobbies, past times and war experiences. People's preferences in relation to having a bath, shower or full body wash had also been captured. This meant staff had access to person centered information about people in order to provide care in line with people's preferences.

The home had systems in place to seek and respond to feedback in order to improve the quality of service people received. This was done in the form of a satisfaction survey which was sent to people living at the home, staff and relatives. People were asked for their opinion about safety, equipment, medication, if there

were enough staff, their satisfaction with the care and the overall cleanliness. An overall analysis of the responses was created. We saw the majority of feedback had been positive, however an area of improvement had been identified in relation to communication and informing people who to speak with if they had concerns. The recommendation from this area had been to regularly discuss and address this issue both on staff induction and during residents/relatives meetings. One person living at the home commented; "I have filled a form in previously where I was asked for my opinion".

Residents and relative meetings also took place. This provided the opportunity for people living at the home and their family members to raise concerns and influence any changes at the home. A poster was also displayed on the notice board, informing people when the meeting was due to take place. We saw topics of discussion included the meal time experience, trips out/activities, falls, safeguarding, complaints and who to speak with about concerns (in response to the satisfaction survey). A person living at the home said to us; "They have the meetings each month. Families are invited as well and we can raise things if needed".

There was a system in place to respond to complaints. We saw the home maintained an overall log detailing who the complaint was made by, who it would be investigated by, the nature and how it would be resolved. Where a complaint had been made, we saw the registered manager had formulated a response with their findings and the outcome. The complaints procedure was displayed on the notice board on the corridor of the ground floor with an accompanying policy also in place. A visiting relative told us that when they had raised a complaint with the manager about smells coming from the sluice room, it had been immediately rectified. Another relative commented that they would have had cause to complain previously, but that now there was no need to because the manager was 'Very effective'.

The home also collated compliments, where people had stated their satisfaction with the service they had received. We looked at a sample of these, some of which read; 'Thanks to staff for the care and supporting members of the family' and 'Thanks to everyone for the care given to my mother and also how professional the staff were' and 'Thank you for looking after my dad'.

We looked at the activities that took place at the home and how people were stimulated throughout the day. The home maintained 'Participation records' which provided an overview of the activities people had taken part of in the past. An activity schedule was in place and consisted of chair exercises, film days, bingo, baking, arts/crafts, music and quizzes. During the inspection we observed a game of bingo taking place, which staff participated and helped people to play. Prizes were available for the winners. People were encouraged to take part, but staff respected their decision if they did not wish to. One person living at the home said; "Activities wise, there always seems to be something going on. I enjoy playing dominoes". People also spoke about a recent Christmas party which were told they had enjoyed, with a visiting relative commenting that 'There was something going on most days now'.

Good

Is the service well-led?

Our findings

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

We were told by staff that management and leadership at the home was good with staff telling us they felt able to approach the manager with concerns or for advice. One member of staff told us; "The manager is always checking up on the work of staff which I think is good and that is all to make it a better place for people to live". Another member of staff said; "At the moment it's very good and it's clear that they want to get the home where it needs to be". Another member of staff commented; "The manager is approachable and takes on board what is being said. I feel I am being heard a lot more now". When we asked a fourth member of staff about management and leadership, we were told; "The manager is great and I feel we all get along really well". A relative also commented; "The manager is brilliant, you can go to her with anything".

Staff told us they enjoyed their jobs and felt their was a positive culture at the home that was open and transparent. One member of staff said; "From my point of view, things are a lot better. It is a nice place to work these days. I'm happy at the minute and things seem to be moving in the right direction". Another member of staff said; "There is a massive change, especially since the new manager started working at the home. I like working here and it is part of my life now". Another member of staff told us; "It's going really good now. I'm enjoying working here and the staff are a good bunch. I have no concerns and I enjoy coming to work". A fourth member of staff added; "I love working here and I like to take on extra shifts because I enjoy it that much".

There were systems in place to monitor the quality of service. This included audits of areas such as safeguarding, catering, training/HR, infection control, medication, fire/maintenance checks, care plans and health and safety. We saw these audits were undertaken regularly and had been completed as recently as December 2016. The manager also undertook 'Walkarounds' of the home which provided a focus on activities being undertaken, staff interactions, conduct of staff and team work. This provided the opportunity to check high standards were being adhered to and that appropriate action could be taken if shortfalls were identified.

We looked at the minutes from recent team meetings which had taken place. This provided staff with the opportunity to discuss concerns and their work with management in an open setting about how the quality of service could be improved. Some of the topics of discussion included medication management, staff rotas, completion of documentation, communication, timekeeping, infection control, safeguarding and team work. The staff we spoke with told us they took place on a regular basis and were a good opportunity to discuss their work and any concerns. One member of staff said; "There is a senior support worker meeting each week and they are definitely useful. Any problems can be discussed there and then". Another member of staff said; "We have them every month or so and they get displayed on the notice board. Any issues can be brought up then". Another member of staff said; "It's a good chance to raise our views. A buffet with food is

provided as well which is a nice touch".

The home had developed good links within the local community and also worked in partnership with different organisations. These included Bolton 'Lads and Girls Club', Rotary Club, Bolton Sixth Form College for student placements, local schools and bible reading classes. The home was also a placement for volunteers and a recent placement consisted of a student working with a person living with dementia and engaging them in activities, ensuring they were stimulated throughout the day. The registered manager was also the chair person for a meeting with other care home managers in Bolton. These meetings took place every two months and presented the opportunity to discuss any changes in the area, CQC inspections, training and NHS issues.

A monthly newsletter was also sent out each month. This provided the opportunity to brief people living at the home, staff and family members about important events such as upcoming celebrations, birthdays, outings/trips attended, entertainment and an overview of the current staff team. The most recent newsletter from December 2016, captured memories from the past 12 months, one of which was a previous resident who would have turned 100 years old but sadly passed away. A copy of the newsletter was available near the front door for people to read.

The home had relevant policies and procedures in place. This would provide staff with relevant guidance to refer to if they needed to seek advice or guidance about certain aspects of their work. These covered areas such as complaints, safeguarding, health and safety, infection control and medication.

We found improvements had been made to the storage of confidential information. For instance, we saw that documentation such as care plans and staff personnel files were stored in secure cupboards and rooms which also had a key pad lock on the door. This meant that people's personal information and details would be kept secure as a result.

We saw evidence that accurate records were maintained with regards to peoples care. This included staff keeping records with regards to food/fluid intake, when people were turned/re-positioned, skin condition and if people had received a bath, shower or full body wash. This helped us to evidence that people's personal care requirements were being met.

The home routinely sent us notifications about incidents at the home such as expected/unexpected deaths, serious injuries, police incidents and safeguarding incidents. This displayed an open, transparent approach from the home and enabled us to seek further information if required and to inform our inspection judgements.

As of April 2015, it is now a legal requirement to display performance ratings from the last CQC inspection. We saw this was displayed on a notice board on the ground floor and also in the managers office. This meant people who used the service, their families and staff knew about the level of care being provided at the home and if there was any concerns.