

Halliwell Homes M/C Limited

Priestnall Court

Inspection report

14-16 Priestnall Road
Heaton Mersey
Stockport
Greater Manchester
SK4 3HR

Tel: 01614321124
Website: www.priestnallcourt.co.uk

Date of inspection visit:
07 November 2017
08 November 2017
17 November 2017

Date of publication:
04 January 2018

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

This inspection was carried out over three days on the, 7, 8 and 17th of November. Our visit on the 7 November 2017 was unannounced. At the last inspection on 30, 31 January 2017 we rated the service as requires improvement overall. We identified four regulatory breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014, which related to medication administration, consent, safety checks, recruitment checks, staff training and induction. We also issued a warning notice for lack of good governance and we issued a fixed penalty notice for failing to submit required notifications to the Care Quality Commission.

This inspection was to check satisfactory improvements had been made and to review the ratings. The provider sent us an action plan that detailed how they would make improvements to become compliant with the regulations. At this inspection we found improvements to the service and found the warning notice to have been met.

Priestnall Court is situated in Heaton Mersey, a residential area of Stockport. The home provides support for up to twenty four people, who require help with personal care. At the time of our inspection twenty four people were living at the home. Nineteen bedrooms have en-suite bathrooms and are of single occupancy, although one double room is available for those wishing to share facilities. A passenger lift is available for easy access to the first floor level. On the ground floor the communal areas consist of a dining room, two lounges, one contained a television for people to watch and there was also a quieter lounge for people to sit and talk. Car parking spaces are available to the front of the building and there is a well maintained garden to the rear of the property. A variety of amenities are within easy reach, such as shops, a library, supermarket, pub, restaurant, park and a cinema. Public transport links to Stockport town centre are nearby.

A registered manager was in place. 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.

We saw there was a concerns and complaint policy included in the statement of purpose that was given to each person on admission to the home. The people living at Priestnall Court and the visiting relatives we spoke with told us they had no concerns or complaints.

From our observations of staff interactions and conversations with people living at the service, we saw staff had good relationships with the people they were caring for. The atmosphere felt relaxed and people told us they felt comfortable.

Activities were provided by the staff and visiting entertainers. The service utilised the supply of games and activities to help provide access to regular events throughout the week.

Procedures were in place to minimise the risk of harm to people using the service. People received their medicines safely and as prescribed by their doctor.

Staff were recruited following a safe and robust process to make sure they were suitable to work with vulnerable people.

People were supported by sufficient numbers of staff to support them to participate in their daily activities within their home. We found there was a systematic approach to determine the number of staff and range of skills required to meet the needs of the people who used the service. This meant the registered provider could show that the staffing levels and skill mix of staff was sufficient to meet the assessed needs of people living at Priestnall Court.

Staff were receiving regular supervision sessions and appraisal. This meant that staff were being appropriately guided and supported to fulfil their job role effectively. Staff received regular training and support to ensure they had the necessary skills and updates to fulfil their roles and meet people's needs.

Staff spoken with understood the need to obtain verbal consent from people using the service before a care task was undertaken and staff were seen to obtain consent prior to providing care or support.

Risk screening tools had been developed to reflect any identified risks and these were recorded in people's support plans. The risk screening tools gave staff clear instructions about what action to take in order to minimise risks for eg for falls.

People's health needs were monitored, care plans had been developed to incorporate a lot of individual information relevant to each person. People had access to healthcare services including a district nurse, dentist, optician and chiropodist. We found people were supported to attend hospital appointments as required.

We saw the food looked and smelt appetising and was attractively presented with good size portions. People told us they enjoyed the food.

The home was clean and well maintained and we saw staff had access to personal protective equipment (PPE) to help reduce the risk of cross infection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe and staff knew how to keep people safe.
Risk assessments were clear regarding actions they take to reduce and remove risks.

Medicines were being managed safely

Recruitment procedures were robust to minimise the risk of unsuitable people being employed to work with vulnerable people.

Is the service effective?

Good ●

The service was effective

People's needs were met by a suitably skilled and trained staff team.

Staff accessed appropriate professional healthcare support and guidance when required.

Staff understood their role in maintaining the principles of the Mental Capacity Act 2005 to make sure people's best interests could be met. People were supported to make informed decisions about their care and support.

Is the service caring?

Good ●

The service was caring.

We observed people being supported in a dignified manner and their privacy was respected.

We observed positive interactions between staff and people who used the service.

People living at Priestnall Court told us the staff were kind and caring and their privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed prior to them receiving a service.

People were encouraged to participate in developing and reviewing their support plans where possible.

Staff knew people well and reported any concerns or complaints raised with them to the relevant support manager.

Is the service well-led?

The service requires improvement in well led.

At the time of this inspection the manager was registered with the Care Quality Commission (CQC).

Staff told us that they were supported by their manager/provider to provide a high standard of care and support to people using the service.

Systems in place in order to monitor the quality of the service were being fully utilised. The quality assurances systems had improved and the provider acknowledging further work to increase their expertise in managing the auditing of health and safety.

Requires Improvement ●

Priestnall Court

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 was carried out over three days on the 7, 8 and 17 November 2017. Our visit on the 7 November 2017 was unannounced. The inspection team consisted of one adult social care inspector and an 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.

Before the inspection we reviewed information that we held about the service and the service provider. This included safeguarding and incident notifications which the provider had told us about. Statutory notifications are information the provider is legally required to send to us about significant events such as accidents, injuries and safeguarding notifications.

Since the last inspection we had been liaising with Stockport local authority quality assurance team and we considered this information as part of the planning process for this inspection.

On this occasion, we had not asked the service to complete a Provider Information Return (PIR) because we requested and received a completed one within the last 12 months. This is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with people in their care. SOFI is a specific way of observing care to help us understand the experience of people who may not be able to tell us.

We walked around the home and looked in all communal areas, bathrooms, the kitchen, store room, medication rooms and a sample of all other rooms such as bedrooms.

During the three days of inspection, we reviewed a variety of documents such as, policies and procedures relating to the delivery of care and the administration and management of the home and staff. This included five people's individual care records, a sample of medicine administration records and three staff personnel files to check for information to demonstrate safe recruitment practices were taking place. We also looked at supervision and appraisal records, training records and records relating to the management of the home such as safety checks and quality assurance systems.

We spoke with ten people living at Priestnall Court two visitors, the provider one director, the registered manager, three care staff and one cook.

Is the service safe?

Our findings

At our previous inspection in January 2017, we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014) in relation to medication and food temperatures. At this inspection, we found there had been sufficient improvements and the provider was meeting the requirements of the regulation.

The home operated a Monitored Dosage System (MDS). This is a system where the dispensing pharmacist places medicines into a cassette containing separate compartments according to the time of day the medication is prescribed. A visual check of the cassettes demonstrated that medication had been appropriately given to people. We looked at a sample of recent medication audits carried out by the registered manager and provider to ensure that people received their medication safely and as prescribed by their GP. We carried out a sample tablet count of the medication for three people including checks on controlled drugs and found no discrepancies. Some prescription medicines are controlled under the Misuse of Drugs legislation (and subsequent amendments). These medicines are called controlled medicines or controlled drugs. There was a safe system in place for recording the temperature of the medicines storage fridge and the temperature of the room where medication was stored.

We observed the staff arranging for return drugs to be sent back to the chemist. Staff audited everything in their returns book. They did not have access to return drugs bins. By day two of the inspection the registered manager had promptly obtained medication bins from the chemist and made accessible to staff. The bins provided improved transfer of returned medications to the local chemist.

Staff we spoke with told us they were confident in their abilities to support people with medicines as they had received appropriate training and had the right skills to do this safely. The training records we looked at supported this. The registered manager told us about their process for competency assessments. The manager arranged for one to take place for one staff member to help improve their recording of medication administration. A competency assessment is considered good practice to ensure staff are safe and competent to administer medication.

During this inspection, we looked around the kitchen and the food storage area. We saw the kitchen was clean and there were large varied supplies of food. We found that safety checks had been regularly undertaken, including the recording temperatures of food, fridges, freezers and maintaining cleaning schedules. We noted the fly screens were not covering windows. The provider advised they had ordered industrial style chain covers to prevent fly's entering the kitchen environment to help with infection control. They had arranged for the kitchen tiles to be steam cleaned and the kitchen ceiling to be painted to improve the environment. We observed these actions had been promptly carried out by day two and three of the inspection.

At our previous inspection in January 2017, we found a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014) in relation to safety checks and environmental risk assessments. At this inspection, we found there had been sufficient improvements in this area.

We saw evidence of up to date maintenance checks and overall management and auditing of health and safety within the service. Environmental risk assessments were in place relating to the health and safety of the premises and of any equipment used to support people, such as hoists, infection control and the control of substances hazardous to health (COSHH). During this visit, the provider took actions regarding a problem identified with temperatures to their radiators and hot water supply. By day one of the inspection a joiner was installing covers to all radiators in the service. The provider explained they felt this was the best cause of action to manage their risk assessment for uncovered radiators. The registered provider had also employed the services of an external contractor to service and repair all hot water valves. This helped to ensure they always had safe supplies of hot water to people at the service.

The provider showed improved systems to ensure all health and safety and contractor checks were in place and up to date. We saw that portable appliance testing (PAT) had been carried out on electrical equipment and was next due (11/02/2018), fire alarm testing had been carried out weekly and monthly health and safety checks of the premises had been conducted. We looked at gas safety checks that had been completed and were up to date and next due 10/10/18, along with checks for Legionella which were carried out 23/2/17. A detailed fire risk assessment had been undertaken 11 September 2017 and a fire evacuation plan was in place and next due for review in December 2018. This helped to make sure that any environmental risks to people were minimised and the environment was well managed to ensure it was safe for everyone. The electrical installation certificate was in the process of being updated by the visiting contractor with some outstanding works being carried out. The provider also updated their action plans to recent maintenance work for legionella and fire safety with appropriate action plans showing all works completed to improve facilities at the service. Following our inspection the provider submitted a copy of the updated electrical installation certificate for November 2017.

Following the last inspection the registered provider had employed a consultant to help them improve services within the building and in regard to all actions identified at the last inspection that needed improvement.

During day one of the inspection the provider acknowledged the benefits of employing a professional health and safety consultant to help them ensure they had an effective system in place to identify on going risks at the service. The health and safety consultant visited the home during the inspection and advised the provider of areas to improve and in regard to specific training they could attend. The provider fully engaged with their recommendations and booked themselves on H@S IOSH course 'Managing safety in the care sector course' for March. They had bought in their services to help give them expert overview in managing safety. The consultant had carried out a detailed inspection of the premises in November 2017 and had supported the provider in updating safety checks and in reviewing their management of health and safety. They were due another visit in 2017 to further develop their records in their management of risks.

We saw that Personal Emergency Evacuation Plans (PEEPS) had been completed for each person living at the service. PEEPS give staff or the emergency services detailed instructions about the level of support a person would require in an emergency situation such as a fire evacuation.

At our previous inspection in January 2017, we found a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014) in relation to recruitment procedures. At this inspection, we found there had been sufficient improvements in this area to meet this part of the regulation.

We looked at five staff personnel records which confirmed that an improved and robust recruitment procedure was in place. We found that staff had been recruited in line with the regulations including the

completion of a disclosure and barring service (DBS) pre-employment check and at least two recent references. These checks help the registered provider to make informed decisions about a person's suitability to be employed in any role working with vulnerable adults.

People living at Priestnall Court told us they felt safe and well cared for. Relatives told us, they had not seen or heard anything of concern. One relative added, "You need to be assured your loved one is safe and well cared for when you're not there, and I am".

Systems to help protect people from the risk of abuse were in place. The service had a safeguarding policy and procedure which was in line with the local authority's 'safeguarding adults at risk multi-agency policy'. This provided guidance to support workers on identifying and responding to the signs and allegations of abuse. We looked at records which showed the provider had suitable procedures to help make sure any concerns about people's safety were appropriately reported.

Staff we spoke with told us they knew how to keep people safe. Training records showed that training had been provided in how to recognise types of abuse and how to keep people safe from the risks associated with abuse. Staff were able to describe the action they would take to make sure people were kept safe and the process they would follow to report any concerns. We saw there was a Whistle Blowing policy. The Whistle Blowing policy is a policy to protect an employee who wants to report unsafe or poor practice. All staff spoken with said they would feel confident to report poor practice.

Care records we examined contained an individual support plan which identified any known risks that might compromise the person's safety. People's care records had been regularly reviewed following our last inspection. Risk screening tools had been developed and included areas such as keeping people safe, safe moving and handling, supporting their mobility and falls risk assessments. Dietary risk screening tools were also in place for people with specific dietary requirements such as softened or pureed meals. The risk screening tools we examined were able to identify the actions for staff to minimise risks to ensure and maintain people's safety within the service.

Following the last inspection, the provider had developed the use of a staffing assessment tool. They used this to help them determine the appropriate numbers of staff each week based on the dependency needs of each person they supported. During the inspection the service had three care staff, one deputy/senior, one cook, one domestic, the registered manager and providers at the service. Following their last inspection they had revised their staffing levels and created deputy staff to help develop their staffing numbers and team. The providers explained they were still reviewing this tool to ensure it always met people's needs. We reviewed the staffing rotas from 13/11/17 20/11/2017 and saw that the staffing levels were consistent with what we had been told. Care staff spoken with told us if nobody phoned in sick they felt people's needs could be safely met by the number of staff on duty. During our inspection we did not observe anybody having to wait long periods of time for assistance.

An accident and incident policy were in place. Records of any accidents and incidents were recorded and analysed to check if there were any themes. Notifications in relation to accidents or incidents had been made to the Care Quality Commission (CQC) and the local authority adult social care safeguarding team where necessary.

Staff told us they had access to personal protective equipment (PPE) such as disposable aprons and gloves to use to help reduce the risk of cross infection when delivering care to people. They were aware of the need to use PPE available and confirmed there was always plenty of PPE in place. This helped to protect them and people using the service from the risk of cross infection whilst delivering care. The last infection control

audit carried out by the local infection control team was dated 7th August 2017. The report was very positive and recorded 100% scores for some areas of the environment.

We looked around the home, at all the communal areas, toilets, cellar, laundry, bathrooms, the kitchen, and a sample of bedrooms on each floor of the home. During the inspection we saw evidence of on-going maintenance and refurbishment work to ensure the continuing upkeep of the home for the people living there. For example one communal bathroom was being completely refurbished to provide a fully adapted wet room.

The home was clean, tidy and well maintained. All bathrooms and toilet areas were clean and contained liquid soap and paper towel dispensers. Staff completed cleaning schedules to show records of when each area had been cleaned. Staff told us they had access to plenty of supplies of gloves and disposable aprons which helped them to maintain infection control guidance in preventing risks of cross infection.

Is the service effective?

Our findings

At our previous inspection in January 2017, we found a breach of Regulation 18 of the Health and Social Care Act 2008 (regulated activities) Regulations (2014) in relation to staff supervision, appraisals, staff training and induction. At this inspection, we found there had been sufficient improvements to meet the requirements of the regulation.

We were shown a staff supervision and appraisal schedule/planner for 2017 which included the names of each staff member. All staff had received supervision and appraisals following the last inspection. The planner gave the provider and registered manager a good visual record to help them monitor the effectiveness of their supervision and appraisals to all staff. The planner showed when they were due and which named staff member would carry this out. Staff told us they felt they received good support and had received supervision where they could discuss anything with senior staff. Staff felt they were receiving appropriate support and guidance to enable them to fulfil their role effectively.

An induction protocol and check list were in place which identified the essential knowledge and skills needed for new employees. The inductions showed detailed information to help new staff be orientated to the homes layout, policies and procedures. We spoke to a new member of staff who confirmed that they had received an induction and they said it was invaluable in helping them when they started working at the home. Staff were also supported with supernumerary hours to allow them to shadow experienced staff to learn practical skills.

A system was in place to monitor staff training to ensure essential training was completed each year. An e-learning programme was in place supported by face to face training which was monitored by the registered manager and the registered provider. We saw an overall staff training matrix (record) that detailed all of the training available. Training included topics such as, assessing needs, confidentiality, dementia care, diversity and equality, fire training, dying and bereavement, DoLS, food hygiene, first aid, health and safety, induction, hand hygiene, pressure care, medications and safeguarding vulnerable adults. Training had improved and been updated following our last inspection. Updated records showed that staff had appropriate qualifications, competence, skills and experience to meet the needs of people living at the service. The staff we spoke with told us they felt well supported in their roles and were happy with the training on offer. Although some staff said they felt they enjoyed face to face training more than on line training.

At our previous inspection, we found a breach of Regulation 11 of the Health and Social Care Act 2008 (regulated activities) Regulations (2014) regarding valid consent being sought ensuring people's rights were protected. At this inspection, we found improvements had been made to meet this part of the regulation..

During this inspection, we observed staff obtaining verbal consent from people. We observed staff asking if people would like a drink, or help with assistance to go to their room, the bathroom or the dining room. People were assisted to choose where they wanted to sit and when they wanted their meals. We looked at a sample of four care files in which we saw evidence of the use of consent forms to record people's wishes.

The forms asked people for their consent regarding keeping records about their care/ to any physical examination/ consent to consulting with other professionals/ to any photos being taken for potential wounds and for consent for staff to read their records. Consent was obtained and records were stored in the care file to recognise each person's views and rights.

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. 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 Deprivation of Liberty Safeguards (DoLS). By law, the Care Quality Commission must monitor the operation of any deprivations and report on what we find. We checked whether Priestnall Court was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The provider had made applications to the local authority to deprive people of their liberty with explanations why this was needed for each person's best interest. The Care Quality Commission (CQC) had been formally notified where authorisations had been granted.

The provider had developed a central check list that acted as a reminder to seek DoLS renewals in advance of the expiry date. This ensured the liberty and freedom of people was not being unlawfully restricted whilst living at the service.

People living at the service told us that they used their room call service and staff responded quickly and were always cheerful and helpful. At night some people felt the service took longer, but staff were always kind and attentive. One person who has lived at the home for many years told us, "The care here is great, I have no worries'. Another person told us, "The care is fine I have no problems they are good."

Several people had recently been to hospital and had prolonged stays there. Those same people expressed a genuine urgency to return to the home and said they felt relieved to get back. Staff had visited the hospital to see one person to reassure them their belongings were safe and their room was secure for their return. Care records we looked at showed that the service involved other healthcare professionals to meet the health needs of people who used the service such as visiting chiropodists, district nurses, the GP and the practice nurse. The service also supported people to attend hospital and doctor appointments.

We met the cook who had a good understanding of people's personal preferences, including their dietary likes and dislikes and any special diets such as diabetic, gluten, soft diets or thickened fluids. They had a detailed planner visually displayed with people's choices and specialised meals for the people they prepared meals for.

Drinks and snacks were available on request throughout the day. Family visitors were offered food and drink when they were present at meal times. People told us that their chef asked them each day for their meal preferences. One person told us over lunch that, "It's like a hotel." People told us "The food is great, home-made and little is ever left. There is one offering of a three- course meal at lunch time, but at breakfast and tea there is a choice of two."

Lunchtime was a sociable and relaxed occasion with staff engaging well with people and offering support if required. The portion sizes were good and the food looked and smelt appetising. Everybody looked like they were enjoying their meal. People living at Priestnall Court told us there was plenty of food and drink available.

Care records included information about each person's nutritional needs. This meant people's nutrition and

hydration was monitored to ensure their nutritional needs were being met. Staff were aware of the need to follow the speech and language therapist (SALT) instructions. For example making sure that people at risk of choking received a soft, pureed or thickened diet. SALT provides treatment support and care for people who have difficulties with communication or with eating, drinking and swallowing.

Care records showed assessments covered each person's general physical and mental well-being. For example where people were at risk of developing pressure sores this had been identified and recorded. Appropriate equipment for people with decreased mobility such as profiling beds and alternating mattresses (air mattress that are placed on top of a regular bed mattress) were in place to promote skin integrity, prevent skin breakdown and the development of pressure area sores.

Care records we reviewed recorded people's weight, dental and optical checks and reflected the care and support being provided to people. This information helped to show how peoples needed were assessed. The records also helped inform staff what they should do to meet people's needs and maintain person centred care.

Is the service caring?

Our findings

People living at the service told us they were happy and felt well cared for. One person said, "This is definitely my home; I would be broken hearted if I had to leave." Other comments included, "Its lovely here" and "I am very comfortable here, they are all just so lovely."

We carried out a short observational framework inspection (SOFI). During our SOFI we saw that people sat in the communal lounge were relaxed, with staff engaging and interacting well with people. We observed staff interactions with people and we saw they were good at respecting people's privacy and dignity. We observed staff attentiveness in keeping people warm particularly those who preferred to sit and read outside. People living at the service, told us the staff were kind and caring. Visiting relatives told us they were always made to feel welcome. We observed staff welcoming visitors and offering drinks during their visit.

We observed staff interactions with people and we saw staff were good at respecting people's privacy and dignity and the visiting relatives we spoke with confirmed this. For example we saw that if personal care was needed, staff protected people's privacy by closing doors when providing support. We saw staff knock on doors and wait for a response before entering people's rooms.

Staff told us they supported each person with as much choice as possible, such as what time they wanted to go to bed, when they got up and what they did in the home. They explained they respected this was their home and they tried to support them in with personal choices. Discussions with staff showed they had a good understanding of the individual needs of each person using the service. They were able to demonstrate how they supported and cared for people in a dignified way, respected their dignity and their privacy when providing and supporting them with personal care tasks.

Staff told us they would have no problems in choosing this service to look after their own relatives if needed. In their opinion they felt that the whole staff team were very caring and they would entrust their own relatives with the staff team.

Information was present in people's care files about their individual likes and dislikes, hobbies and interests and religious beliefs. This document was called 'About Me'. This personalised information helped staff to provide care and support based on people's personal preferences and helped staff better understand the individual.

The registered manager was aware of how to access the local advocacy service to ensure that people could receive independent advice and support when needed. An advocate is a person who represents people independently of any government body. They are able to assist people in ways such as, acting on their behalf at meetings and/or accessing information for them.

We saw that people's records and any confidential documents were kept securely in the services office. These records could only be accessed by designated staff and no personal information was on display. This ensured that confidentiality of information was maintained.

Is the service responsive?

Our findings

The visitors and people we spoke with told us they did not have any complaints but felt certain that any issues raised would be listened to and action would be taken. They were confident they could go to senior staff and the management team to discuss anything. One person told us they had raised a previous issue that was attended to by staff and they felt the staff, "Weren't at all defensive." Two people told us, "I've no complaints," and "All's ok for me, I've nothing to add."

During the inspection we reviewed the policy in relation to complaints, which was included in the 'resident information pack' and was displayed in the main reception area. Staff told us that any concerns or complaints raised by a person using the service would be taken directly to the registered manager and the providers.

Relatives and people living at the service told us that they are encouraged to go out with family or the home in the good weather for coffees and to a variety of shows, special occasions and Christmas gatherings. One person recalled travelling with the Manager one time to a previous Christmas event and said, "I was delighted to share that time with her." One person told us they had been supported to select books from the mobile library and was assisted to read them whenever they chose to. Visitors that we met made a point of telling us they had access to the home at any time and would often call unannounced.

The home employed the services of an activity coordinator 10 hours a week and they also booked regular visiting entertainers. We saw that people were assisted to engage in a variety of meaningful activities of their choosing. Some of these activities included, pampering days, nails/polish, selection of games such as, trivial pursuit, quiz's, large dice, ball games, coffee mornings, sing a longs, use of musical instruments, memory lane and reminiscence, colouring in, darts and movies. During the course of this inspection we saw people enjoying an armchair exercise with a visiting fitness trainer, some people watched a movie in the lounge and some people played cards in the afternoon. Two people told us they enjoyed the exercise session and it had helped wake them up.

There was a visual schedule of daily activities which had been developed with the use of pictures. This helped people to be orientated to what activities were planned and helped some people to better understand what the activity was with the use of a picture. People told us that Wednesday was the most popular day where they had hairdressing and pampering sessions for everyone.

Information was present about people's individual likes and dislikes, hobbies and interests. A document called 'About Me' had been completed by the person receiving care/and or their relatives. The document gave information on people's lives such as what their hobbies and interest were, their adult life and work life. This personalised information helped staff to provide care and support based on people's personal preferences and engage with people in meaningful conversations. We noted staff sat next to people they supported and encouraged them to talk about their experiences and cultural histories. Staff showed a lot of interest and helped each person to express memories of what was important to them.

Following training staff attended for a diploma on dementia in 2014 the registered manager explained they

had adapted a lot of areas within the service to meet people's needs with dementia. They had purchased a variety of games and activities such as interactive cushions and aprons, use of coloured toilet seats, coloured cups and plates with non-slip mats and plate guards, and large pictorial signs to help people be orientated to different rooms such as toilet, bathrooms and bedrooms. The provider advised they were looking at further developments including developments within the environment for long term plans. These interventions supported people living with dementia and helped to promote their independence.

People's needs had been assessed before they decided to move into the service. Individual needs assessments showed people and their relatives had been included and involved in the assessment process wherever possible. Information in support plans identified people's abilities and the support required to maintain their independence. This meant these records enabled staff to provide care to people in a person centred way.

During this inspection we looked at the care records of three people who lived at the service. During our discussions with the registered manager and staff we found they were aware of people's individual needs and preferences around their daily lives and the importance of this. They described the care and support provided as detailed in each person's care file. They knew the needs of the people they supported very well and showed great insight into the needs of people with dementia that they supported. They described some of the actions and support they took when a person's behaviours started to challenge the service. We observed staff sensitively dealing with these challenges throughout the day and were successful in de-escalating the behaviours to help people remain calm and settled. This showed that areas of potential risk had been identified and assessed to help reduce or eliminate the risks to the person and other people.

In the care files we reviewed, we saw plans of care were in place for areas such as washing and dressing, nutrition, falls, mobility, and health conditions such as strokes, diabetes, psychological needs, communication and incontinence. Care plans had been developed and updated following our last inspection to the service. They gave a lot of meaningful information to help staff to know what was important to each person they were supporting. For example care plans gave specific details about people who were at risk of falls. The plans gave clear information to help support each person to help monitor care and mobility and to help improve their condition.

Care plans had been regularly reviewed and audited by the registered manager and the providers. Care reviews helped to monitor whether support plans were up to date and reflected people's current needs so that any necessary changes could be identified and acted on at an early stage. We found that staff were able to clearly describe people's individual care needs and how they met those needs. During our inspection we heard staff and people living in the home communicating well with each other and we saw people freely expressing their needs. We saw that staff responded appropriately in supporting people.

This year the service had won an award from Stockport CCG for the most residents and staff receiving the flu vaccine in a care home. This was an award the staff and providers were very proud of and felt it recognised their hard work in trying to improve people's health.

We saw a 'Resident information pack & Statement of Purpose' was available for people to access. This pack included lots of useful information about the service including for example, key names and contact numbers, the resident's charter, activities, information regarding the facilities available including meals and the complaints procedure. This meant that relevant information about the service was available for people to access and helpful for people to make informed choices.

Is the service well-led?

Our findings

At our previous inspection in January 2017, we found a breach of Regulation 18 of the Health and Social Care Act 2008 (regulated activities) Regulations (2014) in relation to not notifying CQC of required notifications. At this inspection, we found there had been sufficient improvements in this area to meet the requirements of the regulation.

One of these regulations relates to the registered managers/registered provider's responsibility to notify us of certain events or information. Before this inspection we checked our records to see if appropriate action had been taken by the registered manager to ensure people were kept safe. Following our last inspection the registered manager and provider had submitted all relevant notifications for a varied amount of events such as notifying us of a person's death, an accident and DOLS authorisations. This ensured there was improved transparency and information which described how each event had been appropriately managed. Where necessary the duty of candour was acted upon so that people were included in events that affected their wellbeing. The registered manager understood their responsibilities to provide notifications to the Care Quality Commission (CQC) regarding significant events such as; serious injuries and deaths.

At our previous inspection in January 2017, we found a breach of Regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulations (2014) in relation to governance of the service. At this inspection, we found there had been sufficient improvements in this area.

The provider continued to develop their auditing systems and had ensured they had brought in the necessary expertise to help them in appropriately managing the service. They had recognised they needed further expertise to help them develop on-going management of health and safety and had employed a health and safety consultant. They had taken a lot of actions following the last inspection to show improvements and to meet all parts of the regulations. They fully engaged with anything necessary to make the home safer and well managed. They recognised they needed further training and had booked a health and safety course for March 2018. This will help them to further develop their skills and expertise. We have assessed the service as requires improvement under well led. This is due to the need for the provider to show continued sustainability in the management of the service with the governance of Health and safety.

We found there were formal systems for auditing all areas of the service including, people's care records, staff training and recruitment, supervision and appraisal, health and safety including contractor maintenance and environmental risk assessments, safeguarding, complaints, infection control and medications. The provider had developed improved oversight and evidence of detailed auditing records to show they had good systems in place to monitor the standards and governance of the service.

Visiting relatives told us that staff shared information with them and they were impressed with this. Relatives and people living at the home were aware of developments that had taken place and were kept up to date. They told us about how the provider had responded to changes needed for example for gates being installed to the garden, security codes being changed on the external doors and bathrooms and bedrooms being modified for better facilities and greater space. People we spoke with made positive comments about

the service, the staff and the providers. Two people told us, "Yes they are very good" and "It's a good home, they are good people."

A registered manager was in place at the time of our inspection and was present at all three days of the inspection. 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.

There was a clear management structure in place and staff were aware of their roles and responsibilities. The provider had reviewed the structure from the last inspection and promoted senior staff to deputy positions to help strengthen the management team. We spoke with the registered manager and staff who were all clear about their own roles and responsibilities. They all told us there was a friendly, open culture within the service and they felt very much part of a team. They told us they felt valued, well supported and knew who to go to with any concerns. They felt any concerns raised would be dealt with appropriately. We observed throughout the inspection that the registered manager and the two directors were visible within the home and were interacting with people and their visitor's.

Regular staff meetings took place to share information, look at what was working well and where any improvements needed to be made. We looked at monthly minutes for 2017. The agendas were varied and covered lots of informative information such as, resident updates, staffing levels, spot checks on care, medication training, wage increase and incentives, care plans, developing a wet rooms, introduced a message book, social events, uniforms, maintenance and audits. All of staff we spoke with told us that they felt very well supported by the management team. They attended regular meetings and got feedback. They felt they could raise anything with the registered manager and providers and their voices would be heard.

The registered manager explained they had stopped organising residents meetings as no one was attending them. They had introduced a newsletter for the service to help update people about what was going on and to tell people about plans for the future.

The Resident information pack and Statement of Purpose included lots of useful information about the service including their philosophy and objectives. The list of objectives were very long but also encompassed lots of good practice including for example, "Will be encourage and helped to maintain a high quality of life, Have their privacy respected, Be encourage to follow the religion of choice, Residential care should offer people the opportunity to enhance their quality of life by providing a safe manageable and comfortable environment, Support and stimulation to help them maximise their potential physical, intellectual, emotional and social capacity."

The provider was aware of the importance of maintaining regular contact with people using the service and their families. We saw that satisfaction questionnaires had been sent out to people living at Priestnall Court and/or their relatives in September 2017 plus they had introduced a suggestions box located by reception in September 2017. Some of the comments received included: "Lovely, very happy", "A very good and warm welcome", "Very happy place couldn't do any more for anyone", "Very comfortable since the first day here has been happy and well cared for", "I trust the staff to deal with all problems with care and respect" and "She loves it like her own little home." The latest returned surveys indicated that overall feedback about the service was positive.

The provider had also received seven suggestions e.g. "Needs modernising and a good cleaner", "Can we have sky TV", "would be nice to see all staff smiling" and "hot dinners please." The provider had already

taken action with the comments for example they were in the process of installing a communal TV dish to benefit everyone in the service.

Accidents and incidents were recorded and had been regularly monitored by the registered manager to ensure any trends were identified and addressed. Any safeguarding alerts were recorded and checked for any patterns which might emerge. We were told that there had been no identifiable patterns in the last 12 months.

The registered manager shared with us copies of the services policies and procedures such as, safeguarding adults, health and safety, behaviours that challenge, confidentiality, cash, food safety, hand hygiene, infection control, medications, pets, philosophy and objectives, data protect, religious/cultural needs, residents charter, staff recruitment, training, whistleblowing and equal opportunities. They had been regularly reviewed by the provider and were due for their annual review in December 2017.

We saw the CQC quality rating certificate was displayed in the office and the main reception area of the home, where people visiting the service could easily see it.