Barchester Healthcare Homes Limited

Prestbury Beaumont

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?	Good
Is the service well-led?	Good

Overall summary

The inspection was unannounced and took place on the 18 December 2014. An arranged visit to complete the inspection was then undertaken on the 22 December 2014.

The last inspection took place on the 24 July 2013 when Prestbury Beaumont was found to be meeting all the regulatory requirements looked at and which applied to this kind of home.

Prestbury Beaumont is required to 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. The provider has appointed a new management team with responsibility for the home approximately six months before this inspection visit. As part of this re-structure a new home manager who is now registered with the CQC was appointed in May 2014. Since these changes were implemented there had been an extensive refurbishment programme within the home. As part of this process the people living in the home had been consulted regarding the new lounge and dining room furniture and the decoration.

Summary of findings

New systems such as the arrangement of regular resident/relative meetings had been put into place and posters showing the 'diary dates' for forthcoming meetings and the managers surgery dates were on display around the home. The surgeries will allow people to 'drop in' or make an appointment to see the manager and discuss any issues.

Prestbury Beaumont care home is located approximately one mile from Prestbury village. The care home is part of a close care complex set in its own grounds, comprising of privately rented bungalows and apartments and a care home. The care home accommodation consists of 28 bedrooms, seven of which can be used as double rooms if desired. Twenty three bedrooms have en-suite facilities. On the day of our inspection visit there were 23 people living in the home. There is also a domiciliary care service registered at the same location. This provided a service to six of the people living in the apartments which are in the same building as the care home and the bungalows that are next to the main building.

Although we did not receive any specific comments regarding whether people felt safe the people we spoke with told us that they liked living in the home and we did observe relaxed and friendly relationships between the people living in Prestbury Beaumont and the staff members working there. We saw that the service had a safeguarding procedure in place. This was designed to ensure that any possible problems that arose were dealt with openly and people were protected from possible harm.

We looked at the files for the three most recently appointed staff members to check that effective recruitment procedures had been completed. We found that the appropriate checks had been made to ensure that they were suitable to work with vulnerable adults.

The provider had their own induction training programme that was designed to ensure any new staff members had the skills they needed to do their jobs effectively and competently.

We asked staff members about training and they all confirmed that they received regular training throughout the year and that it was up to date.

The service had a range of policies and procedures which helped staff refer to good practice and included guidance on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

There was a flexible menu in place which provided a good variety of food to the people using the service.

The care plans were reviewed monthly so staff knew what changes in care provision, if any, had been made. The six files we looked at all explained what each person's care needs were. This helped to ensure that people's needs continued to be met.

Staff members we spoke with were positive about how the home was being managed. Throughout the inspection we observed them interacting with each other in a professional manner. All of the staff members we spoke with were positive about the service and the quality of the support being provided.

The provider, Barchester also had its own monthly internal clinical governance system into which the registered manager had to submit monthly information based on the audits undertaken within the home to the company's head office. This included, care plans, weight losses, accidents, incidents, safeguarding allegations, complaints, infection control and DoLS.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

The provider had effective systems to manage risks without restricting people's activities. Risk assessments were detailed and kept up to date to ensure people were protected from the risk of harm.

Staff knew how to recognise and respond to abuse. We found that safeguarding procedures were robust and staff understood how to safeguard the people they supported. People staying at the service felt safe and had no complaints.

The arrangements for managing medicines were safe. Medicines were kept safely and were stored securely. The administration and recording of when people had their medicines was safe.

Is the service effective?

Good

The service was effective.

We asked staff members about training and they all confirmed that they received regular training throughout the year, they also said that their training was up to date.

The service had a range of policies and procedures which helped staff refer to good practice and included guidance on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

A tour of the premises was undertaken; this included all communal areas including lounge and dining areas plus and with consent a number of bedrooms. The home was well maintained and provided an environment that could meet the needs of the people that were living there.

Is the service caring?

Good

The service was caring.

People told us they had choices with regard to daily living activities and that they could choose what to do, where to spend their time and who with. They told us that they liked the staff members supporting them, comments included, "The carers are extremely good", "1st class, staff are very nice", "I'm very comfortable here, I have found it clean, I am particular. The staff are excellent" and "Carers are very good, polite, kind".

During our inspection we talked with a relative who was visiting their family member, they told us; "They [staff] are always courteous, lovely and always respect [my relative]".

The staff members we spoke to could show that they had a good understanding of the people they were supporting and they were able to meet their various needs. We saw that they were interacting well with people in order to ensure that they received the care and support they needed.

Is the service responsive?

Good

The service was responsive

We saw that the on-going review of the risk assessments and care plans led to referrals to other services such as diabetic services in order to ensure people received the most appropriate care.

Summary of findings

The home had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy. We looked at the most recent complaint and could see that this had been dealt with appropriately.

Is the service well-led?

Good

The service was well led.

There was a registered manager in place.

Staff members we spoke with were positive about how the home was being managed and the quality of care being provided and throughout the inspection we observed them interacting with each other in a professional manner. Those we spoke with said that the registered manager was very approachable, comments included, “Fantastic, she is hands on”, “I am very happy with the new manager”, “Approachable and always asks if I am ok” and “So far she is doing everything to support us”.

The service had a robust quality assurance system in place with various checks and audit tools to evidence good practices within the service.

Prestbury Beaumont

Detailed findings

Background to this inspection

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

We carried out an unannounced inspection on the 18 December 2014 and then undertook a second announced visit on the 22 December 2014. The inspection was carried out by two adult social care inspectors on day one and one inspector on day two.

We looked at any notifications received and reviewed any other information we hold prior to visiting. We also invited the local authority to provide us with any information they held about Prestbury Beaumont.

During our inspection we saw how the people who lived in the home were provided with care. We spoke with nine people living there, a visiting family member and eleven staff members including the home manager and regional director. The people living in the home were able to tell us what they thought about the home and the staff members working there.

We looked around the home as well as checking records. We looked at a total of six care plans. We looked at other documents including policies and procedures and audit materials.

Good

Is the service safe?

Our findings

Although we did not receive any specific comments regarding whether people felt safe the people we spoke with told us that they liked living in the home and we did observe relaxed and friendly relationships between the people living in Prestbury Beaumont and the staff members working there. One person did raise some concerns which we discussed with the staff on duty and the home manager during the first day of the inspection; this has been dealt with as a separate issue and we have since had a satisfactory explanation regarding the concerns raised.

We saw that the service had a safeguarding procedure in place. This was designed to ensure that any possible problems that arose were dealt with openly and people were protected from possible harm. The home manager was aware of the relevant process to follow. They would report any concerns to the local authority and to the Care Quality Commission [CQC]. Homes such as Prestbury Beaumont are required to notify the CQC and the local authority of any safeguarding incidents that arise. We checked our records and saw that there had been no safeguarding incidents requiring notification at the home since the previous inspection took place.

Staff members confirmed that they had received training in protecting vulnerable adults and that this was updated on a regular basis. The staff members we spoke with told us they understood the process they would follow if a safeguarding incident occurred and they were aware of their responsibilities when caring for vulnerable adults. They were also familiar with the term 'whistle blowing' and each said that they would report any concerns regarding poor practice they had to senior staff. This indicated that they were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to accurately record and report potential incidents of abuse.

Risk assessments were carried out and kept under review so the people who lived at the home were safeguarded from unnecessary hazards. We could see that the home's staff members were working closely with people and, where appropriate, their representatives to keep people safe. This ensured that people were able to live a fulfilling lifestyle without unnecessary restriction. Relevant risk assessments, for example, medication and mobility were kept within the care plan folder.

Staff members were kept up to date with any changes during the handovers that took place at every staff change. This helped to ensure they were aware of issues and could provide safe care.

We looked at the files for the three most recently appointed staff members to check that effective recruitment procedures had been completed. We found that the appropriate checks had been made to ensure that they were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. We saw from these files that the home required potential employees to complete an application form from which their employment history could be checked. References had been taken up in order to help verify this. Each file held a photograph of the employee as well as suitable proof of identity. There was also confirmation within the recruitment files we looked at that the employee had completed a suitable induction programme when they had started work at the home.

We saw that policies and procedures were in place to help ensure that people's medication was being managed appropriately. Each person's medication was kept in a lockable cupboard in their bedroom. With the consent of four people we observed their medication being dispensed. We also carried out a check on the administration records signed by staff members whenever any medicine was given. We saw that clear records were kept of all medicines received into the home, administered and if necessary disposed of. Records showed that people were getting their medicines when they needed them and at the times they were prescribed. This meant that people were being given their medication safely. Staff members received regular medication training.

The staffing rotas we looked at and our observations during the visit demonstrated that there were sufficient numbers of staff on duty to meet the needs of the people living at the home. On the first day of our visit there was one nurse, four care staff members in the morning reducing to three in the afternoon. We looked at the rota and could see that there were occasions when there was only three

Good

Is the service safe?

care staff members in the morning reducing to two in the afternoon plus the senior carer. In addition to the above there was also a senior carer on duty during the morning and afternoon. This senior worked for part of the morning with the people receiving a service from the domiciliary care service that was also based at the home. When they had finished their visits to the apartments and bungalows they then worked alongside the staff members in the home as an extra person. During the night there was one nurse and two care staff members on duty. The registered manager was in addition to these numbers.

In addition to the above there were separate ancillary staff including a home trainer, administrator, receptionist, kitchen, cleaning and laundry staff plus the home's maintenance and gardening staff.

From our observations we found that the staff members knew the people they were supporting well. There was an on call system in place in case of emergencies outside of office hours and at weekends. This meant that any issues that arose could be dealt with appropriately.

Our observations during the inspection were of a clean, fresh smelling environment which was safe without restricting people's ability to move around freely. The home had been awarded a five star hygiene rating by the local authority and we saw that the kitchen area was clean, tidy and well organised.

Good

Is the service effective?

Our findings

The provider had their own induction training programme that was designed to ensure any new staff members had the skills they needed to do their jobs effectively and competently. The initial induction was carried out by the home trainer who spent time with the new employee. We were able to speak to a staff member who was due to start work in the new year and who had just completed the first day of their induction. The new staff member explained that she had been shown around the building, had met some of the people she would be working with and had started her induction training programme, this included hygiene and fire safety. She told us that she now had her own personal induction work book and that it was based upon the Skills for Care Common Induction Standards, a nationally recognised and accredited system for inducting new care staff. Following this initial induction and when the person actually started to work they would shadow existing staff members and would not be allowed to work unsupervised. (Shadowing is where a new staff member worked alongside either a senior or experienced staff member until they were confident enough to work on their own).

We asked staff members about training and they all confirmed that they received regular training throughout the year, they also said that their training was up to date. We subsequently checked the staff training records and saw that staff had undertaken a range of training relevant to their role. This included safeguarding and moving and handling. The provider used computer 'e'learning for some of the training and staff were expected to undertake this when required. The manager explained that the training records were constantly monitored in order to ensure they were kept up to date. The staff members competency was assessed through the supervision system and through the auditing of records such as medication and care plans.

Barchester had its own training academy and one member of staff explained that she hoped to be able to take advantage of a new scheme they had recently introduced and wanted to train as a nurse.

The staff members we spoke with told us that they received on-going support, supervision and appraisal. We checked records which confirmed that supervision sessions for each member of staff had been held three to four times during the previous year. We saw that the new manager had increased the frequency of supervision meetings since her appointment and had drawn up a schedule that would increase them to six times per year which was the standard expected by Barchester. Supervision is a regular meeting between an employee and their line manager to discuss any issues that may affect the staff member; this may include a discussion of the training undertaken, whether it had been effective and if the staff member had any on-going training needs.

During our visit we saw that staff members took time to ensure that they were fully engaged with the individual and checked that they had understood before carrying out any tasks with the people using the service. They explained what they needed or intended to do and asked if that was alright rather than assume consent. We observed two staff members supporting one person from a chair to a wheelchair using a hoist and noted that they took their time, did not rush the person and spoke to them during the whole time they were competing the transfer. This was carried out in a dignified and respectful way.

All of the information we looked at in the care plans was detailed which meant staff members were able to respect people's wishes regarding their chosen lifestyle. We saw recorded evidence of the person's consent to the decisions that had been agreed around their care.

Visits to other health care professionals, such as GPs and district nurses were recorded so staff members would know when these visits had taken place and why.

Policies and procedures had been developed by the provider to provide guidance for staff on how to safeguard the care and welfare of the people using the service. This included guidance on the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). This is a legal requirement that is set out in an Act of Parliament called The Mental Capacity Act 2005 [MCA]. This was introduced to help ensure that the rights of people who had difficulty in making their own decisions were protected. The aim of DoLS is to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.

The home manager informed us that a mental capacity assessment was undertaken if it was considered necessary and if applicable a DoLS application would be completed. These were only completed if the person was deemed to be at risk and it was in their best interests to restrict an

element of liberty. The application would be submitted to the local social services department who were responsible for agreeing to any DoLS imposed and for ensuring they were kept under review.

The manager explained that three people had a DoLS in place. We looked at one of these in detail and could see that it had been completed appropriately. She explained that she had submitted eight more recently. There had however been a delay in their authorisation because the Local Authority did not have the resources to deal with these within the timescale set out in the MCA legislation.

Although some of the staff members we spoke with told us they were aware of the MCA and DoLS the training records showed that the majority of the staff had not completed training in these areas. We discussed this with the home manager who confirmed that she and the home trainer were due to undertake training in February 2015 that would enable them to cascade the training to all of the staff in the home. In the meantime staff had been made aware of these areas through the supervision system in place and through the daily meetings that were held within the home.

There was a flexible menu in place which provided a good variety of food to the people using the service. The chef we spoke with explained that the menu was discussed with the people living in the home all of the time and was based on what people wanted to eat. Choices were available and people could decide what they wanted at every mealtime. Special diets such as gluten free and diabetic meals were provided if needed. They explained that they met with anyone moving in to the home to discuss likes and dislikes and that the senior staff told them if someone had any specific dietary needs. They went on to explain that although there was a menu in place a variety of other alternatives were available and that they tried to be as flexible as possible. The people we spoke with confirmed that choices were available and that they could choose whether to eat their meals in their own room or the dining room. On the first day of our inspection one person told us that they had gone to the dining room at lunchtime but had then decided they did not want to stay. They told us that there had been no problem with this and the staff member had brought a fresh meal for them to eat in their room. We observed staff members asking people what they wanted to eat and serving meals to the people who needed support in their room. We did not identify any concerns with this. We also saw a staff member supporting someone to eat their lunch in a respectful and dignified way, they were taking their time and were talking to the person as they were helping them. The dining room was used by the people living in the home as well as those living in the apartments and bungalows. The meal we saw was a relaxed and social occasion. We received a number of comments from the people using the service and visitors about the food and drinks provided during our inspection, these included; “Food is good”, “They can’t do enough for you”, “The food is very good” and “The food is very nice”.

We saw that the staff members monitored people’s weights as part of the overall planning process on a monthly basis and used the Malnutrition Universal Screening Tool (MUST) to identify whether people were at nutritional risk. This was done to ensure that people were not losing or gaining weight inappropriately. This area was also monitored through the home’s on-going auditing systems.

We saw staff offer people drinks and that they were alert to individual people’s preferences and choices in this respect. We saw that a record was kept of fluid intake and was maintained where necessary.

A tour of the premises was undertaken; this included all communal areas including lounge and dining areas plus and with consent a number of bedrooms. The home was well maintained and provided an environment that could meet the needs of the people that were living there. Since the previous inspection a variety of areas had been redecorated and refurbished; this included the refurbishment of the bar, lounge conservatory, dining areas and the recent opening of a therapy suite and hydrotherapy pool.

The home provided adaptations for use by people who needed additional assistance. These included bath and toilet aids, hoists, grab rails and other aids to help maintain independence.

The laundry within the home was well equipped and there were systems in place for the care of people's clothes. The laundry was well organised and we did not receive any negative comments about the quality of the laundry service.

There were extensive garden areas with a fully accessible walkway available for people to use; these were safe and well maintained.

Good

Is the service caring?

Our findings

We asked the people living at Prestbury Beaumont about the home and the staff members working there. Those people who commented confirmed that they had choices with regard to daily living activities and that they could choose what to do, where to spend their time and who with. They told us that they liked the staff members supporting them, comments included, “The carers are extremely good”, “1st class, staff are very nice”, “I’m very comfortable here, I have found it clean, I am particular. The staff are excellent” , “Carers are very good, polite, kind” and “The staff are really excellent”..

During our inspection we talked with a relative who was visiting their family member, they told us; “They [staff] are always courteous, lovely and always respect [my relative]”.

The staff members we spoke with showed that they had a good understanding of the people they were supporting and they were able to meet their various needs. Comments included, “We get time to spend with people” and “We meet the wants as well as the needs”. They were clear on the aims of the service and their roles in helping people maintain their independence and ability to make their own choices in their lives. We saw that the relationships between the people living in the home and the staff supporting them were warm, respectful, dignified and with plenty of smiles. Everyone in the service looked relaxed and comfortable with the staff and vice versa.

During our inspection we saw there was good communication and understanding between the members of staff and the people who were receiving care and support from them. We saw that staff were interacting well with people in order to ensure that they received the care and support they needed.

We asked people if they liked the staff and if they were always treated properly. They told us that they did like the staff and that they would say if this was not the case.

We saw that the people living at the service looked clean and well-presented and were dressed appropriately for the weather on the day and those being nursed in bed looked comfortable.

The quality of décor, furnishings and fittings provide people with a homely and comfortable environment to live in. The bedrooms seen during the visit were all personalised, comfortable, well furnished and contained items of furniture belonging to the person. One person told us, “I’m very comfortable here, I have found it clean, I am particular”.

The provider had developed a range of information, including a service user guide for the people living in the home. This gave people detailed information on such topics as key staff, the facilities and the services provided, safety, what to do in the event of a fire, communication and complaints, activities and the laundry. A copy of the service user guide was available at the entrance to the building.

Although nobody using the service had an advocate to speak on their behalf at the time of the inspection we did see that some family members and other people, for example a solicitor were involved in the care and welfare of the people living in the home.

We saw that personal information about people was stored securely which meant that they could be sure that information about them was kept confidentially.

Good

Is the service responsive?

Our findings

Everyone in the home at the time of our inspection had received a pre-admission assessment to ascertain whether their needs could be met. As part of the assessment process the home asked the person's family, social worker or other professionals, who may be involved, to add to the assessment if it was necessary at the time. We looked at the pre-admission paperwork that had been completed for people currently living in the home and could see that the assessments had been completed. The nurse on duty told us, "When we admit people we have to admit only residents whose needs we can meet. The manager makes sure that happens".

We looked at care plans to see what support people needed and how this was recorded. We saw that each plan was personalised and reflected the needs of the individual. We also saw that the plans were written in a style that would enable the person reading it to have a good idea of what help and assistance someone needed at a particular time. All of the plans we looked at were well maintained and were up to date. Visits from other health care professionals, such as GPs were recorded so staff members would know when these visits had taken place and why. The plans were being reviewed monthly so staff would know what changes, if any, had been made. Five or six plans were also audited each month as part of the quality assurance system within the home.

We spoke to a visiting family member who told us that if there were any concerns they call the GP and then let her know immediately, this relative explained that they visited every day and told us, "They are always courteous and even when my [relative] uses the buzzer they still knock. They always ask what X wants". The person using the service confirmed this.

If people needed specialist help, for example assistance with their diabetes the home contacted the relevant health professionals who would then be able to offer assistance and guidance. A care plan to meet this need would then be put into place. We saw that this was happening within the plans we looked at during the inspection.

The six care files we looked at contained some relevant information regarding background history to ensure the staff had the information they needed to respect the person's preferred wishes, likes and dislikes. For example, food the person enjoyed, preferred social activities and social contacts, people who mattered to them and dates that were important to them. However, we felt that this was an area that could be improved. On one person's care file we found that the likes and dislikes were limited to food and there was nothing about what they liked to do or activities they may enjoy. We saw that the home tried to obtain consent to care from the person themselves; if this was not possible because they had been assessed as not having capacity then they would ask the person's family or representative to agree to the care being provided.

We observed that staff members responded to any call bells very quickly which meant people needing assistance received this as promptly as possible.

The home employed two activities co-ordinators. Their job was to help plan and organise social and other events for people, either on an individual basis, in someone's bedroom if needed or in groups. The people using the service were asked what kinds of things they liked to do during the assessment and care planning processes. A programme of events was completed on a weekly and monthly basis and these were on display around the home. Events that took place during the two days we visited the home included: a Christmas service, musical workout, a sherry social, and a visiting entertainer.

The home had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy. We looked at the most recent complaint made in August 2014 and could see that this had been dealt with appropriately. People were made aware of the process to follow in the service user guide. The people we spoke with during the inspection told us they did not have any concerns but if they did they would raise them. Minor issues were dealt with as they occurred.

Good

Is the service well-led?

Our findings

The provider had appointed a new management team with responsibility for the home approximately six months before this inspection visit. As part of this re-structure a new home manager was appointed in May 2014. Since these changes were implemented there had been an extensive refurbishment programme within the home. As part of this process the people living in the home had been consulted regarding the new lounge and dining room furniture and the decoration.

New systems such as the arrangement of regular resident/ relative meetings had been put into place and posters showing the 'diary dates' for forthcoming meetings and the managers surgery dates were on display around the home. The surgeries will allow people to 'drop in' or make an appointment to see the manager and discuss any issues. The regional manager told us, "We listen to people who live here more than ever before".

The registered manager told us that information about the safety and quality of service provided was gathered on a continuous and on-going basis via feedback from the people who used the service and their representatives, including their relatives and friends, where appropriate. They 'walked the floor' regularly in order to check that the home was running smoothly and that people were being cared for properly. The people we spoke with confirmed this. The registered manager also undertook unannounced site visits out of hours to ensure this was maintained. We looked at the record of the most recent visit and could see that checks had been made on the people living in the home, whether there were any obvious safety issues, whether staff were appropriately dressed and if the records staff had to keep were being completed properly, this included food and fluid intake records.

Resident/relative meetings and evening surgeries were in place and in preparation for the coming year the manager had completed a schedule which had been made available for people wishing to attend.

In order to gather feedback about the service being provided Barchester used a separate company, Ipsos Mori to undertake surveys on their behalf. They produced a report called, 'Your Care Rating'. The registered manager gave us a copy of the most recent findings from the survey undertaken in 2013; this showed that the overall performance rating for the home was 888 points out of a possible 1000. This result is based upon the survey findings from four key areas; staff and care, home comforts, choice and having a say and quality of life. This showed that the people who had completed the survey were happy with the service being provided by the home. This is a yearly process.

Barchester also had its own monthly internal clinical governance system into which the registered manager had to submit monthly information based on the audits undertaken within the home to the company's head office. This included, care plans, weight losses, accidents, incidents, safeguarding allegations, complaints, infection control and DoLS. In addition to the monthly return there was also a monthly Care and Quality Audit programme in place. There was a different topic each month and these included medication, health and safety and a professional practice/lived experience. The last of these involved the registered manager staying in the home overnight in order to experience what it was like to spend time as a resident, sample the bed, did they sleep properly, what was the food like. The regional manager and head office staff ensured these were being completed appropriately.

Representatives from Barchester also visited the service as part of its own quality monitoring system. We looked at the record of the most recent visit carried out at the end of October and could see that a variety of areas had been looked at. This included discussions with staff, a review of a sample of care plans, any observations after a tour of the building and a review of any notifications sent and complaints.

This was only part of the quality assurance system in place and on the second day of our visit a clinical care specialist employed by the company was undertaking a review of the care plans, accidents and incidents, falls and nutrition. The registered manager explained that this was part of the internal clinical governance system and happened regularly.

The whole clinical governance system had an overall 'Action Plan Management Tool' for the home. The registered manager explained that anyone could add to this; this included the visits referred to above as well as external visits, for example an environmental health officer employed by the local authority. We looked at the plan for the home and could see that it was in effect a running 'log' of areas that were being worked upon at any point in time.

Good

Is the service well-led?

As part of the company auditing system a record for checking that the registration (Personal Identification Numbers) for any nurses working in the home were still in date was maintained. This is an annual process and registered nurses in any care setting cannot practice unless their registration is up to date.

Staff members we spoke with were positive about how the home was being managed and the quality of care being provided and throughout the inspection we observed them interacting with each other in a professional manner. Those we spoke with said that the registered manager was very approachable, comments included, “Fantastic, she is hands on”, “I am very happy with the new manager”, “Approachable and always asks if I am ok” and “So far she is doing everything to support us”. We asked staff members how they would report any issues they were concerned about and they told us that they understood their responsibilities and would have no hesitation in reporting any concerns. They all said they could raise any issues and discuss them openly within the staff team and with the registered manager.

The staff members told us that regular staff meetings were being held and that these enabled managers and staff to share information and / or raise concerns. We looked at the minutes of the most recent meeting held on the 10 December 2014 and could see that a variety of topics, including quality, health and safety, care issues, human resource issues and training expectations had been discussed.

Periodic monitoring of the standard of care provided to people funded via the local authority was also undertaken by the Cheshire East Council's contract monitoring team. This was an external monitoring process to ensure the service met its contractual obligations to the council.

During our inspection, we repeatedly requested folders and documentation for examination. These were all produced quickly and contained the information that we expected. This meant that the provider was keeping and storing records effectively.