

GGs Care Home Limited

Thornton Lodge Care Home

Inspection report

67 Broom Lane
Salford
Greater Manchester
M7 4FF

Tel: 01617922020

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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

About the service:

Thornton Lodge is situated in a residential area of Salford. The home provides personal care and support, nursing care as well as care for people living with dementia. The home is registered to accommodate a maximum of 34 people. At the time of the inspection there were 32 people living at the home.

People's experience of using this service:

We found improvements were still required in key areas including safety of the premises and equipment, staff training, gaining and documenting consent to care and treatment and the homes auditing and quality monitoring processes. We found none of the regulatory breaches identified at the previous inspection had been fully addressed, with continued breaches noted in each of these areas.

People and their relatives were positive about the standard of care provided and spoke highly of the staff, who were described as 'kind', 'polite' and 'effective'. People and relatives commented on Thornton Lodge being a 'home from home' and that care staff 'Do their best to make us feel comfortable here'.

People told us they felt safe living at the home. Staff were knowledgeable about how to identify and report any safeguarding concerns, with these referred to the local authority as per the reporting procedure. Accidents, incidents and falls had been documented consistently, with monitoring completed to look for trends and help prevent a reoccurrence. We found the home to be clean, odour free with effective cleaning and infection control processes in place.

People received personalised care which met their needs. Care plans explained how people wanted to be cared for. These had been reviewed regularly to reflect people's changing needs and wishes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People felt the staff were well trained and knew their likes, dislikes and interests. We saw lots of examples during the inspection which demonstrated this. People spoke positively about the choice and standard of meals provided and we found people requiring a modified diet received these in line with professional guidance.

Although people felt staff were competent, we found very few training sessions had been completed since February 2018. This meant staff had not had their skills and knowledge refreshed and, in some cases, completed training in key areas at all since commencing employment.

People told us staff were kind, caring and treated them with dignity. People's independence was encouraged and promoted. We saw people had developed positive relationships with the staff, who had taken the time to get to know them. Where people required support at the end of their life, this was carried out respectfully, compassionately and with professionalism.

Medicines and care plans had been audited monthly with action points generated and completed. However, the rest of the home's auditing and quality monitoring processes had not been utilised consistently for over 10 months. This had impacted on the action taken to address the issues noted at the previous inspection.

For more details please see the full report either below or on the CQC website at www.cqc.org.uk

Rating at last inspection:

The last rating for the home was requires improvement (report published June 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and when to improve. At this inspection enough, improvement had not been made and the provider was still in breach of regulations.

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received. As the home was rated as 'requires improvement' following our last inspection, we returned within 12 months to check the necessary improvements had been made.

Enforcement:

We have identified breaches in relation to the need for consent, safe care and treatment, good governance and staffing. Please see the action we have told the provider to take at the end of this report.

Follow up:

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below

Requires Improvement ●

Thornton Lodge Care Home

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector and one assistant inspector from the Care Quality Commission (CQC) and an Expert by Experience (ExE). An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Thornton Lodge Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced, which means the home did not know we were visiting.

What we did:

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also asked for feedback from the local authority and professionals who work with the home. We used all this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection we spoke with four people living at the home and 10 visiting relatives. We also spoke with the registered manager and 10 staff members, which included the chef, activities co-ordinator, maintenance person, day and night carers.

We reviewed 12 care plans, eight staff personnel files, eight medicine administration records (MAR) and other records relating to the management of the home and care provided to people living there.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same, requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management, Learning lessons when things go wrong:

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people and do all that was reasonably practicable to mitigate risks. The provider had also not ensured the premises were safe. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, although we noted improvements had been made in assessing and mitigating risks to people, we found sufficient improvements had not been made in ensuring the premises were safe and the provider was still in breach of regulation 12.

- At the last inspection we identified a lack of oversight in relation to accident and incidents. At this inspection we saw a process was in place for the reviewing of all accidents, incidents and falls, with details recorded of action taken to mitigate future risks.
- At the last inspection we found a person had been given foods contrary to dietetic guidance. This put them at increased risk of choking. At this inspection we found improvements had been made and people had received the correct type and consistency of food.
- People's care files contained a list of all potential risks to their health, safety and welfare, along with the nature and level of impact and how the risk was to be managed. We checked whether the control measures listed in people's care files were being carried out in practice through observing care. We found staff adhered to guidance and provided people with safe care which met their needs.
- Prior to the inspection, fire safety concerns had been identified by the fire service. These were in relation to structural deficiencies to slow the spread of a fire. These issues were in the process of being addressed at the time of inspection. We saw regular fire risk assessments had been completed as part of this process.
- At the last inspection we identified some radiators did not have covers in place. This was contrary to the Health & Safety Executive's (HSE) guidance on managing risks from hot surfaces. At this inspection, we found the same radiators had still not been covered. Records showed maintenance had requested covers from the provider, but these had not been purchased.
- Checks of the premises and equipment had been completed in line with guidance, to ensure they were safe and fit for purpose. Safety certificates were in place and up to date for gas and electricity, water safety and hoists, however we noted the lift certificate was out of date, which meant the provider could not demonstrate the lift was safe to use.
- Due to the number of continued breaches of the regulations noted during this inspection, it was apparent

the provider did not have a robust system in place to ensure issues were addressed timely and that lessons had been learned.

The provider had failed to ensure the premises and equipment were safe. This placed people at risk of harm. This is a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager and provider responded promptly during and after the inspection, providing evidence radiator covers had been ordered and the lift serviced and certified as safe for use.

Systems and processes to safeguard people from the risk of abuse:

- Everyone we spoke with felt either they or their relative were safe and well cared for. Comments included, "I feel very safe here", "They do seem to take safety and security very seriously here and that makes me feel safe" and "I am 100 percent sure that my dad is safe here."
- Staff knew how to identify and report any safeguarding concerns. Safeguarding training had been provided by the local authority, however not all staff had attended the course. This meant some staff's training was out of date or needed to be completed. This is covered in more detail in the effective domain.
- We noted any safeguarding concerns had been reported in line with local authority guidance, with referrals stored on file in date order. The home did not use a system, such as a log or matrix, to record and track referrals and outcomes, which would be best practice.

Using medicines safely:

- Medicines were being managed safely. Staff had received training in medicines management and had their competency assessed.
- Medicines administration records (MAR) had been completed accurately and consistently. Each person had a cover sheet alongside their MAR which contained their name, photograph, allergies and special instructions, such as how they liked to take their medicines.
- We saw 'as required' (PRN) protocols in place for people who took this type of medicine, such as paracetamol. These provided staff with information about how much to give, when to administer and what signs to look for that would indicate the medicine may be required, in case the person couldn't tell them.
- Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs (CD). We found these medicines had been administered and documented as per guidance.
- Where it was deemed appropriate to administer a medicine to a person covertly, which means without their knowledge, this had been done within a best interest framework and had included input from a pharmacist.
- Audits had been completed which covered areas including storage, administration and documentation of all medicines including controlled drugs. Action plans to address any issues noted had been generated and completed promptly.

Staffing and recruitment:

- Enough staff had been deployed to meet people's needs. The home used a system for determining how many staff were needed to meet people's needs, often referred to as a 'dependency tool'. We looked at four weeks rotas, which showed the number of staff on shift matched the recommended numbers as stated on the dependency tool.
- Staff told us current numbers were enough and planned gaps in the rota were covered by other staff or agency. However, some said last minute sickness or absence had not always been covered. Comments included, "In my opinion, we have enough staff. There have been times when we've been told the owner

won't cover last minute sickness with agency and we have had to manage, but not very often", "I think staffing levels are good. We have enough [staff] to manage and keep people safe" and "We have enough at present. If they know staff are going to be off, they will cover with agency or staff will work extra."

- Safe recruitment procedures were in place, to ensure staff employed were suitable for the role and people were kept safe. Personnel files contained references, proof of identification, work histories and Disclosure and Baring Service (DBS) checks. DBS checks help employers make safe recruitment decisions as they identify if a person has had any criminal convictions or cautions. Nurses 'PIN' numbers had been checked to ensure their registration remained up to date.

Preventing and controlling infection:

- The home was clean and free from odours with robust infection control and cleaning processes in place. Bathrooms and toilets contained hand washing guidance, along with liquid soap and paper towels. Staff had access to and used personal protective equipment (PPE) such as gloves and aprons, to minimise the spread of infection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same, requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience:

At the last inspection, we found the provider had not ensured all staff had received sufficient training to enable them to carry out regulated activities as part of their role. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection not enough improvement had been made and the provider was still in breach of regulation 18.

- Staff told us they received supervision regularly and in line with the provider's policy, however we received mixed feedback about training.
- The home used a matrix to record and monitor training completion. We looked at this and saw other than manual handling and safeguarding refresher training, which not all staff had attended, no other training had been completed since February 2018.
- For any staff who had commenced their employment after February 2018, the home had relied on their previous training and experience in care. However, we noted at least three staff that had started work since February 2018, had little or no previous care experience and therefore not completed any training.
- Staff had also not been supported to commence or complete the care certificate, or any care based qualifications as an alternative. The care certificate is a nationally recognised set of standards for health and social care workers. It is made up of the 15 minimum standards that should be covered if staff are 'new to care' and should form part of a robust induction programme.
- The registered manager told us the provider had cancelled the contract the home had with a training provider in February, as one of the senior carers had commenced a train the trainer course at this time. The plan was for the senior carer to provide all training within the home. However, to date they had only been certified to carry out manual handling training, which is why no other training had been completed.

The provider had failed to ensure staff received sufficient training to enable them to carry out their roles safely and effectively. This is a continued breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Ensuring consent to care and treatment in line with law and guidance:

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

At the last inspection the provider was not working or acting in accordance with the MCA and there was a risk that consent to care and treatment was not sought from relevant persons. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection not enough improvement had been made and the provider was still in breach of regulation 11.

- We found DoLS were being managed effectively. Applications had been submitted where required, with re-applications submitted prior to expiry dates in line with guidance. The home used a diary system to support this process.
- Care files we viewed as part of the inspection contained a lack of signed consent forms, which meant we could not be certain people, or their legal representative had consented to the care and treatment provided.
- Where people had been deemed to lack capacity to give consent, we found a lack of evidence best interest meetings had taken place consistently and best interest decisions documented. As a result, it was not always clear how decisions around people's care had been made and/or agreed, as this information was not captured or included in people's care files.
- Not all staff had completed training in MCA and DoLS and for those that had, this training required refreshing to ensure knowledge was up to date.

The provider was not working in accordance with the MCA and was unable to demonstrate care and treatment had been provided with the consent of the relevant people. This is a continued breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support:

- People had access to a range of medical and healthcare services, with GP's and other professionals regularly visiting the home. Guidance from professionals was included in people's care files and helped inform both risk assessments and the care planning process.
- Where necessary pressure relieving equipment, such as mattresses and cushions were in place. We found positional change charts, used for people with or at risk of developing pressure sores, had been completed in line with guidance.
- We saw the Waterlow, which is a pressure ulcer risk assessment and prevention tool, had been completed monthly. However, due to the limitations of the electronic care planning system in operation, results had been documented in the daily notes section which made tracking difficult.
- People's risk of malnutrition or obesity had been monitored through completion of the malnutrition universal screening tool (MUST). The home used an electronic system, which automatically calculated the risk level once people's details, such as height and weight had been inputted. However, we noted it did not take into consideration any unplanned weight loss or gains over the last 3 – 6 months, which would affect the accuracy of the risk rating. We were told staff tracked this through weight charts.
- Where concerns had been identified, such as unplanned weight loss, issues with skin integrity, or concerns with swallowing, we saw referrals had been made timely to professionals such as GP's, dieticians, district nurses and speech and language therapists (SaLT). This ensured people received the correct care and support.

Supporting people to eat and drink enough to maintain a balanced diet:

- People and their relatives spoke positively about the meals and snacks provided, telling us they received enough to eat and drink. Comments included, "I felt there was room for improvement and the new chef has done that, introducing a new menu with better choices" and "We get a really good supply of drinks and food throughout the day."
- Menus were updated monthly, with input from people sought about the types of meals they would like, which had been included.
- People's specific dietary requirements, for example soft, pureed or fortified diets, or thickened fluids, were being met with guidance in place for staff to refer to.
- Following guidance from environmental health, relatives had been asked not to bring in meals made from home. To ensure people received foods in line with their cultural or religious beliefs, staff members of the same culture or faith, supported the chef to prepare meals in advance, these meals were frozen and supplied as requested.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People's likes, dislikes and preferences had been captured as part of the admission process. This information had then been used to help compile care plans.
- Prior to people moving in, pre-admission assessments had been completed. These ensured the home could meet people's care needs and the environment was suitable.
- Each person we spoke with, told us they were happy with the care they received and were supported to make choices. One person told us, "They know what I like here and do their best to provide it."

Adapting service, design, decoration to meet people's needs:

- The home was undergoing a programme of refurbishment. This included the installation of new walk in shower rooms and bathrooms and the development of a sensory room. This had been decorated in a seaside theme, with theme based objects available for people to touch, to ensure all sensory needs were met. The registered manager planned to extend the theme into the garden area leading from the sensory room, which would include a sand pit and water feature, to recreate the beach and sea.
- Pictorial signage was available within communal areas, bathrooms and toilets throughout the home, to help people locate and identify these.
- Corridors were bright and airy, with the walls decorated with paintings and art work produced by people living at the home during art & craft sessions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:

- People and their relatives spoke positively about the standard of care provided. Comments included, "They really do their best to look after us", "The consistently high level of care and attention that is shown to my dad, brings a lump to my throat" and "Every staff member that I have seen seems very attentive, kind and caring."
- We found people to be clean and well groomed. Staff documented personal care support provided and we saw people had been supported to wash, bathe or shower, in line with their wishes.
- We observed people being treated in kind and respectful ways. Staff were helpful and friendly, and people looked relaxed and comfortable in their presence. Staff provided reassurance and support to people when needed.
- There was a positive culture at the service and people were provided with care that was sensitive to their needs and non-discriminatory. People's equality and diversity was recognised and respected. Care files contained information about people's specific needs, whether these be spiritual or cultural. Where people had any specific needs, we saw these had been met.

Respecting and promoting people's privacy, dignity and independence:

- People and their relatives told us staff were respectful and treated them with dignity. Comments included, "I can honestly say that the staff here really do treat my dad with dignity and respect" and "This is obviously a home with dignity and respect at the forefront of its principles."
- Staff were mindful about the importance of maintaining people's privacy and dignity and ensured this was done consistently. One told us, "I always ask before providing care, make sure they are covered up when providing personal care, explain what I am doing and make sure they are okay with this."
- People also told us staff promoted their independence by letting them do what they can for themselves.
- People's rights to a family life were respected. Visitors were made welcome at any time. One person told us, "What I really like is when my family visit, we get to use the quiet room." A relative stated, "As a family we visit a lot and they (staff) can't seem to do enough."

Supporting people to express their views and be involved in making decisions about their care:

- People received care in line with their wishes from staff who knew people well and what they wanted.
- Relatives told us they had been involved in discussions about the care of their loved ones and were kept informed of any changes to their wellbeing. One stated, "Every time we visit the home we are comprehensively updated."
- People under the DoLS framework had access to Independent Mental Capacity Advocates (IMCA's) to

support decision making.

- The home was involved in the Salford Care Homes Excellence programme. We noted surveys had been circulated as part of the programme, which asked people what they liked about the service they received and what improvements could be made. All responses from both people and relatives had been positive, with the only recommendation for improvement being a better organised laundry system.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People received care which was personalised and met their needs and wishes.
- Information from pre-admission assessments, local authority support plans and from speaking to people and their relatives had been used to create each person's care plan.
- The home used an electronic care planning system, with paper based files only used for storing correspondence and historical information.
- Since the last inspection, additional computers had been sourced which meant staff had better access to the system and could update care files and daily notes more effectively.
- Staff knew people's likes, dislikes and preferences and used this information to ensure care provided was person centred. People had completed preference and choice assessments, to support this process.
- People were empowered to make choices and be involved in their care. Relatives were also involved if they so wished. One told us, "I am able to speak with staff about my dad's care any time and the staff clearly know his needs and requirements."
- The home ensured people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. This is legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.
- People had communication care plans in place. These explained how best to communicate with the person, including the use of visual prompts and aids where necessary.
- For people for whom English was not their first language, we noted action had been taken to ensure effective communication was achieved. This included the use of translation software via mobile phones, lists of key words and phrases written in both languages and the use of specific staff who spoke the person's language. The home had also used external translators to support the communication process.
- People and their relatives spoke positively about activity provision within the home. Comments included, "They really do try to embrace the needs of all, including 1-2-1's where possible", "The wide ranging activities schedule is a great way of getting people involved" and "Activities and exercises are good fun to join in."
- Since the last inspection the home had appointed a new wellbeing and activities coordinator, who had made a noticeable impact. People told us they had seen improvements in the type and frequency of activities.
- A range of weekly activities had been planned and completed. These included an art workshops, baking, reading group, bingo, quizzes, pamper sessions and outings to the local Irish centre.
- Music was seen as a key fundamental part of the activity schedule. The care home currently supported some people who spoke Spanish and had used this as the basis for introducing Flamenco dance and music

to the home, which had been well received.

- From speaking to both people and their relatives, it was clear they saw activities as a key feature in ensuring daily inclusion, motivation and enjoyment.

End of life care and support:

- People who wished to, had been supported to make decisions about their preferences for end of life care, which were detailed in the relevant section of their care plan.
- The home followed the Six Steps to Success end of life care programme.
- Three nurses and four care staff were undergoing end of life (EOL) training based at Salford Royal Hospital and the local hospice. These staff would act as the end of life leads, with all other staff receiving internal end of life training facilitated by a specialist EOL nurse from the CCG.
- Staff we spoke with were knowledgeable about the care and support people required at this stage of their life. They confirmed the home received support from district and specialist EOL nurses for people receiving palliative care.

Improving care quality in response to complaints or concerns:

- The complaints procedure was displayed clearly within the home.
- People and relatives were clear about how to raise a concern or complaint, telling us they would approach a member of staff or the registered manager, and would feel comfortable doing so. Comments included, "I have absolutely no concerns and if I did, then I know that [registered manager], [administrator] or any of the other staff members would act accordingly" and ""I have had to raise a couple of issues with [registered manger] in the past and they were both given due consideration, before being dealt with in a satisfactory manner."
- Complaints were stored in a designated file and we saw those received had been responded to in line with company policy. A complaints register had been used to document each complaint, the action taken and outcome.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same, requires improvement. This meant service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At the last inspection, we found the provider did not have an effective system and process in place to assess, monitor and improve the quality of the service. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection not enough improvement had been made and the provider was still in breach of regulation 18.

Continuous learning and improving care; planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- All adult social care providers are required to have a statement of purpose (SoP). The home had an appropriate statement of purpose, which set out the aims, objectives and ethos of the service.
- The registered manager and provider were aware of their responsibility regarding duty of candour. Duty of candour ensures providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. The home had been open in discussing the findings from the last inspection and notifying all relevant people of the recent fire safety concerns.
- Aside from care plan and medication audits, we found no other audits or quality monitoring had been completed since July 2018. We saw systems were in place to assess a range of areas, including training, nutrition, people's experience, skin integrity, safeguarding and governance, but these had not been utilised.
- At the last inspection, we had discussed the importance of provider level audits and ongoing monitoring being carried out regularly, to help ensure the home was meeting all required standards. We saw only one provider audit had been completed, in August 2018. During this visit, the provider had not spoken to any people or relatives and only one staff member. They had also not looked at any documentation, just completed a walk round to inspect the premises.
- The home did not have a clear action or improvement plan in place. Issues noted during previously completed audits, had been written on pieces of paper, but not transferred to a central location in order to track and document action taken, and improvements made.
- The lack of a robust auditing and quality monitoring process had impacted on the providers ability to identify the issues and concerns noted during the inspection.

The provider did not have an effective system and process in place to assess, monitor and improve the quality of the service. This was a continued breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others:

- The home did not have a clear schedule in place for the completion of resident and relative meetings, with only two meetings taking place in the last 12 months. This meant people and their relatives had limited opportunity to be involved in formal discussion about the home, future plans and put forth their views.
- Staff meetings were scheduled to be held quarterly, although had not always adhered to these timescales, with gaps of up to five months between meetings on occasions. Staff provided mixed feedback about the meetings, with some stating they chose not to attend as the provider did not do so. They felt greater involvement from the provider was needed at meetings, as from their experience, "Things get referred to [provider] but we don't here back, and nothing seems to get done". As a result, they wanted the opportunity to discuss matters face to face.
- Staff's views and opinions had been captured via quality assurance questionnaires. We looked at ten completed surveys, which asked staff for their views on the home and any improvements they would like to see.
- We noted a number of examples of the home working in partnership with other professionals or organisations. The home had built good relationships with visiting professionals, which benefitted the people living at the home. As previously mentioned, the home was also involved in the Salford Care Homes Excellence programme, attending steering group meetings, with the aim of improving the standard of care across the city.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- The home had a clear management structure, with the registered manager being supported by a new clinical lead, senior carers and the administrator.
- People and relatives spoke positively about the home and how it was managed. Each person was aware of who the registered manager was referring to them by name. Comments included, "The manager is very good", "I like this place as it is safe and very well run" and "Quite simply this is a well run and happy home."
- Staff were also complimentary about the support they received from the registered manager. One told us, "I definitely feel supported by [registered manager], always there for me." Another stated, "[Registered manager] is always available, will talk through things with you and help where they can."
- The registered manager understood their regulatory requirements. The previous inspection report was displayed and available within the home and on the providers website. The registered manager had submitted relevant statutory notifications to CQC, to inform us of things such as accidents, incidents, safeguarding's and deaths.

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 Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider was not working in accordance with the MCA and was unable to demonstrate care and treatment had been provided with the consent of the relevant people.
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure the premises and equipment were safe. This placed people at risk of harm.
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have an effective system and process in place to assess, monitor and improve the quality of the service.
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure staff received sufficient training to enable them to carry out their roles safely and effectively.

