

Millennium Care (U.K.) Limited

# Norley Hall Care Home

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

### About the service

Norley Hall Care Home is registered to accommodate older adults and people living with dementia. The home is situated in its own grounds on the outskirts of Wigan. The accommodation is divided over two floors. Norley Hall Care Home can accommodate up to 52 people. At the time of the inspection 47 people were living at the home.

### People's experience of using this service and what we found

People and their relatives spoke positively about the care provided at Norley Hall. Each one told us they would recommend the home to others and that the staff were fantastic and went out of their way to help people.

People received care which was extremely person centred and met their needs. People were supported to make wishes; which staff strove to fulfil. People were supported to reconnect with hobbies, interests or professions they had not completed or been involved in for some time.

People's wellbeing was at the heart of the service, and they had introduced a number of projects to ensure people's experience of care was positive and rewarding.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us they felt safe at all times within the home. Staff were knowledgeable about how to identify and report any safeguarding concerns, which had been referred to the local authority as per guidance. People stated there was always enough staff on shift to meet their needs.

Accidents, incidents and falls had been recorded and analysed to look for trends and prevent a reoccurrence. Safety checks of the premises and equipment had been completed as per guidance, to ensure they were fit for purpose and safe to use.

Medicines were being managed safely. People received their medicines as prescribed by staff who had been trained and assessed as competent to do so.

Staff received sufficient training and supervision to enable them to carry out their roles and feel supported. Team meetings had been held regularly to pass on key information and involve staff in the running of the home.

People and their relatives were complimentary about the food and drink provided, confirming they received a good choice and generous portions. People requiring a modified diet or thickened fluids, received these in

line with guidance.

People's healthcare needs were being met, through ready access to a range of professionals. The home had referred people promptly when any issues or concerns had been noted, such as unplanned weight loss. Equipment was in place to support people to stay well, such as pressure relieving mattresses and cushions, for people at risk of skin breakdown.

Care files contained personalised information about people, their background, likes, dislikes and how they wanted to be supported. Staff were knowledgeable about people's needs, and through observations it was clear they knew the people they supported and had formed effective therapeutic relationships with them.

People's social and recreational needs were met through a varied activities programme, which included regular access to the local and wider community. The home understood the importance of intergenerational relationships, with a local school regularly visiting the home to engage in activities and events.

The home used a wide range of systems and processes to monitor the quality and effectiveness of the care and support provided. Actions plans had been generated to address any issues identified through the auditing process.

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

#### Rating at last inspection

The last rating for this service was requires improvement (report published November 2018).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was 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 exceptionally responsive.

Details are in our responsive findings below

Outstanding ☆

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Norley Hall Care Home

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection team consisted of an inspector, an assistant inspector, a member of CQC's Regulatory, Customer & Corporate Operations team, who was shadowing the inspection and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also sought feedback from partner agencies and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who lived at the home and eight relatives about their experience of the care provided. We spoke with ten members of staff including the registered manager, deputy manager, activity coordinator, catering staff, senior carers and carers. We also spoke with two visiting professionals about their experience of working with and supporting the home.

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. This included seven people's care records, seven staff personnel files and multiple medication records. We also looked at other records relating to the management of the home and care provided to people living there.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at additional information supplied relating to activities and staff rotas.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection the provider had failed to manage medicines safely. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of regulation 12.

- Medicines were being managed safely. Staff responsible for administering medicines had received training and had their competency assessed annually.
- Medicines were stored at the correct temperature, with consistent checks of both fridge and room temperatures completed. The date of opening was recorded on all topical medicines, with detailed documentation in place to support their use and application.
- Medicines administration records (MAR) had been completed accurately and consistently. 'As required' (PRN) protocols were in place for people who took this type of medicine, such as paracetamol. These provided staff with information about how and when to administer the medication, and what signs to look for it may be required, if the person could not ask for it.
- Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs (CD). We found these medicines had been administered and documented as per guidance.

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

At our last inspection the provider had failed to ensure safety checks had been carried out as per requirements or followed action plans to minimise risks to people. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of regulation 12.

- Systems were in place to ensure the premises and equipment were safe and fit for purpose. Safety checks and required servicing had been completed and safety certificates were in place and up to date for gas and electricity, hoists, the lift and fire equipment.
- Call points, emergency lighting, fire doors and fire extinguishers were all checked regularly to ensure they were in working order. There was an up to date fire risk assessment in place, along with personal emergency evacuation plans.
- Equipment had been utilised to maintain people's wellbeing and safety, such as airflow mattress for

people at risk of skin breakdown and pressure mats to alert staff if people at risk of falls had attempted to get out of bed. The home was due to roll out a new system for recording and analysing falls, which through the use of technology would help predict and reduce falls.

- Care files contained a range of detailed risk assessments which described each person's risk areas and how these would be minimised or managed.
- Accidents and incidents had been documented consistently. Analysis had been completed for each incident by management, in order to look for any patterns and trends and how any repeat could be avoided. Learning was shared with the rest of the care team.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they always felt safe at Norley Hall. One told us, "I feel safe because I know the staff are always about". Relatives also had no concerns about the safety of their loved ones. Comments included, "Definitely feel my relative is safe otherwise we would not leave them here."
- Staff knew how to identify and report any safeguarding issues or concerns and confirmed they had all received training in safeguarding, which was regularly refreshed.
- Safeguarding concerns had been reported in line with local authority guidance. Policy and procedures were up to date and kept on file. A log had also been kept which detailed each safeguarding referral along with any action taken and outcomes.

Staffing and recruitment

- People and relatives told us enough staff had been deployed to meet needs. Comments included, "There's always plenty of staff about, I never wait long to be helped" and "There's enough staff although they are run off their feet."
- The home used a system to determine staffing levels, which was based on the number of care hours people required and the amount of staff needed to meet these. Rotas viewed confirmed staffing had been allocated as per recommendations. Staff told us any shortage due to sickness or absence was covered, either via bank staff or agency staff who knew the home and residents.
- Safe recruitment procedures were in place, to ensure staff employed were suitable for the role and people were kept safe. Personnel files contained references, proof of identification, work histories and Disclosure and Barring Service (DBS) checks. DBS checks help employers make safe recruitment decisions as they identify if a person has had any criminal convictions or cautions.

Preventing and controlling infection

- The home was clean and free from odours with appropriate infection control and cleaning processes in place. Bathrooms and toilets contained liquid soap, paper towels and hand wash guidance.
- Checks of the environment had been completed regularly and any areas of concern actioned timely.
- Staff had consistent access to and used personal protective equipment (PPE) such as gloves and aprons, to minimise the spread of infection.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff had received sufficient training, supervision and support. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of regulation 18.

- Staff received sufficient training and support to ensure they could carry out their roles safely and effectively. Staff spoke positively about the training and the improvements which had been made since the last inspection. Comments included, "Training, it's very good" and "The home keeps track of us now to make sure we are up to date."
- Training and supervision completion were monitored via a matrix. Regular analysis had been completed to ensure completion rates remained high. At the time of inspection compliance was at 98% or above overall. Where gaps had been identified, training or supervision sessions had been planned.
- New staff, regardless of previous experience completed an induction training programme, which included shadowing experienced carers until all training had been completed. Staff were also supported to achieve recognised care related qualifications.

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

At our last inspection the provider had not acted in accordance with the Mental Capacity Act 2005 or followed the Deprivation of Liberty Safeguards. This was a breach of regulation 13 (safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of regulation 13.

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 when this is in their best interests and legally authorised under the MCA. 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 on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where able, people had consented to their care and treatment. Where people lacked capacity, a best interest checklist had been followed, which ensured any decisions made had involved a multi-disciplinary team and were in the person's best interest.
- The home now had an effective system for assessing whether people were being deprived of their liberty or any restrictions were in place. This document was used to determine whether a DoLS application was required.
- We found DoLS applications had been submitted where required, with reapplications submitted in line with guidance. The home's DoLS file contained copies of application forms, capacity assessments and best interest checklists, to evidence the decision making process for each person.

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

- Pre-admission assessments had been completed before people were admitted. These ensured the home could meet people's needs, manage any risks and ensure the environment was suitable for them.
- People's likes, dislikes and preferences had been captured and used to inform the care planning process. This ensured care provided was in line with people's needs and wishes.
- People and relatives we spoke with told us they had been involved in this process, along with any reviews when needs had changed. One told us, "I have viewed my relatives care plan several times. When their needs altered, I was called in and we talked through the changes."

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

- People and relatives spoke positively about the food and confirmed they received enough to eat and drink. Comments included, "The food is smashing and the choices are good. We get plenty of snacks and drinks during the day" and "The food is varied, but if you don't like what's on offer, can ask for something else."
- We found meal times to be a positive experience. The dining room was full, with lots of chatter and laughter. Staff physically showed people the choices of food on offer, so they could decide what looked most appetising.
- Care files contained detailed nutritional information, to ensure people who required a modified diet, received these in line with guidance. For one person, best interest decision making had taken place, to enable them to eat certain favourite foods, which may present a choking risk. This was in line with their and their families wishes.

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

- People's health needs were being met. People had access to a range of medical and healthcare services, such as GP's, Speech and Language Therapists (SaLT) and dieticians, with feedback and outcomes from appointments captured in their care notes.
- Where concerns had been identified, such as issues with skin integrity, swallowing or unplanned weight loss, referrals had been made timely to the necessary professionals. One person told us, "The doctor comes once a week so you can just see him if you need to, anything more serious the staff will call the doctor right away."
- The home used recognised monitoring tools, to assess people's risk of malnutrition, obesity and the

development of pressure sores. Where necessary staff had sought professional guidance and introduced interventions or equipment.

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

- Some consideration had been given to ensuring the environment was suitable for the people who lived there. New signage had been purchased to help people better navigate the home and identify communal areas, bathrooms and toilets.
- Corridors contained plain flooring and walls with contrasting handrails, to make them easier to identify.
- Further work was underway, including the provision of rummage boxes, creation of a 'quiet lounge' where people could take some time out and a dress up wall, which contained hats, scarves and other clothing items, as a number of people enjoyed dressing up.

# Is the service caring?

## Our findings

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

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

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

- People and relatives were positive about the standard of care provided. Comments included, "My relative is well cared for, always looks presentable", "My relative is always clean and tidy. The staff treat my relative with patience, they are just lovely" and "All the staff are very nice; they are patient and kind but you can also have a laugh with them."
- Our observations during the inspection supported the positive feedback received. It was clear staff knew people well and had formed trusting relationships with them. Care was given in a private and dignified manner. Interactions were natural, friendly and included the use of appropriate humour and physical contact such as to provide reassurance or affection.
- The provider had introduced Dementia Care Mapping, which is an observational tool and process, designed to help staff consider and improve the quality of care for people living with dementia. As part of this process, role play sessions had been completed with staff, to promote self-reflection and improve the standard of care.
- There was a positive culture at the service and people were provided with care that was sensitive to their needs and non-discriminatory. Care files explained whether people had any specific spiritual, cultural or lifestyle needs and how these would be met.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respect and listened to what they had to say. One told us, "When staff assist me to shower, they maintain my dignity, I never feel embarrassed."
- Staff understood the importance of maintaining people's dignity and privacy and how this could be achieved. Comments included, "When providing personal care make sure door is shut, cover them with a towel and ask if it's okay to do what intend to do" and "Knock before going into a room, explain what I am there for and get their permission."
- Staff also explained how they encouraged and supported people to maintain their independence. One stated, "We encourage people to do what they can for themselves. Encourage them to walk, rather than rely on a wheelchair for ease, choose own clothes, wash themselves, whatever they can manage."

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

- The home had a residents' representative, who told us, "I speak on behalf of the other residents, especially those who don't want to or can't speak for themselves. I always feel they [the home] listen to what's being said."
- People and relatives told us staff spent time chatting to them, listening to what they had to say and

discussing their care. Comments included, "They always sort out anything we ask for" and "The staff always have time to have a chat and listen to me no matter what the time of day."

- Feedback from people, relatives and visiting professionals was sought through annual questionnaires. People's views and the actions the home had or would be taking to address any concerns or suggestions made were clearly displayed on notice boards throughout the home.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated good. At this inspection this key question has improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received exceptionally personalised care which met their needs and wishes. People's goals and aspirations had been captured through the home's 'wish tree project' and staff supported people to achieve these.
- One person, who was a retired fire chief, was supported to achieve their goal of going back to work for the day, by spending the day at the local fire station. The person stated, "It's been a fantastic day, thank you so much for making my dream come true. My wish was granted and I have formed relationships from it."
- In response to comments and queries from people and their relatives, a food tasting event was arranged, so people could have involvement in deciding where the home's food was sourced. One person commented, "It's been lovely being able to trial the food today, I have really enjoyed it." The next stage of the project was for people to help design menus, using the foods they had chosen.
- Care files contained personal history sections, which detailed people's life and work history, hobbies, interests, religious and spiritual needs. Care plans clearly explained how people wished to be supported and the outcomes they wanted to achieve.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Wellbeing was at the heart of both the home and the provider's vision. At present they were focussed on six wellbeing projects. Alongside the wish tree and food tasting projects, the home also facilitated Lego therapy and sensorial sessions and worked in conjunction with the charity Playlist for Life and Eden Alternative, to improve people's experiences of care and life at Norley Hall.
- Lego Therapy, the construction of objects using coloured bricks, was initially arranged as a leisure activity, however analysis identified positive impact on people's intellectual ability, reasoning and dexterity. People taking part in the activity, thoroughly enjoyed working together as part of a team and this had helped to strengthen friendships.
- To ensure people who preferred to remain in their rooms or were cared for in bed had access to activities, the home had arranged for individual sensory activities to be carried out. Due to the success of the sensory sessions and the feeling of wellbeing this provided, sensory lights had been purchased for people's rooms, along with some musical instruments.
- We noted numerous examples of the home promoting social inclusion through attendance of externally based activities. For example, the home was involved in facilitating a dementia club at a local pub, which includes bingo, quizzes and dancing. Due to issues with access to the venue, the home had liaised with the local authority about installation of a ramp.

- Internally, the home had a varied activities programme based around people's needs and interests. One activity, the reader group had proven very popular, with people reciting a poem or story which was then discussed. People had been supported to create their own poems, which were displayed throughout the home.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Each person had a communication section to their electronic care file. This detailed any issues the person may have, how they communicated and how they preferred information to be given to them. Details of any aids or equipment, such as glasses and hearing aids were also provided.
- Information was provided in a variety of formats, including easy read versions of key documents, such as the complaints procedure. This ensured relevant information was accessible to all.

#### Improving care quality in response to complaints or concerns

- The complaints procedure was clearly displayed within the home, to ensure people knew the steps to take, should they wish to raise any concerns.
- People and their relatives told us they knew how to complain but not had cause to. Comments included, "I would speak to [staff member] if I had any complaints but got nothing to complain about" and "I have no complaints, I love it here."
- We found complaints had been handled as per policy and procedures. A log had been kept which detailed each complaint, action taken, if the matter had been resolved and if the complainant was happy with the outcome.

#### End of life care and support

- The home had an information pack in place which provided guidance for families about end of life and what to expect. Required documentation, used to monitor and support people at this stage of their life was also included in the pack.
- Where people had chosen to discuss this, details of their last wishes had been captured within their care plan.
- The home worked closely with external professionals, such as GP's and district nurses, to ensure people who wished to, could remain at the home at the end of their life. Staff had received training in palliative care to ensure they could support people effectively.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection, the provider had failed to appropriately assess, monitor and improve the quality and safety of the home and the systems which were in place had not identified the breaches in regulations we noted during inspection. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of regulation 17.

- Following the last inspection, the home had appointed a new registered manager who had implemented a wide range of audits and monitoring systems, to assess the quality and performance of the home and care provided. These were supplemented by monthly provider level audits, which looked at all areas of the care and support provided.
- An audit schedule had been devised, to ensure checks were completed timely. The registered manager maintained oversight of this, recording dates of completion and ensuring action plans were drawn up and addressed, where any issues had been identified.
- People and relatives told us the home was well led with both the registered and deputy managers being visible and approachable. Comments included, "[Name] is the manager and he comes around and chats to us every day. There are no issues to raise with him. It's all running smoothly at the moment" and "[Registered Manger] is approachable and I would not hesitate to speak with him over anything."
- Staff also spoke positively about the impact of the registered manager and how the home was run. One stated, "I feel really supported in my role. There have been a lot of changes since [registered manager] has come, all for the better as well."
- The registered manager understood their regulatory requirements. The previous inspection report was displayed and available within the home and online. The registered manager had submitted relevant statutory notifications to CQC, to inform us of things such as accidents, incidents, safeguardings and deaths.
- Incidents, complaints and other issues of note were reviewed both within the home and at provider level to help promote learning and continuous improvement and reduce the risk of a reoccurrence.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics



- We found the home to be an inclusive environment. People's views and opinions were sought and acted upon and they were involved in making decisions about how the home was run.
- Staff told us they enjoyed working at the home, which they felt was a happy, homely and supportive place to work. One told us, "The best thing about working here is the atmosphere. The staff and the residents are like one big happy family."
- People and relatives were equally as positive, each one telling us they would happily recommend it to others. One stated, "I would recommend this home to anyone. They would have to be daft not to come and live here, it is wonderful."
- Regular meetings had been held for people and their relatives, which provided them with the opportunity to discuss what had been going on in the home, provide feedback and make suggestions. Meeting minutes and outcomes were displayed on the notice board for reference.
- Staff meetings had been held quarterly. The agenda was displayed in advance of the meeting, to allow staff to have input into what was discussed. The registered manager had also arranged for a staff meeting to be facilitated by a member of the providers human resource team, in case staff had any issues relating to the registered and deputy manager they wanted to discuss.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider were aware of their responsibility regarding duty of candour. Duty of candour ensures providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. People and their relatives had no concerns about the openness of the home or its staff. Effective communication was maintained through meetings, ongoing discussion during visits and the open-door policy in place.

Working in partnership with others

- We noted numerous examples of the home working in partnership with other homes, organisations and professionals for the benefit of people living at the home.
- The home had forged links with three other local care homes, with whom they planned trips and outings, which allowed for people to socialise and make friends with others outside of their immediate environment.
- The home was in the process of trialling some hand cycles from Wigan Council. These were used to promote exercise, with tablets used to simulate a journey around the local area whilst people pedalled.
- The home had made links with an organisation whose aim is to change the culture of care in nursing and care homes. This work focussed on culture change and eliminating three key issues for people living in care homes; loneliness, helplessness and boredom. The home was due to embark on an innovation project to redefine people's experiences of living in the home. A vision board and 12 month plan had been completed, which was due to be presented to the provider for approval.