

Cuerden Developments Ltd

# Cuerden Developments Limited - Alexandra Court

## Inspection report

Alexandra Court  
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10 May 2019

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service:

Alexandra Court is a 40 bed intermediate care home that provides a time limited period of assessment and rehabilitation for people who may have had a hospital admission but are not ready to be discharged home safely or to be supported at home.

### People's experience of using this service:

At the last inspection there had been a continued breach of Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found there had been some improvements and the provider was meeting the requirements of Regulation 12, safe care and treatment. However, we identified a continuing breach of the Health and Social Care Act (Regulated Activities) Regulations 2014 relating to Regulation 17.

The service completed audits of key areas of health and social care provision. Although the service had these checks in place, they were not sufficiently robust to have identified the shortfalls that were found during inspection in relation to record keeping.

We found there was a delay in obtaining supplement drinks for people when stocks were low. We made a recommendation about the provider reviewing the systems in place for ordering and obtaining supplement drinks.

A couple of people told us they had to wait for support when they had pressed their call bell. We made a recommendation about the provider seeking advice from a reputable source to implement call bell audits.

Staff feedback and their views were obtained from staff meetings, however there were no processes in place to document and analyse staff views. We made a recommendation about the provider reviewing how staff views are obtained and analysed.

Improvements had been made for managing medicines and medicines were managed safely.

People were cared for by staff who knew how to keep them safe and protect them from avoidable harm.

We observed positive interactions between staff and people. Staff had good relationships with people and were seen to be caring and respectful towards people and their wishes.

People's outcomes were good, and people's feedback confirmed this. One compliment stated, "The carers have been angels and I have been very fortunate to have such loving care shown to me."

The service did not meet the characteristics of Good in some areas; more information is in the full report.

Rating at last inspection:

At the last inspection the service was rated Requires Improvement (report published 09 May 2018). Following this inspection, the overall rating remains unchanged.

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Enforcement:

We found a continuing breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to good governance.

We are currently considering our enforcement action in response to the regulatory breaches identified during this inspection. Full information about CQC's regulatory response to the more serious concerns found in inspections and appeals is added to reports after any representations and appeals have been concluded.

Follow up:

We have asked the provider to send us an action plan telling us what steps they are to take to make the improvements needed. We will continue to monitor information and intelligence we receive about the service to ensure good quality care and support is provided to people. We will re-inspect in line with our inspection timescales, where we will also follow up on recommendations made.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

# Cuerden Developments Limited - Alexandra Court

## **Detailed findings**

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

One inspector and an expert by experience (ExE) carried out the site inspection on day one. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert's area of expertise included dementia care and adult social care. One inspector continued with the site inspection on day two.

#### Service and service type:

Alexandra Court is an intermediate 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. It is a purpose built two storey building with bedrooms on both floors. There is a car park at the front of the home. It is located in Pemberton, near Wigan and is close to shops and public transport links. At the time of the inspection 30 people were using the service.

As an integral part of the purpose and function of Alexander Court, staff members employed by the NHS or social services such as physiotherapists, occupational therapists, social workers and GPs are either based there or work there on a regular basis.

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

Notice of inspection:

This inspection was unannounced.

We carried out the site visit of the inspection on 09 May 2019 and 10 May 2019.

What we did:

We reviewed information we had received about the service since the last inspection in May 2018. This included details about incidents the provider must notify us about, such as abuse. We contacted the local authority safeguarding and commissioning teams to gather information about the service. We had requested the service to complete a provider information return (PIR) which we received; this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with 14 people who used the service and three relatives or friends to ask about their experiences of the care provided. We also spoke with the registered manager and eight staff members, including a registered nurse, support worker and domestic worker. In addition, we spoke with two professionals who worked with the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records including seven people's care records, risk assessments and medication administration records (MARs). We also looked at three staff personnel files around staff recruitment, training and supervision records. In addition, we reviewed records relating to the management of the service, audits, and a variety of policies and procedures developed and implemented by the provider.

We requested additional evidence to be sent to us after our inspection. This was received, and the information was used as part of our inspection.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

At our last inspection (published in 09 May 2018) we rated this question as requires improvement. This was because we identified concerns in relation to how medicines were stored and inaccurate stock records. In this inspection we found action had been taken to secure medicines safely and stock records were accurate. This domain has now been rated as good.

### Using medicines safely

- At the last inspection there had been a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment. At this inspection we found there had been improvements and the provider was meeting the requirements.
- The provider worked with the local clinical commissioning group (CCG) to develop their medicines policy to make it more robust.
- Medicines administration procedures had changed to improve the process and reduce the risks of medicine errors. For example, each staff member on each shift who administered medicines were responsible for a maximum of 10 people's medicines.
- Locked cabinets had been installed in each bedroom to safely secure medicines for all people.
- Improved procedures for stock records were in place and we saw stock records of people's medicines were accurate.
- Support workers received additional training in applying topical treatments (such as creams).
- The registered manager attended medication management meetings to discuss any concerns in relation to medicines and support learning.
- We found there was a delay in obtaining supplement drinks when stocks were low. We saw two people had to wait for their supplement drinks to arrive, which meant they did not receive their daily intake as prescribed. The registered manager informed us the delay was due to the pharmacy not having stocks of the varying supplement drinks. We recommend the provider reviews the systems in place for ordering and obtaining supplement drinks.

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

- People were protected from the risks of abuse and harm.
- We saw safeguarding information displayed throughout the building, which included details of how to raise a concern.
- There was a safeguarding and whistleblowing policy in place. We spoke with staff about their understanding of this policy and they told us they were aware of the whistleblowing policy and understood how this worked in practice.
- The service followed safeguarding procedures and made referrals to the local authority, as well as notifying CQC as required.
- Staff received appropriate safeguarding training and refresher courses.

- Staff we spoke with had a good understanding of their responsibilities and how to safeguard people. One staff member said, "I would report any safeguarding signs straight to the manager or the person in charge. I know I can also ring the local authority safeguarding and the CQC."

#### Assessing risk, safety monitoring and management

- People we spoke with felt safe. One person said, "I feel safe because I know there is always someone [staff] there to help if I need them, and I have the call bell handy." A second person commented, "I feel very safe. They [staff] do everything for me. I just press that bell and they are here."
- People had pre-admission assessments as part of the referral process before they moved into the service. This meant the service knew that they could cater for the person's care needs and the environment was suitable.
- Care plans included risk assessments in relation to people's specific care needs. The risk assessments were person centred and covered areas such as, moving and handling, falls, nutrition and hydration, pressure care and infection control. People's ongoing risk assessments were reviewed when needs changed.
- People's care files contained a 'critical alert' form, which detailed relevant information that staff needed to be aware of, which they could see at a glance. Information identified specific risks, 'do not attempt resuscitation' (DNAR) statuses and allergies.
- We found the service had a robust approach to pressure care. Staff had received training in pressure care, and there were nominated 'Pressure Ulcer Champions'. Champions have specific skills and knowledge in an area of practice and can support other members of staff. We looked at turning charts for two people and found these were up to date. We also saw information displayed in the building, encouraging people to reposition themselves (where able) to reduce the risks of pressure sores. We saw pressure relieving equipment were regularly checked and logged. A healthcare professional who worked with the service told us, "The nurses respond to pressure ulcers and pressure care. They do this well. There are really competent nurses who see to this."
- A fire risk assessment was in place. Premises risk assessments and health and safety assessments were reviewed on a regular basis, which included gas, electrical safety and fire equipment. The risk assessments also included contingency plans.

#### Preventing and controlling infection

- Measures were in place to control and prevent the spread of infection. Staff completed training and were knowledgeable about the requirements. We observed staff using personal protective equipment (PPE) safely. One staff member told us, "PPE is always in stock and there is plenty available for everyone. We rarely run short."
- The environment was visibly clean and free from malodour.
- Housekeeping staff followed cleaning schedules to ensure all areas were systematically and regularly cleaned.
- Records showed environmental audits took place regularly which meant the service had processes in place to prevent and control infection.
- The service retained a rating of 'five' (the highest rating) from the Food Standard's Agency (FSA), who are regulators for food safety and food hygiene.

#### Staffing and recruitment

- We looked at three staff personnel files and we saw robust recruitment procedures. All potential staff were required to complete an application form, and attend an interview so that their knowledge, skills and values could be assessed.
- The provider undertook checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent

unsuitable people from working with vulnerable people.

- People we spoke with told us that they felt that there were enough staff available. One person said, "I think there are enough staff and they are terrific people who are kind and dedicated. I would pin a medal on them, all day and night staff." A staff member commented, "I feel there is enough staff on duty, and if we were short staffed we would get agency staff in."
- Staff rotas we saw confirmed staffing levels remained consistent, so that people continued to receive continuity in their support.

Learning lessons when things go wrong

- The service had an accidents and incidents policy to facilitate the analysis of incidents and accidents.
- Accidents and incidents were recorded and monitored by the registered manager for patterns and trends. Evidence was available to show that when something had gone wrong the registered manager responded appropriately and learning was shared at team meetings.
- Risk assessments were reviewed following incidents to ensure the service was meeting the needs of people appropriately.

## Is the service effective?

### Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs; assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The home was clean and bright and free from any unpleasant odours. Bedrooms and communal areas were decorated to a good standard and there was a variety of communal areas available. The ground floor gave access to the garden. There was a gym containing rehabilitation aids and equipment used by the therapists when supporting people with their rehabilitation.
- People's needs were comprehensively assessed and regularly reviewed on a weekly basis which meant people continued to receive support that was appropriate to their needs. Outcomes were identified and a date for discharge was established within 48 hours of admission.
- People were involved in their care planning and the people we spoke with confirmed this. One person said, "The intention is once I can get about and be able to go to the toilet by myself I will be ready for home. I've been here before and I know what to expect."
- People's preferences, likes and dislikes were acknowledged and recorded.
- Some people told us they would prefer to have more showers than they currently received. We fed this back to the registered manager who told us every person has access to a minimum of one shower a week. People can request more showers and the service would work to accommodate this. The registered manager has informed us they will audit their processes and workloads for providing people support with showers to ensure people's needs are met. We will follow this up at the next inspection.

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

- During the inspection we observed the lunchtime meals. There was a calm and unrushed atmosphere, people chose to sit where it suited them and took as much time as they liked to eat their meal. Staff were available to provide any assistance to people. Staff obtained feedback from people after they finished their meal and the responses were positive.
- There was mixed feedback about the food, some people told us they enjoyed the meals where as others did not. We raised this with the staff and registered manager and we were told people did have the option to choose other meals that were readily available, and some families chose to bring meals in for people.
- We saw information displayed throughout the building about 'eating well', 'food facts' and nutrition and hydration. Information on the international dysphagia diet standardisation initiative (IDDSI) was also displayed. IDDSI is a global standard with definitions to describes textures of modified foods and thickened liquids used for individuals with dysphagia in all care settings.
- People's dietary needs and preferences were met, and people were involved in choosing their meals. One person told us the chef had come to see him about his meal choices as he was on a soft foods diet.
- We saw staff using a trolley to offer people drinks and snacks throughout the day. One person said, "I get plenty to eat and drink." We saw food and fluid charts in people's care files which recorded people's daily

consumption.

- Staff assessed people's nutritional needs and any risks related to their eating and drinking. They monitored people's weight and when they were at risk of losing weight they monitored the amount they ate. They sought the advice of specialist professionals when they identified a need.
- Staff members were 'Nutrition and Hydration Champions' who had advanced skills in supporting people to eat and drink enough to maintain a balanced diet.
- A healthcare professional who worked with the service told us there are robust, "Mechanisms in place for monitoring malnutrition and dehydration. There are input and output charts and daily handovers which are used to flag any issues to the nurses and healthcare assistants. Issues are recognised and acted upon."

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

- Staff engaged with other agencies and professionals to ensure people received effective care. A range of multi-disciplinary professionals and services continued to be involved in assessing, planning, implementing and evaluating people's care, treatment and needs. This was clear from the care planning documentation and the multi-disciplinary team logs. A healthcare professional who worked with the service told us, "The quality of care is excellent. Medical intervention and monitoring is done well. There is an excellent network and sharing of information."
- Records including MARs were provided to support people's hospital admissions.
- The service made continued effort to work with partner organisations to agree a single assessment process and shared paperwork to improve consistency for people using the service.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff received training in MCA and DoLS. We observed staff understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty. One staff member told us, "We understand what MCA is, we have had the training, and there are guidelines in the care files for us [staff] to support those people who lack mental capacity."
- Capacity assessments were in place where people lacked capacity. Best interest decisions were recorded including people consulted, and the reasons for the decision. We were told no people living in the home was subject to a DoLS at the time of our inspection.
- Records showed people signed to consent for their care and treatment.

Staff support: induction, training, skills and experience

- Staff received induction, training, observations and ongoing supervision to help enable them to be effective in their role. A staff member told us, "I achieved the care certificate as part of my induction. The induction was enough for me." A second staff member commented, "We get regular training which makes me skilled enough to do the job."
- New staff were given time to work alongside experienced staff to enable them to familiarise themselves with people's needs.
- Staff were supported to progress into higher levels of care roles with greater responsibility by completing

the level 5 award in care.

- Staff we spoke with felt supported. One staff member told us, "The management is good and they are approachable. I have been to the office many times, work related or not."
- We asked people if they felt staff were competent. One person said, "Some of the staff are excellent and I feel the nursing staff are certainly very skilled." Another person told us, "I think they [staff] are trained, they know what they are doing."

# Is the service caring?

## Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us staff were kind, courteous and sensitive. One person said, "They [staff] have been very kind, pleasant, compassionate, reassuring, welcoming and considerate." Another person commented, "They [staff] are wonderful with me and talk to me as they are doing things and explain what is going on."
- We observed positive interactions between staff and people. Staff had good relationships with people and were seen to be caring and respectful towards people and their wishes.
- People were observed to be treated with kindness and were positive about the staff's caring attitude.
- Staff had received training in equality and diversity and they were committed to ensuring people had equal opportunities. One staff member told us, "Sometimes we get people from different backgrounds. We would respect and meet their religious and cultural needs as required. We treat everyone equally for sure."

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and dignity was respected. One person told us, "They [staff] treat me with respect." A second person said, "The carers maintain my dignity and privacy, they close the doors. I feel respected and comfortable."
- Staff we spoke with gave examples about how they respected people's privacy. One staff member told us, "When assisting with personal care, we make sure the doors are closed, people are well covered. We ask how they [people] would like to be supported, rather than just assume."
- We saw privacy and dignity notices on bedroom doors, reminding staff to knock before entering. We observed staff following these principles. We saw that the home had a visiting policy in place, which explained that they supported the NHS campaign to protect mealtimes.
- The service had developed 'Dignity Champions', which meant they had received enhanced training and were able to advise their colleagues if required.
- The service promoted independence by setting goals with people as part of their care plan. This happened at the time of admission and was reviewed regularly during the few weeks the person was there. One person told us, "Before I had to come here I was very independent and liked to do things for myself, and they are encouraging me to do as much as I can." A second person said, "I like to do things for myself, so when they support me with a shower, I do most things myself and shampoo my own hair."
- The service worked with the Reablement team and had representatives from Reablement on site. Reablement is a time limited programme to support people regain skills they may have lost and promote independent living.

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

- Staff supported people in a way that allowed people to have control over their lives and make day to day decisions. One staff member told us, "I ask people questions and give them choices. I ask if they want to get

out of bed at a specific time or later, or what they want to eat for their breakfast."

- People and their relatives were involved in making choices about their care. We saw meetings took place and people decided on what care they wanted to access.
- Records showed people who used the service and relatives were involved in care planning and reviews. One relative said, "They [staff] let us know what is going on."
- The service had built connections with advocacy organisations and information regarding this was available for people. Advocacy is a process for supporting people to express their views and concerns.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

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

- Holistic assessments and care plans had been completed which reflected the person's needs, wishes and preferences.
- Cultural and religious preferences had been recorded which ensured the service was aware of how people's cultural and religious needs should be met. One staff member told us, "We had a person from a different cultural background. They needed a shower every day and different foods due to their religious beliefs. This was accommodated."
- People's care files had an up to date photograph alongside personal details and emergency contact numbers.
- Our observations during the inspection indicated that staff had a good knowledge of people, and knew how to support them with their individual care needs.
- Relatives told us they had been involved in care planning and one relative said, "We have seen all sorts of people here to organise what is going to happen next."
- The accessible information standard (AIS) was introduced by government to ensure people with disabilities received information in ways which were accessible for them. We found the service had met this standard. The service had made information available in different formats upon request or where there was an identified need for this.

Improving care quality in response to complaints or concerns

- Processes, forms and policies were in place for recording and investigating complaints. There was a satisfactory complaints policy. Complaints were logged and responded to. However, we found not all complaints were responded to in the timeframe outlined in the complaints policy. The registered manager told us this has been reviewed and a new system has been recently put into place, including support from the wider management to deal with complaints more effectively and within the timeframes required. We will follow this up at the next inspection.
- People told us there was lack of therapy and social work input, and some people had made verbal complaints about this. We found the registered manager had escalated these complaints to the relevant parties. One visiting relative told us, "I have met the registered manager and made a complaint. Very approachable, she explained things to me when I spoke with her."
- We saw displays in the building telling people how they could make a complaint. People and relatives, we spoke with were aware of how to make a complaint. One person said, "I know how to make a complaint and I can speak to the manager."
- People were also provided a 'service user guide' which detailed how they could make a complaint.
- The service had received compliments from people who used the service and their relatives. One compliment stated, "The care and support received have been exceptional. Information has been provided at all times when required. The whole team have been amazing." Another compliment stated, "The care

received was excellent. All the staff were extremely pleasant and welcoming."

#### End of life care and support

- The service did not routinely provide end of life care. There was a policy which outlined how people at the end of their lives could be supported to consider their wishes and needs. Staff had received some training and would be able to provide end of life care alongside other healthcare professionals should people require it.

# Is the service well-led?

## Our findings

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

At our last inspection (published in 09 May 2018) we rated this question as requires improvement. This was because we identified concerns in relation to record keeping, such as gaps in the signing for topical cream application, nutrition, hydration and turning charts for pressure relief not being consistently completed. At this inspection we found some improvements had been made. However, gaps in medicines records for topical treatments remained, and other concerns in relation to record keeping and good governance were identified, and this domain continues to be rated as requires improvement.

Continuous learning and improving care; managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the last inspection there had been a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance. At this inspection we found there had been some improvements. For example, we looked at the nutrition and hydration charts for seven people and two people's turning charts for pressure care, which we found were consistently completed. However, inconsistencies in auditing and governance remained.
- Topical treatments, such as creams, are applied by the support workers and recorded on a chart. At the last inspection we found gaps in these records. In this inspection, we still found gaps in the signing of these charts for two people. This meant the provider had not sufficiently acted upon our findings at the last inspection and failed to address these concerns properly.
- Prescribed supplement drinks were also administered by support workers and recorded on a chart known as a 'dietary supplement chart'. We found gaps in the signing of these charts for two people.
- The registered manager told us the 'cream charts' and 'dietary supplement charts' were audited by staff and discussed at handovers, where any discrepancies were followed up. If this system was adequate, then these concerns would have been found and acted upon prior to the inspection.
- The service had systems in place to monitor and assess service delivery. They completed audits of key areas of health and social care provision, including; medication, pressure care, daily records, nutrition and hydration, infection control and training. Although these checks were in place, they were not sufficiently robust to have identified the shortfalls that were found during inspection in relation to record keeping. These findings were a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.
- In response to this inspection the service developed an action plan to address all the concerns we raised. We will be looking at the results of this at our next inspection.
- The registered manager had worked at the home for a long period of time and had a clear understanding of their role and the organisation.
- Staff understood their roles and responsibilities. They felt confident to whistle blow and report poor

practice if they needed to.

- Staff felt confident in the management team and were able to approach them at any time. One staff member told us, "The manager is a hundred percent approachable. We can take any issues and confident it will be acted upon."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- A couple of people told us they had to wait for support when they had pressed their call bell. We discussed this with the registered manager, however they were unable to provide us with the average response time when a call bell is pressed, as no audit systems were in place for this. We recommend the provider seeks advice from a reputable source to implement call bell audits.
- At this inspection we saw that the rating from our last inspection was displayed throughout the building and on the provider website.
- The service had submitted all relevant statutory notifications to us promptly. For example, details about incidents the provider must notify us about, such as abuse. This ensured we could effectively monitor the service between our inspections.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Regular staff meetings were held which discussed people and their needs. There was evidence that actions from the meetings were dealt with accordingly. Staff told us meetings are held, "Every two to three months. We discuss various things and we can raise anything we need to."
- The registered manager told us feedback from staff and their views were obtained from staff meetings, however there were no processes in place to document and analyse staff views. We recommend the provider reviews how staff views are obtained and analysed.
- It was evident staff worked well together, and there was a shared spirit of providing a good quality service to people. One staff member told us, "I am happy working here. I love it."
- The service involved people in their day to day care and promoted their independence to make their own decisions. We observed support workers asking people what they would like to eat for their lunch.
- We saw people and their relatives' views had been sought through surveys and analysed. The results were displayed throughout the building.
- There was an equal opportunity, equality and diversity policies in place.

Working in partnership with others

- The service worked in partnership with other organisations including the local CCG, Wrightington, Wigan and Leigh NHS Foundation Trust and Quality Improvement. Efforts have been made to develop unified paperwork and assessment processes to improve the quality of the service. These negotiations were on-going.
- There was a good working relationship with commissioners, therapy staff and other health staff to ensure that the people they supported received appropriate and timely care. This showed a multi-disciplinary approach had been taken to support the care of people receiving the service.
- The registered manager attended regular meetings with the local CCG and local authority.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular to people's 'cream charts' and 'dietary supplement charts'.</p>

### **The enforcement action we took:**

We served a warning notice.