

CLS Care Services Limited

The Cedars Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 6 and 19 October 2015. The first day of the inspection was unannounced and the date of the second day was discussed and agreed with the home manager.

The last inspection took place on the 25 September 2013 when The Cedars Residential Care Home [The Cedars]

was found to be compliant in the following areas: consent, care and welfare, meeting nutritional needs, safety of premises and assessing and monitoring the quality of service provision.

The Cedars is part of CLS Care Services Ltd and is registered to provide accommodation for people who require help and support with their daily lives. The two storey building can accommodate up to 27 people in

Summary of findings

single bedrooms. The home is located in the town of Holmes Chapel and is close to the town centre and other local amenities. Staff members are on duty 24 hours a day to provide care for the people who live in the home. At the time of our visit there were 24 people living in the home.

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

We asked people using the service if they felt safe at The Cedars they said that they did.

The service had a safeguarding procedure in place. This was designed to ensure that any possible problems that arose were dealt with openly and people were protected from possible harm.

We looked at the files for the three most 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.

We asked staff members about training and they all confirmed that they received regular training throughout the year and that it was up to date.

The service had a range of policies and procedures which included guidance on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Staff members need to undertake training in these areas.

There was a flexible menu in place which provided a good variety of food to the people using the service.

The five care plans [CLS call these 'life plans'] contained personalised information and they were written in a style that would enable any staff member reading it to have a good idea of what help and assistance someone needed at a particular time. All of the plans that we looked at were well-maintained and were being reviewed monthly so staff would know what changes, if any, had been made. The registered manager explained that all of the plans were in the process of being reviewed in depth with a view of making further improvements to them.

Staff members we spoke with were positive about how the home was being managed. Throughout the inspection we observed them interacting with each other in a professional manner. All of the staff members we spoke with were positive about the service and the quality of the support being provided.

We found that the registered manager and provider used a variety of methods in order to assess the quality of the service they were providing to people. These included regular audits on areas such as the care files, including risk assessments, medication and staff training. The records were being maintained properly.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

The provider had effective systems to manage risks without restricting people's activities. Risk assessments were up to date to ensure people were protected from the risk of harm.

We found that appropriate safeguarding procedures were in place and staff members 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 medicines was safe.

Good



Is the service effective?

The service was not always effective.

We asked staff members about training and whilst they all confirmed that they received regular training throughout the year this had not included any training on the Mental Capacity Act 2005 [MCA] and the Deprivation of Liberty Safeguards (DoLS). We have since received written confirmation from the registered manager that this was in the process of being addressed.

A tour of the premises was undertaken; this included all communal areas including lounge and dining areas plus and with consent a number of bedrooms. The home was well maintained and provided an environment that could meet the needs of the people that were living there.

Requires improvement



Is the service caring?

The service was caring.

We asked the people living at The Cedars about the home and the staff members working there and received a number of positive comments about their caring attitudes.

Visiting relatives and friends also made positive comments about the home and the staff members working there.

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

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

We looked at care plans, CLS call these, 'life plans' to see what support people needed and how this was recorded. The plans contained personalised information and they were written in a style that would enable any staff member reading it to have a good idea of what help and assistance someone needed at a particular time.

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 looked at the most recent complaint and could see that this had been dealt with appropriately.

Is the service well-led?

The service was well led.

There was a registered manager in place.

There were systems in place to assess and audit the quality of the service being provided by The Cedars.

We saw that residents' meetings were being held and we were able to view the minutes from the last meeting held in September 2015. These were readily available for residents to view and had been produced in large print to assist reading. The minutes showed people had been involved in planning activities and had been invited to provide suggestions and feedback on all aspects of the running of the home and their daily lives.

Good



The Cedars Residential 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.

We carried out an unannounced inspection on 6 October 2015 and then undertook a second announced visit on 19 October 2015. Both days of the inspection were 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 we hold prior to visiting. We invited the local authority to provide us with any information they held about the Cedars. We viewed information from visits carried out by Healthwatch and the Environmental Health Officer.

During our inspection we saw how people who lived in the home were provided with care. We spoke to a total of eleven people living there, four visiting family members, a

visiting volunteer, seven staff members including the registered manager and the home services manager. The people living in the home and their family members were able to tell us what they thought about the home and the staff members working there.

We gained the co-operation of people living at the home and their staff team to allow us to spend time in various areas of their home. During our inspection we observed how staff supported people throughout the day. We used a number of different methods to help us understand the experiences of people living at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who were using the service at the time of our inspection.

We looked around the home as well as checking records. We looked at a total of five care plans [CLS call these life plans]. We looked at other documents including policies and procedures and audit materials. Records reviewed included: staffing rotas; risk assessments; complaints; staff files covering recruitment; training; maintenance records; health and safety checks; supervision of staff; policies and procedures; minutes of meetings, medication records and storage of medicines.

Is the service safe?

Our findings

We asked people if they felt safe. All the people we spoke with said that they felt The Cedars was a safe environment and the family members we spoke to said that they were more than happy that their relative was safely cared for. We did observe a relaxed and welcoming atmosphere in the home between staff and residents as well as with their relatives. The people using the service told us, “The staff are lovely, nothing is too much trouble”, “The staff are really good to me”, “They are very good and they make you feel safe”. A family member told us, “The home is excellent, mum is safe, I can relax”.

We saw that the staff members were aware of individual needs and the relatives we spoke with stated that their relative was well cared for.

We saw that the service had a safeguarding policy in place. The policy was designed to ensure that any possible concerns that arose were dealt with openly and people were protected from possible harm. The registered manager was aware of the relevant process to follow. They said they would report any concerns to the local authority and to the Care Quality Commission (CQC). Residential homes such as The Cedars are required to notify the CQC and the local authority of any safeguarding incidents that arise. We checked our records and saw that any safeguarding or incidents requiring notification at the home since the last inspection took place had been submitted to the CQC. The registered manager told us that she was on call at all times and if she was not available CLS had a second level management system in place. This meant that if anything happened where staff had concerns that could not be dealt with by the registered manager, a more senior manager was also available for consultation.

Staff members confirmed that they had received training in protecting vulnerable adults as part of their induction and that this was updated on a regular basis. We observed information clearly displayed in the reception area on whistleblowing. The staff members we spoke with told us that they understood the process they would follow if a safeguarding incident occurred and they were aware of their responsibilities when caring for vulnerable adults. They were also familiar with the term ‘whistle blowing’ and each said that they would report any concerns regarding

poor practice to senior staff. 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 abuse.

Risk assessments were carried out and kept under review so the people who lived at the home were safeguarded from unnecessary hazards. We could see that the home’s staff members were working closely with people and, where appropriate, their representatives to keep people safe. This ensured that people were able to live a fulfilling lifestyle without unnecessary restriction. Relevant risk assessments, for example, medication and mobility were kept within people’s care plan folders. During the inspection we did query if there were any risk assessments in place for the stairways within the home because these were readily accessible and occasionally used by the people using in the home. At the time the registered manager stated that none had been completed but she would address this as soon as possible. We have since received written confirmation from her that risk assessments have been completed where appropriate and she is seeking guidance from the provider to confirm that all possible risks regarding the stairs are minimised.

We observed that the staff members were kept up to date with any changes during the handovers that took place at every staff change. This helped to ensure they were aware of issues and could provide safe care.

We found that the people living in the home had an individual Personal Emergency Evacuation Plan [PEEPS] in place. These along with an emergency contingency plan were kept in a file. PEEPS are good practice and would be used if the home had to be evacuated in an emergency such as a fire. They provided details of any special circumstances affecting the person, for example if they were a wheelchair user.

We looked at the files for three 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 had 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. We saw from these files that the home required potential employees to complete an application form from which their employment history could be

Is the service safe?

checked. References had been taken up in order to help verify this. Each file held suitable proof of identity. There was also confirmation within the recruitment files we looked at that the employees had completed a suitable induction programme when they had started work at the home.

We saw that systems were in place to help ensure that people's medicines were being managed appropriately. Each person's medicines were kept in a lockable medicine trolley within a designated room within the home. We undertook a random check of the medicine arrangements, including the blister packs containing medicines, any controlled drugs being administered and medicines administration records being maintained for the people using the service. We saw that clear records were kept of all medicines received into the home, administered and if necessary disposed of. Records showed that people were getting their medicines when they needed them and at the times they were prescribed. This meant that people were being given their medicines safely. Staff members received regular medicine training.

During the two days of our visit, there was one care team leader and two care staff members on duty between the hours of 8.00am until 10.00pm and at night these was one care team leader and one care staff member on duty between 10.00pm until 8.00am. The registered and home services managers were in addition to these numbers. We looked at the rota and could see that this was the usual number of staff deployed each day.

In addition to the above there were separate ancillary staff including two people working in the kitchen, a domestic supervisor, three domestic assistants cleaning the home and dealing with the laundry and a maintenance staff member.

During our inspection, some of the staff members told us that they felt that there was not enough staff on duty particularly in the mornings and evenings. One of the told

us, "This is a lovely little home, the thing that lets it down is the staffing ratio". This person also told us there was still an issue with the use of agency staff members. People living in the home did not comment on the numbers of staff, however they did comment on the use of agency staff. One person using the service told us, "I prefer Cedars staff, they know me better". We spoke with the registered manager regarding this and she told us that she used a dependency assessment tool in order to ensure that there was enough staff on duty at any one time. She confirmed that they did have to use some agency staff members to cover shifts but that there was an active recruitment campaign to appoint more permanent staff. We observed a banner on the outside of the home advertising the current recruitment campaign as well as leaflets and posters in the reception area advising of current vacancies. The registered manager also informed us that there had also been advertisements in the local papers and leaflet drops in the local shops and community outlets. The registered manager said that CLS had also advertised the vacancies on their website, other websites and at the local job centre. The staff members we spoke with during the inspection confirmed that the registered manager was actively trying to recruit staff. Since the inspection the registered manager has written to us to explain that a tea time kitchen assistant had been recruited which had enabled the care staff members to concentrate on the people in the home rather than washing dishes after the rest of the kitchen staff had finished for the day.

Our observations during the inspection were of a clean, fresh smelling and well ventilated environment. The atmosphere in the home was calm and staff members were going about their roles in a professional and timely manner. We observed staff maintaining hygiene by the use of hair nets and specific aprons when entering and leaving the kitchen area.

We checked some of the equipment in the home, including bath hoists and saw that they had been subject to recent safety checks.

Is the service effective?

Our findings

All the people living at the home that we spoke with and their family members felt that their needs were well met by staff that were caring and knew what they were doing. Comments included, "Staff are looking after me well". One relative that we spoke with said in relation to the home, "We think it's a little gem".

The provider had their own induction training programme that was designed to ensure any new staff members had the skills they needed to do their jobs effectively and competently. We looked at the induction record used for three newly appointed staff members and could see that they had all completed a first day induction checklist that provided basic information such as the location of fire exits and the procedures to follow if there was an incident. Following the initial induction all new staff members undertook a provider induction that covered the following areas, moving and handling, safeguarding, dementia awareness, fire safety, customer care and first impressions.

The staff members that we spoke with confirmed that they had completed an induction training programme when they had started working at the home. Staff also confirmed that following their induction training, they had a period shadowing existing experienced staff in order to learn the role and were in addition to the regular staff members on each shift where they shadowed. Shadowing is where a new member of staff works alongside and watches either a senior or experienced staff member until they are confident enough to work on their own.

We asked staff members 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 refresher training relevant to their role. This included fire safety, safeguarding, moving and handling and COSHH. The provider used computer 'e'learning for some of the training and staff were expected to undertake this when required. The staff members' competency was assessed through the supervision system and through the auditing of records such as medication and care plans. During the inspection, we saw notices in the staff areas confirming future training dates and which members of staff had signed up to join these sessions.

The staff members we spoke with told us that they received on-going support, supervision and appraisal. We checked records which confirmed that supervision sessions for each member of staff had been held regularly since the previous inspection visit had taken place. Supervision is a regular meeting between an employee and their line manager to discuss any issues that may affect the staff member; this may include a discussion of the training undertaken, whether it had been effective and if the staff member had any on-going training needs.

During our visit we saw that staff took time to ensure that they were fully engaged with each person and checked that they had understood and gave permission before carrying out any tasks with them. We observed staff members requesting permission to enter rooms in order to carry out tasks with people and asked if that was okay rather than assuming consent.

The information we looked at in the care plans was detailed covering different aspects of people's lives and care needs. We asked relatives if they had been involved in formulating the care plan of their family member. They recalled being asked about family history and consulted at the beginning, but they did not remember being asked to contribute to any updates or reviews. They did feel that the home were good at communicating and would contact them if their relative had any falls.

Visits from other health care professionals, such as GPs, district nurse were recorded so staff members would know when these visits had taken place and why. A resident stated "if I'm not feeling well, the GP comes quickly". A visiting family member told us "the GP comes on a regular basis and the staff deal with medical problems and we feel there is great support from the local GP and district nurses". We saw a complimentary email from a nurse working with the service stating: "Can I reiterate that Dr X has every faith in you and your team to meet this lady's needs." We were also able to speak to a visiting GP during our visit; they told us that the home was well organised and staff were very clear about any issues that arose; they contacted the practice if there were any concerns. The GP told us, "People seem well cared for and are comfortable. The level of care is very good; there is good communication and there are no inappropriate calls. There are no issues from colleagues".

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards.

Is the service effective?

We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager during the inspection. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. The Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

Policies and procedures had been developed by the provider to provide guidance for staff on how to safeguard the care and welfare of the people using the service. This included guidance on the MCA and DoLS. We saw that the registered manager was completing the mental capacity assessments for the people in the home and if applicable a DoLS application had been completed. These were only completed if the person was deemed to be at risk and it was in their best interests to restrict an element of their liberty. The applications had been submitted to the local social services department who were responsible for agreeing to any DoLS being imposed and for ensuring that they were kept under review.

We asked the staff members about the MCA and DoLS and those we spoke with did not fully understand the nature of DoLS and they had not yet received any training on the Mental Capacity Act. We spoke with the registered manager regarding this during the inspection and they confirmed that staff needed to undertake this training as soon as possible and they were looking at how to source this. We have now received written confirmation that 'e' learning for staff members had now been provided and they were being asked to complete this as part of their on-going training.

There was a four week flexible menu in place which provided a good variety of food to the people using the service. Choices were available and people could decide what they wanted at every mealtime. Special diets such as gluten free and diabetic meals were provided if needed. The people using the service told us: "The food's good, although it's not always to my taste", "They have a nice

variety of food", "You always have a choice", "It's alright, the food", "Food's ok and if I wanted something else, I can ask". The relatives that we spoke with commented that they had observed that the home always had a birthday tea when it was someone's birthday and that people always had a choice and would be offered alternatives or would accommodate a person if they were late to a meal for any reason.

Whilst in the home, we saw a staff member requesting menu preferences and we saw the person being offered two choices. The staff member explained the choices in a patient and unhurried manner. Staff members explained that people have two choices, however if someone did not want either of the two choices offered they could also request something else.

We saw that staff monitored people's weights as part of the overall planning process on a monthly basis and they completed an assessment for the risk of malnutrition to identify whether people were at nutritional risk and this was being reviewed monthly. This was done to ensure that people were not losing or gaining weight inappropriately.

A tour of the premises was undertaken; this included all communal areas including lounge and dining areas and with people's consent a number of bedrooms. The home was well maintained and provided an environment that met the needs of the people that were living there. There was also an upstairs lounge which was smaller and quieter which provided communal space for people who may not wish to join the larger group downstairs.

The home provided adaptations for use by people who needed additional assistance. These included bath and toilet aids, hoists, grab rails and other aids to help maintain independence.

The laundry within the home was well equipped and appeared to be well-organised. We saw a poster in the reception area reminding relatives of the need to ensure that clothing was labelled correctly in order that clothes could be returned to the right person.

Is the service caring?

Our findings

We asked the people living in and visiting The Cedars about the home and the staff members working there. They all commented how caring and considerate staff were. Comments included, “All very lovely here”, “The carers are very good, you get to know the regular staff”, “I’m very happy with the staff here. If I want my hair doing, they’ll come and take me down”, “Staff are very caring, it’s excellent”, “The girls are all very nice, very friendly” and “Carers are super, they always treat [me] with respect and dignity”. Visiting relatives told us, “My [relative] has never looked back, she is very happy here”, “The staff are always welcoming and very friendly. We brought X a new chair for the residents’ lounge and within a day, they fitted new electricity sockets so he could use it” and “The home isn’t perfect, staff are very good, all very pleasant”. A volunteer visiting the service commented that “The girls go well beyond their job description, even if they are busy; they will stop and deal with any requests”. This person went on to tell us that “The staff are great with people”.

Family members told us that they were encouraged to spend as much time in the home as they liked, although they commented that they were asked to respect meal times and not visit at these times as it could be busy.

We viewed some cards and compliments that had been sent into the service. One person’s relatives wrote: “Thank you for all your kindness and excellent care whilst Dad was at the Cedars. Keep up the good work”. Another relative wrote: “I just wanted to take the opportunity on behalf of my family to thank each member of staff that has cared for my [relative], we know at times her behaviour has become challenging but the way she has been looked after has been absolutely fantastic. We would like to pass on special thanks to X, they have taken so much time to make my [relative] feel welcome and to understand her condition, perhaps at times better than we can. X has really made an effort to keep her stimulated and busy and we really and truly cannot thank her enough”.

We observed an informal handover between Care Team Leaders and they spoke with compassion and genuine concern about a resident who had fallen ill over the last few days.

The staff members we spoke with showed that they had a good understanding of the people they were supporting

and knew their personal preferences. They told us that they enjoyed working at The Cedars and had positive relationships with the people living there. Comments included “I love my job” and “I’m happy working here”.

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 in general 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. One of the staff members we spoke with told us, “The quality of care is good, I would not be here if it wasn’t”.

We undertook a SOFI observation in the dining room over lunch on the first day of the inspection. Although we saw that staff members were moving around the dining room attending to people’s needs in general we did observe that there was very little verbal interaction between staff and the people using this service during this period. CLS operate a ‘Marvellous Mealtimes’ policy that was designed to ensure any mealtime was an enjoyable and rewarding experience so we consider that this is an area that could be improved. We have discussed this with the registered manager who has agreed to look into this area.

We saw on both days of the inspection that the people living in the home looked clean and well cared for.

The quality of the décor, furnishing and fittings provide people with a homely comfortable environment to live in. The bedrooms seen during the visit all had their own front door with a knocker. They were all personalised, comfortable, well-furnished and contained items of furniture and individual items belonging to the person. There were two lounges, offering people a choice. The one downstairs was the larger of the two with a large television and activities would take place in this room. The smaller lounge upstairs was quieter and had a smaller television, books and jigsaws available for people to use if they chose to do so. In addition there was a small kitchen on the first floor which contained signage encouraging visitors and family members to make light refreshments whilst visiting the home.

Is the service caring?

The provider had developed a range of information, including a service user guide for the people living in the home. This gave people detailed information on such topics as medicine arrangements, telephones, meals, complaints and the services provided.

We saw that personal information about people was stored securely which meant that they could be confident that information about them was kept confidentially.

Is the service responsive?

Our findings

We asked the people living in the home about the staff members and they told us, “Staff are very good. If you ask them to do something, they will do it straight away” and “I have a call bell and they always come quickly”.

The people living 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 staff 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 looked at the pre-admission paperwork that had been completed for people currently living in the home and could see that the assessments had been completed.

We looked at care plans, CLS call these, ‘life plans’ to see what support people needed and how this was recorded. The plans contained personalised information and they were written in a style that would enable any staff member reading it to have a good idea of what help and assistance someone needed at a particular time. All of the plans that we looked at were well-maintained and were being reviewed monthly so staff would know what changes, if any, had been made. The registered manager explained that all of the plans were in the process of being reviewed in depth with a view of making further improvements to them. We did see that a number of assessments within the care plans were not signed, which meant it was difficult to see who had carried these out. When we asked about this the registered manager explained that these were new forms she had implemented recently as part of the review and she had omitted to sign them. We saw on the office wall a clear programme and timetable for when these reviews were taking place and have spoken to the registered manager since the inspection took place. She has confirmed that the review process had now been completed and all documentation had been signed.

The people using the service who we spoke with confirmed that if they needed a GP or other health professional, the relevant person was contacted straight away.

If people needed specialist help, for example where someone was falling frequently, the home contacted the relevant health professionals who would then be able to be able to offer assistance and guidance. A care plan to meet

this need would then be put into place. We saw that this had not happened in one instance and when we made the registered manager aware of this she addressed the issue immediately.

The five care plans we looked at contained some relevant 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, food the person enjoyed; preferred social activities and social contacts and people who were important to them. We asked staff members about several people’s choices, likes and dislikes within care plans and the staff we spoke to were knowledgeable about them.

Those people who commented confirmed that they had choices with regard to daily living activities and that they could choose what to do, where to spend their time and who with. One person commented that they “Were not much for sitting amongst a crowd, I get bored. I like watching the birds”. They preferred to remain in their room and a relative had provided a bird table which the home had placed immediately outside this person’s room within clear view.

The home employed one part-time activity co-ordinator for 20 hours a week. Their job was to help plan and organise social or other events for people. We were unable to speak to the co-ordinator during the inspection as they were not available. We saw from the last residents’ meeting minutes that the activities co-ordinator had attended and had asked people’s likes and dislikes in terms of activities and also future events. One person commented that they enjoyed the activities.

We saw a poster in the reception area advertising activities each month ranging from an entertainer, guitar vocalist, Christmas Fayre and Christmas Party. A volunteer we spoke with told us that they had recently organised a Macmillan Coffee Morning where members of the local community had recently been invited in to join people living in the home. During the second day of our inspection we observed a music and movement session taking place in the large lounge, everyone participating appeared to be enjoying this.

Is the service responsive?

Whilst we were at the home, a vicar came to carry out visits; we were told by staff members that this was a regular occurrence. One of the people using the service also told us that she had a Eucharist Minister who was to visit her on a Sunday, she told us, “This is very important to me”.

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. A copy of the procedure to be followed was on display on the notice board in the entrance area. We

looked at the most recent complaint made in August 2015 and could see that this had been dealt with appropriately. People were made aware of the process to follow in the service user guide. The people we spoke with during the inspection told us that there were able to raise any concerns. Comments included; “I have no complaints” and “I wouldn’t hold anything back if I had any complaints, but I have no complaints at all”. One relative commented that, “The manager has always been very helpful”.

Is the service well-led?

Our findings

The registered manager told us that information about the quality of the service provided was gathered on an on-going basis by asking the people who lived in the service and their representatives what they thought about the home and to tell staff members or the managers to let them know if there were any problems. The registered manager 'walked the floor' regularly in order to check that the home was running smoothly and that people were being cared for properly.

We saw that residents' meetings were being held and we were able to view the minutes from the last meeting held in September 2015. These were readily available for people to view and had been produced in large print to assist reading. The minutes showed that people living at the home had been involved in planning activities and had been invited to provide suggestions and feedback on all aspects of the running of the home and their daily lives.

In addition to the above and in order to gather feedback about the service being provided we saw a comments box in the reception area. Any comments received were then taken and stored in a file in the registered manager's office for them to be dealt with. We also saw leaflets in the reception area from CLS encouraging people to leave comments as well as leaflets for people to review the care home on carehome.co.uk.

The provider had a quality assurance system available to monitor the quality of care being provided in its homes. The most recent survey of the home had been completed in September and October 2014. We looked at a copy and could see that it covered a variety of areas including, staff and care, home comforts, choice and having a say and quality of life. This was an on-going process.

The provider had a corporate monitoring system called 'Driving success in our homes' throughout its homes [staff members referred to this as the 'Steering Wheel']. This required managers to report on a variety of areas; these were grouped into four titles, people, customers, finance and operations. These titles were then sub-divided into more specific topics such as whether audits were up to date and the current training position for staff. This system allowed the provider to monitor each home's performance and address any shortfalls quickly.

As part of the system referred to above we could see that the registered manager was carrying out monthly audits on, for example, the care plans, falls, medication and mealtimes. They confirmed that if there were any issues identified following an audit, for example if a care plan required updating then these would then be dealt with. This was monitored by the company's head office.

The registered manager and home services managers also undertook periodic audits, for example, infection control and prevention, the completion of a health and safety audit quarterly and night visits. This helped to ensure any issues in this area were identified and addressed in a timely manner.

In addition to the auditing process the registered manager also carried out a dependency assessment for each person living in the home on a monthly basis. The purpose of this was to enable the registered manager to review the staffing levels to ensure they continued to meet people's needs. Whilst we did not observe any concerns with staffing numbers during the inspection we did receive some comments from staff members about numbers of staff particularly in the mornings and evenings. The people using the service whilst not commenting on the numbers of staff during our visit did comment on the use of agency staff. More information regarding this and what the registered manager was doing to address this issue is within the safe section of this report.

In addition to the above there were also a number of maintenance checks being carried out weekly and monthly. These included the fire alarm system 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.

Senior managers from the provider also undertook quality monitoring visits on both an announced and unannounced basis and spoke to the people living there on a regular basis. We looked at the records completed which confirmed these were taking place regularly.

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

Is the service well-led?

appropriately. We found that information about the home was provided in the entrance hall and that this included a guide for the people living in the home and their family and other visitors.

Staff members we spoke with had a good understanding of their roles and responsibilities and were 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 or the home services manager. Comments from the staff members included, “I’m happy working here. If I had any problems I would speak with the manager or supervisor and would report any concerns to them”, “I love my job, they are very good with training” and “Chris [the registered manager] is very friendly and approachable and the home is well managed”.

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 saw notices for the next staff meeting due to take place on the 28 October were displayed clearly in the staff areas. We also viewed minutes from past meetings and these were being held on a regular basis.

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.

As part of the inspection, we noted that information was clearly displayed in the staff areas about policies and training. We repeatedly requested folders and documentation for examination. These were all produced quickly and contained the information that we expected. This meant that the provider was keeping and storing records effectively.