

# The Cheshire Residential Homes Trust

# Upton Grange Residential Home

## Inspection report

214 Prestbury Road  
Macclesfield  
Cheshire  
SK10 4AA

Tel: 01625829735  
Website: [www.cheshireresidential.co.uk](http://www.cheshireresidential.co.uk)

Date of inspection visit:  
20 June 2017  
27 June 2017

Date of publication:  
28 July 2017

## 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 took place on the 20 and 27 June 2017 and was unannounced.

Upton Grange is one of three care homes owned by the Cheshire Residential Homes Trust, which is a charitable non-profit making organisation. The home provides personal care and accommodation for up to 25 older people. At the time of our inspection there were 22 people living at the home.

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 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 last inspection on 4 February 2016, we found that the provider was not meeting the requirements of the Health and Social Care Act 2008 in relation to safe care and treatment, fit and proper persons employed and good governance. We conducted this inspection to review whether sufficient improvements had been made since the last inspection. We found that improvements had been made in all of these areas.

Overall people and relatives spoken with were positive and complimentary about the service they received at the home. People told us that they felt safe and were cared for. People received their medicines in a way that protected them from harm. Staff understood their responsibility to keep people safe from abuse and harm.

During this inspection we found there were enough staff available to meet the needs of people living at the home. We saw that there were processes in place to ensure the home regularly assessed and monitored staffing levels to ensure sufficient staff were available to provide the support people required. Improvements had been made to the recruitment processes and the registered manager was able to check that staff were suitable and qualified for the role they were being appointed to and not putting people they care for at risk.

We examined training records which demonstrated that regular training was provided and staff underwent an induction. At this inspection we saw that staff had received training in dementia care but found that practice in this area could still be improved further. Staff had regular supervision and appraisals. Staff confirmed that they had the opportunity to meet with the registered manager on a regular basis.

Staff had an understanding of the Mental Capacity Act 2005, and where a person was being restricted or deprived of their liberty, applications had been appropriately made to the supervisory body under Deprivation of Liberty Safeguards.

We found that people's nutritional needs were being met. People's views on the quality of the food were generally positive. We looked around the home and found the environment to be conducive to the needs of the people who lived there. The environment was decorated to a high standard and well maintained. Rooms

were bright and people had been encouraged to bring in personal items from home and many rooms were personalised

People told us that they were well cared for and in a kind manner. Staff knew the people they were supporting well and understood their requirements for care. We found that people were treated with dignity and respect. People were supported and involved in planning and making decisions about their care. We saw that where they were able to, people had been involved in the development of their care plans and had signed them to say that they had been consulted with.

At the last inspection we asked the registered provider to make improvements because the registered provider had not ensured that risk assessments relating to the health, safety and welfare of people using the service were appropriately updated to reflect people's needs. At this inspection we saw that improvements had been. We saw that care plans reflected how people liked to receive their care. They were very detailed and included information about what was important to people and how best to support them.

The provider had a complaints procedure in place, which was on display in the reception at the home. People told us that they felt able to raise any concerns with staff.

The registered manager explained that since coming into post she had identified a number of areas for further improvement and had made some necessary changes. She understood her responsibilities and had worked hard to ensure that the service met the appropriate regulations. All of the breaches identified at the last inspection had been met at this inspection.

Staff expressed mixed views about the management style but we found the registered manager engaged well with the inspection process and responded positively to any suggestions regarding possible improvements to the service. People and relatives told us they knew who the manager and were positive about the leadership of the home.

Quality assurance systems had been implemented more robustly since the last inspection and regularly reviewed the quality of the service provided. Audits were undertaken for aspects of care such as medicines, care plans, infection control and the dining experience.

## 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.

There were sufficient staff to meet the needs of the people living at the home.

Improvements had been made to the staff recruitment processes.

People felt safe and staff understood their responsibilities in protecting people from harm or abuse.

People received their medicines safely and as prescribed

### Is the service effective?

Good ●

The service was effective.

Staff were well trained and the registered manager had plans to improve skills further. There was an appropriate induction process for all staff before they started work.

People received support to maintain their nutritional needs and people were complimentary about the food provided.

Staff had an understanding of the Mental Capacity Act 2005. The Deprivation of Liberty Safeguards were being applied appropriately to people within the home.

People were supported to maintain good health and had access to healthcare services.

### Is the service caring?

Good ●

The service was caring.

People told us that the staff were kind and caring and were happy with the way they were treated.

We observed that people were treated with dignity and respect.

Staff respected people's wishes and preferences and people

were involved in decisions about their care.

### Is the service responsive?

Good ●

The service was responsive.

Care and support plans were had been reviewed and improved. They were personalised, up to date and reflected people's individual requirements

People were able to make decisions about their daily activities and were offered some activities and entertainment within the home.

There was a complaints process in place and people felt able to raise any concerns with staff.

### Is the service well-led?

Good ●

The service was well led.

The registered manager had made a number of changes to the home and had made improvements to meet the necessary regulations.

Staff views of the style of management varied. Some staff did not feel well supported whilst others told us they were very well supported.

People were asked for their views about the quality of the care provided and there were systems in place to receive feedback from people using the service.

The home had effective quality assurance systems in place to monitor and improve the quality of the care.

# Upton Grange Residential Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 20 and 27 June 2017 and was unannounced. The inspection was carried out by two adult social care inspectors on the first day and one adult social care inspector on the second day. The provider was aware of our visit on the second day to conclude the inspection.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and we checked information that we held about the service and the service provider. This included information from other agencies and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

We contacted the local authority contracts and quality assurance team before the inspection and they shared their current knowledge about the home. They had no concerns regarding the service.

During the inspection we spoke with 13 people who lived at the home and two visiting relatives. We spoke with the registered manager, deputy manager and nine members of the care staff, including night staff. We spent time observing the care and support that people received in the lounges and communal areas of the home during the inspection. We also observed part of a medicines round which was being completed.

We looked at the care records of three people who lived at the home and inspected other documentation

related to the day to day management of the service. These records included, staff rotas, quality audits, training and induction records, supervision records and maintenance records. We toured the building, including bathrooms and with permission spoke with some people in their bedrooms.

# Is the service safe?

## Our findings

People living at the home said that they felt safe. They told us "I'm quite content, the girls (staff) are always here and come and have a chat" and "I couldn't have a better place."

During the inspection we received information which alleged that staff members occasionally slept during the night time shifts. We raised this concern as a safeguarding referral through local safeguarding procedures. We were subsequently informed by the local authority that the allegation had been investigated and had been found to be unsubstantiated. There was no evidence to indicate that this had occurred.

Following our last inspection on 4 February 2016 we told the registered provider to take action to ensure that recruitment procedures were established and operated effectively. At this inspection we found that improvements had been made. We reviewed three staff files which showed that all necessary checks had been carried out before each member of staff began to work within the home, including a full employment history check and Disclosure and Barring Service (DBS) check. The DBS is a national agency that checks if a person has any criminal convictions. Through this recruitment process the registered manager was able to check that staff were suitable and qualified for the role they were being appointed to and not putting people they care for at risk.

During this inspection we found there were enough staff available to meet the needs of people living at the home. We saw that there were processes in place to ensure the home regularly assessed and monitored staffing levels to ensure sufficient staff were available to provide the support people required. We looked at the staff rotas, spoke with people and staff about staffing levels. We observed the home to be well organised and staff had time to sit with people during the afternoon. People told us that there were sufficient staff to meet their needs in a timely manner. They said "If you need anything the staff are always around" and "The staff are around when needed, they respond quickly to the call bell."

We reviewed a sample of the call bell response time records, which demonstrated that the call bells were responded to within a few minutes and did not suggest that people were left waiting for long periods of time. People spoken with told us that they did not generally have to wait too long for the call bell to be answered.

The registered manager told us that they had recently recruited two care staff but still needed to recruit further. Agreement had been reached to recruit another senior carer which would enable the deputy manager to have more supernumerary time to focus on the deputy role. We saw that the registered manager was reviewing staff shifts patterns to ensure that staff worked as effectively as possible.

We previously saw that an accident book was used to record incidents, accidents and falls and to maintain an overview of incidents. However, records did not evidence the actions taken to minimise the potential reoccurrence of these incidents. At this inspection we saw that a monthly audit was undertaken by the registered manager which outlined the place of the incident, time, action taken, outcome and any further information, which enabled the registered manager to establish any trends or concerns.



A wide range of risk assessments had been completed for people who used the service. They provided instructions for staff when delivering support to people. Where potential risks had been identified then action taken by the service had been recorded. Risk assessments were specific to individual people's needs and were up to date. We saw for example that it had been identified that some people living at the home may be at risk of leaving the premises without supervision. We saw that an alarm system was in place which alerted staff when the fire doors were opened. The registered manager showed us that gates had been fitted to the grounds to ensure they were more secure. We noted however that there remained access through the garden to the car park area. On the second day of the inspection we saw that a small fence had been fitted to this area to make it more secure.

The provider had policies in place for safeguarding vulnerable adults and whistleblowing. These contained guidance on the action that would be taken in response to any concerns. Staff told us and we saw from the records that they had been provided with safeguarding training and discussions with staff identified that they understood the signs of abuse. Staff were clear about their responsibility to report any concerns and knew how to do this. We saw that where necessary referrals had been made to the local authority to report safeguarding concerns and found that these had been investigated with any necessary action carried out and recorded. This demonstrated that the registered manager had taken appropriate action to ensure that people who use the service were protected and safe.

We reviewed the management of medicines with the registered manager. We found that medication was appropriately stored and administered. We checked that there were appropriate and up-to-date policies and procedures in place around the administration of medicines and found that the provider had suitable policies in place. Training records showed that medication training was up to date and staff had undertaken competency assessments where necessary.

Most people had full support with medication administration. Medicines were stored safely in line with requirements in locked trolleys and in a room of adequate size with a separate controlled drugs cabinet. Fridge and room temperatures were recorded daily. Medication administration record (MAR) sheets were in place which detailed the medication prescribed, how this should be taken and the time. We reviewed a sample of the MARs, which demonstrated that staff had signed to show they had administered people's medication. We noted one recording error and also that one person's medication had been hand written on the MARs but not countersigned to check the accuracy, which we brought to the attention of the registered manager. Some prescription medicines contain drugs that are controlled under the misuse of drugs legislation; these medicines are called controlled medicines. We inspected the controlled medicines register and found all medicines were accurately recorded.

The home employed a maintenance person and we reviewed their records. These demonstrated that regular checks were conducted on the facilities and equipment, to ensure they were safe for the intended use. This included fire safety systems, call bells, water temperatures and electrical equipment. Gas, water and other appliances were also regularly serviced. Risk assessments were in place for the premises, environment and use of equipment to ensure risks were kept to a minimum. Staff had access to personal protective equipment such as aprons and gloves and they used these as needed.

At the last inspection we recommended that the home implemented a basic emergency plan. The registered manager demonstrated that the home now had an emergency plan in place, which included guidance for staff about what to do in the event of an emergency, such as an unforeseen staff shortage or if people had to be evacuated from the premises. Personal Emergency Evacuation Plans (PEEPs) had been completed for people living at the home. This helped to ensure that people were appropriately supported in the event of an evacuation or emergency.

# Is the service effective?

## Our findings

People who used the service commented, "The food is excellent" and "I'm very well looked after, it's very comfortable."

At our last inspection we found that staff had access to a range of induction, mandatory and other training relevant to their roles and responsibilities. However we noted that some people were living with dementia and staff had not received appropriate training. At this inspection we saw that staff had received training in dementia care but found that practice in this area could be improved further. For example we saw on a few occasions a that a staff member continually asked a person to sit down when they appeared to want to walk around the building and this could have been approached differently, possibly by walking alongside and engaging with the person. The registered manager told us that she had already identified the need for further development in this area and had links with Dementia UK to provide more training.

We examined further training records which demonstrated that regular training was provided. The registered manager maintained a spread sheet record of staff training and recorded when staff had completed training sessions. This allowed the registered manager to monitor the training and to check when it needed to be updated. We saw that staff had received training provided by external organisations in areas such as, manual handling, first aid, fire safety. On the day of the inspection we observed that fire safety training was taking place. We saw that staff also undertook e-learning every two years in subjects such as infection control, safeguarding adults, health and safety, foods hygiene. Medication training was undertaken annually. Staff told us that training was thorough, one person commented, "We get loads of training." The registered manager told us that they had a new training provider and training in other areas such as epilepsy and training with the end of life partnership was also being undertaken.

There were some new staff employed to work at the service since the last visit. New staff completed an induction which was based on the Care Certificate. This certificate has been developed by national health and social care organisations to provide a set of nationally agreed standards for those working in health and social care. We saw on some staff files that they had completed this certificate. New staff spoken with confirmed they had undertaken an induction.

Staff had regular supervision and appraisals. Staff confirmed that they had the opportunity to meet with the registered manager on a regular basis. We saw from the records that the registered manager had a matrix in place to ensure that supervisions were undertaken regularly.

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).

The registered manager had a system to record those people for whom a DoLS application had been made, with the outcome and date when the authorisation needed to be renewed. We found that appropriate applications had been made to the supervisory body.

At our last inspection we had found that staff had not undertaken training around DoLS. At this inspection we found that staff had received training in MCA and DoLS. Staff spoken with had an understanding of the principles of the MCA and were knowledgeable about which people were subject to a DoLS authorisation. They told us that people needed to be supported to make decisions about their care and consent was needed. One member of staff told us "Most residents have mental capacity, so you just ask them and their preferences are documented." They also told us that there were times when they needed to make decisions for people in their best interests.

We found that people's nutritional needs were being met. People's views on the quality of the food were generally positive. People told us that they had a choice of food and their individual needs were catered for, such as where a person was vegetarian. Comments included, "The food is lovely" and "We get good meals." We observed lunchtime and people told us that they were enjoying the food. The meals looked and smelt appetising. Most people ate in the dining room at lunchtime but people told us that they could eat in the privacy of their room should they choose. We saw that the management had undertaken audits of the meal time experience to ensure people received effective support. During the inspection, staff offered people ice lollies during the afternoon in the hot weather.

We saw from the records that people's nutritional and hydration needs were recorded. One relative told us that staff monitored and encouraged their relative to drink sufficiently. They said "They're good at encouraging him with drinking." There was evidence that staff monitored those people who were at risk of losing weight and action taken where concerns had been noted. We spoke with staff who were able to tell us about people's specific nutritional needs. However we found that two members of staff did not correctly inform us about all of the people with diabetes. We saw that this information was available to staff in the office and within people's care plans. We discussed this with the registered manager and she assured us that she would remind staff about this. We also suggested that it would be appropriate to provide specific juice and biscuits suitable for people who had diabetes, as was their preference.

People were supported to maintain good health. Records showed that staff sought advice from the doctor and made requests for specialists when they believed this to be necessary in order to meet people's needs. We saw that people had access to their GP, district nurses and other specialist such as audiology when this was required.

We looked around the home and found the environment to be conducive to the needs of the people who lived there. The environment was decorated to a high standard and well maintained. Rooms were bright and people had been encouraged to bring in personal items from home and many rooms were personalised. Some people had access to telephones in their bedrooms. We saw that people had names plates next to their doors which included a picture or photograph chosen by the person which was of significance to them, which demonstrated a person centred approach. The home was set in very well maintained grounds, there was a garden and courtyard area for people to use if they wished.

# Is the service caring?

## Our findings

People and their relatives were very positive about the way that the staff provided support. People said, "Yes, I'm treated with dignity, I'm treated well" and "The staff are very helpful."

We found that the atmosphere in the home was calm, relaxed and organised. During the inspection we observed how well staff interacted with people who used the service. We heard that staff were kind and caring in the way that they approached people. We saw that staff had built relationships and had good rapport with people. For example we overheard a carer chatting with a person, they were familiar with their needs and took an interest in them. Staff spoken with had good knowledge about people's care needs. The home was relatively small and staff told us this enabled them to form good relationships. As well as this a number of staff had worked at the home for many years which supported continuity and familiarity. One member of staff described how emotional they felt when a person left the home to live elsewhere.

However, during our observations we noted that one carer came across as a little impatient on two occasions and one person commented that the staff could be "uppity at times" and we raised this with the registered manager. However, overall people told us that they were very happy with the way that they were treated. Comments included "They (the staff) are very cheerful and full of fun" and "The staff treat me extremely well."

People were supported and involved in planning and making decisions about their care. We saw that where they were able to, people had been involved in the development of their care plans and had signed them to say that they had been consulted with. The registered manager told us that since coming into post she had focused on a number of areas and an aspect of this was to ensure that people received care that was centred on their individual needs. She had planned further training for staff around this area. A number of reviews had been held with people to involve them in decisions around their care and support. People were also able to take part in residents meetings which included them in decisions about the way the home was run. We spoke with one person who told us that he had a number of items ready for discussion at the next meeting.

Interactions observed between staff and people were overall positive and we found that staff treated people with dignity and respect. One person told us "I'm treated like an adult." We observed that staff knocked on people's bedroom doors before entering and spoke to people in a friendly and respectful manner. Staff spoken with were aware of the importance of treating people with dignity and respect. One staff member said, "I treat everyone as how I'd want my own parents treated." Care plans reviewed also included information which emphasized the importance of dignity. For example, we saw it recorded "Assist with personal care whilst promoting independence and dignity."

There were a number of thank you cards and compliments about the service available to read. Some of these were very complimentary about the care that people had received. One comment included, "Staff are very caring, friendly and efficient." We saw that visitors and relatives were able to visit at any time and those spoken with told us that they were made to feel welcome.

Staff supported and enabled people to practice their faith and people told us that they were able to attend church as they wished. People's end of life care needs and future decisions were also documented and contained within care plans to ensure people's wishes and choices were respected.

Information about people living at Upton Grange was kept securely in a locked office to ensure confidentiality.

## Is the service responsive?

### Our findings

People and their relatives told us they found the service at Upton Grange to be responsive to their needs. They said, "They're marvellous and very accommodating" and "I have absolutely no complaints at all."

At the last inspection in February 2016 we asked the registered provider to make improvements because the registered provider had not ensured that risk assessments relating to the health, safety and welfare of people using the service were appropriately updated to reflect people's needs. At this inspection we saw that improvements had been made.

The registered manager told us that they had focused on the development of people's care plans and they were now up to date and reflected people's individual needs. The care plans reviewed included initial assessments, risk assessments and care plans. We saw that appropriate risk assessments had been undertaken and included areas such as falls, nutrition and pressure ulcer prevention. Reviews of care plans had been undertaken on a monthly basis. People told us that they had been involved in the development of their care plans and involved with reviews of their care. One person told us that staff had asked them about their favourite foods and preferences at breakfast time.

We saw that care plans reflected how people liked to receive their care. They were very detailed and included information about what was important to people and how best to support them. Examples included information about people's likes and dislikes or information about personal care preferences. There were photographs available of people when they were younger, which gave a real sense of the person. People spoken with told us they were supported in a way they preferred. Someone commented, "The carers know me well." One person told us they were able to go out when they wished and another person said they liked to stay up to read and staff respected this. The care plans also included detailed information about people's specific health conditions, which gave staff a better understanding of how these health conditions impacted on people's lives.

We saw that staff maintained daily records to evidence that support had been provided to people. For example staff recorded when people had been supported with a wash or other personal care. We found that people looked clean, smart and well cared for. People preferences around their choice of clothing were respected, for example we saw that one person liked to dress in a shirt and tie. Another person told us that she'd just had her hair done by the visiting hairdresser. We saw that there was a "bath rota" in place and discussed this with the registered manager who advised us that this was only used as a guide for staff to ensure that people were routinely asked if they would like a bath or shower. We agreed that it was important that people were able to have a bath or shower on a day or at a time of their preference.

Staff told us that there was good communication about people's needs and any changes. The registered manager had introduced a new communication book which staff felt had been beneficial. They told us that they were also kept updated about any changes to people's needs through a daily handover meeting.

During the inspection we found there were no activities taking place and the home was quiet and calm. The

registered manager informed us that the activities co-ordinator was shortly due to return to work after a period of absence. We saw that there was a programme of activities on offer, despite the activities coordinator being absent and care staff supported people with activities. We received mixed responses from people about the activities on offer. Some people told us that there was little going on whilst others said that there was regular entertainment. One person said "They have various functions; we have entertainment twice a week." A significant number of people told us they were able to go out independently or were happy to spend time in their rooms, either reading or talking with visitors. Overall people told us that they were happy with activities on offer. We saw that art and fitness sessions took place and "books on wheels" visited the home on a regular basis. Outside entertainers and trips out were also arranged

People told us that they felt able to raise any concerns with staff. They commented, "My keyworker, (name) would be my first point of call" and "If I had a problem, I would go to the office and speak to someone." The provider had a complaints procedure in place, which was on display in the reception at the home. We saw that the manager had a system to document any complaints, with the actions taken to investigate and resolve them. We saw that the registered provider had received one complaint in the past 12 months, which had been responded to as per their complaints policy. On the second day of the inspection, the registered manager told us that she had implemented a complaints log to provide an overview of any complaints, following our suggestion.

## Is the service well-led?

### Our findings

People and their relatives spoken with were positive about the management of Upton Grange. Everyone knew who the manager and people told us, "Julie pops around, she's always there if you want her, I find her very nice" and "Julie always asks if everything is okay."

At our last inspection in February 2016, we told the registered provider to make improvements in the way they assessed the quality of the service. The registered provider had not ensured effective systems were in place to monitor and improve the quality of service provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made.

There was a registered manager in place who had been registered with The Care Quality Commission (CQC) since June 2016. We saw that a statement of purpose was on display in the reception area and information was available for people who wanted to know about Upton Grange and the way that the care was provided. The home had appropriate policies and procedures in place including safeguarding, medication, Mental Capacity Act and complaints, amongst others. We saw that these had all been reviewed and updated.

Whilst people spoken with told us that the registered manager was friendly and approachable, staff spoken with expressed mixed opinions about the registered manager's style of management. Some staff told us that the registered manager was often very busy and they felt unsupported at times. However other staff told us that they found the manager to be very approachable and supportive. Some staff also said that they had raised issues with the registered manager and did not feel that these had been addressed effectively. On the contrary other staff stated that the registered manager had been very proactive in making positive changes to the way the home was run and believed she would address any concerns. Staff told us that there unfortunately been some friction between staff. However, overall staff expressed that the staff team were very supportive and said they enjoyed working at Upton Grange. One staff member commented "I love it here." The registered manager was keen to address the difficulties around staffing and wanted to improve staff morale.

The registered manager explained that since coming into post she had identified a number of areas for further improvement and had made some necessary changes. She understood her responsibilities and had worked hard to ensure that the service met the appropriate regulations. All of the breaches identified at the last inspection had been met at this inspection. We found that the registered manager was well organised and all information requested during the inspection was readily available. The registered manager was able to discuss her vision for the home and plans for on-going improvements; she demonstrated motivation and dedication to the home. We found that she engaged well with the inspection process and responded positively to any suggestions regarding possible improvements to the service. We saw that regular supervisions meetings, appraisals and personal development plans had been undertaken with staff. Records demonstrated that staff performance was monitored and where necessary action taken to address any issues. We reviewed staff meetings minutes which evidenced that a range of topics were discussed and guidance provided, so that staff understood what was expected of them. Night visits had been undertaken



and night staff had regular contact with the registered manager because she often came into work early to meet with them and had worked some night shifts herself.

Quality assurance systems had been implemented more robustly since the last inspection and regularly reviewed the quality of the service provided. Audits were undertaken for aspects of care such as medicines, care plans, infection control and the dining experience. We saw that the registered manager had introduced a monthly manager's report which was sent to the registered provider. This was to evidence that audits were undertaken, along with other checks including staffing information, accidents/incidents, complaints, safeguarding amongst other information. This ensured that the board of trustees had appropriate oversight of the service. Monthly visits were undertaken by representatives of the registered provider to monitor the service and included discussion with people living at the home.

Systems had also been put in place to gain the views of people's experience of the care they received. We saw that questionnaires had been handed out to people in April 2017, all of the responses indicated that people were either satisfied or very satisfied in the areas identified.

Our records demonstrated that the registered manager notified CQC of significant events appropriately, as legally required to do so.