Winnie Care (Macclesfield) Limited

Ashfields Care Home

Inspection report

129 Prestbury Road
Macclesfield
Cheshire
SK10 3DA

Tel: 01625617288
Website: www.winniecare.co.uk

Date of inspection visit:
25 April 2016

Date of publication:
12 October 2016

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection was unannounced and took place on 25 April 2016.

Ashfields is a 39 bedded three-storey care home for older people. It is located in Macclesfield and is close to local shops and the town centre. Included in the number of bedrooms are five single storey flats located within the grounds of the home. The flats are linked to the main building via a roofed walkway and equipped with a call system. The flats have en-suite facilities including a small kitchenette and are designed for people who are more independent.

The service was last inspected in March 2013 where the service was found to be compliant in all the areas we looked at.

The home has 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. At the time of our inspection there were 38 people living in the home.

We found that people were provided with care that was safe, person centred, sensitive and compassionate. The home was managed and staffed by a consistent team of care assistants who were well supported.

We saw that the service had a safeguarding policy in place. This was designed to ensure that any safeguarding concerns that arose were dealt with openly and people were protected from possible harm. All the staff we spoke to confirmed that they were aware of the need to report any safeguarding concerns.

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

We found that there were sufficient staff deployed to meet the needs of the people living in the home.

The provider had their own induction training programme which was designed to ensure that any new staff members had the skills they needed to do their jobs effectively and competently. This resulted in staff having the skills and knowledge to carry out their jobs well and provide safe and effective care.

We asked staff members about training and they all confirmed that they received regular training throughout the year and that this was up to date and provided them with knowledge and skills to do their jobs effectively.

People had care plans which were personalised to their needs and wishes. Each care plan contained

detailed information to assist support workers to provide care in a manner that respected the relevant person's individual needs, promoting their personal preferences'.

People living in the home told us that the standard of care they received was good. Comments included, "The staff are excellent" and "They treat me well". Relatives spoken with praised the staff team for the quality of care provided. They told us that they were confident that their relatives were safe and well cared for. One person told us, "I'm happy that they are looking after my mum".

The service had a range of policies and procedures which helped staff refer to good practice and included guidance on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. This meant that staff were able to help and support people who had difficulty in making decisions and ensured that plans were put in place in the person's best interests. We saw that applications had been made appropriately.

There was a flexible menu in place which provided a good variety of food to people using the service. People living there told us that the food was good and they had a wide variety of food choices as well as where they could eat their meal.

Staff members we spoke with were positive about how the home was being managed and felt that the manager was supportive, organised and approachable.

There was an internal quality assurance system in place to review systems and help to ensure compliance with the regulations and to promote the welfare of the people who lived at the home. This included audits on care plans, medication and accidents.

The home was well-maintained and clean and provided a calm, homely atmosphere. There were a number of maintenance checks being carried out weekly and monthly. These included water temperatures as well as safety checks on the fire alarm system and emergency lighting. These were audited regularly.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

The provider had sufficient staff to meet the needs of the people living in the home. Staff, people living in the home and relatives felt that there enough staff and our observations confirmed this.

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

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

Is the service effective?

Good

The service was effective.

Staff members had received regular training and they confirmed that this gave them the skills and knowledge to do their jobs effectively. Staff completed induction training and shadowing on commencing with the service.

There was a flexible menu in place which provided a good variety of food to people using the service. People living at the home told us that the food was good and they had a wide variety of food choices, as well as where they could eat their meal.

Managers and staff were acting in accordance with the Mental Health Act 2005 to ensure that people received the right level of support with their decision making.

Is the service caring?

Good

The service was caring.

People living at Ashfields said that they were well cared for and were treated with kindness and compassion and maintained good relationships with the staff.

Visiting relatives were positive about the standard of care, the staff and the atmosphere in the home.

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

Is the service responsive?

Good

The service was responsive.

We looked at care plans to see what support people needed and how this was recorded. We saw that each plan was personalised and plans were well maintained.

The arrangements for social activities were good. There was a wide range of activities and people were asked regularly for feedback on what activities they wanted to do in the future.

The provider had a complaints policy and process. People we spoke to were clear about how to make a complaint and were confident that this would be dealt with appropriately and in a timely manner.

Is the service well-led?

Good

The service was well-led.

The registered manager operated an open and accessible approach to both staff and people living in the service and actively sought feedback from everyone on a continuous basis in order to improve the service. Staff said that they could raise any issues and discuss them openly within the staff team and with the registered manager.

There was an internal quality assurance system in place to review systems and help to ensure compliance with the regulations and to promote the welfare of the people who lived at the home. We saw that audits were being completed regularly and action was being taken to address any shortfalls.

Ashfields 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.

This inspection took place on 25 April 2016 and was unannounced. The inspection was carried out by two adult social care inspectors.

Before the inspection, we checked information that we held about the service and the service provider. We looked at any notifications received and reviewed any other information held about the service prior to our visit. We invited the local authority to provide us with any information they held about Ashfields. They told us that they currently had no concerns.

During the inspection, we used a number of different methods to help us understand the experiences of people living in the home.

We spoke with a total of eight people living there, four visiting relatives and eight staff members including the registered manager and six care staff. We also spoke with a visiting doctor and a visiting nurse.

Throughout the inspection, we observed how staff supported people with their care during the day.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

We looked around the building including, with the permission of the people who used the service, some bedrooms. We looked at a total of four care plans. We looked at other documents including policies and procedures. Records reviewed included: staffing rotas; risk assessments; complaints; staff files covering recruitment; training; maintenance records; health and safety checks; minutes of meetings and medication records.

Good

Is the service safe?

Our findings

We asked people if they felt safe. All the people we spoke with said that they felt Ashfields was a safe environment and all family members said that they were more than happy that their relative was safely cared for. Comments included, "They come quite quick if I press my call bell. I feel very safe here", "I have a buzzer and they come quickly" and "I feel safe here". One relative told us, "I wouldn't have my mum here if I was concerned".

We saw that staff were aware of individual needs and people we spoke with felt that they were well cared for. Comments included, "I like it here", "They look after me very well" and "The staff know me well and what I like, I like them all". All the relatives we spoke with stated that their relative was well cared for, comments included, "I am happy that they are looking after my mum" and "If we mention anything to them, they are onto it straight away".

We saw that the provider had a safeguarding policy in place. This was designed to ensure that any safeguarding concerns that arose were dealt with openly and people were protected from possible harm. The home manager was aware of the relevant process to follow and the requirement to report any concerns to the local authority and to the Care Quality Commission (CQC). We checked our records and saw that any safeguarding or incidents requiring notification at the home since the previous inspection took place had been submitted to the CQC.

Staff members confirmed that they had received training in protecting vulnerable adults and that this was updated on a regular basis. The staff members we spoke with told us that they understood the process to follow if a safeguarding incident occurred and they were aware of their responsibilities for caring for vulnerable adults. Staff were aware of the need to report safeguarding incidents both within and outside of their organisation. We saw that the provider had a whistleblowing policy. Staff were familiar with the term whistleblowing and each said they would report any concerns regarding poor practice they had to senior staff or to the local authority. All staff confirmed that they were aware of the need to escalate concerns internally and report externally where they had concerns. This indicated that they were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to accurately record and report potential incidents of concern.

Risk assessments were carried out and kept under review so the people living in the home were safeguarded from unnecessary hazards. We could see that the home's staff were working closely with people and where appropriate their representatives and other health professionals to keep people safe without unnecessary restriction. Relevant risk assessments, regarding for instance falls, nutrition, and pain assessments were kept within the care plan. Where additional risks were identified, additional monitoring was carried out, for instance for the risk of pressure sores. We could see that daily charts were being completed and were up to date.

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

communications book where any information could be recorded for staff to look at when they were coming on shift. We were able to view the book and could see that it provided information on any actions that were carried forward from the previous shift, any referrals that needed completing, who was visiting the home that day, any appointments and anyone that was considered at high risk and what needed to be observed for that person.

We looked at the files for recently appointed staff members to check that effective recruitment procedures had been completed. We found that the appropriate checks had been made to ensure that they were suitable to work with vulnerable adults. Checks has been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Each file held a photograph of the employee, suitable proof of identity, an application form as well as evidence of references.

We saw the provider had a policy for the administration of medicines, which included controlled drugs, the disposal and storage of medicines and for PRN medicines (these are medicines which are administered as needed). Medicines were administered by staff who had received the appropriate training. We saw both the medicines trolley and medication cabinets were securely locked. We saw that the practices for administering medicines were safe. We observed a staff member watching that medication was taken and then fully completing the Medicine Administration Record (MAR) sheet. The provider had photographic guidance on what each medication looked like so staff could be clear which medication had been taken and what this was for. We checked three MAR sheets and could see that the records showed people were getting their medicines when they needed them and at the times they were prescribed. This meant that people were being given their medicine safely. We saw clear records were kept of all medicines received into the home, administered and if necessary disposed of. Controlled drugs were stored securely and in the records that we looked at these were being administered and accounted for correctly.

On the day of our visit, there were 38 people living in the home. There was a deputy manager, senior carer and five carers on duty between the hours of 7.30am and 9.30pm and three carers on duty between 9.30pm and 7.30am. The registered manager was in addition to these numbers. We looked at the rota and could see that this was the consistent level. In addition to the above there were separate kitchen and domestic staff who were employed in appropriate numbers.

On the days of our inspection, our observations indicated that there were enough staff on duty as call bells were being answered promptly and staff were going about their duties in a timely manner. Staff were busy and purposeful and they seemed well organised and efficient. We were able to see staff taking time to sit with people and chat or play games in the afternoon. People living in the home told us that they felt that there were enough staff and they felt that their needs were being met.

From our observations we found that the staff members knew the people they were supporting well. They could speak knowledgably about the people living in the home, about their likes and dislikes as well as the care that they needed. There was an on call system in place in case of emergencies outside of office hours and at weekends. This meant that any issues that arose could be dealt with appropriately.

The provider had received a five star rating in food hygiene from Environmental Health on 22 January 2014. This is the highest rating for food hygiene which meant they were observing the correct procedures and practices in this area.

We conducted a tour of the home and our observations were of a clean, fresh smelling environment which was safe without restricting people's ability to move around freely. We checked some of the equipment in

the home, including bath hoists and saw that they had been subject to recent safety checks.

We found that the people living in the home had an individual Personal Emergency Evacuation Plan (PEEPS) in place. PEEPS are good practice and would be used if the home had to be evacuated in an emergency such as a fire. They would provide details of any special circumstances affecting the person, for example if they were a wheelchair user. There was a nominal roll kept by the front door of the home in case of any emergencies.

Staff maintained hygiene with the use of plastic aprons and gloves when delivering personal care or serving food.

Good

Is the service effective?

Our findings

All the people living at the home who we spoke to and their family members felt that their needs were well met by staff who were caring and knew what they were doing. Comments included, "I'm a very fussy eater and they are very good. If there is something I don't like they'll give me something different", "The food's good, sometimes I can have something different if I don't like it" and "If I need the doctor they get them quickly" Comments from family members included, "All the family visit at different times and she always looks well".

The provider had their own induction training programme that was designed to ensure that any new members of staff had the skills they needed to do their jobs effectively and competently. All staff were expected to undertake the provider's induction and prior to starting work on shift; they would shadow existing staff members and would not be allowed to work unsupervised for a period. The induction included introduction to the workplace, safeguarding, health and safety and moving and handling. We could see from the records that staff members had completed their induction prior to starting work. We asked the manager and staff about training and they all confirmed that they received regular training throughout the year; they also said that their training was up to date. We subsequently checked the staff training records and saw that staff had undertaken a range of training relevant to their role. This included safeguarding, moving and handling, food hygiene, and fire safety.

Staff members we spoke with told us that they received on-going support, supervision approximately every four months. The registered manager told us that staff are supervised three times a year, but can request additional supervision at any time. We checked records which confirmed that supervision sessions for each member of staff had been held regularly.

During our visit we saw that staff took their time to ensure that they were fully engaged with each person and checked that they had understood before carrying out any tasks with them. Staff explained what they needed or intended to do and asked if it was alright rather than assuming consent. Comments included, "They've spoken to me about my care plan". Relatives told us, "staff are very approachable" and "staff treat her really well and she's happy here". We observed two staff members helping someone to mobilise who was using a walking aid. We noted that they took their time, they did not rush the person and spoke to them during the whole time they were assisting the person. This was carried out in a dignified and respectful way.

The information we looked at in the care plans was detailed which meant staff members were able to respect people's wishes regarding their chosen lifestyle. We asked the people living at the home about their care plans and everyone felt that they had choices in terms of their care. We saw that the home tried to obtain consent to care from the person themselves; if this was not possible because they had been assessed as not having capacity then their family or representative would be consulted to make sure their known preferences and previous likes and dislikes were taken into account when looking to make decisions and provide care that was in the person's best interests.

Visits from other health care professionals such as GPs, physiotherapists, chiropodists and opticians were

recorded so staff members would know when these visits had taken place and why. We spoke to people living in the service about whether they had access to health services. They told us, "The doctor comes every week, but if I need her at a different time they'll get them quickly". We spoke to a visiting GP and nurse. Comments included, "It's lovely here. The staff are really good at ringing in if they have any concerns and always act upon our advice" and "It's fantastic, outstanding care and they are very good at spotting things".

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

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We were able to view the paperwork in relation to both standard and urgent DoLS applications and saw that these had been completed appropriately. We checked two care files and found mental capacity assessments and best interests' decisions relating to each specific area had been completed. The registered manager had a clear system in place as to when each application had been granted and when these needed to be updated.

We spoke with staff. They all confirmed that they had received training on MCA and DoLS and were clear on the procedure to follow in relation to MCA and DoLS.

The provider prepared their own food and had a cook who was employed by the service. The menu provided a good variety of food to the people using the service. The home followed a five week flexible menu and whilst it was a set meal, the cook had a sheet of everyone's likes and dislikes and could prepare something alternative to the meal on offer that day. We saw that the menu was displayed in the dining room. Special diets such as gluten free and diabetic meals were provided for if needed. We observed that someone had been given their meal much later to accommodate a visit. Everyone we spoke to was positive about the food in the home.

We undertook a SOFI observation in the dining room over lunch and saw that the food looked tasty and appetising and was well prepared. The tables were set with table cloths and cutlery so the meal times were distinguished from other times of the day. The food was served directly from the kitchen into the adjacent dining room. We saw that staff offered people drinks and they knew people's preferences and choices. Staff were attentive and there were a number of staff on hand observing lunch and they were walking through the dining room checking whether people wanted assistance where appropriate and prompting people and offering encouragement. Staff took the time to explain to people what the food was and asking permission before helping someone. Once all the people living in the home had been served their food, the staff then had the same meal and sat alongside the people living there. The lunchtime experience appeared to be a very lively time with everyone chatting and laughing with one another.

We saw that staff used the Malnutrition Universal Screening Tool to identify whether people were at nutritional risk. This was done to ensure that people weren't losing or gaining weight inappropriately. On the care files that we looked at, this was being reviewed on a regular basis. This was also monitored through the home's on-going auditing systems.

The home was very clean and maintained to a high standard and provided calm, homely environment that met the needs of the people living there. There was a communal lounge area with adjacent dining room.

The provider provided adaptations for use by people who needed additional assistance. This included bath and toilet aids, grab rails and walking frames and sticks to help maintain independence.

The laundry within the service was well equipped and it was neat, tidy and well organised.

Good

Is the service caring?

Our findings

We asked people living in and visiting Ashfields about the home and the staff who worked there. They all commented on how kind and caring all the staff were. Comments included, "they're (staff) excellent", "it's brilliant here", "the girls are lovely" and "they let me be as independent as I can be". Visiting relatives told us, "The staff are caring", "the staff are lovely" and "staff are really, really good".

It was evident that family members were encouraged to visit the home when they wished. One person living in the home told us, "Visitors can come and go as they please". Comments from relatives included, "Relatives can come and go as they please. Staff are always good with us" and "I can come and go as I please. I can come anytime"

We viewed cards and letters that had been sent into the home. One person's relatives wrote, "Me and [name] and the family would like to thank you for looking after our dad and all the friends he made. Thank you for coming to our dad's funeral and the card with kind words".

The staff members we spoke to showed that they had a good understanding of the people they were supporting and they were able to meet their various needs. They told us that they enjoyed working at Ashfields and since many had worked there for some time, they had very positive relationships with the people living there. Comments included, "I like it here because it's homely and it runs well".

We saw that the relationships between people living in the home and the staff supporting them were warm, respectful and dignified. Everyone in the service looked relaxed and comfortable with the staff and vice versa. During our inspection, we saw there was good communication and understanding between members of staff and the people who were receiving care and support from them. We saw that staff members were interacting well with people in order to ensure that they received the appropriate care and support from them. Staff took their time with people and ensured that they understood what the person needed or wanted without rushing them and always seeking their permission before undertaking a task. We observed that staff used a dignified approach to people, for example knocking on people's door before entering and using their preferred names.

We undertook a SOFI observation in the ground floor dining room over lunch. We saw that staff members were moving around the dining rooms attending to people's needs and speaking to people with respect and encouraging them to eat their lunch and seeking out whether they needed support. People were very relaxed and comfortable with the staff who supported them. We saw people joking and laughing with staff members which showed there were trusting relationships between the staff and the people living in the service. All the interactions we observed and overheard throughout the inspection were caring, kind and compassionate.

We saw on the day of our inspection that the people living in the home looked clean and well cared for. For example ladies in the home had their hair styled. Those people being nursed in bed also looked clean and well cared for.

The quality of the décor, furnishing and fittings provide people with a homely comfortable environment to live in. Rooms and individual flats were all personalised, comfortable, well-furnished and contained individual items belonging to the person.

In the care files we viewed we could see that discussions had taken place with people about their end of life care, which included preferred place of care and where Lasting Power of Attorney provisions were in place. We found that appropriate 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) records were in place on two of the care files we reviewed. We saw that either, the person, or where appropriate, their relative or health professional had been involved in the decision making process. We found that the records were dated and had been reviewed and were signed by a General Practitioner.

A 'Do Not Attempt Cardio Pulmonary Resuscitation' form (DNACPR) is used if cardiac or respiratory arrest is an expected part of the dying process and where cardio pulmonary resuscitation (CPR) would not be successful. Making and recording an advance decision not to attempt CPR may help to ensure that the person dies in a dignified and peaceful manner.

We saw that personal information about people was stored in locked cabinets in the manager's office.

Good

Is the service responsive?

Our findings

Those people who commented confirmed that they had choices with regard daily living activities and that they could choose what to do, where to spend their time and who with. One person told us, "We always do something at Halloween and a few months ago a lady came with snakes and a Madagascan snail. I loved it. I have a go at everything".

Everyone in the home at the time of our inspection had received a pre-admission assessment to ascertain whether their needs could be met. As part of the assessment process the home asked the person's family, social worker or other professionals who may be involved to add to the assessment if it was necessary at the time. We were able to view this paperwork and could see that assessments had been completed prior to the person moving into the home.

We looked at the care plans to see what support people needed and how this was recorded. We saw that each plan was personalised and captured the needs of the individual. We also saw that the plans were written in a style that would enable a staff member reading it to have a good idea of what help and assistance someone needed at a particular time. We could see that where there had been a change, prompt action was taken and the relevant professionals were consulted for advice appropriately. All the plans we looked at were well maintained and were being reviewed regularly so staff would know what changes if any had been made. We found that people's preferences were observed and they were receiving the care specified in the care plans.

The four care plans we looked at contained detailed information regarding background history to ensure the staff had the information they needed to respect the person's preferred wishes, likes and dislikes. For example the food the person enjoyed, where they had lived, holidays they had enjoyed, what they preferred to be called, preferred social activities, people who mattered to them and it was recorded on each care plan whether the person had any preferences for male or female carers. We asked staff members about several people's choices and the staff we spoke with were knowledgeable about them.

We could see that there were organised activities on a regular basis which varied from entertainers to armchair activities. We spoke to the manager about activities and she told us that people using the service were asked what kinds of activities they liked to do during the assessment and care planning processes and they discussed this regularly at the residents meeting. We observed a small group of residents playing dominos with staff in the dining room and could see that this was a lively activity with lots of laughter and banter between all the participants.

We saw books, games, and music available in the lounge area. There was a poster in the reception area advertising activities each month ranging from musical moments, trips out to Chester Zoo and skittles as well as bingo and sing a long activities. The manager told us that staff also organise board games which we were able to observe on the day of our inspection.

The home had a complaints policy and processes were in place to record any complaints received and to

ensure that these would be addressed within the timescales given in the policy. We saw the last complaint had been dealt with appropriately and in a timely manner. No one we spoke to had made a complaint, but they were clear that they could raise any concerns with the manager. Comments included, "I'd complain to Sharon if I had to, but I've not needed to" and I've had no reason to complain but I can also speak to Sharon".

Good

Is the service well-led?

Our findings

There was a registered manager in place and they had been registered since February 2011. The manager told us that information about safety and quality of the service provided was gathered on a continuous and on-going basis via feedback from the people who used the service and their representatives, including their relatives and friends, where appropriate. They 'walked the floor' regularly in order to check that the home was running smoothly and that people were being cared for properly. We asked the people living in the home how it was managed and run. Everyone we spoke to was very positive about the manager and how she ran the home. One person told us, "I'm very happy with everything". We spoke to relatives and they told us, "staff and Sharon are very approachable".

People living in the home and families told us residents meetings were held about every three months. We were able to view the minutes of the last meeting. We could see that they discussed trips out and suggestions for places to visit. Residents also requested a small bowl of fruit to be available in their room and it was agreed this could be accommodated for people who wanted this. We noted that there was also a notice in the reception area informing relatives that senior members of staff were available each Tuesday afternoon to discuss any concerns.

In order to gather feedback about the service being provided, the provider completed service user monthly reviews. This looked at the care and any changes that had occurred, but it also asked people living in the home for feedback of whether there had been any problems or concerns either with their care or generally in the last month. We could see that this was being done consistently for each person.

Ashfields had its own internal quality assurance system in place. The registered manager conducted monthly audits of care plans, infection control, health and safety, accidents and incidents and medication. We were able to view these audits and could see that these were carried out regularly and analysis carried out each month and any areas for improvement were acted upon promptly or any patterns detected were investigated and again action taken to improve.

In addition to the above, there were also a number of maintenance checks being carried out weekly and monthly. These include the water temperature, equipment such as wheelchairs and bedrails as well as safety checks on the fire alarm system, kitchen equipment and emergency lighting. We saw that there were up to date certificates covering the gas and electrical installations, portable electrical appliances, any lifting equipment such as hoists and the lift.

Staff members we spoke with had a good understanding of their roles and responsibilities and were very positive about how the home was being managed and the quality of care being provided and throughout the inspection we observed them interacting with each other in a professional manner. We asked staff how they would report any issues they were concerned about and they told us that they understood their responsibilities and would have no hesitation in reporting any concerns that they had. They said that they could raise any issues and discuss them openly with the registered manager. All the people we spoke to were very positive about the manager. One person told us, "Sharon is organised"

The staff members told us that regular staff meetings were being held and that these enabled managers and staff to share information and/or raise concerns. During our inspection we viewed minutes from the last staff meeting on 20 January 2016. Staff had the opportunity to discuss a variety of topics including training, activities with people living in the home, record keeping and issues relating to individual people living in the home. The manager told us that she also held meetings with the senior staff and night staff. We were able to view previous minutes both these meetings and could see that they discussed training, holidays and staffing.

Periodic monitoring of the standard of care provided to people funded via the local authority was also undertaken by Cheshire East's Council contract monitoring team. This was an external monitoring process to ensure the service meets its contractual obligations to the council. We contacted the contract monitoring team prior to our inspection and there were no concerns highlighted.

As part of the inspection, all the folders and documentation that were requested were produced quickly and contained the information that we expected. This meant that the provider was keeping and storing records effectively.