

Meridian Healthcare Limited

Sandon House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Sandon House is a large detached property in its own grounds, in the centre of Mossley. Accommodation is provided over two floors. The service provides accommodation and personal care for up to 42 older people, some of whom are living with dementia. At the time of our inspection there were 30 people living at the home.

This was an unannounced inspection which took place on the 26 April and 2 May 2017. The inspection was undertaken by one adult social care inspector and an expert by experience.

The service was last inspected in November 2014 when it was rated as Good.

During this inspection we found two breaches of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. This was because there was a lack of accurate records in relation to the care people who used the service received and the providers systems of checks and audits was not sufficiently robust. You can see what action we have told the provider to take at the back of the full version of the report.

We also made one recommendation that the provider reviews their procedures for ensuring and recording peoples consent and involvement in care planning.

The providers systems of checks and audits had not been sufficiently robust. They had not ensured the recommendations of the reports about the condition of the electrical and fire alarm systems had been requested or completed in a timely manner, that action was taken following none administration of one person's medicines, that correct procedures were followed for gaining people's consent to the support they were receiving and had not identified that records of care and support were not accurate or complete. We found the new registered manager had improved the system of weekly and monthly quality monitoring and auditing in place to help improve the quality of the service provided.

Staff received training in administration of medicines and had their competency checked regularly. Medicines were stored safely and securely. However, we found one person had not received their medicine as prescribed for 14 days and action had not been taken to identify the cause and rectify the issue.

Care records were person centred and contained sufficient information to guide staff. However we found that records of the care, support and treatment given were not always accurate or complete. This meant we could not be sure people had always received appropriate care.

People and their relatives told us they been involved in planning and reviewing the care provided. However records did not always show if people had been consulted about their care or given their consent to how the care was provided. The provider was meeting the requirements for the Deprivation of Liberty Safeguards (DoLS).

People told us they felt safe living at Sandon House. Staff we spoke with were aware of how to protect vulnerable people and had safeguarding policies and procedures to guide them. Staff were confident the registered manager would deal with any issues they raised.

The service is required to have a registered manager in place. 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 service had a new registered manager, who had been at the home for eight weeks, who was present during this inspection.

People who used the service, their visitors and staff we spoke with were very positive about the new registered manager and the way the service was being managed. People told us the new registered manager was approachable, pleasant, very nice and listens to people. We spoke with the new registered manager throughout our inspection and found them to be open, confident, enthusiastic and committed to providing a person centred service.

Recruitment processes ensured that people were protected from the risk of unsuitable staff. Staff personnel files contained references and criminal convictions checks. There were sufficient staff to meet people's needs. Staff received the training, support and supervision they needed to carry out their roles effectively.

Accidents and incidents were appropriately recorded. Risk assessments were in place for people who used the service, staff and the general environment. Appropriate health and safety checks had been carried out.

People had access to a range of health care professionals. People at risk of poor nutrition and hydration had their needs regularly assessed and monitored. Most people told us they liked the food, it was home cooked and they were always offered choices.

The service had an infection control policy. The home was clean and homely. Improvements had been made to the decoration, furnishings and fittings of the home.

All the people we spoke with were positive about the support they received and the caring attitude of the staff. People said, "I think staff are very kind and they do treat us with respect" and "From a caring point of view, it's all good here. The staff are kind. They treat us with respect and they do listen to what we say."

We found that the new registered manager and all the staff we spoke with knew people who used the service well and knew their likes and dislikes. We found staff were caring in their approach and were responsive to people's needs and requests for support.

There were sufficient activities available for people if they wished to join in. People told us they were happy with the activities on offer.

We saw there was a system for gathering people's views about the service. There was a system in place to record complaints and the service's responses to them. People told us communication and the service response to complaints or concerns had improved.

Staff were positive about the new registered manager and the changes they had made at the home. They said, "I find the new manager is very approachable and will listen to any concerns. I think the home will continue to improve with better monitoring procedures and working practices" and "The new manager is making a difference and there have been noticeable improvements. I do feel much happier with this current

situation. I love my work with the residents here."

The service had notified CQC of any DoLS authorisations, accidents, serious incidents and safeguarding allegations as they are required to do.

The CQC rating and report from the last inspection was displayed in the entrance hall.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service not always safe.

Medicines were not managed effectively. Staff had been trained in medicines administration.

Care records showed that risks to people's health and well-being had been identified and plans were in place to help reduce or eliminate the risk. Records of care provided were not always complete.

The recruitment of staff was safe. There were sufficient staff to provide the support people needed.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Records did not show if people had been involved in decisions about their care or given their consent.

Staff received training to allow them to do their jobs effectively and safely and systems were in place to ensure staff received regular support and supervision.

People were supported with their health needs and were supported to access a range of health care professionals.

Then home had been redecorated and had new flooring and furnishings.

Requires Improvement ●

Is the service caring?

The service was caring.

People told us staff were caring and kind. They said they were treated with respect.

The registered manager and staff knew people well. Staff were caring and responsive to people's needs.

Visitors were welcomed into the home.

Good ●

Is the service responsive?

Good ●

The service was responsive.□

The care records were person centred and contained sufficient information to guide staff on the support to be provided.

There were a range of activities on offer to help promote peoples social interaction.

There was a suitable complaints procedure for people to voice their concerns. People said the service response to any concerns had improved.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.□

The providers systems of checks and audits were not been sufficiently robust. The new registered manager had improved the system of weekly and monthly quality monitoring and auditing in place and arrangements were in place to seek feedback from people who used the service.

Everyone spoke positively about the new registered manager and the changes they had made at the Sandon House. We found the registered manager to be enthusiastic and committed to making improvements to the home.

The registered manager had notified the CQC, as required by legislation, of any incidents that had occurred at the home.

Sandon House

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 was an unannounced comprehensive inspection which took place on the 26 April and 2 May 2017. The inspection was undertaken by one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. This person had experience of services for older people and dementia care.

Before the inspection we asked the provider to complete 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 what improvements they plan to make. Prior to the inspection we reviewed the PIR and looked at information we held about the service and provider, including notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law. We used this information to help us plan the inspection. We also asked the local authority and Healthwatch Tameside for their views on the service. They raised no concerns.

As most people living at Sandon House were not able to tell us about their experiences, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

During our inspection we spoke with nine people who used the service, four visitors, the new registered manager, the area manager, six care workers, two cooks, a laundry assistant and the activity coordinator.

We carried out observations in public areas of the service. We looked at three care records, a range of records relating to how the service was managed including medication records, three staff personnel files, staff training records, duty rotas, policies and procedures and quality assurance audits.

Is the service safe?

Our findings

People who used the service told us they felt safe living at Sandon House. They told us, "It's a palace", "I feel safe and happy here. There are a good bunch of girls", "Yes, I like it here and feel safe. I get my medications regularly and don't feel in any way restricted. [For example], I can go to church on Sundays and can take the bus to town" and "I feel okay here. It is neither good nor bad, just OK. When I was living at home I was falling a lot, so there was no option but to put me in here. I understand that it's safer, but it doesn't mean I have to like it." Another person said, "I feel very safe. I didn't settle well at first, because it was such a big change for me. I understand why I need to be here though and gradually I've got used to being here. I get my medications regularly and on time. The staff respect my choices and, generally speaking, they respond very quickly to my buzzer unless there is an emergency elsewhere in the building."

Visitors we spoke with said, "I think there have been some concerns, particularly around the constant changes in managers. Generally though, it seems to be safe here and [person who used the service] has settled in very well."

We looked to see how staff were recruited; we found there was a safe system of recruitment in place.

We looked at three staff personnel files. The staff files we looked at contained interview notes, a health questionnaire, at least two written references and copies of identification documents including a photograph.

All of the personnel files we reviewed contained a check with the Disclosure and Barring Service (DBS); the 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. These checks should help to ensure people are protected from the risk of unsuitable staff.

We noted that all the staff personnel files were well organised and contained an application form where any gaps in employment could be investigated. Staff files we looked at contained a full employment history including a written explanation for gaps in employment. However in one staffs employment history a gap of six months was not explained in writing. The registered manager was able to tell us the reason for the gap and said they would review their procedures and include a checklist of requirements to ensure all reasons for gaps were noted in future.

We saw the service had policies and procedures to guide staff including recruitment, equal opportunities, sickness and disciplinary matters. These helped staff to know what was expected of them in their roles.

We looked to see if people received their medicines safely.

We saw medicines management policies and procedures were in place to guide staff on the storage and administration of medicines. These gave guidance to staff on ordering and disposing of medicines, administering and managing errors and the action to take if someone refused to take their medicines. We

found that protocols were in place to guide staff on administration of 'as required' medicines. We noted staff responsible for administering medicines had received training for this task. There was also a system in place to assess the competence of staff to administer medicines safely.

We found that medicines, including controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for their misuse), were stored securely and only authorised and suitably qualified people had access to them. All stocks of medicines we reviewed were accurate. We found that all stocks of controlled drugs medicines we reviewed were accurate. We saw that medicines fridge temperatures were taken daily to ensure that medicines were being stored correctly.

We saw that several people were prescribed 'thickeners'. Thickeners' are added to drinks, and sometimes food, for people who have difficulty swallowing, and they may help prevent choking. To ensure the safety of the person who uses the service the amount of thickener to be added must be an exact amount as prescribed. Instructions in relation to the amount of thickener were in place in people's care plans; however we found that that staff were not recording when a prescribed thickener was given. It is important that this information is recorded to ensure people are given their medicines consistently and as prescribed. The registered manager told us they would ensure the staff who had given the prescribed thickeners, recorded it on the charts used for recording the food and fluids people had.

We looked at nine peoples medicines administration records (MAR) during the inspection. We observed that each person had a MAR chart in place, this included a photograph of the person, a list and photographs of all their medicines and the times these should be given. We saw records were complete. The MAR also had codes on them for staff to use if a person did not take their medicines for any reason.

We saw one person's MAR which covered a fourteen day period. It indicated that the person had not had an eye drop medicine administered during those fourteen days. The MAR record had a code 'R' which indicated refused on 8 days and 'O' indicating other on 6 days. There was no written explanation of what the entry 'other' meant. We spoke with the person who used the service who indicated they were concerned they had not received this medicine during this time and had not refused it. We spoke with the registered manager who told us they would investigate what had happened. Following our inspection the manager confirmed that the person had not refused there medicines and they had not been given to them. They confirmed that the records were not accurate. They told us that the matter had been reported as a safeguarding and that staff competency's and appropriate action with the staff concerned had been taken to prevent reoccurrence had been taken.

The registered manager told us there was a system of weekly and monthly medicines audits. These included stock checks of medicines and records including MARs. We discussed with the registered manager our concerns that the medicine not given had not been identified by these audits. They told us the auditor would have thought the person had refused. We noted that although the records indicated the person had not had their medicine for 14 days there was no exploration with person why they had refused, had this happened the error would have been found as the person would have told them they had not refused. This showed that the audits were not effective as they did not result in action being taken to rectify the issue .We have addressed this in the well-led domain of this report.

We looked to see if arrangements were in place for safeguarding people who used the service from abuse. We found policies and procedures for safeguarding people from harm were in place. These provided staff with guidance on identifying and responding to signs and allegations of abuse. Training records we looked at and staff we spoke with confirmed staff had received training in safeguarding. They were able to tell us the potential signs of abuse, what they would do if they suspected abuse and who they would report it to.

Records we looked at showed that following a recent safeguarding investigation the registered manager had discussed with staff what was expected of them and what staff needed to do to improve their practise and prevent the situation happening again. This had been done at a team meeting and individually with staff in supervisions.

We saw that the service had a whistleblowing policy. This told staff how they would be supported if they reported poor practice or other issues of concern. Staff we spoke with told us they were confident they would be listened to and that the registered manager or the provider would deal with any issues they raised.

We looked at the staffing arrangements in place to support the people who lived at the home. People who used the service we spoke with and our observations during the inspection showed that people received the support they needed in a timely manner and call bells were answered promptly. The registered manager told us that they were trying to recruit to vacant hours and had successfully recruited a number of new staff. They told us this had reduced the services use of agency staff and meant that people were cared for more often by staff that knew them well. They had also increased the number of day staff on each shift, by one staff member, whilst they were introducing new staff and making changes within the service.

The service used a dependency tool. This was an assessment of each person support needs. These were added together to show the service how many staffing hours were needed to provide the care and support people who used the service needed. Records we looked at showed that staffing levels were consistent with the dependency assessment. We saw that the use of unfamiliar staff had reduced recently. Staff we spoke with told us, "We have a good staffing ratio here compared to other places that I have worked in. There are six or seven staff working during the day and four staff on duty at night. There is always a senior on any of the shifts."

We found people's care records contained risk assessments. We saw these records were detailed and identified the risks to people's health and wellbeing and gave direction to staff on how to reduce or eliminate those risks. We found these included falls, choking, nutrition and hydration, risk of pressure areas, medicines, personal care and continence, weight loss, mobility and moving and handling. We saw risk assessments were in place for staff and the general environment which included; falls and trips, equipment, use of ladders, hot water, bathing and moving and handling. We saw that records had been reviewed regularly and we found that where changes had occurred the records had been updated.

We saw that where required, records were kept of people's weights, personal bathing, food and drink intake and positional changes to prevent pressure sores. However we found that some records were incomplete. We found in one person's records, relating to skin integrity, that a district nurse had identified that the person needed to be repositioned every four hours. We found records of when repositioning had happened were not complete. During the time period of the records we reviewed, the person's skin integrity had deteriorated and the matter had been raised as a safeguarding. During our inspection we were told by a visiting health care professional that the pressure area had since begun to improve. In two other care records we looked at there were entries to confirm the people who used the service had had support to wash, but no records to indicate if they had been supported to bath or shower that month. We also found one MAR that was not an accurate record of the medicine provided.

The lack of records meant we could not be sure that people had received the care and support they needed.

This was a breach of Regulation 17 (1) (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance. The provider had failed to maintain accurate and complete records of the care and treatment provided.

We saw that since the new registered manager had started working at the home they were undertaking daily audits of all recording charts. We also saw that the need to record accurately on these charts had been discussed at team meetings and in individual supervisions.

We saw that Personal Emergency Evacuation Plans (PEEPS) had been completed for each person who used the service. PEEPs described the support people would need in the event of having to evacuate the building. These were kept in people's care records and in a fire bag which was kept in the entrance area for use in the event of a fire. This included important information that staff would need to pass to emergency services.

Records we looked at showed there was a system in place for carrying out health and safety checks and that equipment in the home was appropriately serviced and maintained. We found that regular fire safety checks were carried out on fire alarms, emergency lighting and fire extinguishers.

We saw valid maintenance certificates for portable electrical appliances. A report relating to electrical fittings such as plug sockets and light switches from 2015 indicated that repair work needed to be carried out. We noted that an internal audit carried out by the registered manager on 28 April 2017 highlighted that the recommendations from this report had not been completed in full and had been raised on the maintenance procurement system that same day. The registered manager confirmed that this had been an oversight during recent management changes. Following our inspection the registered manager confirmed that they had sought advice and found that the work did not pose a risk to people who used the service and that the required work had now been completed.

We also found that the 'fire detection and alarm system inspection and servicing report' in September 2016 had identified a number of improvements that needed to be made to the fire detection system. We contacted the fire service and raised our concerns. Following our inspection a fire officer visited the home and confirmed to us that the issues raised were ways of improving the system and did not pose a risk. The registered manager confirmed that a further report on the 7 April 2017 had identified the issues did not pose a risk and that on that day the request for the work to be carried out had been made. They told us the required work would be undertaken following the installation of the new fire system, planned for the summer months of 2017. We discussed with the registered manager our concerns that these matters had not been addressed in a timely manner. They told us they would discuss this with the provider's maintenance and health and safety team.

We looked to see what systems were in place in the event of an emergency or an incident that could disrupt the service or endanger people who used the service. The service had an emergency contingency plan. This informed managers and staff what to do in the event of such an emergency or incident and included lack of availability of staff, loss of computer systems and telephones, loss of gas, electricity, catering, fire, outbreak of infection and severe weather. This means that robust systems were in place to protect the health and safety of residents in the event of an emergency situation.

We looked in several bedrooms and all communal areas and found these to be clean and tidy with no malodours. We saw communal toilets and bathrooms were clean and contained appropriate hand hygiene guidance, paper towels and liquid soap. On the first day of our inspection we found three of the two shower rooms were cluttered with chairs and equipment. This would make accessing them difficult for people, particularly if people were showering independently. The registered manager told us they would find an alternative area for their storage. On the second day of our inspection we saw that all the chairs and equipment had been moved and the rooms were free of clutter.

We saw that the service had an infection control policy and procedures. These gave staff guidance on

preventing, detecting and controlling the spread of infection. They also provided guidance for staff on effective hand washing, disposal of contaminated waste and use of personal protective equipment (PPE) such as disposable gloves and aprons. Staff told us that PPE was always available and always worn. We saw that staff wore appropriate PPE when carrying out personal care tasks. Records showed that staff had received training in infection control.

We looked at the systems in place for laundry. The service used red alginate bags to safely transfer soiled clothing. Soiled items can be placed in these bags which then dissolve when put in the washing machine at a high temperature. This helps to reduce the risk of spread of infection or disease.

The service had an incident and accident reporting policy to guide staff on the action to take following an accident or incident. Records we looked at showed that accidents and incidents were recorded. The record included a description of the incident and any injury, action taken by staff or managers. We found that the registered manager kept a log of all accidents and incidents so that they could review the action taken and identify any patterns or lessons that could be learned to prevent future occurrences. One record we looked at showed that when a person who used the service had fallen, appropriate medical attention had been requested and staff had been instructed to observe the person hourly for the twenty four hours afterwards to ensure there were no further problems. The person had also been referred to their doctor for a review of their medicines.

Is the service effective?

Our findings

People we spoke with told us they were consulted about their care and the service provided them with the care and support they needed. People said, "Staff are very good here and they seem to know what they're doing. The food is okay. My GP attended another resident yesterday and told me that he would send for me when my review was needed. I like this general environment, it's pleasant to look at the hills and it's okay inside as well", "The staff generally seem to know what they're doing." Other people told us, "Look at the view from this room. I think I've got one of the best rooms in that I can see right across the hills beyond the houses on this street" and "I like this room and my own bedroom. It's nice to look out of the window across the hills."

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The 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.

At the time of our inspection authorisations for DoLS were in place for one person who used the service. Applications for DoLS authorisations had been made for a further four people. These authorisations ensured that people were looked after in a way that protected their rights and did not inappropriately restrict their freedom.

People we spoke with raised concerns about people's choice to smoke and availability of a suitable area for this. A visitor said, "I have noticed that the staff seem to congregate in the dining area, rather than getting on with the work in hand. I think that the closure of a smoking area wasn't the best move. As an example, one [person who used the service] has been a lifetime smoker. [The person] has not adjusted well and it has impacted on [person] greatly. I also don't think that it's a good idea that people have to go out into the cold, not always appropriately dressed, to have a smoke. This is meant to be their home and should allow for choice." We discussed the availability of smoking area with the registered manager. They told us that the service was in the process of developing a smoking area in the garden, which would be a covered area. The service was also reviewing how they could change the door access so that people could access this area independently.

All the people who used the service we spoke with told us they had been consulted about their care. One person said, "The staff do ask for my consent, but I'm not aware of any care plan."

One care record we looked at identified that the person did not have capacity to consent to their care planning. The records did not show that subsequent decisions that had been made about the way their care was being provided were in the person's best interest, or indicate who had been involved in the decisions.

Any staff involved in the care of a person who lacks capacity should make sure a record is kept of the process of working out the best interests of that person for each relevant decision. This should set out how the decision about the person's best interests was reached, what the reasons for reaching the decision were, who was consulted to help work out best interests and what particular factors were taken into account. This record should remain on the person's file.

The care records of two people did not indicate these people had been involved in decisions about their care when they first came to the home or had given their consent. However, there was evidence that they had been involved in regularly reviewing their care.

We recommend the provider reviews their procedures for ensuring and recording people's consent and involvement in care planning.

The registered manager told us that they were in the process of reviewing everyone's care and support. They told us this would include capacity and consent. They told us that each person and where appropriate their relatives or representatives would be invited to these reviews so that people were involved and their consent to the care being provided could be obtained and recorded. We saw that letters had already been sent to relatives explaining that the meetings were being arranged. They showed us a care record that included new paper work that would be completed.

Training plans we looked at and staff we spoke with showed that staff had received training in MCA and DoLS. Staff we spoke with demonstrated how they gained people's consent to the support they provided, and gave us examples of how they ensured people were involved in decisions about their care. However we found that most staff we spoke with did not have a good understanding of MCA & DoLS and did not fully understand how gaining consent related to their legal responsibilities, not just good practice. Training helps staff understand that where a person lacks the mental capacity and is deprived of their liberty, they will need special protection to make sure their rights are safeguarded. We discussed this with the registered manager who told us they were in the process of organising further training for all staff in MCA and DoLS.

We looked to see what support staff received to develop their knowledge and carry out their roles effectively.

Staff we spoke with confirmed they had an induction and told us it had helped them to understand their role. Staff said, "It was really helpful" and "It was really good." We saw that the company had its own induction "Working together as one" which was in line with the 'Care Standards Certificate'. The Care Certificate is a standardised approach to training for new staff working in health and social care. This included an introduction to the home, information about the individual staff member's role and policies and procedures. During the induction staff were required to undertake all mandatory training courses and to complete work books to demonstrate their knowledge and understanding.

The service used an online training system to record all training that has taken place or was due to be completed. The registered manager told us that they had recently improved the percentages of staff who had completed the required training. They said that staff had started to work through the training that was identified on the system for their roles and that this would be completed in the next three months. Records we reviewed showed that most staff employed in the service had now received the training required to help

ensure they were able to safely care for and support people. Records we looked at and staff we spoke with showed that staff received training that included moving and handling, infection control, health and safety, fire safety, safeguarding adults, medicines, food safety, nutrition, dementia awareness, and MCA and DoLS.

Staff were positive about the training opportunities offered by the provider. Staff we spoke with said, "The managers ensure that we all have appropriate training" and "I think that the training here is really important for the health and safety of our residents."

Records we reviewed showed that staff had received supervisions and team meetings. We saw that since the registered manager had started at the service all staff had received regular supervision. Staff we spoke with were positive about the support they now received. One staff member said, "Its better know, I feel listened to and supported."

We toured the building during the inspection and looked at all communal areas, several bedrooms and the bathrooms. The registered manager told us the home had a recently had a refurbishment. Communal areas had been redecorated and new flooring and furnishings purchased. We saw corridors and communal areas were well lit, warm, bright, airy and pleasantly decorated and furnished. We found the bedrooms we went in were spacious, well decorated and were personalised with peoples own furniture, photographs and possessions.

Some areas of the home were single storey and some were built over two storeys. All areas that we visited were suitable for people who used wheelchair or mobility aids, with sufficient room for turning in the corridors and communal areas. There were two communal lounges downstairs. These provided space, where relatives and friends could spend time with the people who used the service.

We looked at the systems in place to ensure people's nutritional needs were met. Care records we looked at showed that people were assessed for the risk of poor nutrition and hydration. Malnutrition Universal Screening Tool (MUST) monitoring sheets were in place for the people at risk of malnutrition and were reviewed monthly and up to date. The MUST is an assessment tool, used to calculate whether people are at risk of malnutrition. We saw that people were weighed regularly and that, where necessary, staff took appropriate action such as making a referral to a dietician for advice and support.

We spoke with the cook on duty in the kitchen. We found they had good knowledge of people's likes and dislikes and details of people's food allergies or special dietary requirements. They were able to tell us about people's preferences and took pride in making sure people's preferences were respected. Records showed the cooks had received training in food preparation and food hygiene. Checks were carried out by the kitchen staff to ensure food was stored and prepared at the correct temperatures. We found the kitchen was clean. The service had received a 5 star rating from the national food hygiene rating scheme in March 2016 which meant they followed safe food storage and preparation practices. We saw that there were plentiful supplies of fresh meat, vegetables and fruit, as well as tinned and dried goods.

During our inspection we observed a lunch time meal. Lunch was served at 12.30 pm in the dining area, which was a sunny, bright and pleasant environment. Each table was covered with tablecloth and there were condiments for people to use to season their food. There were vases of plastic flowers on most tables. There was a choice of hot meal and the food was served from a heated trolley. The food looked appetising and was served to each resident by the staff. We heard the staff ask each person what they would like to eat. There was water or fruit squash with the meal and a cup of tea to follow. Where people needed support to eat we saw staff provide this support with patience and kindness.

People we spoke with and care records we looked at showed that people had access to a range of health care professionals including doctors, speech and language therapists, district nurses and opticians. We saw that records were kept of any visits or appointments along with any action required. This helped to ensure people's healthcare needs were met.

One person told us, "The GP is called for if needed and I feel that I have everything that I need here" During our inspection we saw that a person who used the service became unwell. We observed that staff reacted promptly, emergency services were called and staff accompanied the person to hospital in the ambulance.

A visiting health care professional told us that up until recently, they had experienced some problems with communication within the service. They said instructions they left for the care of people who used the service had not always been passed on. They told us that since the new manager had arrived this had improved and that their care instructions were being followed.

Is the service caring?

Our findings

All the people we spoke with told us the staff were caring and respectful. People who used the service we spoke with said, "I think staff are very kind and they do treat us with respect", "The staff are kind and treat us with respect. They respect my privacy, for example they always knock on the door before coming in" and "From a caring point of view, it's all good here. The staff are kind. They treat us with respect and they do listen to what we say." A visitor said, "The hands-on care in here is good, the staff show kindness and are caring."

The registered manager told us that the service placed great importance on, "Getting to know who people were and what was important in their lives." During our inspection we found that the registered manager and all the staff we spoke with were able to tell us about the people who used the service. They knew their likes and dislikes and things that were important to them. They all spoke respectfully about people who used the service. A staff member told us, "From what I've seen so far, I would be happy for any member of my family to live here. Residents moods are affected by the quality of care that they receive and this group of staff seem to be working well together."

During the inspection we spent time observing the care provided in communal areas of the home. We found staff were caring in their approach and were responsive to people's needs and requests for support. We heard one person ask a staff member to go to the shop and get them a copy of a TV guide. We heard the staff member say they would and would organise having the guide delivered regularly if the person wanted. We spoke afterwards with the staff member about this. They told us, "Yes, I did manage to get out to buy the TV [guide] for [person who used the service] earlier today. These little things can make a big difference."

Staff told us that providing people with person centred care was important to them. One staff member told us that a person who used the service used to live in a city in Europe and would like to go back there, but this was not possible. The member of staff had found pictures of the city and had put them up on the person's bedroom walls. Another staff member said, "As a local Mossley resident, I have known some of the residents from when they lived in their own homes... Having worked locally for 30 years, I know a lot of people and can chat with residents about local people, places and events."

The registered manager told us people's visitors were welcomed. During our inspection we saw lots of visitors coming and going. There were two lounge areas with enough seating for people to sit with their visitors. We saw that some people had chairs in the bedrooms for visitors to use.

Care records we reviewed gave staff information to help promote peoples independence. Most people we spoke with told us the service did help to maintain their independence. One person who used the service told us, "I do need a carer to supervise my bathing, but apart from that I feel quite independent. It's nice that I can come and go as I please." A visitor told us, "I think there is a lot more that could be done to support independence skills. ...My [person who used the service] would like to help with routine chores, such as laying the table, gardening, making things, or folding linen. Everyone needs to feel useful and valued, don't they?"

We observed staff dealing sensitively with people who had behaviours that challenged the service. One person who used the service had been shouting, we observed staff calmly reassuring the person and offering them a drink. A short time later another staff member talked to the person quietly about why they were upset.

Care records we looked at showed that people had been offered the opportunity to discuss their wishes about how they wanted to be cared for at the end of their lives.

We saw that consideration was given to people's religious and spiritual needs. Two religious services for two different faiths were held at the home every month.

We found that information about independent advocacy services, including contact details, was available in the service user guide, this was given to people when they started to live at Sandon House.

We found that paper and electronic care records were stored securely. Policies and procedures we looked at showed the service placed importance on protecting people's confidential information.

Is the service responsive?

Our findings

People we spoke with told us the service was responsive to meeting their needs and that improvements had been made since the new registered manager had started to work at the home. One person told us, "I don't know what a care plan is, but I think that they support us quite well here. For example, I don't like to sit in the dining room, so I've had my lunch in this armchair."

The registered manager told us that before people moved into Sandon House their needs were assessed. We looked at three people's care records. We saw they contained copies of these assessments. We found the assessments were detailed and were used to develop care plans and risk assessments to guide staff on how to support people.

We found care records were detailed; person centred and also included information about people's daily living skills, routines and preferences. They included information about people's life histories and what was important to them. Care records we looked at included information about falls, communication, personal care, mobility, eating and drinking, safe environment, medical conditions, moving and handling, skin integrity, challenging behaviour and night time routines. The records we looked at gave sufficient detail to guide staff on how to provide support to people in a way that met their needs and preferences. The care records we looked at had been reviewed regularly and information had been updated when changes had occurred. People told us they were consulted about any changes in their care. A visitor told us, "They have contacted us about any changes."

We asked staff how they kept up to date with people's changing needs to ensure they provided safe and effective care. Staff we spoke with told us they could look at care plans and were made aware of any changes in a person's support needs in the daily logs and at the handover which happened at the start of each shift. One staff member said, "We do have staff report meetings in the mornings to notify staff coming on duty of any changes that have occurred during the night." Records we looked at showed that records were kept of the handovers and detailed daily logs were kept for each person. We saw these included appointments people had planned for that day and important events that had happened during each shift.

We looked to see what activities were offered to people that lived at Sandon House. The new registered manager told us the service had recently appointed an activity coordinator and were in the process of improving the range of activities on offer. People who used the service we spoke with told us they were happy with activities on offer. People said, "I really enjoy helping the activities coordinator and believe I am her second in command. I feel that I can help others here by empathising and giving emotional support", "I don't really get involved with the activities. I do like to watch what's going on though" and "I don't get involved with the activities here. I prefer to watch TV and I like to read the newspaper." A visitor told us, "As a family, we're all quite vocal and have expressed our opinions and given suggestions. Sometimes these have been acted on, for example, there is now a dedicated activities coordinator here. I know there had been some communication issues in the past."

A staff member told us there were now more activities on offer for people. They said, "I think that [activity

coordinator] is doing a really good job in getting residents to join in activities. It will take time to develop a full programme, but a lot seems to have been achieved in a short time."

We were told that a hairdresser visited the home every Wednesday. One person who used the service told us, "It is nice that there is a regular hairdresser coming here once a week. She does a good job. I like to look nice because I get frequent visits from my [relatives]."

During our inspection we spoke with the activities coordinator. They told us, "I'm trying to encourage a person-centred approach, so I am always willing to go with the flow and adapt, not necessarily sticking to the activities programme that I am in the process of developing. It's more important that people feel happy about joining in with activities and being encouraged to move."

The activity coordinator told us they had been helping people to complete life story booklets. We saw these were titled "Remembering Together – Your Life Story." They had also been working with people's families and we saw that family members had brought in photographs to help people who used the service reminisce about their life. The activity coordinator told us they had been completing the book with one person who was usually withdrawn. When they had started to talk about a particular hobby the person used to have, the person had started chatting about it and had, "Come alive."

We saw activities on offer included; feeding the birds, singalong, aerobics, crafts, mobile library, and pet therapy. We saw that special events had also been held, one included an organisation who brought a variety of animals and insects to the home, which people could hold or touch. The activity coordinator had started to make links with local schools and had started a pen pal scheme for the school children and resident at the home. They told us that on VE day on May 8th, one local school has been invited to join in with the celebrations at the home and will bring in their pen pal letters for the residents. They told us that it was planned that each week a different person who used the service would be able to go to the school assembly on Friday morning to see what happens there. They had also arranged for a Dance Academy to visit and were trying to organise demonstration of karate by children who attend a local club. We saw that in Dementia Awareness Week there was a trip planned to restaurant for lunch.

We looked to see how the service dealt with complaints. We found the service had a policy and procedure which told people how they could complain and what the service would do about their complaint. It also gave contact details for other organisations that could be contacted if people were not happy with how a complaint had been dealt with. Records we saw showed that there was a system in place for recording complaints, compliments and concerns. This included a section to record any action taken. We saw that following a complaint about cleanliness the service had increased the cleaning staffing hours.

One person who used the service told us, "There's little point in complaining about anything here though, they don't seem to listen." Most people told us that they thought that communication with staff and the service response to complaints had improved since the new registered manager had been at the home.

Is the service well-led?

Our findings

We looked at the quality assurance systems in place within the service. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services. This ensures they provide people with a good service and meet appropriate quality standards and legal obligations.

During our inspection we found that the provider's systems of checks and audits had not been sufficiently robust and had not ensured the required work on the electrical and fire alarm system had been completed, that action was taken following non-administration of one person's medicines, that correct procedures were followed for gaining people's consent to the support they were receiving and had not identified that records of care and support were not accurate or complete.

This was a breach of Regulation 17 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance. The provider had failed to assess, monitor and improve the quality and safety of the services provided.

The registered manager showed us the audits and checks they had introduced since starting at Sandon House. We saw that since the new manager had started at the service systems for audits and checks had improved. We found the medicines management audits were not sufficiently robust; we have addressed this in the safe domain of this report. We found the registered managers systems of weekly and monthly quality assurance check and audits were sufficiently robust to identify areas for improvement. These included care records and charts, finances, staff record keeping, activities, health and safety, infection control, food provision, falls, safeguarding, cleaning, accident and incidents, training and complaints.

The registered manager told us that twice every day they did a "walk round." Records we looked at showed that these were used to check on the care being provided, cleanliness, staff hygiene practise, the dining experience and also to ask people who used the service for their feedback.

The service also had a 'resident of the day'. The person and staff involved in the person's care would review the care and support they were receiving. Records we saw showed this included a full clean of the person's room including carpet shampoo, a review of their choice of food and review of their care records.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service has had a number of managers within the past twelve months. The registered manager had been at the service for eight weeks. They had become registered with CQC the day before our inspection. The service also had a new deputy manager.

Most people we spoke with were very positive about the new registered manager and the improvements

they had made to the home and the care provided. People who used the service said, "The managers are very approachable, but I think that they have been very busy recently as they don't always remember things that I've ask them about. These new managers seem very nice" and "I find the new manager to be very pleasant and approachable. Her new deputy is nice as well. I think that they know me well."

Visitors we spoke with said, "The new manager is approachable and seems to listen. I hope that this one stays for a longer period of time to achieve some much-needed stability" and "There seems to be a slow response time here to any of our requests. The constant change of managers hasn't helped. There's been poor communication, not only for the residents and the families of residents, but also for the staff, who also haven't known about changes, which has caused low morale. Hopefully, with this new manager there will be more stability and an improving situation. I just hope that she stays."

We spoke with the registered manager throughout our inspection and found them to be open, confident, enthusiastic and committed to providing a person centred service.

Staff were positive about the registered manager and the changes they had made at the home. Staff said, "She's lovely", "A nice person", "If we're not doing something right she tell us, in private", "I do feel that I can raise any aspect of my work with the manager", "The current manager works hard and is often here more than 12 hours a day", "I find the new manager is very approachable and will listen to any concerns. I think the home will continue to improve with better monitoring procedures and working practices." Other staff said, "The new manager is making a difference and there have been noticeable improvements. I do feel much happier with this current situation. I love my work with the residents here", "I am glad there's a new manager; it's starting to settle done now", "Its taking time, but it's improving."

Staff told us they enjoyed working at Sandon House. They said, "The paperwork is improving and communication is better", "It's improving", "I love it here", "I really like working here and enjoy the team work. I would be happy for any member of my family to live here", "There are old staff and new staff here and it will take time to manage the transition" and "The staff do seem to be pulling together better now."

We saw there was a service user guide and statement of purpose. These documents gave people who used the service and professionals the details of the services and facilities provided at this care home. This helped to ensure people knew what to expect from the service.

We looked at what opportunities were made available for people who used the service and their visitors to comment on the service provided. We saw that the service sent out a residents and relative survey. We found that from the survey in June 2016 people had requested more activities. We were told by the registered manager that as a result of this the service had employed the activity coordinator. This year's survey had been sent to people just before our inspection.

We saw that residents and relatives meetings were held. We saw that at a recent meeting the refurbishments to the building had been discussed and also increasing the activities on offer, including the use of a mini bus to enable people to go on day trips. A visitor told us, "I have attended one residents meeting and plan to attend the next in June. We can put forward suggestions at these meetings."

We saw the provider asked the staff their views on the service with the annual "Our voice" survey. We saw the results of the survey form June 2016. Staff had indicated they were proud of the service they provided.

Before our inspection we checked the records we held about the service. We found that the service had notified CQC of events such as safeguarding's, accidents, incidents and DoLS authorisations. This meant we

were able to see if appropriate action had been taken by the service to ensure people were kept safe.

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

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to maintain accurate and complete records of the care and treatment provided. The provider had failed to assess, monitor and improve the quality and safety of the services provided.</p>