

GGs Care Home Limited

# Thornton Lodge Care Home

## Inspection report

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## Ratings

### Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



## Overall summary

This was an unannounced inspection carried out on the 01 December 2015.

Thornton Lodge Care Home provides 24 hour nursing and or personal care for up to 33 older people, including care for people living with dementia. It is close to local amenities with good access to public transport and motorway networks.

At the time of our visit, there was no registered manager in place, though the current manager had been in post since April 2015. 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.

When we last inspected this service in March 2015, we found the service had breached three regulations relating to the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. As part of this inspection, we checked to see what improvements had been made.

# Summary of findings

During this inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

We found that care plans did not always accurately reflect people's current needs. We looked at a number of risk assessments including nutrition, oral health, bed rails, skin integrity where monthly reviews had been undertaken. However, we found relevant issues relating to people's care were not always being updated in care files.

We found that issues noted in the diary were not always transferred to the person's clinical records, for example we found one entry where a referral had been made to the Abbott PEG (Percutaneous Endoscopic Gastrostomy) nurse. The reason for the referral was also recorded in the diary, but this information had not been included in the person's care plan.

We saw that in one instance the tissue viability nurse had been advising on a PEG site for a person who used the service, however staff were not recording on-going improvements as they happened or monitoring for prevention of the problem. We found there was an informal 'change of syringe' used for PEGs every Friday by the nurse, but again this was not documented.

This is a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 (Part 3), good governance, because the service had failed to maintain accurate and complete contemporaneous records for people who used the service.

During our last inspection in March 2015, we found that people who used the service had not been protected from the risks associated with the safe recruitment of staff. We found the provider had made improvements and was now meeting the requirements of regulations in relation to employment of fit and proper persons. People were now protected against the risks of abuse, because the home had appropriate recruitment procedures in place.

During our last inspection we found that people had not been protected from the risks associated with not having sufficient numbers of suitably qualified staff on duty. During this inspection, we found the provider had made

improvements and was now meeting the requirements of regulations in relation to ensuring there were sufficient numbers of staff on duty to meet people's needs and keep them safe.

We found the service undertook a range of risk assessments to ensure people remained safe. Risk assessments provided guidance to staff as to what action to take to ensure people remained safe.

On the whole, we found people were protected against the risks associated with medicines, because the provider had appropriate arrangements in place to manage medicines safely. We observed staff checking people's medications with medication administration records (MAR) and calling people by their name before offering the tablets.

During our last inspection in March 2015, we found that people who used the service had not been protected from the risks associated with the appropriate support, training and professional development of staff. As part of this inspection, we found the provider had made improvements and was now meeting the requirements of regulations in relation to the professional development of staff.

Staff we spoke with said they received an induction when they started working at the home, had enough training available to them and felt well supported to undertake their roles. We confirmed this by looking at training records.

All staff we spoke with confirmed they received supervision and appraisals, which we verified by looking at supervision records and an electronic supervision matrix.

From reviewing care files, we found that written consent from people who used the service or their representatives was not always obtained. We spoke to the manager who told us they would review all care files and ensure that the appropriate written consent was recorded.

When we undertook our last Inspection in March 2015, we found the home environment was in need of redecoration and upgrading. On the day of our visit, we found that the environment remained significantly unchanged, however a large team of decorators were in

# Summary of findings

situ decorating the communal hallway throughout the home. Significant improvements were still required around flooring and furniture, which we were told formed part of the improvement programme.

We have made a further recommendation on environments.

We found people had access to healthcare professionals to make sure they received effective treatment to meet their specific needs. Care plans contained professional communication records, which detailed engagement with other health care professionals such as bladder and bowel, speech and language therapist (SaLT), dieticians, GP's, district nurses and tissue viability teams.

We found that individual nutritional needs were assessed and planned for by the home.

People and relatives told us staff were kind and the quality of care provided was good.

Throughout our inspection, where we observed interaction between staff and people who used the service, we found it kind and respectful.

People and relatives told us they were involved in making decisions about their care and were listened to by the service.

The home was part of the North West End of Life Care Programme known as Six Steps to Success. This programme was intended to enable people to have a comfortable, dignified and pain free death.

During our last inspection in March 2015, we made a recommendation that the service seek advice and guidance from a reputable source to ensure people had opportunities to take part in activities they enjoyed and met their personal preferences. We found that the service now employed a full-time activities co-ordinator. Throughout our visit, we saw the activities co-ordinator enthusiastically engaging in activities with people who lived at the home.

Care plans provided guidance on a number of areas of care and treatment, including consent and mental capacity, mobility, nutrition, skin integrity, communication and incontinence. Though people told us that they were involved in determining the care their loved one's received, this was not clearly documented in their care plans.

We found that the service routinely listened to people to address any concerns or complaints. We found the provider had effective systems in place to record, respond to and investigate any complaints made about the service. We also looked at minutes from bi-monthly resident and relatives meetings that took place.

During our last inspection in March 2015, we found the registered person did not have appropriate arrangements in place to monitor the quality of service provision or regularly seek the views of people who used the service. During this inspection we found that the service was on the whole meeting the requirements of this regulation, however not all audits undertaken were effective.

We found the service undertook a range of audits and checks to monitor the quality of services provided. These included regular fire systems checks, weekly medication audits, environmental checks, infection control, monthly falls audit, safeguarding and supervision. However, we found that care file audits failed to identify our concerns around maintaining accurate and complete contemporaneous of records of people who used the service.

Both people who lived at the home together with their relatives and staff consistently told us that the service was well managed following the appointment of the manager.

The home had policies and procedures in place, which covered all aspects of the service. The policies and procedures included; safeguarding, whistleblowing, behavioural management and medication.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

We found the service was safe. People living at the home said they felt safe as a result of the care and support they received.

People were protected against the risks of abuse, because the home had appropriate recruitment procedures in place. Appropriate checks were carried out before staff began work at the home to ensure they were fit to work with vulnerable adults.

On the whole, we found people were protected against the risks associated with medicines, because the provider had appropriate arrangements in place to manage medicines safely.

Good



### Is the service effective?

Not all aspects of the service were effective. We found the provider had made improvements and was now meeting the requirements of regulations in relation to the professional development of staff.

From reviewing care files, we found that written consent from people who used the service or their representatives was not always obtained and recorded.

We have made a recommendation about 'dementia friendly' environments.

Requires improvement



### Is the service caring?

We found the service was caring. People and relatives told us staff were kind and quality of care provided was good.

People told us they were treated with respect and dignity.

People and relatives told us they were involved in making decisions about their care and were listened to by the service.

Good



### Is the service responsive?

Not all aspects of the service were responsive. We found that care plans did not always accurately reflect people's current needs.

Throughout our visit, we saw the activities co-ordinator enthusiastically engaging in activities with people who lived at the home.

We found the provider had effective systems in place to record, respond to and investigate any complaints made about the service.

Requires improvement



### Is the service well-led?

We found the service was well-led. Both people and staff consistently told us that the service was well managed following the appointment of the manager.

Requires improvement



# Summary of findings

We found the service undertook a range of audits and checks to monitor the quality of services provided, however not all audits undertaken were effective.

The home had policies and procedures in place, which covered all aspects of the service. The policies and procedures included; safeguarding, whistleblowing, behavioural management and medication.

# Thornton Lodge Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008, as part of our regulatory functions. This inspection checked 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 inspection took place on 01 December 2015 and was unannounced. The inspection was carried out by two adult social care inspectors and a specialist advisor in nursing. A specialist advisor is a person with a specialist knowledge regarding the needs of people in the type of service being inspected. Their role is to support the inspection. The specialist advisor was a nurse with experience in general nursing, tissue viability, infection control, nurse education and standards of care.

We reviewed information we held about the home. We reviewed statutory notifications and safeguarding referrals.

We also liaised with external professionals including the local authority, local commissioning teams and infection control. We reviewed previous inspection reports and other information we held about the service.

At the time of our inspection there were 29 people living at the home. We found that there were 10 people receiving nursing care on the first floor and 19 people receiving residential care on the ground and basement floors. Throughout the day, we observed care and treatment being delivered in communal areas that included lounges and dining areas. We also looked at the kitchen, bathrooms and external grounds. We looked at people's care records, staff supervision and training records, medication records and the quality assurance audits that were undertaken by the service.

During the inspection, we spoke with six people who used the service and three visiting relatives. We also spoke with three visiting health care professionals. Additionally we spoke with the provider and manager, who were present throughout the inspection. We also spoke with two nurses, three care staff, the activities coordinator, the domestic cleaner, the maintenance person and the cook.

# Is the service safe?

## Our findings

People living at the home said they felt safe as a result of the care and support they received. One person who used the service told us; “On the whole I feel safe. I have never had to contend with an emergency yet.” Another person who used the service said “As far as I’ve noticed it’s a safe place.” Other comments from people included; “I feel safe more or less.” “I do feel safe. Sometimes the staff take me out.” “There is a decent level of security here I would say.” “The staff are fabulous and I do feel safe here. If there was anything wrong I would soon tell.”

During the inspection we also spoke with visiting relatives who also felt their family members were safe living at the home. One relative said “We definitely feel the home is safe and we leave here with a clear conscience at night for that reason.” Another relative told us; “My father is definitely safe here and he has told me that himself.”

During our last inspection in March 2015, we found that people who used the service had not been protected from the risks associated with the safe recruitment of staff. That was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponded to the ‘new regulations’ of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the employment of fit and proper persons. As part of this inspection we checked to see whether improvements had been made.

We found the provider had made improvements and was now meeting the requirements of the regulations in relation to employment of fit and proper persons. People were now protected against the risks of abuse, because the home had appropriate recruitment procedures in place. Appropriate checks were carried out before staff began work at the home to ensure they were fit to work with vulnerable adults.

During the inspection we looked at nine staff personnel files. Each file contained job application forms, interview questions, proof of identification, a contract of employment and suitable references. A CRB or DBS (Criminal Records Bureau or Disclosure Barring Service) check had been undertaken before staff commenced in employment. CRB and DBS checks help employers make safer recruiting decisions and prevents unsuitable people from working with vulnerable adults.

During the inspection we checked to see how people who lived at the home were protected from abuse. Staff that we spoke with were all able to explain to us the principles of safeguarding and what action they would take if they had any concerns. We found that all staff had received training in safeguarding vulnerable adults, which we verified by looking at training records. The manager told us they attended a safeguarding providers forum, which they stated was invaluable for sharing good practice.

One member of staff said “I wouldn’t hesitate to contact the manager. Signs to look for include bruising, acting differently or if a family member was taking advantage of their money.” Another member of staff told us; “My training taught me to report bad practice as necessary. It also taught me about the different types of abuse that can occur such as financial, physical or sexual.” We also looked at the home’s Protection from Abuse, Bullying and Harassment Policy and Whistleblowing and Reporting Bad Practice.

During our last inspection we found that people had not been protected from the risks associated with not having sufficient numbers of suitably qualified staff on duty. That was in breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponded to the ‘new regulations’ of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to staffing. As part of this inspection we checked to see whether improvements had been made and whether the home ensured there were sufficient numbers of staff on duty to meet people’s needs and keep them safe.

We found the provider had made improvements and was now meeting the requirements of regulations in relation to staffing. We asked relatives and staff for their thoughts about the current staffing levels at the home. A visiting relative also said; “On the whole there are enough staff. There is always somebody around to get hold of.” One visiting health care professional told us that residents seem happy, clean and well-presented and had no concerns about staffing levels. One member of staff said “Staffing levels have definitely improved since the introduction of a ‘floater’ who comes down and helps from the other floor. We manage better then.” Another member of staff told us; “I would say they are sufficient for the time being. All of the staff give 100%”.



## Is the service safe?

Other comments from staff included; “I think people are safe and well looked after. The new manager is brilliant and is on the ball. Things have changed massively, more organised and more staff.” “I think staffing levels are generally ok at nights.”

We looked at staffing rotas and spoke to the manager, about how staffing numbers were determined. The manager told us that during the day, there was a nurse and one care staff member on the nursing unit. On the residential unit there was a senior care staff member and two care staff members. Additionally, a further member of care staff acted as a ‘floater’ between both floors to provide support where it was needed most. We were told these figures did not include domestic cleaners, the cook, the activities coordinator, laundry and kitchen assistants and the maintenance person.

The manager who is a registered nurse, told us that they were always available during the day to support staff and provide assistance, which we verified by speaking to other staff members. The manager told us that the service did not use a dependency tool to determine staffing requirements and the current staffing levels were determined by their professional judgement. The manager told us they would consider introducing a dependency tool to assist in accurately determining the correct numbers of staff. During our visit we noticed that for short periods of time people were left unsupervised in the main lounge.

We looked at a sample of seven care files to understand how the service managed risk. We found the service undertook a range of risk assessments to ensure people remained safe. These included personal evacuation plans, mobility, medication, nutritional, continence, personal hygiene, oral health, choking, skin integrity and mental capacity. Risk assessments provided guidance to staff as to what action to take to ensure people remained safe. Staff we spoke to demonstrated a good understanding of the risks people faced and the actions they needed to take to reduce such risks.

As part of the inspection we checked to see how the service managed and administered medication safely. On the whole, we found people were protected against the risks associated with medicines, because the provider had appropriate arrangements in place to manage medicines safely. We observed staff checking people’s medications with medication administration records (MAR) and calling people by their name before offering the tablets.

We looked at a sample medication administration records (MAR), which recorded when and by whom medicines were administered to people who used the service. These records were up to date without omissions. We found that apart from one medication record we looked at, the remainder had photographs and people’s allergies recorded. This reduced the risk of medicines being given to the wrong person or to someone with an allergy and was in line with current guidance. We were reassured by the manager that this omission would be immediately addressed.

We saw one member of staff correctly donned gloves when administering medicines via PEG (Percutaneous endoscopic gastrostomy) and used a plastic spoon when administering tablets with the person’s oral agreement. We also observed a member of staff asking a person who used the service whether they were in pain while they were undertaking the medicine round. We noted that the appropriate code was entered on the MAR sheet when the person declined any pain relief.

We found that fridge temperatures were monitored and records indicated temperatures were within the expected range. Some topical creams needed to be monitored more closely and disposed of when no longer needed. We found a half-used pot of cream in a person’s room, which staff were unclear about whether it was still being used. In one room we found cream charts indicating what, where and how frequently to apply a cream. It was completed up until the 10 October, however we found no evidence to indicate whether it had been discontinued or any explanation given as to the current position in any records. We also found a pot of cream in the same room, with no pharmacy sticker, which was not recorded in any records we looked at.

An external pharmacy technician from a GP practice reviewed the quality and accuracy of MAR charts and provided medication training for staff, which we verified from training records. Apart from two nurses, all nurses had received refresher training in medication administration with the last year.

One member of care staff in the residential unit, who was trained to administer medication, told us; “The meds have changed completely since your last visit. I’m now allowed to do it without interruptions and it is my sole role when doing medication rounds. The manager has been instrumental in making this happen.”



# Is the service effective?

## Our findings

During our last inspection in March 2015, we found that people who used the service had not been protected from the risks associated with the appropriate support, training and professional development of staff. That was in breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponded to the 'new regulations' of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to staffing. As part of this inspection we checked to see whether improvements had been made by the service. We found the provider had made improvements and was now meeting the requirements of regulations in relation to the professional development of staff.

Staff we spoke with said they received an induction when they started working at the home, had enough training available to them and felt well supported to undertake their roles. We confirmed this by looking at training records. One member of staff said "The training side of things has definitely improved. We are getting all the training that we need." Another member of staff told us; "I would say I feel well supported. We have done Deprivation of Liberty Safeguards / Mental Capacity Act (DoLS/MCA) recently as well as safeguarding and infection control." Another member of staff said "I hadn't worked in an older people's setting before, but I have had good support from management and senior care staff. My induction was good, but I still have a lot to learn. I'm currently doing my skills for care certificate."

Other comments from staff included; "I have had recent training in MCA and DoLS. I do feel supported and valued. You can go to the manager who gets things resolved, she has the best interests of people at heart all the time."

The manager was able to demonstrate that all nursing staff were registered with the Nursing Midwifery Council and had up to date pins (person identification numbers).

All staff we spoke with confirmed they received supervision and appraisals, which we verified by looking at supervision records and an electronic supervision matrix. Supervisions and appraisals enabled managers to assess the development needs of their staff and to address training and personal needs in a timely manner.

During the inspection we asked people who lived at the home if staff sought their consent before care was delivered. We also asked staff about how they aimed to do this before assisting people in any way. One person said "If ever staff help me with showering or changing my clothing they always ask. I can't criticise on that." Another person said "Up to a point I would say that staff always ask me first." A member of staff also told us; "I ask people and explain what I am doing. For instance, people might not want to go bed at certain time, but I will ask them first." Another member of staff said "Speaking with people is important. If they can't communicate then we look for body language." From reviewing care files, we found that written consent from people who used the service or their representatives was not always obtained. We spoke to the manager who told us they would review all care files and ensure that the appropriate written consent was obtained.

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. At the time of our inspection, there were a number of people living at the home who were subject of a Deprivation of Liberty Safeguards (DoLS), which was monitored by way of a DoLS check list. We saw that most staff had received training in MCA and staff we spoke to were able to describe the principals of the legislation to us.

When we undertook our last Inspection in March 2015, we found the home environment was in need redecoration and upgrading. This was a point, which was acknowledged by the provider who confirmed that the refurbishment was subject of an improvement programme. We also found that though the home did not specialise in care for people living with dementia, a number of people who used the service had varying degrees of dementia. They were often confused and disorientated and at times, wandered around the building. We made a recommendation at that time about environments used by people living with dementia.

On the day of our visit, we found that the environment remained significantly unchanged, however a large team of decorators were in situ decorating the communal hallway throughout the home. We found appropriate precautions

## Is the service effective?

had been taken to protect people during this period of upheaval, especially when mobilising along the affected hallways. We were told that bedroom and bathroom doors would be painted in colours to help people orientate themselves and that new signage features would be introduced. Significant improvements were still required around flooring and furniture, which we were told formed part of the improvement programme. The manager explained to us that they considered the renovation work their 'biggest challenge.' One member of staff told us; "It is really uplifting for staff to see the place being decorated at last and carpets and new furniture are to follow."

**We have made a further recommend that the service explores the relevant guidance on how to make environments used by people living with dementia more 'dementia friendly'.**

We found people had access to healthcare professionals to make sure they received effective treatment to meet their specific needs. Care plans contained professional communication records, which detailed engagement with other health care professionals such as bladder and bowel, speech and language therapist (SaLT), dieticians, GP's, district nurses and tissue viability teams. One visiting health care professional told us that staff were good at seeking advice if they thought people were unwell. And that people seemed well cared for and looked after. Another

visiting health care professional said they were always supported effectively by staff who followed instructions correctly and that they had a good working relationship with the manager.

During the inspection we asked people for their opinions about the food provided at the home. One person said "On the whole the food is not bad. There is a lot of good vegetarian food. The cooks are good and they do a good job. I'm on a kosher diet and the staff always make sure I have suitable food available in the kitchen." Another person told us; "The food is satisfactory, I enjoy it. There is always choice". A third person added; "The food is good. Plenty of choices and alternatives." A visiting relative also said "The food must be good because it is always eaten and there is never any left." We spoke to the cook who told us "Things are a lot more positive here, we needed more direction. I like the place and people here. I believe the care element is very strong." We looked at a four weekly menu and were able to confirm that strictly 'kosher meals,' which were obtained for one Jewish person had been sourced from an outside provider.

We found that individual nutritional needs were assessed and planned for by the home. We saw evidence that nutritional and hydration risk assessments had been undertaken by the service, which detailed any risks and level of support required such as with the possibility of choking. We looked at weight monitoring that was undertaken by the service. People at risk of malnutrition had been referred to dietician services for further advice.

# Is the service caring?

## Our findings

During the inspection we asked people what they thought of the care they received at the home. One person said “On the whole it isn’t bad. I could no longer look after myself so this is the best place for me.” Another person told us; “I find it very pleasant and handy. The staff are nice.” Other comments included; “I would sooner be at home, but it is ok here for the time being I must admit.” “The care is alright here I must admit.” “The staff are fabulous.”

We also asked relatives for their impressions of the care provided. One relative told us; “There have been vast improvements since the takeover. The environment was shabby and they are making improvements. The staff are helpful and caring. They are co-operative and dedicated. It’s certainly excellent compared to what it was.” Another relative said “My overall impressions are very good. My relative initially came on respite, but wanted to stay longer. The staff put the residents first I must admit. The staff are regular and one thing I would say about the staff is that they care. I really am delighted. The atmosphere is friendly as well.” Other comments from relatives included; “The quality of care is good. The staff are good and show heartfelt care. Management are making a real effort and are doing their best.”

Throughout our inspection, where we observed interaction between staff and people who used the service, which was kind and respectful. We found people looked clean and well-groomed in a very caring environment. The staff were patient and compassionate and clearly knew they people they supported.

As part of the inspection we checked to see that people living at the home were treated with privacy, dignity and respect. We asked people if they felt treated with dignity and respect by staff. We also asked staff how they aimed to do this when delivering care. One person said “The staff respect me by calling me by my proper name and always make sure I am well dressed.” Another person told us “I

would definitely say they treat me with dignity and respect.” One member of staff said “I always close doors during care and when people are on the toilet. I will then wait outside and wait to be asked back in.” A relative also commented; “When I visit, my relative is always clean and well presented.”

As part of the inspection we checked to how people’s independence was promoted. We asked both people who lived at the home if staff promoted their independence. We also asked staff how they aimed to do this when delivering care. One person said “The staff try to work with you I must admit. I get help with some aspects, but if I can do it myself then staff let me.” Another person said “I can take myself to the toilet and the staff let me do that.” A member of staff told us “I try not to wash peoples face or help them get dressed if I know they can do it themselves.” Another member of staff said “One person always asks for a wheel chair but I know they can walk, so for the time being they don’t need it.”

People and relatives told us they were involved in making decisions about their care and were listened to by the service. They told us they had been involved in determining the care they needed and had been consulted and involved when reviews of care had taken place. A visiting relative told us; “The manager is good. We can always go and talk to them and things are always put right.”

The home was part of the North West End of Life Care Programme known as Six Steps to Success. This programme is intended to enabled people to have a comfortable, dignified and pain free death. The manager told us that the home was almost at the end of completing this programme with some nursing staff still waiting to complete training. Each person who resided at the home was registered under the programme. The service was also about to introduce local authority advanced care plan documentation called 'Planning my Future,' which would be completed for each person living at the home.

# Is the service responsive?

## Our findings

As part of this inspection we 'case tracked' four people who used the service. This is a method we use to establish if people are receiving the care and support they need and that risks to people's health and wellbeing were being appropriately managed by the service. We found that care plans did not always accurately reflect people's current needs.

We looked at a number of risk assessments including nutrition, oral health, bed rails, skin integrity where monthly reviews had been undertaken. However, we found relevant issues relating to people's care were not always being updated in care files. For example, we looked at a mobility care plan dated 11 Oct 2015, which had been reviewed on 13 Nov 2015. It referred to the person being hoisted and sitting out when the daily records indicated that the person had refused to sit out since 15 Oct 2015. There was no record of how or what staff had done to try to encourage this person to sit out.

We found that issues noted in the diary were not always transferred to the person's clinical records, for example we found one entry where a referral had been made to the Abbott PEG (Percutaneous Endoscopic Gastrostomy) nurse. The reason for the referral was also recorded in the diary, but this information had not been included in the person's care plan.

We saw that in one instance the tissue viability nurse had been advising on a PEG site for a person who used the service, however staff were not recording ongoing improvements as they happened or ongoing monitoring for prevention of the problem. We found there was an informal 'change of syringe' used for PEGs every Friday by the nurse, but this was not documented. We found evidence of wounds healing, but records did not record that skin condition was inspected and documented at least daily in high risk cases.

During the inspection we observed one person who, on several occasions approached different people in the lounge area and was confrontational. This behaviour was aggressive and included swearing and accusing people of giving them a look they didn't like. The manager told us that the majority of staff had undertaken specific training in relation to this person, however there was no care plan in

place to guide staff about how to prevent these types of behaviours and to appropriately defuse the situation to keep people safe. The manager assured us that immediate steps would be taken to address this deficiency.

This is a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 (Part 3), good governance, because the service had failed to maintain accurate and complete contemporaneous records for people who used the service.

During our last inspection in March 2015, we made a recommendation that the service seek advice and guidance from a reputable source to ensure people have opportunities to take part in activities they enjoyed and met their personal preferences. As part of this inspection we checked to see what improvements had been made by the service.

During this visit, we found that the service now employed a full-time activities co-ordinator. Throughout our visit, we saw the activities co-ordinator enthusiastically engaging in activities with people who lived at the home. This included playing skittles, jigsaws and painting. The activities co-ordinator also maintained 'journals' for each person who used the service, which documented the types of activities people had participated in. The activities co-ordinator was focused, very upbeat and clear about asking people what they wanted to do. One person said to us; "Sometimes they do musical quizzes and have different entertainers. We enjoy it and it makes a change." We read in one person's care plan how they enjoyed reading the 'daily mail' and wanted the newspaper to be delivered each day so they could do the crosswords. During the inspection we saw this person reading in the lounge area and doing the crosswords with support from staff.

The activity co-ordinator told us they were able to take people and small groups out on visits such as to a local Jewish Primary school for 'afternoon tea' that was organised for them with children singing and presenting gifts. They were currently arranging a trip to the Jewish Museum. They provided film events, where old films were very popular with people who used the service.

The manager told us they were part of an oral health working party, which involved a number of specialist teams from the local Salford NHS, along with local care home providers, managers and staff. Along with the ongoing

## Is the service responsive?

development of a separate oral health care plan for use in all the homes as part of the role of this working party, in house training has been arranged with the Dental Nurse Specialist.

We found that each person who used the service had care plans in place that were personal to them. At the time of the inspection, the manager told us that they intended to introduce new care file documentation, as the current paperwork related to the previous provider. Care plans provided guidance on a number of areas of care and treatment, including consent and mental capacity, mobility, nutrition, skin integrity, communication and incontinence. Though people told us that they were involved in determining the care their loved one's received, this was not clearly documented in their care plans.

On the whole, we found that 'Care and Comfort charts' had been completed. In one example, the person required to be repositioned every two to four hours. However, on reviewing the positional change chart, it showed that the person had been left on their on their left side for at least

five hours. There was no adverse impact on the person at the time of our inspection. We spoke to the nurse, who assured us that immediate steps would be taken to ensure this concern was addressed.

We found that no air mattress training had been undertaken and that staff did not check air mattresses daily to ensure they were set at the comfort settings and were functioning correctly. We raised this concern with the manager who assured us this concern would be addressed.

During the inspection we saw examples of where staff at the home had been responsive to people's needs. For example where people were required to be weighed weekly or monthly, there were records to suggest this had taken place.

We found that the service routinely listened to people to address any concerns or complaints. We found the provider had effective systems in place to record, respond to and investigate any complaints made about the service. We looked at minutes from bi-monthly resident and relatives meetings, which included detailed discussions on improving the environment, laundry and introduction of four week rolling menu.



# Is the service well-led?

## Our findings

During our last inspection in March 2015, we found the registered person did not have appropriate arrangements in place to monitor the quality of service or regularly seek the views of people who used the service. This was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponded to the 'new regulations' of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to good governance. As part of this inspection we checked to see whether improvements had been made by the service. On the whole, we found the provider had made improvements, however not all audits undertaken by the service were effective.

We found the service undertook a range of audits and checks to monitor the quality of services provided. These included regular fire systems checks, weekly medication audits, environmental checks, infection control, monthly falls audit, safeguarding and supervision. We saw that people's needs were regularly reviewed together with risk assessments. Staff received regular supervision and support. We looked at minutes from staff meetings. Regular bi-monthly residents and relatives meetings were undertaken to receive feed-back and suggestions on the quality of services provided. However, we found that auditing of care files had failed to identify the concerns around maintaining accurate and complete contemporaneous records for people who used the service.

During the inspection we asked staff, relatives and people who lived at the home for their views about the leadership of the service. People consistently told us that things had improved since the last inspection we had conducted as a result of the appointment of the current manager. Improvements in respect of the environment were still required, but the provider had actively taken steps to address these issues.

One member of staff said; "I think the manager is good. When we complain, she does listen." Another member of

staff said "Things are definitely improving for the better since the new manager started." Other comments from staff included; "I think things have changed dramatically for the better since the new manager took over. She just gets things sorted." "The new manager has made a massive effort to improve things. I worked here previously, but left because I thought things were very poor. In the short time I have been back I have seen many changes." "Yes, very different, everything has changed for the better."

A visiting relative told us; "The manager is good. We can always go and talk to them and things are put right." Another relative said "The home was recommended to us by someone who didn't recommend it previously. That shows how much it has improved." One person living at the home also told us; "The home seems to be managed well."

At the time of our visit, there was no registered manager in place, though the manager had been in place since April 2015. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We looked at how the service learnt from any incidents, complaints or safeguarding matters. The service demonstrated to us where lessons had been learnt, what immediate action had been taken and where action plans had been put in place to address deficiencies.

The home had policies and procedures in place, which covered all aspects of the service. The policies and procedures included; safeguarding, whistleblowing, behavioural management and medication.

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

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Treatment of disease, disorder or injury	<b>Because the service had failed to maintain accurate and complete contemporaneous records for people who used the service.</b>