

Freshfield Care Limited

# Bankfield House 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

We carried out an inspection of Bankfield House Care Home on 26 and 27 September 2018. The first day of the inspection was unannounced.

Bankfield House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is based in the Woodley area of Stockport and can accommodate 30 people over two floors. At the time of our inspection the home was fully occupied.

The home was last inspected on 21 and 22 August 2017, when we rated the service as 'requires improvement' overall and in two of the five domains. We also identified two continued breaches of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to safe care and treatment and good governance.

At this inspection we found the provider had addressed the previous regulatory breaches, however we identified four new breaches in three of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These are in relation to staffing, safeguarding people from abuse or improper treatment and good governance. You can see what action we asked the provider to take at the back of the full version of this report.

At the time of the inspection the home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff had access to both e-learning and practical training sessions. Although staff spoke positively about the support and training provided, the training matrix revealed gaps in training provision and that some sessions completed were out of date.

The home was not consistently adhering to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), which is used when someone needs to be deprived of their liberty in their best interest. Applications to allow the home to legally deprive people of their liberty had not been submitted for all those who met the requirements, with no clear system in place for determining who required an application and who did not. The best interest process had not been used, where people lacked capacity to consent to care and treatment and did not have a legal representative to make decisions on their behalf.

The home had a range of systems and procedures in place to monitor the quality and effectiveness of the service, however these had not identified the issues we noted during inspection. We also noted some gaps and inconsistencies in records and monitoring charts, which had also not been identified by the home or

their governance systems.

People we spoke with told us they felt safe and enjoyed living at Bankfield House Care Home. They had no concerns about the standard of care provided, nor did their relatives or friends with whom we spoke. Staff were knowledgeable about the different types of abuse, how to identify these and report any concerns. The home had appropriate safeguarding policies and reporting procedures in place, and had submitted monthly reports to the local authority for any incidents which had occurred, as required.

Checks had been carried out to ensure staff were suitable to work in a care setting with vulnerable people. Enough staff were deployed to meet people's needs. The home used a system to determine safe staffing levels, which although complex to use, tallied with the rotas.

The home was clean, well maintained with appropriate infection control processes in place. Staff had access to and wore personal protective equipment (PPE) to prevent the spread of infection. Checks and servicing of equipment, such as for the gas, electricity, fire safety, passenger lift and hoists were up-to-date. Medicines were stored, handled and administered safely and effectively. Staff responsible for administering medicines were trained and had their competency assessed annually.

Meal times were observed to be a positive experience, with people being supported to eat where they chose. Staff engaged in conversation with people and encouraged them to eat throughout the meal. We saw drinks were available in communal areas throughout the home, as well as being provided during 'drinks' rounds. People who required a modified diet, such as soft or pureed received this in line with guidance from professionals, such as dietitians or speech and language therapists.

We observed positive and appropriate interactions between the staff and people who used the service. Staff were reported and observed to be kind, caring and considerate. They knew the people they supported and how they wanted to be cared for. People were treated with dignity and respect and offered choice within the daily lives. Staff were mindful of the importance of prompting independence and encouraged people to do things for themselves.

Care plans contained personalised information about the people who lived at the home and how they wished to be cared for. Each file contained detailed care plans and risk assessments, which helped ensure people's needs were being met and their safety maintained.

The home provided a range of weekly and monthly activities and events for people to participate in. Involvement was captured within activity records and suggestions for activities requested and welcomed, to ensure people had access to things they enjoyed.

People and their relatives were involved in the running of the home, through attendance of resident and relative meetings and completion of questionnaires.

## 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.

Staffing levels were appropriate to meet people's needs.

People we spoke with told us they felt safe living at Bankfield House.

Medicines were stored, handled and administered safely by trained staff that had their competency assessed annually.

### Is the service effective?

Requires Improvement ●

Not all aspects of the service were effective.

The service was not consistently meeting the requirements of the Mental Capacity Act (MCA 2005) and Deprivation of Liberty Safeguards (DoLS).

Staff reported sufficient and regular training and supervision was provided to enable them to carry out their roles successfully, however the training matrix, showed gaps in provision, completion and updating of training sessions

The dining experience was positive and we saw nutritional needs were being assessed and provided as per professional recommendations.

People's medical needs were supported and involvement of professionals clearly documented.

### Is the service caring?

Good ●

The service was caring.

People living at the home and their relatives were positive about the care and support provided. Staff were reported to be kind, respectful and treated people with dignity.

People's preferences were captured within care files and care was provided in line with their wishes.

Staff had a good understanding of the people they cared for and were actively involved in promoting people's independence.

### **Is the service responsive?**

The service was responsive.

Assessments of people's needs were completed and care plans provided staff with the necessary information to help them support people in a person centred way.

The home had an activities programme in place. People we spoke with were positive about the activities and outings available.

People told us they knew how to complain and would feel comfortable doing so, but had not yet needed to.

**Good** ●

### **Is the service well-led?**

Not all aspects of the service were well-led.

Audits and monitoring tools were in place and used to assess the quality of the service, however these had not identified the issues we noted during inspection.

Both the people living at the home and staff working there said the home was well-led and managed and that they felt supported by the registered manager.

Team meetings were held regularly to ensure that all the staff had input into the running of the home and were made aware of all necessary information.

**Requires Improvement** ●

# Bankfield House 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 26 and 27 September 2018. The first day of the inspection was unannounced. The inspection team consisted of one adult social care inspector from the Care Quality Commission (CQC).

Before commencing the inspection we looked at any information we held about the service. This included any notifications that had been received; notifications are changes, events or incidents that the provider is legally obliged to send to us without delay, any complaints, whistleblowing or safeguarding information sent to CQC and the local authority. We also contacted the quality monitoring team at Stockport Council to ask for their views of the home and any other pertinent information, to help with inspection planning. Feedback received was positive and highlighted no current concerns.

Before the inspection, the provider completed 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.

During the course of the inspection we spoke to the registered manager, the provider and five care staff. We also spoke with four people living at the home and three visiting relatives or close friends.

We looked around the home and viewed a variety of documentation and records. This included eight care files, four of which were in detail, five staff files, six medication administration record (MAR) charts, policies and procedures and audit documentation.

## Is the service safe?

### Our findings

We checked the progress the provider had made following our inspection in August 2017 when we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as the provider had failed to ensure all required kitchen checks had been completed consistently and food stored appropriately in the fridge.

We found the home had made the required improvements and was now meeting the regulations. Since the last CQC inspection the home had been inspected by the Local Authority, who had awarded them a food hygiene rating of five stars, the highest achievable. Temperature checks of appliances and cooked food had been completed consistently and food had been stored correctly after opening.

People told us they felt safe living at Bankfield House and had no concerns about the care provided. Relatives and other visitors also spoke positively about the standard of care provided and felt their loved ones were safe and well looked after. Comments included, "I feel safe here, no concerns at all" and "Do I think my mum is safe here, yes, extremely so."

Care files contained a range of personalised risk assessments, to ensure potential risks had been considered and action taken to minimise these. Where specific issues had arisen, such as a person had begun to experience more falls, or had difficulty with swallowing, specific risk assessments had been completed and interventions introduced.

Staff told us they had received training in safeguarding, which was refreshed annually and when questioned, knew the different types of abuse, how to identify these and report any concerns. The home's safeguarding file contained a copy of the local authority's policy and procedures. 'Harm logs', which detail any issues or incidents which have occurred within the home, had been completed and submitted to the local authority in line with reporting guidance.

The home deployed sufficient numbers of staff to meet people's needs. The home used a system for working out the number of staff needed per shift to meet people's needs; these are sometimes called a 'dependency tool'. Staff confirmed the numbers allocated to both day and night shifts were enough and any shortages, due to sickness or absence, were filled with agency staff by the registered manager. People we spoke with provided differing opinions, albeit these were based more on how hard staff worked, for example one person said, "I don't think there's enough staff as they work so hard, they are always busy." However, each person we spoke with confirmed a staff member had been available whenever they had required support and waiting times had been reasonable.

Safe recruitment procedures were in place, to ensure staff employed were suitable for the role and people were kept safe. We looked at five staff files and noted references, proof of identification, full work histories and Disclosure and Baring Service (DBS) checks had been sought. DBS checks help employers make safe recruitment decisions as they identify if a person has had any criminal convictions or cautions.

Accidents and incidents had been recorded correctly and consistently. These were stored in a designated file and arranged by month. Each accident had been reviewed and action points generated to reduce the risk of a reoccurrence. We checked and found each action generated had been implemented.

The home was clean with thorough cleaning and infection control processes in place. Each visitor was asked to apply hand gel upon entering the building. Bathrooms and toilets contained liquid soap and paper towels and staff had access to and used personal protective equipment (PPE) such as gloves and aprons, which was changed prior to providing care to each person. The home employed four domestics, who followed a range of checklists to ensure each area of the home was clean, tidy and free from odour.

The home had effective systems in place to ensure the premises and equipment was fit for purpose. Gas and electricity safety certificates were in place and up to date. Hoists, the lift and fire equipment had been serviced in line with legislation with records evidencing this. Call points, emergency lighting, fire doors and fire extinguishers were all checked regularly to ensure they were in working order. Each person had a personal emergency evacuation plan (PEEP), which explained how they should be evacuated from the building in the event of an emergency. We did note these were very detailed and discussed with the registered manager the benefits of having a summary sheet to refer to in an emergency, when staff may not have the time to read a two to three page document for each person.

Medicines were being managed safely and effectively. Staff authorised to administer medicines had received training and had their competency assessed annually. Medicines audits had been completed by both the shift supervisors and registered manager, to ensure medicines had been stored, administered and recorded correctly and stock control was managed appropriately. Each person's medicine administration records (MAR's) contained their name, photo; to aid with identification at the time of administration and allergy information. There was also details of each medication; including an image of any tablets prescribed, when and how to administer, to ensure people received the correct medicines, when they required them. We checked six MAR charts and found these had been completed accurately and consistently.

At the time of inspection, no-one received their medicines covertly, which is without their knowledge, however the home had policies in place, in case this was required in the future.

Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs (CD). We found CD's had been administered as per guidance, with the register completed correctly and consistently.



## Is the service effective?

### Our findings

Staff told us they received sufficient training and support to carry out their roles. Comments included, "Training is good, we sometimes get people coming in to do this or we go out of the home", "There's enough provided, done quite a bit recently" and "We have supervision twice a year and an annual appraisal, this is enough and I feel supported."

Both supervisions and training were monitored via separate matrixes. The supervision matrix showed these had been provided in line with the agreed schedule of two supervisions and one appraisal per year. However, the training matrix contained a number of gaps, which would suggest staff had not completed training in that area, as well as training which was out of date. For example, out of 21 direct care staff, which includes the registered manager, the matrix indicated 12 had either not completed manual handling training or it was out of date. For safeguarding this figure equalled 11, for first aid 10 and for both dementia and mental capacity training it was nine.

We were unclear whether the matrix was up to date and fully captured training completed via e-learning. This was because in one staff's personnel file we noted a certificate for safeguarding training dated October 2016, whereas the matrix listed their last safeguarding training as being done in September 2015. We raised our concerns with the registered manager and asked them to provide us with an updated copy. However, when we received a further copy of the matrix following the inspection, this still contained gaps and out of date training.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing, as the provider had failed to ensure staff received the appropriate training and professional development, to enable them to carry out their roles safely and effectively.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 home was not always acting in accordance with MCA. We received mixed feedback from staff when we asked them about their understanding of MCA and DoLS and whether they had received training in this area. Comments included, "Don't think I've had training, is it something to do with liberty?" and "We do this online, understand some bits of it, but [supervisors] deal with this sort of thing."

We found the home had no clear rationale for determining whether people were being deprived of their liberty and required a DoLS application to be submitted. At the time of inspection 12 applications had been submitted and seven people had a DoLS in place. However, we identified at least two people who had been

deemed to lack the capacity to consent to their care, however a DoLS application had not been submitted.

We found a lack of signed consent forms in people's care files and where these were present, they had been signed by a relative who did not have the legal authority to do so. Unless a relative has Lasting Power of Attorney (LPA) for health and welfare, they are not legally permitted to make decisions for their loved ones. Any decisions made on behalf of that person, such as consent to care and treatment, should be made via the best interest process. The providers own policy clearly explained this was the process which should be followed, however we found no records to evidence best interest meetings or decision making had taken place.

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

People we spoke with told us the food was good and they received enough to eat and drink during the day. Comments included, "Foods good and we get enough of it, no concerns" and "They have drinks available all day in the lounge, though I do need to ask staff to get it, as can't manage to pour my own."

Observations during breakfast and lunch time meals, discussions with people living in the home and their relatives, identified that people were supported to maintain a balanced diet that met their identified needs and preferences. We noted people who required a modified diet, such as soft or pureed meals, received these in line with their care plan. A relative told us, "They are very careful with mum's diet. Puree all her meals and thicken all fluids. She is getting good sustenance."

Care staff monitored people's weight in line with their care plan, with advice sought from healthcare professionals when required. Although weights were captured, we did note the home did use a formal nutritional monitoring system, such as the Malnutrition Universal Scoring Tool (MUST), which is a five-step screening tool to identify adults who are malnourished, at risk of malnutrition or obese. This would help ensure timely referrals to professionals such as a dietician had been made.

We found appropriate systems in place to manage people's pressure care needs. As with nutrition, no formal prevention or monitoring tool, such as The Waterlow score had been used to assess people's risk of skin breakdown, however care files clearly detailed people's pressure care needs. The home worked closely with district nurses to monitor people's skin and where any concerns had been identified, or people were being cared for in bed, pressure relieving equipment was in place and regular repositioning completed.

Records showed that people were supported to maintain their health and were referred to healthcare professionals such as GPs, chiropodists and district nurses when needed. Each person's care file contained sections for professionals to document their involvement, including the reason for the visit, treatment advised or provided and action for staff to take.

We saw some steps had been taken to ensure the environment was suitable for people living with dementia. Pictorial signage had been used on all bedroom, bathroom and toilet doors, to make them easier to identify. However, whilst corridors were light and airy and the overall décor had been chosen to provide a 'homely' feel, which people and relatives we spoke with appreciated, it was evident further consideration was required to ensure the home was 'dementia friendly', such as the use of contrasting coloured hand rails and toilet seats. We discussed this with the registered manager and provider during the inspection, who agreed to consider as part of their ongoing maintenance programme.

## Is the service caring?

### Our findings

People, their relatives and friends we talked with, spoke positively about the care provided and the caring nature of the staff who supported them. Comments included, "She is well looked after, the staff are super", "The staff are providing good care, very happy" and "The staff are great, very helpful and very kind."

People living at the home were treated with dignity and respect by staff. One person told us, "The staff are nice people, very respectful." Staff told us they respected people's views, ensuring people received support the way they wanted it. When providing personal staff ensured dignity was maintained by, "Closing doors and curtains" and "Covering people with a towel."

During the inspection we observed staff knocking on doors before entering, asking people whether they wanted to wear a clothes protector at meal time to keep their clothes clean and being discreet when supporting people to use the toilet.

Staff were knowledgeable on the importance of promoting independence. One told us, "We encourage people to do what they can for themselves. Encourage people to walk, rather than rely on a wheelchair, so they are maintaining their mobility, pass people a flannel, so they can wash themselves and just step in if they can't manage." During the inspection we observed a staff member request a plate collar for one person, this is a device which clips onto a plate and stops food spilling off. This enabled the person to feed themselves, as they were able to scoop food against the collar with just one hand.

People we spoke with confirmed staff knew what they wanted and offered them choice. One told us, "Yes, we are given choices, though I'd say they are guided choices, such as 'are you ready for bed'. However, it's up to me what time I choose to go." Another stated, "Yes, I am offered choices every day, what to wear, what I would like to eat, things like that."

We observed staff interactions with people over both days of the inspection and saw they were kind and caring in their approach. Staff spoke with people in a friendly manner, were patient and gave people time to respond. People looked comfortable and at ease within the home and staff's presence, engaging in conversation and 'banter' and happily sharing a joke.

There was a positive culture at the service and people were provided with care that was sensitive to their needs and non-discriminatory. Staff were mindful of the importance of catering for people's diverse needs, whether these be spiritual or cultural. At the time of inspection nobody living at the home had any specific requirements, however staff told us these would be catered for. We saw care files contained sections which captured spiritual and cultural information and the support people required in these areas.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We found the service had met this standard. Care files contained information about people's communication ability, any issues and how to overcome these, including people's first language, in case this was not English. We also

noted people's door plaques contained information written in braille, to cater for people with a visual impairment.

## Is the service responsive?

### Our findings

We saw the home provided care which was personalised and responsive to people's individual needs and preferences. Pre-admission assessments had been completed, which captured key information about the person, to ensure the home had an understanding of their needs prior to admission. An admission details coversheet had been compiled, which summarised key information and provided a good overview of each person's needs and abilities.

People's care files contained four main sections, which covered general information, assessments, care plans and reviews. Each person's file had a cover page, which detailed the person's name, their preferred name, photograph and room number.

We found the inclusion of personalised information about people's life history, background and interests was inconsistent. In some of the files we viewed, we saw their 'profile' section was detailed, whereas in others this was much more limited and in two instances blank. The registered manager told us obtaining this information had proven difficult for some people, hence the inconsistencies identified.

The home was using two different care plan systems within each person's file. This was because the new care plan template, provided by an external company, did not cover all the areas required, and so elements of the old care planning system had been retained. Despite this we found care plans were simple, yet informative and clearly detailed the support people required. We saw care plans were regularly reviewed, although documentation within care files did not capture people or their relative's involvement in this process. However, some of the people and their relatives we spoke with, told us they had been involved in discussing the care provided and felt communication was good.

The home offered a range of activities and facilitated outings. The activity programme was going through a period of transition, as the co-ordinator had recently left the service. A full time replacement was being sought, but in the interim a previous co-ordinator had agreed to step in part time to help out. This had meant a short term reduction in the programme offered, as the temporary co-ordinator was only able to work two days per week. However, people told us they were happy with the schedule offered and had enough to occupy their time. One told us, "[Co-ordinator] comes in twice a week, we have communion, watch TV, read books, do puzzles. We went on a barge trip recently. Plenty to do."

The home displayed photographs of outings and activities completed to act as a reminder for people. We saw a notice had been displayed in the entrance area, asking people and their relatives to record any activity suggestions they would like to see completed or incorporated into the schedule.

There was an effective system in place to deal with complaints. The complaints procedure was clearly displayed and included in the 'resident information pack' which people were given upon admission, as well as a copy being available in the entrance area. People we spoke with knew how to complain, telling us they would approach a carer, however had not had cause to do so. A relative told us, "I have raised small issues, such as hair washing and such like. They have listened and acted on what I have said."

The home had a complaints file and separate comments book, which was used to record minor issues or concerns raised, or suggestions for improvements. We saw 25 formal complaints had been submitted since the last inspection in August 2017. Each of these had been investigated and a written response provided to the complainant. Where the complaint had involved a staff member, copies of any disciplinary meeting or discussion minutes had been included, to evidence outcomes and action taken.

The home was meeting people's end of life needs. Relatives spoke positively about the home's management and support of people in receipt of palliative care. The home followed 'The Gold Standard Framework' for end of life care. We saw monthly palliative / end of life meetings had been held where people's current presentation was discussed. Supportive care records had been completed and updated regularly to reflect people's presentation and care needs. We noted where necessary, GP's and district nurses had completed weekly palliative observations, to further support the home in managing people's needs at the end of their life.

## Is the service well-led?

### Our findings

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like the registered provider, they are Registered Persons. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was present during both days of inspection.

Although the home had a range of systems and processes in place to assess the quality of the service, there was no clear schedule for what audits would be completed and when. We saw an audit schedule in one file we viewed, however this listed 82 areas which should be looked at, of which only 15 had been completed. We discussed with the registered manager, the feasibility of them completing checks in 82 areas and how a more manageable and organised audit schedule would help ensure greater oversight and address any shortfalls.

The audits and quality monitoring systems in place had not identified the issues we noted during inspection in regard to training completion, failure to adhere to the MCA, as well as concerns noted with completion, consistency and accuracy of documentation, especially monitoring charts. During the inspection we looked at a variety of records such as cream charts, positional change charts, food and fluid charts and personal care charts. Although overall these had been completed as required, we did identify some gaps and inaccuracies in recordings, which the registered manager was unaware of. These included the amount people had drunk being incorrectly calculated on fluid balance charts, which meant the amount recorded as being consumed was inaccurate, positional changes not being consistently documented on charts, resulting in the appearance of gaps in repositioning which contradicted guidance in care files, topical medicine charts not being signed after creams had been applied and one person's personal care chart not being completed since 20 September 2018, which meant we could not determine they had received the necessary support, or refused interventions for almost a week.

This is a breach of Regulation 17(2)(a)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance, as the provider had failed to appropriately assess, monitor and improve the quality and safety of the home and the systems which were in place had not identified the breaches in regulations we noted during inspection. Care records, in particular the monitoring records which evidenced the care and support provided by staff, had not been always been completed accurately.

All the staff we spoke with told us they enjoyed working at the home and felt supported by the registered manager. One said, "Yes, I love it here, feel very much supported." A second stated, "Yes, I do [enjoy working here], we have a good relationship." Staff also told us the registered manager was a visible presence in the home. Comments included, "Very visible, she always mucks in when needed" and "Always out and about, she gets stuck in, she's a super trooper, amazing."

People living at the home and the relatives we spoke with, knew the registered manager and felt the home was well-led. The registered manager was reported to be approachable and acted on any issues raised. We

noted since the last inspection, the registered manager had received a Care Home engagement award from Stockport Council, which had been presented by the Mayor of Stockport. The home welcomed comments from people, to help improve the care provided. We saw a comments tree in the reception area, where people could 'hang' any comments, which were reviewed by the registered manager or provider.

People and their relatives were involved in how the home was run through completion of resident and relative meetings, which were held six weekly and annual satisfaction surveys, which were completed in June each year. The survey asked people to comment on whether they were given choice, received good care, were provided with information and liked the environment. Feedback from the latest survey was positive, with people recording comments such as, 'excellent care and service provided', 'staff friendly and helpful' and 'staff look after my needs with respect'.

Staff meetings had been held quarterly, with additional meetings held for different designation of staff, such as domestics and kitchen staff. Staff we spoke with told us they found the meetings useful and could be used to raise any issues or concerns they had.

The home's policies and procedures were supplied via an external company, who updated policies in line with changes to legislation, which ensured the home always had the most up to date guidance available.

We found accidents, incidents and safeguarding had been appropriately reported as required. We saw the registered manager ensured statutory notifications had been completed and sent to CQC in accordance with legal requirements and copies of all notifications submitted were kept on file. The last inspection report was displayed within the home as per requirements.



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	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider had not acted in accordance with the Mental Capacity Act 2005 or followed the Deprivation of Liberty Safeguards.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to appropriately assess, monitor and improve the quality and safety of the home and the systems which were in place had not identified the breaches in regulations we noted during inspection. Some care records, in particular the monitoring records which evidenced the care and support provided by staff, had not been always been completed accurately.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had failed to ensure staff received the appropriate training and professional development, to enable them to carry out their roles safely and effectively.</p>