

Porthaven Care Homes LLP

Astbury Mere Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This inspection was unannounced and took place on the 30 May and 02 and 05 June 2017.

The service was previously inspected in December 2015 when it was found to be meeting all the regulatory requirements which were inspected at that time.

Astbury Mere Care Home provides accommodation, personal and nursing care for up to 62 older people, many of whom are living with dementia. It is located in Congleton, East Cheshire. The service is provided by Porthaven Care Homes Limited. At the time of our inspection the service was accommodating 52 people.

The home is a two story building with 62 single rooms equipped with en-suite facilities. The dementia unit is located upstairs and general and nursing care is provided downstairs. There are four lounges, a private dining room, two dining areas, laundry and hairdressing salon. There is a garden at the rear of the building and several smaller sitting out areas around the building.

At the time of the inspection there was a registered manager at Astbury Mere Care Home. 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.

During our inspection we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of staffing. The registered person had failed to ensure that staff received the appropriate support and training necessary to enable them to carry out the duties they are required to perform. You can see what action we told the provider to take at the back of the full version of this report.

The registered manager was present throughout the three days of our inspection and was supported by her regional manager. The management team were supportive and transparent throughout the inspection process and were seen to interact with people using the service and staff in a caring and supportive manner.

We observed that Astbury Mere Care Home provided a homely, comfortable and relaxed environment for people to live in. People were able to receive visits from family members and friends each day and staff were attentive and responsive to the needs of the people living in the home.

We found that the needs of people using the service had been assessed and planned to help staff understand how to provide person centred care and to keep people safe from harm.

Where people were not able to indicate what they wanted, staff knew them well enough to anticipate their needs. The requirements of the Mental Capacity Act 2005 (MCA) were met and staff helped people to express themselves and to seek consent. People told us that they were given choices, allowed to take responsible

risks and staff included them in decision making processes. Corporate policies had also been developed relating to the MCA and DoLS (Deprivation of Liberty Safeguards) to provide guidance for staff on this protective legislation.

People were offered a choice of nutritious and wholesome meals that were provided in dining areas that offered a pleasant environment for people to socialise and eat their meals.

People using the service had access to a good range of individualised and group activities both on and offsite.

Records showed that people also had access to GPs, dentists; opticians; chiropodists and other health care professionals (subject to individual need). Medicines were ordered, stored, administered and disposed of safely.

Systems to monitor key aspects of the service, obtain feedback on the standard of care provided and to respond to safeguarding concerns and complaints had also been established.

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.

Policies and procedures were in place to inform staff about safeguarding adults and whistle blowing. Staff were aware of the procedures to follow if abuse was suspected.

Risk assessments had been updated regularly so that staff were aware of current risks for people using the service and the action they should take to manage them.

Recruitment procedures provided appropriate safeguards for people using the service and helped to ensure people were being cared for by suitable staff.

People were protected from the risks associated with unsafe medicines management.

Is the service effective?

Requires Improvement 

The service was not always effective.

Staff learning and development systems were in need of review to ensure staff were appropriately trained and supported for their roles and responsibilities.

Policies and procedures relating to the Mental Capacity Act and Deprivation of Liberty Safeguards had been developed to provide guidance to staff on this protective legislation and the need to protect the rights of people who may lack capacity.

People's nutritional needs had been assessed and meals planned accordingly.

Systems were in place to involve GPs and other health care professionals when necessary.

Is the service caring?

Good 

The service was caring.

Staff interactions were warm and relaxed and people using the

service were treated with dignity and respect and their privacy was safeguarded.

Is the service responsive?

Good ●

The service was responsive.

Care records showed people using the service had their needs assessed, planned for and reviewed when required.

There was a complaints procedure in place. People's concerns and complaints were listened to and acted upon.

People received care and support which was personalised and generally responsive to their needs.

Is the service well-led?

Requires Improvement ●

The service was well led.

The home had a registered manager who provided leadership and direction.

A range of auditing systems had been established so that the service could be monitored and developed. There were arrangements for people who lived in the home and their relatives to be consulted about their opinions of the service.

Astbury Mere Care 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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 30 May and 02 and 05 June 2017 and was unannounced.

The inspection was undertaken by one adult social care inspector, an inspection manager and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience who took part in this inspection had experience of older people requiring residential or nursing care.

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

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

During the inspection we talked with 19 people who used the service and 10 relatives. We also spoke with the regional manager; registered manager; deputy manager; home trainer; one nurse; two leisure and wellness coordinators; a team leader, four care assistants and the head chef.

We undertook a Short Observational Framework for Inspection (SOFI) observation during a lunch time meal. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at a range of records including: seven care plans; four staff files; staff training; minutes of

meetings; rotas; menus; complaint and safeguarding records; medication; maintenance and a range of audit documents.

Is the service safe?

Our findings

We asked people who used the service if they found the service provided at Astbury Mere Care Home to be safe. Overall, people told us that they had no concerns about the safety of the service or the support that they received.

Comments from people using the service included: "Never felt unsafe - not like previous care home"; "Do feel safe especially when walking" and "Yes, I do feel safe here."

Likewise, comments received from the relatives of people using the service included: "During their settling in period, the checks on them in the night were good"; "Definitely feel it is safe here" and "There are no trip hazards here. It's very safe."

We looked at seven care files for people who were living at Astbury Mere Care Home. We noted that each person had a care plan and supporting documentation which included a range of risk assessments. A fire risk assessment, fire evacuation policy, personal emergency evacuation plans and a business continuity plan were also in place to ensure an appropriate response in the event of a fire or major incident. This information helped staff to be aware of current risks for people using the service and the action they should take to minimise and control potential risks.

Systems were in place to record incidents, accidents and falls and to maintain an overview of incidents. However, we noted that some accidents and incidents had not been recorded on the main monthly summary logs. The action taken in response to some incidents was therefore not clear. We raised this issue with the registered manager during our inspection and at the feedback stage of the inspection and received assurances that action would be taken to address this matter.

At the time of our inspection there were 52 people being accommodated at Astbury Mere Care Home who required different levels of care and support. The service employed a registered manager on a full time basis who worked flexibly subject to the needs of the service. Additionally, a deputy manager was in post that worked alongside staff. Ancillary staff were also employed for administration; activities; hostess; domestic; laundry; catering and maintenance roles.

We noted that dependency profiles had been completed for each person using the service and that a system had been developed by the provider to keep under review the dependency of people using the service and to calculate approximate staffing hours. The dependency tool indicated that there should be a minimum of one registered nurse, two team leaders and eight care assistants on duty from 8.00am to 2.00pm. This changed from eight to seven care assistants from 2:00pm to 8:00pm. During the night six waking night staff and a registered general nurse were allocated to work.

The registered manager informed us that the current staffing levels in the home at the time of our inspection exceeded the number of hours recommended by the staffing tool. This was confirmed by examination of the staffing rotas. The registered manager also advised that she had the authority to vary the staffing levels in

the home subject to changes in occupancy and the changing needs of people using the service.

The provider had developed a recruitment and selection policy to provide guidance to management responsible for recruiting new staff. We looked at a sample of four staff personnel files. Through discussion with staff and examination of records we received confirmation that there were satisfactory recruitment and selection procedures in place which met the requirements of the current regulations. In all four files we found that there were: application forms; two references; medical information; disclosure and barring service (DBS) checks and proofs of identity including photographs. In appropriate instances there was evidence that Nursing and Midwifery Council personal identification numbers had been checked to ensure valid nursing registration. All the staff files we reviewed provided evidence that the checks had been completed before people were employed to work at Astbury Mere Care Home. This helped protect people against the risks of unsuitable staff gaining access to work with vulnerable adults.

A corporate policy and procedure had been developed by the provider to offer guidance for staff on 'Safeguarding adults and prevention of abuse' and 'Whistle blowing'. A copy of the local authority's adult protection procedure was also available for staff to reference.

Training records viewed confirmed that all staff had access to safeguarding training and that the majority of the team had completed this training. The registered manager and staff spoken with demonstrated a satisfactory understanding of the different types of abuse, their duty of care and the action they should take in response to suspicion or evidence of abuse. Staff spoken with also demonstrated a sound awareness of how to whistle blow, should the need arise.

We checked the safeguarding records in place at Astbury Mere Care Home. We noted that since our last inspection the registered manager had developed a tracking tool to enable her to maintain an overview of any safeguarding incidents or concerns. Records viewed confirmed that any safeguarding incidents had been discussed with and referred to the local authority safeguarding team in accordance with local policies and procedures.

No whistle blower concerns had been received by the Care Quality Commission (CQC) in the past twelve months.

We checked the arrangements for the management of medicines on one unit at Astbury Mere Care Home with the deputy manager. We noted that only the deputy manager and designated senior staff were responsible for administering medication. We were informed that staff responsible for the management of medication had completed appropriate training to help them understand how to manage medication safely. An assessment of competency was also undertaken periodically by the registered manager to check staff knowledge and understanding.

We checked that there were appropriate and up-to-date policies and procedures in place around the administration of medicines and found that the provider had developed a comprehensive medication policy for staff to reference dated December 2016. A copy of the policy was in the medication storage room for staff to reference together with other relevant guidance.

A list of staff responsible for administering medication, together with sample signatures was available for reference and photographs of the people using the service had been attached to medication administration records to help staff correctly identify people who required medication. Key information such as any known drug allergies and the person's GP details and date of birth had also been recorded.

Medication was dispensed by a local pharmacist using a blister pack system. This was kept securely within trolleys that were sited in a temperature controlled room. Separate storage was also available for medication requiring cold storage and for controlled drugs.

We checked the arrangements for the storage, recording and administration of medication and found that this was satisfactory. Medication administration records were correctly completed following the administration of any medication and records of the daily room and fridge temperatures had been maintained.

We noted that the dispensing pharmacist had undertaken a medication audit during August 2016, the overall findings of which were good. Monthly medication audits were routinely undertaken by the registered manager. At the time of our inspection none of the people using the service had chosen to self-administer their medication.

Staff had access to personal protective equipment and policies and procedures for infection control were in place. We noted that infection control audits were routinely undertaken as part of the home's quality assurance system. We viewed a copy of the last infection control audit for Asbury Mere Care Home and noted that the overall score was 98%. This confirmed the service operated good infection control procedures

Is the service effective?

Our findings

We asked people who used the service or their representatives if they found the service provided at Astbury Mere Care Home to be effective. Overall, people told us that their wishes and views were respected; they were offered choice and consulted in decisions about their care.

Comments received included: "Good choice of food. We have a new chef and they even help to serve the food. You can ask for something else"; "The food is well presented, even though it is a pureed diet" and "They [the staff] do the best they can."

We looked at the staff training matrix, training records and certificates and noted that the provider had established a programme of induction, mandatory, qualifications and service specific training for staff to access. This was delivered via a range of methods including face to face and on-line training.

Discussion with staff and examination of training records and certificates confirmed that staff had completed a large number of training courses within a short period of time. For example, one employee's training records indicated that the person had completed training in: first aid; Mental Capacity Act; infection control; health and safety; safe manual handling; safeguarding; fire safety and two dementia training courses within one day. This raised concerns regarding the learning and development systems in place at Astbury Mere Care Home. Furthermore, it raised concerns regarding the ability of staff to process, retain and reflect upon training completed as some staff spoken with lacked awareness of the training courses that they had completed and course content.

For example, two staff spoken with reported concerns about the lack of support mechanisms for staff following incidents of challenging behaviour or assaults from people using the service. At the time of our inspection one of the staff reported that they had not received any training in how to respond to challenging behaviour. The other staff member could not remember if they had completed challenging behaviour training however training records indicated that the employee had completed this training together with ten other training courses in the same day.

This is a breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in that, persons employed by the service provider in the provision of the regulated activity had not received the appropriate support and training necessary to enable them to carry out the duties they are employed to perform.

We spoke with the home's trainer who informed us that her role involved sourcing training, making sure that staff completed key training, providing direct support and guidance and undertaking observations. The home's trainer confirmed that she was aware of the number of courses that had been completed by staff within a short time frame. We were also informed that the home's trainer was in the process of updating the matrix with the actual dates training was completed by staff. This was to include a review of training assessment records as a number viewed had not been scored and did not indicate who had assessed the record, the date of assessment or outcome.

The home's trainer told us that she had sourced a new two-day training course in challenging behaviour and we received confirmation following our inspection from the registered manager that advanced dementia training had been booked for staff to attend.

Staff spoken with confirmed they had attended team meetings and received supervision periodically. This helped to ensure staff were provided with opportunities to share and receive information.

Astbury Mere is a modern two storey purpose built care home that was decorated and furnished to a high standard. The home has 62 single rooms each of which is fitted with an en-suite shower and washbasin. People were encouraged to personalise their rooms with their individual belongings such as pictures, ornaments and personal possessions to make them homely and comfortable. We also noted that people had access to aids and equipment to help people mobilise and maintain their independence.

There is a passenger lift in place and communal facilities for cooking, dining, personal care, relaxing and leisure. The home has four lounges, two dining areas, laundry and a hairdressing salon. A private dining room is also located on the ground floor which residents and their relatives are encouraged to book for special occasions.

We saw that various measures had been taken to create a safer and more dementia friendly environment. For example, on the first floor in the dementia unit we noted that small illuminated cabinets had been fitted outside people's bedrooms which contained photographs and personal items that were familiar and unique to each person to help people locate their bedrooms and reduce confusion. Orientation boards were also in place to remind people using the service of the day, date, season and weather. The service continued to promote 'Doll therapy' as a means to help comfort people and to reduce anxiety, together with a range of other activities that were geared towards people's individual needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission (CQC) is required by law to monitor the operation of DoLS. We discussed the requirements of the MCA and the associated DoLS with the registered manager.

We noted that policies on the Mental Capacity Act and Deprivation of Liberty Safeguards had been developed by the provider to offer guidance for staff on the core principles of the Act, assessing lack of capacity, best interest decision making and deprivation of liberty safeguards.

We saw that mental capacity assessments were undertaken if necessary and if applicable DoLS applications were completed. These were only completed if a person was deemed to be at risk and it was in their best interests to restrict an element of liberty. Applications were submitted to the local social services department who were responsible for arranging any best interests meetings or agreeing to any DoLS imposed and for ensuring they were kept under review. The registered manager maintained a record of people with authorised DoLS in place and the expiry dates. Information on applications awaiting authorisation had also been recorded.

We talked to staff to ascertain their understanding of who had a DoLS in place and what this meant. Staff spoken with confirmed they had completed training in the MCA and DoLS and demonstrated an awareness of their duty of care in respect of this protective legislation.

A four week rolling menu plan was in operation at Astbury Mere which was reviewed periodically in consultation with the people using the service. A copy of the menu plan was displayed outside each dining area on a menu stand for people to view. People using the service were supported to make their individual meal choices on a daily basis and alternative options were also available upon request.

We spoke with the head chef on duty and looked at the kitchen area. The kitchen area appeared clean and well managed. The cook showed us a file which contained important information for catering staff to view on people's food likes and dislikes; special dietary needs; portion sizes; texture of meals; allergies; ethnic, religious or cultural preferences and adapted cutlery, crockery or cups required. Catering records relevant to the operation of the kitchen were also available for reference. We noted that the most recent food standard agency inspection was in September 2016 and Astbury Mere had been awarded a rating of 5 stars which is the highest award that can be given.

The home had a combined dining room and serving area located on the ground and first floor. At the time of our inspection the ground floor dining area was being refurbished so another lounge in the home had been developed as a temporary dining area. Dining areas viewed offered a pleasant environment for people to socialise and eat their meals. Tables were appropriately laid with tablecloths, napkins, table mats, condiments and cutlery.

We undertook a short observational framework for inspection (SOFI) on the unit accommodating people living with dementia during a lunch time meal. Further information on the SOFI is recorded in the 'caring' section of this report.

We saw that people had a choice of meal and that meals were attractively presented and looked and smelt appetising. Furthermore, people had a drink of their choice and additional refreshments and snacks were provided throughout the day. We noted that staff were attentive to the needs of people requiring support at mealtimes and that people could eat their meals in their rooms if they wished. People spoken with were generally positive about the standard of food and drinks provided.

We noted that staff had developed working relationships with a range of social care and health professionals to help ensure positive outcomes for people's health and well-being. We could see from records that staff made referrals to appropriate health professionals where they had concerns about someone's health.

Discussion with people using the service and care plan records viewed provided evidence that people using the service had accessed a range of health care professionals such as: GPs; dentists; chiropodists; opticians; and community psychiatric nurses subject to individual need.

Is the service caring?

Our findings

We asked people who used the service or their representatives if they found the service provided at Astbury Mere Care Home to be caring. Overall, people were complimentary about the staff team and confirmed they were treated with respect and dignity by the staff who worked in the home.

Comments received from people using the service included: "They [the care staff] try to get to the bottom of it when you're not feeling well, they do their best for you"; "You do get the same faces every day. They [the care staff] make time to stop and chat to you"; "If I am in the bathroom, they [the staff] give me the help I need or the space, if required, to allow me to do it myself."

During our inspection of Astbury Mere Care Home we spent time talking with people and undertaking observations within the home. We observed the environment to be warm, homely and relaxed and that people were encouraged to maintain their independence and empowered to follow their preferred daily routines. We saw lots of positive interactions being exchanged between staff and people living in the home appeared clean, appropriately dressed and generally happy in their appearance. Relatives were also made to feel welcome and encouraged to visit at different times of the day.

Staff spoken with confirmed they had been given opportunities to work alongside experienced colleagues and to read people's care plans and that this had helped them to understand the needs of the people they cared for. During our inspection we asked staff specific questions relating to the care needs of people using the service and noted that they were aware of matters that were important and unique to people such as people's needs and support requirements; required personal aids; known risks and preferred routines. Staff spoken with also demonstrated a good understanding of the importance of providing person centred care and the need to safeguard people's dignity, individuality and human rights.

We used the Short Observational Framework for inspection (SOFI) tool as a means to assess the standard of care provided to people living with dementia during a mid-day meal. 18 residents were in the upper level dining room at the time of our observation being supported by six staff and a relative.

We noted that people using the service were offered a choice of meal and observed a kitchen assistant taking the time to explain to a person who required a pureed diet the different types of food that had been prepared on the plate. Meals were attractively presented.

People were seen to be supported by staff that were genuinely warm, attentive and responsive to people's needs. Staff were seen to take time to communicate and engage with people in a caring and dignified manner whilst at the same time offering appropriate support to people who required assistance with eating and drinking. People using the service were also given the necessary time to eat and finish their meals at their preferred pace.

People were accepted and empowered to follow their own routines throughout the mealtime. For example we noted that one person decided to get up and leave the dining room following their first course. Staff

explained that the person likes to leave the dining area and usually returned within a short period. The person was seen to soon return and resumed their second course.

People spoken with confirmed that they were given privacy and accorded respect and dignity. Staff were seen to provide appropriate care and support in a timely manner during the three days of our inspection and were observed to knock on people's doors and wait for a response before entering people's bedrooms. Likewise, when personal care was needed, this was given in privacy either in resident's own rooms or bathrooms.

Electronic and paper records were kept securely within the home to help ensure confidentiality. Information on Astbury Mere Care Home been produced in various forms including a 'Statement of Purpose' and 'Residents Handbook'. Both documents were displayed in the reception area of the home for people to view. The documentation provided current and prospective service users with key information on the service such as: philosophy of care; operational structure; aims and objectives; registered provider and manager details; admission criteria; services available; facilities provided and the complaints procedure etc.

Is the service responsive?

Our findings

We asked people who used the service or their representatives if they found the service provided at Astbury Mere Care Home to be responsive. Overall, people told us that staff met their individual needs and responded well to any changes.

For example, comments received from people using the service included: "I have seen my care plan; "I would speak to the Manager directly regarding a complaint" and "You are given a broad sheet every month detailing forthcoming activities like singsongs in the lounge, or people brought their dogs. They do try to make it interesting."

We received mixed feedback regarding the response times to call bells being activated. For example one person stated: "They come fairly quickly if I press the call bell." Likewise, another person stated: "Pressed buzzer, had to wait for help...seemed a long time waiting." We raised this feedback with the manager who assured us that she would monitor this issue and address any issues of concern.

We looked at the care plan files of seven people who were living at Astbury Mere Care Home. We found that the provider had developed guidance and documentation for care planning for staff to follow which included an index system. Files viewed were easy to follow and contained important information such as: pre admission assessments of need; admission details; life story information; care plan records and associated risk assessments.

Care plans outlined individual needs and the actions required by staff to ensure they were met. Records had been kept under monthly review or sooner in the event a person's needs had changed. A range of supporting documentation such as lifestyle profile information; observation records; health care records; communication notes and daily records were also available for reference.

At our last inspection in December 2015 we noted that care plans viewed did not always describe in detail the support required from staff to meet individual needs and some records were not fully completed. On this inspection we could see that action had been taken to review and improve care plan records. We saw one example where the information recorded could be more explicit. We raised this with the registered manger during our feedback and received assurances that action would be taken to address the issues.

The registered provider had developed a complaints procedure to provide guidance to staff and people using the service and / or their representatives on how to raise a concern or complaint. The procedure included timescales for investigation and providing a response. Information on how to raise a complaint or concern had also been included in the statement of purpose and in the resident's handbook.

We looked at the complaint records for Astbury Mere Care Home. 12 complaints had been received in the last year. Examination of records and discussion with the registered manager confirmed action had been taken promptly in response to the concerns raised. This confirmed that feedback received was listened to and acted upon.

The provider employed one full time and two part-time leisure and wellness coordinators who were responsible for the planning and development of activities within the home. We noted that two of the staff had completed National Activities Provider Association level 2 training. NAPA is a charity and membership organisation dedicated to understanding the needs of people in care settings and equipping staff with the skills to enable people to enjoy spending time purposefully and enjoyably doing things that bring them pleasure and meaning.

A monthly programme of activities and notices were produced for people using the service to view which were displayed around the home on notice boards. Copies were also delivered to each resident's room. On the first day of our inspection, activity staff supported people on one to one activities such as nail care and pampering. There was also a musical movements session. On day two of our inspection, a trip out was organised for five people to attend a gathering at a local village hall for afternoon tea and cakes. A game of scrabble, more one to one activities and a visit from the ice cream van were also enjoyed by residents during the day. On the final day of our visit, activity staff organised a reminiscence activity, coffee morning and afternoon tea for residents.

People using the service had access to an activities room that was equipped with various resources including tables, chairs, kitchenette, television, personal computer, digital versatile disc and iPad facilities.

We noted that people using the service had access to a range of activities. Leisure and wellness coordinators also maintained individual records of the date, description and type of activity that people had participated in. Examples of other activities on offer included: baking sessions; art and crafts; bingo; theme days; indoor board games; reminiscence sessions; church services; trips out; one to one ipad sessions and gardening etc.

People spoken with told us that they were generally happy with the activities on offer.

Is the service well-led?

Our findings

We asked people who used the service or their representatives and staff if they found the service provided at Astbury Mere Care Home to be well led. Overall, people we spoke with said that the service was good and that the registered manager was available to talk to.

For example, comments received from people using the service included: "I think Manager is approachable, they have a lot on" and "Yes, the manager is approachable and comes up to see me."

Astbury Mere Care Home had a manager in place that was registered with the Care Quality Commission. The registered manager was present throughout the three days of our inspection and was supported by her regional manager.

The registered manager was supportive, open and transparent throughout the inspection process and we observed that she interacted positively with people using the service and staff in a caring and supportive manner.

The registered provider had developed a quality assurance system which had recently been revised prior to our inspection. The system was based upon seeking the views of people who use the service or their representatives and included a number of routine checks and audits. This helped to ensure oversight and scrutiny of the operation of the service.

However, despite quality assurance systems being in place we identified issues relating to staff support and training and development. For example, we noted that some staff lacked awareness of the training that they had completed and the content of courses. Upon examination of training records we noted that staff had been expected to complete several training courses within a day and that this had impacted upon their ability to retain information.

The registered manager told us that questionnaires were distributed by the home's administrator to people using the service or their relatives at quarterly intervals throughout each year. We viewed the results for the most recent survey which was completed from April 2017 to March 2017. The analysis was based upon feedback from 21 respondents. The questions focussed on care, food and drink, leisure and wellness, customer care, home environment and recommendation.

Overall, 90% said they would recommend the home to others (10% did not answer). 48% said excellent and 33% said very good when asked to rate the quality of care received. 100% of the respondents gave positive feedback on the variety of food provided. 90% also gave positive feedback on the quality of food provided. There was 95% positive feedback on activities provided. In relation to how well Astbury Mere Care Home welcomes residents / relatives when they visit the home, 67% said excellent and 29% said very good. Individual action plans were in place which confirmed feedback had been reviewed and action taken if necessary.

People were also encouraged to share their feedback via the carehome.co.uk website and information on how to use this facility was displayed in the reception area of the home. We asked for a print off of the reviews submitted to the website and noted that there had been seven reviews in the last 12 months, all of which were positive. A comments box was also located in the foyer to enable people to share their feedback anonymously.

Relative and resident meetings were coordinated throughout the year during which people were encouraged to share and receive information. Likewise, seasonal newsletters were distributed to people using the service and their representatives to share information regarding the home.

An annual home audit schedule was in place which confirmed key operational areas were subject to on-going monitoring and review by the senior management team, regional manager and registered manager. These covered a range of areas such as: home; hotel services; kitchen; medication; nursing care documentation and infection control. Audits viewed included evidence of actions required and when completed.

The registered manager asked us to view a 'best practice' file which she maintained. This contained a range of awards that the home had achieved for example: the best activity provider award from the National Activities Provider Association; recognised training such as 'React to Red' (a pressure ulcer prevention campaign that is committed to educating as many people as possible in order to reduce the number of avoidable pressure ulcers); and trips, celebrations and meetings that had been facilitated throughout the year. For example, we noted that a group of residents had been supported to hire a canal boat and that the home had organised a party to celebrate the Queen's 90th birthday.

Periodic monitoring of the standard of care provided to residents funded via the local authority was also undertaken by Cheshire East Council's commissioning team. This is an external monitoring process to ensure the service meets its contractual obligations. The contracts monitoring team last undertook a focussed monitoring visit to Astbury Mere Care Home during May 2017. During the visit the quality assurance team looked at staff training, staff rotas, staff supervision and some care plans and observation charts. No issues were identified and the home appeared calm, clean, and adequately staffed.

We checked a number of test and / or maintenance records relating to: the fire alarm system; fire extinguishers; electrical wiring; gas safety; portable appliances; passenger lifts and slings and found all to be in order. We noted that health and safety committee meetings had been coordinated throughout the year during which any issues related to: fire safety training and issues; health and safety training and issues; enforcement and registration inspection issues; policies and procedures and emergency continuity plans etc. had been discussed.

The registered manager is required to notify the CQC of certain significant events that may occur in Astbury Mere Care Home. We noted that the registered manager had kept a record of these notifications. Where the Commission had been notified of safeguarding concerns we were satisfied that the manager had taken the appropriate action. This meant that the registered manager was aware of and had complied with the legal obligations attached to her role.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered person had failed to ensure that staff received the appropriate support and training necessary to enable them to carry out the duties they are employed to perform.
Diagnostic and screening procedures	
Treatment of disease, disorder or injury	