

Cygnnet Care Services Limited

Broughton Lodge

Inspection report

London Road
Macclesfield
Cheshire
SK11 0JG

Tel: 01625468951
Website: www.cygnethealth.co.uk

Date of inspection visit:
14 December 2018
17 December 2018

Date of publication:
09 January 2019

Ratings

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

Summary of findings

Overall summary

The inspection took place on the 14 and 17 December 2018 and was unannounced.

Broughton Lodge is a 'care home' operated by Cygnet Care Services Limited (the registered provider). 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 care home is set within its own extensive grounds in a rural location in Macclesfield. The care home accommodates up to 20 people across three separate units, each of which have separate adapted facilities. At the time of our inspection, the service was accommodating 12 people with a diverse range of needs.

The care home was registered in July 2015 and had therefore not been developed and designed in line with the values that underpin 'Registering the Right Support' and other best practice guidance. Consequently, the service does not currently conform to some aspects of Building the Right Support and Registering the Right Support guidance. For example, the number of registered places and the location of the building.

At the time of our inspection, the care home did not have 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

A new manager had been appointed to manage the service who had been in post since October 2018. We saw evidence during the inspection that the manager was in the process of applying to CQC to become the registered manager of Broughton Lodge.

The manager was present during the two days of our inspection and was supported by their operations director and deputy manager. The management team were clear about their roles and responsibilities and keen to share developments within the service since the last inspection.

During our site visit, we spoke with staff, people living in the care home, their relatives and representatives. We also undertook direct observations of the standard of care provided. Overall, we noted that staff were sensitive and responsive in their approach to people's needs and that people were encouraged to follow their preferred daily routines and treated with dignity and respect.

Holistic assessments, care planning processes and risk management systems were in place that confirmed the complex and diverse needs of people using the service were identified, planned for and kept under review. This helped staff to be aware of the support needs of people living in the care home and to understand how best to support them.

People were offered a choice of nutritious and wholesome meals and staff were observed to offer appropriate support and supervision to people who required prompt and support during mealtimes.

Staff had access to induction, mandatory and service specific training to help them understand their roles and responsibilities. This programme of training was in the process of being rolled out to new staff to ensure staff were equipped with the necessary knowledge, skills and understanding for their roles.

Systems had been established to ensure that staff working in the care home had been correctly recruited and to safeguard people from abuse. A complaints policy and process was also in place to ensure concerns and complaints were listened to and acted upon.

Personalised weekly timetables and activity schedules were in place that had been developed for people using signs and symbols. People were supported to access local leisure, recreational and social facilities and to participate in their preferred activities.

People had access to an in-house multi-disciplinary team that consisted of speech and language therapists, occupational therapists and psychologists. People were supported to attend healthcare appointments and staff liaised with people's GPs and other healthcare professionals as necessary to maintain people's health and wellbeing. Systems were also in place to ensure medication was monitored and ordered, stored, administered and recorded correctly.

The registered provider had developed a range of governance and quality assurance systems to enable oversight and scrutiny of the service. This involved seeking the views of people who used the service and their representatives.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Sufficient numbers of staff were deployed to respond to the needs of people.

Policies and procedures were in place to provide guidance to staff about safeguarding adults and staff understood how to recognise and respond to allegations or suspicion of abuse.

Recruitment procedures provided appropriate safeguards for people using the service. This helped to reduce the risk of unsuitable people being employed in the care home.

Systems had been established to protect people from the risks associated with unsafe medicines management.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People's needs had been assessed however we observed occasions when people did not always receive appropriate supervision that was tailored towards their individual needs.

A programme of staff training and development was in place that was in the process of being rolled out to staff to ensure they had were equipped with the necessary knowledge and skills.

People had access to a choice of nutritious meals and systems were in place to liaise with GPs and other health and social care professionals when necessary to maintain people's health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect and their privacy and human rights were safeguarded.

People had access to an independent advocate to help them

express their views and opinions on the service.

Is the service responsive?

The service was responsive.

Care and support plans had been developed that were subject to ongoing review to ensure people's changing needs were identified and planned for.

People were encouraged to engage in a range of person-centred activities and were supported to follow their preferred routines.

There was a complaints procedure in place and any concerns were responded to appropriately.

Good ●

Is the service well-led?

The service was well led.

A new manager had been appointed to provide leadership and direction at Broughton Lodge who was in the process of registering with CQC.

Governance and quality assurance systems had been developed to ensure oversight and scrutiny of the service. This included processes to enable people who lived in the care home and their relatives to be consulted about their views and opinions of the service.

The service continued to work in partnership with other agencies and health and social care professionals.

Good ●

Broughton Lodge

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 was 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.

Since our last inspection, the Police investigation into historic concerns regarding the care and treatment of people had been concluded. The concerns were unsubstantiated.

The inspection was unannounced and the site visit activity started on 14 December 2018 and ended on the 17 December 2018.

The inspection was undertaken by one adult social care inspector.

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

We looked at all the information which the Care Quality Commission already held on the provider. This included any information the provider had to notify us about. Furthermore, we invited the local authority to provide us with any information they held about Broughton Lodge. We took any information they provided into account.

During our inspection we spoke with the operations director; manager; deputy manager; quality assurance manager; three unit managers; two senior support workers; two agency support workers; two support workers; a chef; an assistant psychologist; the maintenance person and an independent advocate.

We also spoke with eight parents; a care coordinator; one social worker and three people who lived at Broughton Lodge. Many of the people living at Broughton Lodge were not able to tell us verbally their thoughts about the service provided due to the complexity of their needs. Upon completion of our site visit we were also contacted by an additional parent who provided positive feedback.

We commenced a Short Observational Framework for Inspection (SOFI) observation during a lunch time. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We reverted to direct observation as this process was not appropriate due to the needs, routines and support requirements of people living at Broughton Lodge.

We looked at a range of records including: two care plans; three staff files; staff training; minutes of meetings; rotas; complaints; safeguarding records; medication; maintenance and a range of audit documents.

Is the service safe?

Our findings

No comments were received from people using the service in relation to the safety of the service.

Feedback from three relatives included: "They have a lot of agency staff but they are trying to hire permanent staff"; "If X [a person living in the care home] was not happy they would put their coat on and indicate that they wanted to leave. X has never done this" and "Y [a person living in the care home] is happy and safe. Y is very self-directed and is able to contact us should the need arise."

We reviewed the care records for two people living in the care home. We found that information on people's assessed needs and their support requirements had been produced together with risk assessments and other supporting documentation. The risk assessments were person centred and covered a range of areas that were unique to each person such as behaviour, accessing the community or health related issues.

A business continuity plan, fire risk assessment and personal emergency evacuation plans were in place to ensure an appropriate response in the event of a fire, breakdown of services or equipment or a major incident. This information helped staff to be aware of their specific responsibilities and the action to be taken in the event of an emergency.

We looked at how any accidents and incidents were managed at the care home and found that there was a process in place to record and analyse any incidents. We noted that incidents and risk management issues were also kept under review as part of the organisation's governance framework so that lessons and improvements could be made if necessary.

We checked several test and maintenance records with the person responsible for maintenance relating to: the fire alarm system; fire extinguishers; electrical wiring; oil powered boiler and passenger lift and found all to be in order. We noted that although fire drills had been completed periodically for staff to attend, it was not possible to determine from records which staff had attended the drills. This was because the names and designation of staff had not been recorded, only numbers of staff present. Upon completion of the inspection, the manager confirmed via email that action would be taken to ensure this important information was recorded for all future drills.

At the time of our inspection there were 12 people being accommodated at the care home who required different levels of care and support.

The provider had developed a 'staffing analysis and minimum staffing levels' document which outlined how the dependency needs of the people using the service and the resultant staffing levels were calculated. The document identified that the minimum staffing levels required for the service was 1:1 (individual support) during the day time and, that at night, the staffing reduced to 0.5:1 via waking night cover. We noted that the manager had capacity to increase staffing levels above the minimum levels in exceptional circumstances.

We looked at the staffing rotas with the manager and deputy manager. We noted that codes and colours

were still being used to identify shift patterns on the rotas and it was therefore not clear what hours had been worked by each member of staff. We asked the management team to ensure that the rotas were updated to include the shift times or a key, to help clarify the shifts worked by each member of staff.

The deputy manager told us that the day shifts were 7.45 am to 8.00 pm and night shifts were from 7.45 pm to 8.00 am. The manager highlighted that the handover period was to be increased from 15 to 30 minutes from the beginning of January 2019. This was to provide staff with more handover time to exchange key information.

At the time of our inspection the care home had vacancies for six day support workers, one senior night support worker and eight night support workers. The manager told us that the service was covering on average 429 hours per week via overtime and the use of agency staff that were known to the care home. We could see that the registered provider had participated in recruitment campaigns and was offering a higher rate of pay to attract potential candidates with the aim of eradicating the use of agency staff early in the new year.

No concerns were received from staff regarding the staffing levels in operation in the care home. Overall, units viewed were observed to be generally calm and people using the service were seen to receive appropriate support from staff to participate in activities on and off-site.

We looked at the personnel files for three staff members who had been recruited since our last inspection. Records viewed confirmed that prospective employees had undergone an interview process and checks such as Disclosure and Barring Service (DBS), references, proof of identification and pre-employment health questionnaires were in place which had been completed before staff were employed to work at the care home. This practice helps the employer to make safer recruitment decisions and prevents unsuitable people from gaining employment in the service.

We saw that that employment matters and staff performance was kept under regular review via the organisation's human resource team.

A corporate safeguarding policy and procedure had been developed by the registered provider to offer guidance for staff on their duty of care to prevent harm or neglect. A copy of the local authority's adult protection procedure was also available for the manager and staff to reference, together with a policy on whistleblowing.

Staff completed safeguarding adults training and systems were in place to monitor staff that required safeguarding adults' refresher training. Staff spoken with demonstrated a satisfactory awareness of the different types of abuse and the action they should take in response to suspicion or evidence of abuse. Staff were also able to explain how they would whistle blow should the need arise.

The provider operated an internal whistleblowing service known as 'Expo-link'. The operations director told us that that there had been no incidents since our last inspection. Records held by the Care Quality Commission (CQC) also indicated that there had been no whistleblowing concerns raised since our last inspection.

We looked at the safeguarding records for the service and viewed the registered provider's 'central log of concern and safeguarding' record. Records viewed confirmed that any safeguarding incidents had been appropriately acted upon and referred to the local authority safeguarding team in accordance with local policies and procedures.

We noted that the majority of safeguarding incidents within the care home concerned low level altercations between people using the service.

We discussed the range of incidents with the operations director, manager and deputy manager and noted that action had been taken by the registered provider in response to incidents. This included a thorough analysis of incidents; revision of care plans; input from the on-site multi-disciplinary team; efforts to remodel the service; addressing compatibility issues between people living in the care home; supporting people to transition to more appropriate settings and requests for additional resources from commissioners. The operations director told us that they had also authorised staffing levels be increased for one person, in order to respond to the person's complex support needs .

We reviewed the arrangements for the management of medicines in the care home on one unit in the presence of the manager, deputy manager and a unit manager who was responsible for the administration of medication.

We noted that the registered provider had developed policies and procedures for the administration of medicines. Staff had access to additional information such as patient information leaflets, PRN (as required) protocols, medication risk assessments and individual profiles.

A list of staff responsible for administering medication, together with sample signatures was available for reference. Photographs of the people using the service were also in place to help staff correctly identify people who required assistance.

Medication was appropriately stored in a dedicated temperature controlled room. The storage room was clean and equipped with hand washing and additional storage facilities for controlled drugs or medication that required refrigeration.

The manager told us that staff responsible for the management of medication had completed training from the dispensing pharmacist and the registered provider to help them understand how to manage medication safely. Staff had also undergone an assessment of their competency periodically, to check their knowledge, skills and understanding.

Medicine administration records (MAR) were completed following the administration of any medication. Records were also in place to record the daily room and fridge temperatures, medication returned to the pharmacist and any significant events.

Internal medication audits were routinely undertaken to review systems and practice. We noted that prior to our inspection the dispensing pharmacist had undertaken a medicines management audit across the care home following which an overall score of 77.8% had been achieved. Action plans were produced following the completion of audits to address any issues, drive improvement and ensure ongoing monitoring and accountability.

We conducted a tour of the care home and visited all units during the inspection. We observed that overall the care home was generally clean with no malodours.

Staff had access to personal protective equipment and policies and procedures for infection control were in place. Health and safety and infection control training was provided for staff and records confirmed that 86.5% of staff had completed this training.

Internal and external health and safety checklists and infection control audits were routinely undertaken. The most recent internal audit had been completed in October 2018 and a score of 88% was recorded. An action plan had been developed in response. This helped to confirm that infection control systems and processes were routinely monitored and safely managed.

Is the service effective?

Our findings

No comments were received from people using the service or their representatives in relation to the effectiveness of the service.

Broughton Lodge comprises of three residential units, each unit having its own staff team. All bedrooms are single occupancy and all have en-suite facilities. Within each living area there are communal lounges, kitchens and dining rooms. Two of the three living areas have assisted sensory bathrooms and each area has its own laundry, which are accessible to each individual to support learning and development. Each residential area has its own garden area and within the grounds there is an extensive and enclosed safe surface area where a range of outdoor sports can take place. Other facilities at Broughton Lodge include a sensory room, a family room (for family visits) and an ICT suite which is equipped with computers and interactive white board.

Where possible, people's rooms had been personalised with memorabilia and personal possessions and were homely and comfortable. We looked at records relating to capital expenditure and repair and maintenance and saw that the care home continued to receive planned and as and when required investment to maintain the environment to a satisfactory standard.

The registered provider had produced a workforce learning and development plan and a range of induction and training documentation for staff to reference. A comprehensive staff training and development programme had also been developed to equip staff with the necessary knowledge and skills for their work. This training was delivered to staff via a mixture of face-to-face training and e-learning. Discussion with staff and examination of training records confirmed the training included induction, mandatory and a range of service specific training that was linked to the roles and responsibilities of staff.

We looked at the staff training matrix with the deputy manager and noted that several new staff had commenced employment in the service since our last inspection. Consequently, some staff had not completed all training relevant to their roles and responsibilities. However, we noted that dates had been booked for staff to attend priority training sessions across a range of subject areas and progress was being kept under review using a colour coordinated tracking system. This work was ongoing and progress will therefore be reviewed again at our next inspection.

The provider continued to operate its own e-learning system called ACHIEVE. Records indicated that the completion rate for e-learning (all courses) was 85% overall for permanent and bank staff with an expected pass rate of 100%. Courses covered a range of topics such as: management of actual or potential aggression (MAPA); basic life support; dealing with concerns at work; equality and diversity; food safety; infection control; information governance; protecting our health and safety; responding to emergencies and safeguarding adults .

Handover meetings continued to take place each day to enable the management team and senior staff to share key information. Staff meetings had also been coordinated throughout the year in addition to formal

supervision sessions.

The registered provider had established guidance, systems and processes to record and analyse the usage and frequency of physical intervention within the care home which was kept under review each month. This enabled the management team to identify and analyse any emerging patterns and trends and to take appropriate action when necessary. Additionally, a reducing restrictive practice policy and service plan had been developed to promote best practice and ensure the human rights of people living in the care home were safeguarded. Individual assessments and management plans had also been developed for people using the service.

We noted that systems were in place to involve people using the service or their representatives in assessment and care planning processes. This helped to ensure the changing needs of people were responded to in a timely way and that potential and actual risks were appropriately managed.

However, we observed occasions when people had not always benefitted from appropriate supervision or their allocated one to one care. For example, during the two days of our inspection, we observed three occasions when a person using the service was not receiving appropriate supervision as support staff were not within proximity of the person. In another instance, a member of staff with supervisory responsibilities had gone off site and staff spoken with were unclear as to where the individual was. There was no direct impact upon the wellbeing of people using the service however this highlighted that the effectiveness of the service in meeting people's needs was not always robust. We observed that the manager responded appropriately to each incident and has since taken further formal action to clarify expectations.

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 and whether any conditions or authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

Policies on the MCA and DoLS had been developed by the registered provider to help staff understand their duty of care in respect of this important legislation in addition to training. We saw that mental capacity assessments had been completed and if applicable DoLS applications were completed. These were only completed if a person was deemed to be at risk and it was in their best interests to restrict an element of liberty. Applications were submitted to the local social services department who were responsible for arranging any best interests meetings or agreeing to any DoLS imposed and for ensuring they were kept under review. The registered manager maintained a record of people with authorised DoLS in place and the expiry dates.

Information on applications awaiting authorisation, best interest decisions, people with a Lasting Power of Attorney (LPA), advanced directives and the involvement of an IMCA (independent mental capacity advocate) was also recorded.

We identified one instance where information relating to a condition attached to one person's DoLS authorisation was missing from a file. This issue was rectified during the inspection but raised concerns about the level of awareness of staff. We received assurance from the manager that further training and supervision would be provided to staff to raise awareness and clarify expectations.

The care home continued to work in partnership with other teams and services such as social workers and health professionals to ensure the delivery of effective care and support for people using the service. Whilst undertaking the inspection we also observed that members of the organisation's multi-disciplinary team such as speech and language therapists, occupational therapists and psychologists were on site to provide support to people using the service. This helped to ensure the complex and diverse needs of people using the service were assessed, planned for and kept under periodic review.

We spoke with the cook on duty and visited the kitchen area in the care home. The kitchen was clean, well-stocked and records relevant to the operation of the kitchen were being appropriately maintained. Information on people's daily meal choices and their likes, dislikes and dietary needs had been recorded for catering staff to reference.

We looked at the most recent food standard agency rating for the care home following an inspection in November 2017 and noted that the care home had been awarded a rating of 5. This is the highest award that can be given and means that food hygiene standards were very good.

A pictorial four week rolling menu plan had been developed which was displayed on notice boards in each unit for people to view. Additional options were also available upon request.

We saw that individual menu plans had also been produced for some people using the service. For example, to help promote healthy eating or weight loss. We noted that personalised place mats and other communication aids were utilised to assist people with eating and drinking and activities of daily living, subject to their individual needs.

Each unit in the care home also had a small kitchen area that was used to help people learn basic cooking skills and to prepare light snacks and refreshments throughout the day.

Staff spoken with demonstrated a good understanding of each person's dietary needs and food preferences and were observed to offer appropriate support and supervision to people who required prompt and support during mealtimes.

Is the service caring?

Our findings

One person told us "I'm quite happy. The staff are okay." Likewise, another person told us "I like it. Staff are fine and I get on with them."

Comments received from the representatives of people using the service were also generally positive. For example, feedback from two parents included: "X [a person living in the care home] is really happy there. The staff make sure they are dressed to perfection and well looked after" and "It's a good service."

Overall, we observed that staff were sensitive and responsive in their approach to people's needs and that people were encouraged to follow their preferred daily routines and treated with dignity and respect.

We saw positive interactions between staff and people appeared clean, appropriately dressed and generally happy in their appearance. Relatives spoken with during the inspection told us that they were made to feel welcome and were encouraged to visit at different times of the day.

Staff spoken with were generally aware of matters that were important and unique to people. For example, people's support requirements, preferred communication methods and routines and known risks.

Staff spoken with told us that they had received training in subjects such as autism and learning disabilities and equality and diversity to help them understand the needs of people living in the care home and to prepare them for their roles and responsibilities. This included opportunities to work alongside experienced colleagues and time to read people's care and support plans. Staff spoken with demonstrated an understanding of the importance of providing person centred care, promoting citizenship and independence and safeguarding and upholding people's dignity, individuality and human rights.

The registered provider had developed a policy on the general data protection regulations and information on the organisation's privacy policy was published on the registered provider's website for reference. Systems were in place to ensure electronic and paper records were kept securely within the care home to help ensure confidentiality.

Information on Broughton Lodge had been produced in the form of a detailed Statement of Purpose and an easy read information booklet. The information booklet had been developed using pictures, signs and symbols to help people using the service to understand the information more easily. The service also produced a newsletter which was distributed to people and their representatives periodically.

The registered provider continued to employ an independent advocate to engage with people using the service on a weekly basis. An advocate is a person that helps an individual to express their wishes and views and help them stand up for their rights. On average the advocate spent approximately 10 hours each week in the care home and covered a range of areas such as helping people prepare for and attend meetings; ensuring people were safe; responding to any issues relating to the care and treatment of people; helping people to raise complaints or concerns; assisting with people with financial matters and supporting people

with transition. We noted that the advocacy service continued to produce monthly reports which provided a breakdown of developments and any recommendations for the service to act on.

Is the service responsive?

Our findings

No comments were received from people using the service in relation to the responsiveness of the service.

Feedback received from the representatives of people was generally positive and we received comments such as "I have no concerns. X [a person living in the care home] is well looked after"; "I am happy with the care provided"; "The staff work well with us" and "Everything is great. It has been a responsive service to date".

However, one parent expressed ongoing concern about the overall suitability of the placement for their loved one. Likewise, another parent raised concern about the amount of time their relative spent in the light and sound room. We shared this feedback with the management team who assured us that they would review and monitor the issues raised.

We looked at the care plan records for two people living in the care home. We noted that each person had an 'active support file' and a separate 'physical health file'. Files viewed contained an index form, were generally well organised and contained comprehensive person-centred information about people's biography, needs, support requirements and how to keep people safe. Additionally, health files included an overview of medical appointments; health action plans; pain assessment tools; medical contact records; hospital passports; relevant monitoring forms; clinical assessments and reports and miscellaneous correspondence.

The above information helped to provide assurance that the needs of people living in the care home had been appropriately assessed and planned for. Systems were also in place to keep records under regular review so that they could be updated in the event a person's needs changed.

Daily journals were used to record information on people's progress, daily routines, health and wellbeing and activities of daily living. Picture exchange communication systems had also been established to help people using the service to communicate and understand information.

The provider had developed a 'Complaints, Compliments, Suggestions and Comments' policy to offer guidance to people using the service and their representatives on how to make a complaint.

Information on how to raise a complaint, contact the advocate or other organisations had been displayed on a notice board on each unit. Guidance for staff on how to manage incidents of concern had also been displayed in offices.

Since our last inspection 'Talking Tiles' had been fitted in each unit. This inclusive technology enables pre-recorded information to be stored and accessed using a one-touch mechanism. At the time of our visit the recorded information focussed on how to raise a safeguarding concern or complaint. The manager told us that a feedback box had also been ordered to enable relatives and visitors to provide anonymous feedback on the service.

We looked at the complaint log for the care home. This indicated that there had been three complaints from people using the service or their representatives since the care home was last inspected in January 2018. In the same period, two compliments had been received regarding the service.

Records were on file which confirmed action had been taken to investigate and respond to concerns and complaints. Easy read forms had been established to enable people using the service to record their concerns. A similar process was also in place to share the outcome of complaints. This confirmed that feedback received was listened to and acted upon.

Two full time activity coordinators were employed to plan and coordinate activities for people during weekdays in collaboration with occupational therapists.

Information on activities was displayed on each unit. Each person using the service also had a personalised weekly timetable and activity schedule in place that had been developed using signs and symbols. A daily list of allocated duties sheet was prepared for each member of staff to follow, to ensure staff were clear on the support requirements of each individual and their preferred or planned daily routines.

We spoke with one of the activity coordinators in order to gather information on the range of in-house and community based activities that people had participated in. We noted that people had been supported to access local leisure, recreational and social facilities and to participate in their preferred trips to various destinations such as Knowsley Safari Park, Flip Out (a trampolining activity in Manchester) and Rudyard Lake. We noted that three people had also been supported to have a caravan holiday in Wales for a week during the summer.

We spoke with three people living in the care home. One person told us that they had visited the town centre during our visit to have a body piercing and two other people told us that they had visited a gym to help them improve their fitness. Other people were also observed to be supported on off-site activities and to attend college.

The care home had a sensory, art and craft, ICT area and kitchenettes in each unit. We noted that these resources were in use at the time of our inspection and that people were supported with activities of daily living and to develop life skills.

We saw that visitors were encouraged to visit throughout the two days of our inspection. Relatives we spoke with confirmed they could visit at any time and they were welcomed by staff.

The provider does not provide end of life care in this care home but had a policy and procedure to follow in the event of the death of a person using the service.

Is the service well-led?

Our findings

No comments were received from people using the service in relation to whether the service was well led.

Feedback received from relatives was overall positive. For example, we received comments such as: "The new manager is approachable and supportive"; "The home has gone from hell to amazing" and "It [the service] is very positive overall but there is always room for further improvement."

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

A new manager had been appointed to manage the care home who had been in post since October 2018 and had previously been registered with CQC at another location. We saw evidence during the inspection that the manager was in the process of applying to CQC to become the registered manager of the care home

We noted that the registered provider had developed a strategic plan for the organisation and a sustainability and improvement plan remained in place for the care home. Action points were RAG (red, amber and green) rated to help identify any priority tasks and included action plans and target dates. Overall, the action plan targets had been met except for reducing staff vacancies to below 10%. We could see that action was being taken to recruit to outstanding vacancies.

The manager was clear about their roles and responsibilities and keen to share developments within the service since the last inspection. For example, a restructure of the staffing model within the service, revised approach to transitions and admissions within the service and new training initiatives. It was evident that the management team were passionate about making ongoing positive changes within the service to further transform and improve the standard of care provided to people. We observed that the management team operated an 'open door' policy and that they interacted with staff, people living in the care home and their representatives in a caring and professional manner.

The registered provider (Cygnet Health Care) was governed by a board of directors that had overall responsibility for the operation of the service. Information on the senior leadership team, approach to governance, operating values and service had been published on the registered provider's website and was displayed on a visual display screen in the reception area for visitors to view. This highlighted that that organisation was guided by the values of integrity, trust, empowerment, respect and care which it aimed to promote within services, in order to make a positive difference to the lives of people.

A procedure for governance and a policy on measuring quality, satisfaction and compliance had been developed by the provider to clarify its expectations for management and staff.

The governance structure continued to incorporate meetings for regional and local clinical and operational governance. Each meeting had set agenda items for discussion and review which covered key areas relevant to the operation of the service and delivery of care. Intelligence from each meeting was monitored by and accountable to a corporate governance committee and ultimately the corporate management board and company directors.

Additionally, key performance indicators covering areas such as staffing, occupancy, quality matters and incidents was reviewed and monitored on a weekly basis by the operations director to ensure oversight of key information regarding the service. We noted that the operations director continued to visit the service on a regular basis to provide supervision and support to the management team.

A quality assurance team remained in place who undertook bi-annual audits of the service. A representative from the quality assurance team was observed to be on-site undertaking an audit of the care home on the second day of our inspection.

A suite of internal and external audits had also been established to help monitor the quality and safety of the service provided. The schedule of internal audits for the care home covered areas such as health and safety; medication; care; infection control; physical healthcare; deprivation of liberty safeguards; safeguarding; annual surveys and information governance. We reviewed a sample of the audits and found that they had been correctly completed. Action plans had also been developed for any areas requiring action.

We noted that the management team continued to undertake daily walk rounds on each of the three units at various times each day. Upon completion, a basic checklist was completed to record the findings. We noted that the form in use was very basic in its design and lacked information on observations, key findings and any action taken. We raised this feedback with the management team who assured us that they would update the template to include additional information. This will help to provide better evidence of how the management team supervise performance and report on the standard of care provided to people living in the care home.

However, we observed four occasions during the inspection when the manager engaged with staff to clarify expectations and ensure positive outcomes for people using the service. The manager demonstrated good leadership skills throughout the inspection and it was evident they were a positive role model for staff and confident and committed to raising standards within the care home.

The manager told us that 'individual satisfaction surveys' had been re-circulated to people and their relatives during October and November 2018. At the time of our inspection, the responses were in the process of being reviewed prior to the production of a summary report.

Therefore, the last available report for feedback from people living in the care home was for the audit completed in December 2017. People had been supported to complete the questionnaires by an independent advocate. We were informed that seven out of 14 people had chosen not to engage in the process.

An easy read summary report had not been produced however a numerical analysis of the scores was in place, together with a bar chart. This highlighted that feedback was positive overall. Areas for improvement included: food, comfort and safety, activities and complaints. The management team reported that they intended to produce an easy read summary and action plan for future surveys, to share the findings and any actions with people using the service.

Five out of the 17 surveys distributed to relatives and carers during late 2017 were returned, one of which was partially completed. Respondents provided mixed feedback across the five parts of the survey which were: staff; the location; the service; have we missed anything and suggestions for improving the service. An action plan had been produced in response to the feedback.

Periodic monitoring of the standard of care provided to people funded via the local authority was also undertaken by Cheshire East Council's Quality Assurance Team. This is an external monitoring process to ensure the service meets its contractual obligations. We contacted a representative from the team prior to our inspection and were informed that the local authority had no concerns at that stage.

Staff had access to key policies and procedures such as the Mental Capacity Act; deprivation of liberty safeguards, safeguarding; whistleblowing; complaints; infection control and medication that had been developed by the registered provider and kept under review.

The newly appointed manager confirmed his awareness of the legal requirement to notify the CQC of certain significant events that may occur in the care home. Records of reportable incidents had been maintained and reported to the Commission as required under the Health and Social Care Act 2008.

The ratings from the previous inspection were displayed prominently within the care home and on the registered provider's website as required by law.