Avens Care Homes Limited

Prestbury Court Residential 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?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on the 4 October 2016 and was unannounced. The inspection started at 06:30 am to allow us to meet with the night staff and see how staff were deployed for the day.

Prestbury Court Residential home is a care home without nursing providing care and accommodation for up to 48 people. People living at the home were older people, some of whom were living with significant dementia or long term health conditions. Some people were at the home for short term respite care. At the time of the inspection there were 35 people living at the home.

On the 25 and 27 March 2015 the Care Quality Commission (CQC) had inspected Prestbury Court Residential Home and identified concerns about the safety and well-being of people. On 8 and 9 December 2015 we returned to the home to see what had improved. We identified the concerns from March 2015 had not all been addressed and there were additional concerns over the management of the home. We identified breaches of Regulations12 (Safe care and treatment), 18 (Staffing), 9 (Person centred care), 11 (Need for consent) and 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014. We served warning notices on the provider and then registered manager for breaches of Regulations 11 and 17 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

In December 2015 the home was involved in a series of complex safeguarding concerns with the local authority safeguarding team and the local authority was no longer supporting admissions to the home. The local authority quality team were supporting the service with a service improvement plan.

Following our inspection in December 2015 the home was rated as inadequate overall and placed in 'special measures'. Services in special measures are kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months of the publication of the last report. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

Following the inspection the provider told us what changes they intended to make. We received regular information on progress being made from the home's management, through the safeguarding processes and from the local authority team.

During this inspection of 4 October 2016 we found that significant improvements had been made. Improvements were seen across all areas inspected, and the warning notices had been complied with. The home had managed to complete the action plans for the local authority, who were satisfied with the improvements made, and there were no open safeguarding concerns. People told us the changes at the home had been a "remarkable turnaround" and that it was like a 'different home' to visit. However as some of the changes made have been recent and we do not have a clear track record to show they have been sustained long term we have rated the key question for well led, previously rated as 'inadequate' as 'requires improvement' at this time. This will be reviewed at the next inspection.

The home is no longer in 'special measures'.

Since the last inspection on 8 and 9 December 2015 the then registered manager had left the home. There was not a registered manager in post at the time of this inspection, however a new experienced manager had been employed and they had made application to CQC to be registered. 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. They are referred to throughout this report as the manager.

People living at Prestbury Court Residential Home received good quality, safe care. This was because systems were in place to ensure the quality and safety of services at the home. Since the last inspection there had been changes to strengthen the governance and leadership at the home. There was increased management oversight and clear systems for communication amongst the management team and with the staff. Action plans had been met and new targets set to continue the development of the home. The new manager and operations manager were enthusiastic and positive about the changes being made and potential for future development. People benefitted because the registered manager took advantage of learning resources to improve the services provided.

People's rights under the Mental Capacity Act 2005 were being respected. Assessments had been made of people's capacity where this was in doubt and decisions made in people's best interests involved appropriate people to support the person's wishes where these were known. Applications had been appropriately made for authorisations of Deprivation of Liberty Safeguards.

People received safe care because risks to their health and well-being were regularly assessed, and risks reduced wherever possible. Learning took place to reduce the risk of re-occurrences of incidents and accidents, and new systems in place helped ensure staff had clear pathways and guidance to follow when assessing incidents and knowing when they needed to be escalated.

People were protected from the risks of abuse because staff understood how to keep people safe, and through the provision of policies, procedures and staff training. The operations manager and manager had established open working relationships with agencies responsible for safeguarding people and had made all required notifications to the CQC. This helped to ensure that any concerns were properly investigated and addressed.

People received their medicines safely and as they had been prescribed. Safe systems had been put into place to ensure people received the correct medicines at the correct time, and that they had been stored securely. Clear protocols ensured staff understood when "as required" medicines were to be given. This included information for staff on how to assess people who may not be able to communicate verbally may benefit from medicines, for example pain relief.

People's needs were met because there were enough staff on duty to support them. People were protected because a full and safe recruitment process had been followed for staff. People received good quality, safe care because staff received sufficient training and support to carry out their role. Staff were seen supporting people well; they were calm and confident when supporting an individual who had a sudden healthcare deterioration during the inspection, ensuring the person's dignity was respected at all times. Staffing tools were used to assess the staffing levels at the home which were completed each week to identify where additional staff were needed.

People lived in an environment that was clean and well maintained. Infection control practices were well understood. Regular checks were carried out to make sure the home environment was safe. For example a recent fire inspection had indicated that changes needed to be made to some fire doors. This was being carried out at the time of the inspection. The environment at Prestbury Court was being further adapted to meet the needs of people living with dementia, with additional signage to help people find their way around.

People's healthcare needs were supported and they had rapid access to medical and community healthcare support. Some people were living with dementia. We saw that the home obtained professional support and guidance from community psychiatric nurses to support people with distressed or risky behaviours. People's nutritional needs were assessed to make sure they received a diet that met their needs and wishes. People told us they enjoyed the food. Choices were available and we saw people being given additional portions, cooked breakfasts and multiple desserts if they wished.

People were supported by staff who demonstrated a warm, respectful and caring approach. We saw staff supporting people well, addressing them respectfully and in ways that supported their communication where this had been affected by ill health or living with dementia. People's care was delivered in private and their confidentiality was respected.

People received the care they needed and wanted. Good clear well maintained records ensured staff had the information they needed to support people and meet their needs. Care planning was individualised and people's goals and wishes regarding their care were taken into account by staff. People living at the home were supported to follow their chosen lifestyle and take part in activities if they wished. Some people chose not to do so, and we identified one person who wanted more interaction on a one to one basis. We discussed this with the manager. Activities and stimulation were supported for people living with dementia, and the manager was looking further into targeting them at specific times of the day when people would benefit from additional distraction and occupation.

People could be confident that any concerns or complaints they had would be listened to and addressed. People told us they would be happy to raise any concerns with the manager, that they were approachable and would make any changes needed.

People and their relatives were consulted about their views on how the service could be improved, and kept informed about developments at the home. Questionnaires were being prepared to send out to staff, people living at the home, relatives and others to gather feedback about the home. Meetings had been held with relatives to explain the changes going on and the manager told us their door was "always open" if anyone had suggestions for improvements.

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.

People received safe care because risks to their health and well-being were regularly assessed, and risks reduced wherever possible. Learning took place to reduce the risk of re-occurrences of incidents and accidents.

People received their medicines safely and as they had been prescribed.

People were protected from the risks of abuse because staff understood how to keep people safe and through the provision of policies, procedures and staff training.

People's needs were met because there were enough staff on duty. People were protected because a full recruitment process had been followed.

People lived in an environment that was clean and well maintained. Infection control practices were well understood. Regular checks were carried out to make sure the home environment was safe.

Is the service effective?

Good

The service was effective.

People received good quality, safe care because staff received sufficient training and support to carry out their role.

People's rights under the Mental Capacity Act 2005 were being respected, because staff understood about people's rights and about decisions made in people's best interests.

People's healthcare needs were supported and they had rapid access to medical and community healthcare support.

People's nutritional needs were assessed to make sure they received a diet that met their needs and wishes.

The environment at Prestbury Court was being further adapted

to meet the needs of people living with dementia. All areas were seen were clean and comfortable.

Is the service caring?

Good

The service was caring.

People were supported by staff who demonstrated a warm, respectful and caring approach.

People's care was delivered in private and their confidentiality was respected.

People's known wishes for their end of life care were recorded and supported wherever possible.

Is the service responsive?

Good

The service was responsive.

People received the care they needed and wanted. Care planning was individualised and people's goals and wishes regarding their care were taken into account by staff.

People living at the home were supported to follow their chosen lifestyle and take part in activities if they wished.

People could be confident that any concerns or complaints they had would be listened to and addressed.

Is the service well-led?

Requires Improvement

The home was being well led. However as the changes had been recent, the manager was not yet registered and there was no sustained track record of improvement this key question has been rated as requires improvement at this time.

People living at Prestbury Court Residential Home received good quality, safe care. This was because systems were in place to ensure the quality and safety of services at the home.

People and their relatives were consulted about their views on how the service could be improved, and kept informed about developments at the home.

People benefitted because the registered manager took advantage of learning resources to improve the services provided.

Good clear well maintained records ensured staff had the information they needed to support people and meet their needs.	

Prestbury Court Residential Home

Detailed findings

Background to this inspection

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

This inspection took place on the 4 October 2016 and was unannounced. The inspection team was made up of one adult social care inspector. We looked at the information we held about the home before the inspection visit, including the inspection history, previous reports and information sent to us by the local authority quality improvement team. We contacted local professionals who had worked with the home, including a community psychiatric nurse, community nurses and people who had been involved in the safeguarding process carried out earlier in 2016 to gather their views about the service and changes that had been made.

On the inspection we met with the operations manager, a director of the provider organisation and the manager in day to day control of the home. We spoke with seven people living at the home, five relatives, seven staff members from both day and night shifts and a visiting community nurse.

We also spent time observing the care and support other people received, including staff supporting people with their moving and transferring, eating meals and being given medicines. We spent two periods of time carrying out a SOFI observation. SOFI is a specific way of observing care to help us understand the experiences of people who could not communicate verbally with us in any detail about their care or experiences.

We looked at risk assessments, minutes of meetings and feedback received and analysed from people using the service, staff and their relatives. We looked at five people's care plans and other records in relation to their care, including records of medicines administered. We looked at three staff files, including records of

their training and supervision, and spoke with staff about the support they received. We toured the home looking at the environment for people, cleanliness and adaptation to meet people's needs.

Good

Is the service safe?

Our findings

At the previous inspection of the home in December 2015 we had identified concerns over people's safety at Prestbury Court Residential Home. People were not being supported safely because there had been poor risk assessment practices and a lack of action to manage risks to people's health and welfare. We also identified concerns over unsafe management of medicines, staffing levels, infection control and staff recruitment. Breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified in relation to Regulation 12 (Safe care and treatment) and Regulation 18 (Staffing). This key question was rated as inadequate at that time.

Following the inspection the provider told us what they were going to do to put this right. We received regular information on progress being made from the home's management, through the safeguarding processes and from the local authority team. During this inspection of 4 October 2016 we found that significant improvements had been made.

People were safe because staff understood how to respond to risks and had information available to help them in an emergency. The operations manager told us they were working with a local community resource to develop an evacuation plan in case of a major issue at the home, such as flooding or power failure. Personal fire evacuation plans were in place for people. Staff had access to senior management by phone at all times for advice and telephone numbers were available in the office for emergencies, including for emergency maintenance issues. During the inspection one person had a sudden health emergency. We saw staff responded quickly to support and reassure the person, ensure their privacy and dignity were respected and call for emergency paramedic assistance in a calm and controlled way.

Risks to people were reduced because learning took place from incidents or accidents. For example one person had been provided with a low level bed to reduce the risks from them falling from their bed, despite bed rails being in place. The home had a system for the monthly evaluation and analysis of all falls and incidents. An incident monitoring pack had been provided to be completed by staff following any fall. This included checklists for staff to follow to ensure that any actions to help the person or prevent them falling again had been taken. These might include changes to their environment such as lighting improvements or a referral for medical assessment, and were passed to the manager for action. Packs included prompting staff to test people's urine to see if there was a possible infection and taking of blood pressure so that this information could be passed to the GP at the time of referral. Any injuries or bruising were photographed and body maps completed. Following any fall people were placed on hourly monitoring for 24 hours as it was known that there was an increased risk of people falling again over that period. A staff member we spoke with told us what actions they took to support people after a fall and record the incident which was in line with the records we had seen. This told us staff understood the system. The manager could evidence the number of falls at the home had fallen since the new systems had been implemented.

Risks to people were mitigated wherever possible. Each person had been assessed for risks from poor nutrition and hydration, pressure area damage, falls, mobility and moving and positioning needs. Additional risks such as from risky or distressed behaviours, swallowing difficulties and choking, or vulnerability were

subject to individual risk assessments and control measures to help reduce any risks to the person or others. Staff looked at all areas of the person's needs when taking actions to support them. For example one person who was living with dementia had been assessed at being at risk of poor nutrition. The person was referred for dietician advice and staff identified the foods the person enjoyed eating previously to help to tempt their appetite. Staff also identified the person no longer recognised food due to their dementia, and their appetite changed in accordance with their mood. It was noted that the person ate better when they were with others who were also eating, and charts were drawn up to assess and record what helped the person eat well. Food plans and pictures of foods had been provided to help the person make choices themselves, their food and fluid intake was monitored, and their weight was recorded weekly. The person's weight had stabilised. The manager told us about how they tried to understand what made each person eat well, for example some people liked their drinks through a straw, and others needed brightly coloured plates and cups to help them identify food. They told us "If that helps them to have a varied diet then that is what we will do".

People were also assessed for risks from pressure damage and appropriate actions taken to protect people. For example we saw evidence of pressure relieving mattresses and cushions in place. A visiting district nurse told us that the home called them in early if there were any concerns over people's well-being or pressure damage. We saw in people's records that this had happened. One person's daily notes had indicated a red mark had been seen on the person's skin when staff were attending to their personal care. An immediate referral had been made to the district nursing team who had advised on the management of the person's skin.

People were kept safe because staff were clear about the actions they needed to take to manage risks to people's health and well-being from long term conditions. For example, one person at the home had a health condition which affected their breathing, and required them to use oxygen. Appropriate safety precautions were in place for this. The person told us staff understood how to support them and although they had needed to go to hospital at times when their condition had deteriorated they felt the staff were able to support them safely at Prestbury Court. They told us "If you have to be in a home, this is the one to be in. Care is excellent, staff are lovely – I wouldn't want to be anywhere else". Their relative who we also spoke with told us they had confidence in the staff's abilities to care for their relation.

At the last inspection we had identified risks to people from shampoos and toiletries left out in bathroom areas. These had been removed and were being stored safely in people's rooms. Risks were assessed on a room by room basis and these covered safety risks as well as cleanliness of furnishings and odour control. Equipment was maintained under servicing contracts and regular audits of equipment were carried out. For example audits of call bell functioning, to ensure that people could summon staff in an emergency. On the day of the inspection we heard that one person's call bell was not working. The maintenance person addressed this immediately. A recent fire inspection had identified work was needed to the hinges of fire doors and that work was being undertaken on the day of the inspection.

Staff managed people's medicines safely. We looked at the medicines management systems with two members of staff, and saw people being supported to take their medicines. People were given their medicines with an appropriate explanation and time to take them at their own pace. We saw one person refused a painkilling medicine. The staff member giving out the medicines told us they would try again later to see if the person might take the medicine then. We checked with them later and they told us the person had still refused to take this so the medicine had been destroyed as is good practice. One person was given some of their medicines covertly concealed in food. This was because they refused to take them and their GP considered these were essential for their well-being. The person had been assessed as not being able to understand the importance of the medicines, what they were for or what the implications were of not having taken them. The decision to give the medicines covertly had been made by people involved with the

person's care, GP, Community psychiatric nurse and their close relatives as being in their 'best interests'.

Medicines were stored safely in a locked room, and there was a refrigerator in the medical room for medicines that needed to be kept cool. The home had clear records to show the medicines people had taken. Records in relation to the amount of medicines held balanced correctly. Regular audits were carried out, and staff training and competencies were regularly assessed to ensure they were following safe practice in administration. Protocols were in place for "as required" medicines, so staff were clear about when these should be given. Where people's ability to communicate verbally was limited information was recorded as to how the individual person might express pain or discomfort that might indicate they would benefit from pain relief.

People were supported safely because the home ensured there were enough staff on duty with the appropriate skills to meet people's needs. Since the last inspection the manager had implemented a system to assess the numbers of staff that were needed on duty. This was based on the needs and dependency level of people living at the home. They had carried out the assessment the day before our inspection and had agreed with the directors that as numbers of people at the home had increased additional staff were needed at periods of high demand in the early morning and evening periods. Staff we spoke with felt this would be of benefit, and the manager hoped these shifts could be covered by recent recruitment and existing staff. Following the inspection we checked with the service to see this had happened. Staffing levels had been increased in the evening, but had remained the same in the morning as numbers of people at the home had decreased since the inspection, which had reduced the dependency levels. An analysis of the skills mix at the home had also identified a need for a Care Manager post. The manager told us they had recently interviewed a person for this role.

People were protected from risks associated with staff recruitment. We looked at three staff files and saw the home had followed a full recruitment process, including references and disclosure and barring (police) checks. Risks to staff were monitored, for example for staff who were pregnant and duties altered accordingly. The provider had ensured that arrangements had been made to provide support to staff who needed 'reasonable adjustments' under the Equality Act.

Procedures to protect people from abuse were well understood by staff. Since the last inspection there had been a significant decline in the number of safeguarding concerns at the home. At the time of this inspection there were no outstanding concerns. The operations manager and manager had established open working relationships with agencies responsible for safeguarding people and had made all required notifications to the CQC. Staff told us they knew how to recognise and report any concerns over abuse, and knew where to find information about how to do so. Procedures were in place to ensure that concerns could be reported to the manager and local authority safeguarding team and contact details of who to report concerns to were on display. Staff told us they had received training in adult safeguarding procedures, and the manager told us this understanding was tested out in supervision sessions.

At the last inspection we had identified concerns over infection control practices. During this inspection we found improvements had been made. There were no identified and unmet infection control risks associated with people's healthcare. Staff wore gloves and aprons for all tasks we saw, and told us they knew how to meet people's needs safely. Odour control was improved although some areas still had some residual odour, not associated with continence management, which the manager was working with staff to identify. Carpets were being cleaned regularly. The manager showed us a room where the carpet had recently been replaced with an easier to clean flooring, which they planned to use in another room where there were particular difficulties with the person's continence management.

Good

Is the service effective?

Our findings

At the last inspection of Prestbury Court Residential Home in December 2015 this key question had been rated as requires improvement. At that inspection we identified a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Staffing) .We also identified a breach of Regulation 11 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Need for Consent). This had also been a concern at the previous inspection in March 2015, and following the inspection of December 2015 we issued a warning notice in relation to this breach.

Following the inspection the provider told us what they were going to do to put this right. During this inspection of 4 October 2016 we found that significant improvements had been made, and the warning notice for Regulation 11 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been complied with. Improvements had been made to staff training and support systems to ensure staff had the skills and competencies needed to support people.

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.

We checked whether the home was working within the principles of the MCA. We found the home was taking appropriate actions to protect people's rights. Staff were aware of people's rights to refuse support and how they made or communicated decisions. Staff could tell us what they would do if people refused support. One said "I would walk away and come back later, or ask someone else – it might just be my face they don't like on that day". Staff were clear about seeking people's consent for care and activities and we saw this happening throughout the day. We saw the home was checking that where people had lacked the capacity to make a decision about moving to Prestbury Court this had been subject to a best interest's decision before they moved in.

Some people living at Prestbury Court Residential Home were living with significant dementia. Where staff believed people lacked capacity to make specific decisions about their care an assessment had been undertaken of their capacity to do so. If it was decided the person lacked capacity decisions were made on the person's behalf in accordance with the MCA best interests framework. For example we saw some people at the home needed bed rails to stop them falling from their bed or pressure mats to alert staff to their being out of bed for people at risk of falling. We saw that best interest assessments had been carried out with the person's relations or supporters, medical staff and community mental health professionals as well as the home to ensure the decisions were in accordance with the MCA framework. This also had been undertaken and recorded where people lacked the capacity to consent to their care plan or for essential medicines. Where people did not have anyone to act for them we saw independent mental capacity advocates (IMCA) had been sought. People's files contained information as to who was the appointed 'decision maker' for the person, for example who had a power of attorney or was a court appointed deputy.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care services and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Applications had been made for authorisation to deprive a number people of their liberty at Prestbury Court, although decisions had not been made about these by the local authority due to a backlog in applications. The applications had been made correctly to ensure people's rights were protected. One urgent application had been granted, and CQC had been notified appropriately of this. We saw that the person's IMCA reviewed their care regularly.

We found and staff told us they had received the training and support they needed to do their job, including regular updates. One told us there had been "loads of training" in the last few months and they felt well equipped to support people. Another recently appointed staff member told us about their induction. Although experienced in other homes they worked with senior staff for periods totalling 48 hours to learn how the home's management wanted care to be delivered at Prestbury Court. They were awaiting face to face training in moving and positioning, so either worked in pairs with staff who had received this training or called for help from someone else to support the person they were caring for. They told us "I know the rules. I wouldn't put anyone at risk".

There was a training and development plan for the whole staff team and for individual staff. These covered general training such as health and safety which all staff needed, and individual role specific training. Some training was also undertaken in relation to the specific needs of people living at the home, such as for people living with dementia. Staff received regular supervision and appraisal. The manager told us they hoped the new care manager would take over some of this, which was scheduled to take place every six weeks.

Staff had the skills they needed to meet people's care needs. We saw staff responding competently to people's needs. For example we saw staff supporting a person in a corridor who was becoming distressed. The staff member spoke with the person in a calm and considered way. They gathered what the person wanted to find, redirected the person towards another area and offered them assistance to get there. They took the person's arm and the person became more settled as a result.

People received the support they needed from community medical support services such as GPs, community nurses, dentists, podiatry and opticians. Where there had been changes in people's needs we saw referrals were made quickly to services such as GPs, district nurses or the local older person's mental health team for advice and review. People had access to specialist support staff, such as specialist nurses to manage health conditions, such as Parkinson's disease, which was noted in their files. On the day of the inspection one person was taken to audiology services for a hearing aid assessment and a community nurse visited to support a person with a wound. A GP visited the home each week on a Thursday to carry out any non-urgent consultations. The manager told us this had been successful in re-building positive relationships between the local GP practice and the home. People told us they had good access to medical support. One relative told us how well the home had supported their relation who had a long term health condition, requiring a specific diet and medicines. This had been confirmed by blood tests which had showed their condition was being well managed.

People told us the food at the home was very good, and that they enjoyed their meals. We saw people being given cups of tea when they got up, and offered a choice of breakfast including bacon and eggs. One person told us "I don't go down for my breakfast – I just have a cup of tea up here. They are very obliging". Some people needed assistance to eat their meal and this was given with staff communicating well with the person they were supporting and at the person's pace. People at risk of poor nutrition or hydration had their food and drinks monitored and recorded each day. These charts were maintained up to date and were

checked each day by the manager. We discreetly observed people eating their main and evening meal. One person was seated in a difficult posture for them to eat their meal and was being supported to eat by staff. The manager told us the person had received a postural seating assessment and a chair had been provided for them to be comfortable during the day. They told us they would consult with physiotherapy services to check how this person could be better supported while eating.

We spoke with the home's cook who showed us the four weekly menu planner they followed. The manager told us they had a meeting planned with the cook for next week to review the menus for seasonal choices. Information was available in the kitchen about the textures needed for specific people's meals and people's preferences and food choices. We saw for example that for dessert a trolley was taken into the dining room and around the home with a choice of six different desserts. We heard one person say they wanted a cream flan, which they were given. They then also pointed to another dessert including fruit, waffles and cream and said they wanted one of those as well. The staff laughed with them and gave them both, which they enjoyed. Some people needed encouragement and prompting to eat. We saw appropriate high visibility crockery was available for people living with dementia to help them eat well. Aids such as plate rings and beakers with spouts were in use to help people retain their independence with eating for as long as possible.

Prestbury Court Residential Home is an older period building with two purpose built extensions providing additional rooms, a dining room and conservatory. Cleanliness and odour control had improved since the last inspection, however there was still some residual odour to the main entrance hallway and lounge. This was not related to continence issues, and the manager was working with cleaning staff to identify the source. Since the last inspection increased adaptation had been made of the environment to meet good practice in dementia care. People's rooms had photographs of the person on the door and new signage had been put up to help people locate areas they might need. We discussed with the manager further adaptations they could make to support people. Some rooms were not in use and the manager felt they were not suitable for people with mobility problems. They were considering other options for their use with the directors. Rooms had en-suite facilities, and there were adapted bathing facilities on each floor including specialist baths and wet rooms.

People were able and encouraged to personalise their own rooms, and some people had chosen to do so. One relative told us that when their relation had moved to the home the handyman had helped them by putting up pictures around their room of where they had lived. This had helped the person to settle with familiar objects around them. There was a choice of communal areas so that people could choose to spend quieter time if they wished with family or friends, or join in activities being provided. Safe areas of garden and outdoor space were provided and a relative told us how they had enjoyed seeing their relation outside in the summer eating ice creams.

Good

Is the service caring?

Our findings

People told us they were supported by kind and caring staff. People told us "The staff are brilliant" and "I chose here for (name of relation) because it had a lovely atmosphere. It has absolutely met my expectations". Another person told us they were having a "really lovely holiday here" and would happily come back again.

Staff took time to understand and support people's communication. Some people at the home were very frail, or had difficulties with communicating verbally due to living with significant dementia. Care plans included information about difficulties people experienced, such as with word finding or expressing themselves clearly and how staff could support them with this. For example one person's care plan stated that staff needed to "give me time to process information and to give me re-assurance if I become upset". We saw staff supporting one person who was having difficulties communicating their wishes and was becoming frustrated. They were pulling at the zip on their trousers and saying "down, down". The staff member identified with them that the person wanted to change their trousers, and got a wheelchair to help them to their room. We heard them ask the person if their trousers were too tight which the person said they were. Staff reassured them that they would help them and the person relaxed.

People were involved in having a say about how their care was delivered. There were regular resident's meetings where people discussed the home and any changes they would like to see. People were involved in contributing to and agreeing with their care plans if they wished, however most people we spoke with did not want to do so beyond the initial information given on admission. One person told us "I am not interested in that" and a relative told us they had not been involved but would put any suggestions about their relations care to the management and these would be accepted by the home.

We observed staff caring for people during the inspection. We saw that staff were cheerful, polite and positive when talking to people, and treated them with respect. The home had a calm atmosphere, and staff were confident and friendly in approaching people and supporting their care. They spoke about people with affection. One staff member we spoke with told us that the best thing about working at the home was "the people we are looking after". Another told us that they enjoyed working with people living with dementia. They said "I take my time and I really talk to them".

We observed staff supporting people who were frail or not able to share their experiences with us. Staff made sure the person was involved in the activity and informed about what was happening next. For example we observed a member of staff supporting a person to eat. They spoke with them throughout the activity, even though it was not clear that the person was able to understand the conversation. We saw one staff member supporting a person with a visual impairment to eat. They guided them with the meal but still supported and encouraged the person to be as independent as possible and do as much for themselves as they could.

People's privacy was respected and all personal care was provided in private. Staff supported people in communal areas in a discreet manner, respecting their dignity. We heard staff being discreet when asking

people if they needed support, for example to go to the toilet. Information about people was stored securely and kept confidential. Staff ensured that discussions about people's care could not be overheard, and the morning handover took place in the lounge away from people being supported to get up.

At the time of the inspection no-one at the home was receiving end of life care. Training was being provided in the month following the inspection on good practice in end of life care by the local hospice. Some people had chosen to express a wish not to have active medical interventions in the case of sudden deteriorations in their health, such as resuscitation. Their wishes were recorded in their care files as an advanced directive and had been shared with GPs and families. GPs had in some instances discussed people's wishes regarding treatment escalation and copies of their records were also held on file. This helped ensure staff were clear about the actions to take in case of a sudden deterioration in the person's condition.

Good

Is the service responsive?

Our findings

At the last inspection of Prestbury Court Residential Home in December 2015 this key question had been rated as requires improvement. At that inspection we identified breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe Care and Treatment) and Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Person centred care).

Following the inspection of December 2015 the provider told us what they were going to do to put this right. We received regular information on progress being made from the home's management, through the safeguarding processes and from the local authority team. During this inspection of 4 October 2016 we found that significant improvements had been made. Pre-admission assessments were more thorough and people's care plans better reflected their individual needs and wishes about their care.

People told us they received care that met their needs and wishes. Where people were not able to tell us this we saw or staff told us care was delivered as had been agreed in their care plans. Staff told us they were happy with the standards of care at the home now and felt people were well looked after and supported.

At the last inspection in December 2015 we had found that the care plans were not personalised, detailed or individual enough to ensure people's care could be delivered consistently or in accordance with people's wishes. A new care planning system had been implemented, ensuring all aspects of people's care were addressed. The manager told us they had taken a more holistic approach to supporting people's care as they understood that people's mental health needs also affected every other area of their care. This meant for example that moving and positioning guidance also included assessments of people's mood and willingness to co-operate at that time. On the day of the inspection one person had chosen not to get up as they were having a 'sleepy day'. Their care plan indicated that they liked to do this sometimes.

People's needs had been assessed before they came into the home to ensure that the home could meet their wishes and expectations regarding their care. We looked at the records for one person who had recently been admitted to the home. Records showed us a full assessment had been carried out at a local hospital in conjunction with the person's social worker. The manager had also spoken with the person and their family before making a decision that the home could meet the person's needs. Following the person's admission a full care plan had been constructed by the home in conjunction with their family and other supporters. People were encouraged to provide information about their social and personal history so that this could be included in the care planning process. This helped staff understand people's behaviours and wishes in the context of the life they had lived where the person was not able to say this themselves. For example one person now living with dementia had worked in a senior position in the hospitality industry. They enjoyed helping staff by laying tables and dusting, and wore an apron to do so. The manager told us they very much enjoyed this, feeling useful and valued.

People's wishes regarding their daily routines were respected, for example, people's files indicated when they liked to get up and go to bed. When we arrived at the home at 6.30am there were two people sitting up in the lounge. Both confirmed that they were 'early birds' and enjoyed getting up at that time. In the

handover we heard that one person had requested they now go to bed around 9.30pm. A member of night staff confirmed other people had stayed up until midnight watching television and talking. Staff told us "It's all about choice. People can do whatever they want. We are here to help".

Staff followed professional advice regarding people's care where this had been sought, for example with regard to appropriate textures of food to help with people's swallowing. A district nurse confirmed that when they had given the home advice, for example with pressure area prevention it was being followed. People's care was delivered in accordance with their plans and reflected their wishes. Plans covered all areas of need, from moving and handling, pressure relief to emotional support, and were reviewed regularly, usually monthly although this had been increased for some people due to changes in their health.

People at the home had opportunities to take part in activities. Activities and stimulation were supported for people living with dementia, and the manager was looking further into targeting them at specific times of the day when people would benefit from distraction and occupation.
There was a programme of activities available for the month and a picture display in the home's hallway of what was being provided that day. A copy of this had been placed in each person's room in their Resident information pack. Some people we spoke with told us they enjoyed spending time in their room or with their family and did not want to join in. For others this was an important source of social contact and mental stimulation. The activities programme noted that people in their room received one to one time to prevent social isolation. However when we looked at the records of activity for one person we saw that their activities sheet just recorded that they had chosen to spend their time on bedrest and had been visited by their family. This did not demonstrate that the person was receiving stimulation or positive social contact. The manager told us that there would be many interactions with this person throughout the day, but that staff were not always recording these. They told us they would make sure this happened. We spoke with the person. They told us they enjoyed spending time with their family and watching television but did get bored at times.

People told us they knew who to raise any concerns or complaints with, and told us they would not feel any concern about doing so. One relative told us "The manager and (name of deputy) are very approachable. I wouldn't have any worries about doing so – I am sure they would sort it immediately". The complaints procedure was on display in the home, and a copy was given to each person in the residents information pack. The manager told us that their "door is always open" to enable people to contact her directly at any time if they had concerns. The manager ensured complaints, concerns or minor issues were acted upon promptly and a response sent to the person with an apology or an indication of actions to be taken to prevent a re-occurrence if needed. We looked at the home's complaints file and saw that concerns and complaints had been responded to appropriately.

Requires Improvement

Is the service well-led?

Our findings

At the previous inspection of the home in December 2015 we had identified concerns over management and leadership at Prestbury Court Residential Home. This key question was rated as inadequate, as it had been at the previous inspection in March 2015. Quality assurance systems were not effective in ensuring people received high quality and safe care and poor record keeping had placed people at risk of harm. A breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was identified, and a warning notice served on the provider and then manager.

Following the inspection the provider told us what they were going to do to put this right. Since the last inspection there had been management changes at the home. The home was operated under the oversight of the operations manager until a new manager was appointed. The new manager has made application to CQC to be registered. They have previously been a registered manager elsewhere and have experience of working with older people and people living with dementia in care homes. We received regular information on progress being made from the home's management, through the safeguarding processes and from the local authority team.

On this inspection of 4 October 2016 we found that significant improvements had been made. These had been sufficient to meet the detail of the warning notice. However as some of the changes made have been recent, the new manager is not yet registered and we do not have a clear track record to show they have been sustained long term we have rated this key question as requires improvement at this time. This will be reviewed at the next inspection.

The operations manager and manager had completed the service improvement plan they had been working on with the local authority who were satisfied with the improvements that had been made and were now supporting placements at the home again. The quality team from the local authority had completed their work with the home, and there were no longer any safeguarding proceedings in place. The operations manager and manager had their own service development plans and action plans they were working on. They told us "we are not perfect yet. But we know what we want to do and how to do it".

The operations manager and manager told us about their vision for the home, and were confident they had the skills, resources and enthusiasm to develop the home further. They told us they had identified early on the need to work openly and transparently with people, staff and other agencies supporting the home. They had a clear understanding about good practice in care and had been open with people in acknowledging the previous concerns and what they were doing to put things right. They told us they wanted the home to be a place where people were recognised as individuals, and were being clearer about their admission criteria, to ensure they could safely meet people's needs. The manager told us "I am always here if people need to talk. My door is always open. We are always happy to listen to suggestions (from anyone) if it will help make people's lives better".

We saw staff working well as a team, and staff told us they felt supported. One staff member had a concern they wanted to raise with the manager but told us they felt very comfortable doing so, and felt they would

be listened to and action taken. The manager told us they wanted to make some staffing changes to help empower staff and give them more confidence. They aimed to encourage staff to become champions in particular fields, for example end of life care. Where training had been delivered staff were encouraged to reflect on this and see what could be implemented in their working practices. Likewise where there had been an incident or problem staff were encouraged to complete a reflective account to see what could be learned to prevent a re-occurrence.

For this inspection we contacted professionals who had been involved with the safeguarding processes in place at the last inspection, visiting professionals with regular contact with the home such as community nurses and the local authority for their views. All commented on the significant improvements that had taken place. Visiting professionals told us there had been a 'remarkable turnaround' at the home, and that it was now "like a completely different home to visit". Feedback given to us said that the home was now a "calm and well-ordered environment", "staff know what they were doing, they aren't panicking anymore; they are much more confident" and "It's been a transformation, very positive and happy. We all say so". Staff told us "It's all good now. We've got a good team. It's all very friendly" and "things are much better here now – the manager is much more approachable". Monthly staff meetings were being held to ensure staff were updated on all the changes and to give them an opportunity to voice any concerns.

People benefitted from good quality, safe care because systems had been put in place to ensure the quality and safety of the services provided. Regular audits were being carried out by the manager to ensure that people's experience was safe and met their needs and wishes. These included audits for staff training, medicines, and the environment. The provider had greater involvement and carried out regular monthly recorded checks at the home, with one director present for much of the week. The operations manager visited the home every week to provide support to the manager and ensure continued progress on the home's action plans. Tracker systems had been put in place to manage information, for example to ensure that dates for DoLS applications were recorded and easily accessible, and to ensure staff supervision dates were not missed. There were regular meetings of the management team and directors to look at progress and identify people responsible for actions, and each Friday the manager sent an email around the management team to update them on progress and any purchases needed.

The operations manager and manager attended courses on good practice in care and learned from professional journals and from reading other reports about care homes to see if there were areas of good practice they could introduce. They were part of the outstanding manager's network and had copies of guidance on good practice for example on diabetes care in care homes. They attended local manager's network meetings and provider engagement network meetings locally.

People benefitted because the service monitored the quality of the care delivered through quality assurance and quality management systems. Questionnaires were sent to relatives, visitors and visiting professionals to gather their views about the operation of the home. These were due to be sent again in the month following the inspection. However the home had also held meetings with relatives to discuss the recent actions that had taken place and any concerns they had. They had also written to families to re-assure them of the actions the home was taking and to encourage them to raise any concerns or issues they had. One relative told us "I was aware of the issues earlier in the year, but as (name of relation) was not affected by this I was not worried."

People's care was supported by records that were well maintained, and securely stored. Updates needed had been undertaken in a timely manner. Care plans, policies and procedures were available to staff in the home's offices some records that needed updating throughout the day were kept on clipboards in people's rooms for easy access. Staff told us that when people got up and moved downstairs these were moved to

the office so they were easily accessible. This helped to remind staff to complete them. Records for the administration of medicines were completed. Some people needed pressure area care to prevent tissue damage, and systems were in place to ensure records in relation to this were well maintained and up to date. Policies and procedures were available to staff at all times, and those we saw were up to date. There were safe facilities for the disposal of records no longer needed. Records were written using appropriate and respectful language.