

# Maria Mallaband Properties (5) Limited

## The Belvedere

### Inspection report

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### 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?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The inspection was unannounced and took place on 12 and 13 June 2017.

The last inspection took place on 4 and 10 May 2016. At that inspection we identified breaches of the relevant regulations in respect of sufficient numbers of staff, the need for safe care and treatment of service users, person centred care and the need for good governance. At this inspection, we found that improvements had been made and the provider was no longer in breach of any of the regulations.

The Belvedere is a purpose built care home located close to Alderley Edge. It offers permanent or respite nursing and dementia care for up to 41 older people. All bedrooms have ensuite facilities. Lounges and dining rooms are accessible to all residents and there is a garden which they can also use. The home is divided into three units; Silk unit which caters for older people with nursing needs, Mulberry unit which is for people living with dementia with additional nursing needs and Weaver unit for people living with dementia and with complex needs. On the day of our inspection there were 41 people living in the home.

The home has a registered manager who had been in post since September 2016. 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 found through our observations that there were sufficient numbers of suitably qualified, competent, skilled and experienced persons deployed within the service to meet the needs of the people living there.

We found that the arrangements for the administration, storage and disposal of medication were safe.

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

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

We asked staff members about training and supervision. They all confirmed that they received regular training and supervision throughout the year.

We observed caring relationships between staff members and the people living in the home.

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

We found that that there had been improvements in the care plans and these were being updated regularly and the provider was now consistently keeping contemporaneous records in respect of fluid intake, however there was scope for further improvement.

The provider had a quality assurance system in place and regular audits were being completed, and issues identified were addressed in a timely manner. This system included audits on medication, weight losses, accidents and incidents. In addition to the above, there were also a number of maintenance checks being carried out weekly and monthly. These included checks on fire alarms and emergency lighting and equipment such as hoists and electric profiling beds, as well as checks on water temperatures.

Staff members and relatives we spoke with were very positive about how the home was being managed. Everyone spoke of the improvements observed since the current registered manager had been in post.

## 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 numbers of suitably qualified, competent, skilled and experienced persons to meet the needs of the people living in the home.

We found that the arrangements for the administration, storage and disposal of medication were safe.

Recruitment records demonstrated that there were systems in place to help ensure staff employed at the home were suitable to work with vulnerable people.

### Is the service effective?

Good ●

The service was effective.

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

We found that staff had received regular training and supervision to support them in their roles.

### Is the service caring?

Good ●

The service was caring.

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

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

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.

We found that whilst care records had improved and additional monitoring was taking place, there was scope for further improvement.

The activities programme was reflective of the needs and preferences of the people living in the home.

The provider had a complaints policy and processes in place to record any complaints received and to ensure that these were addressed within the timescales given in the policy.

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

The service was well led.

The registered provider had a quality assurance system in place to ensure that areas identified as requiring action to improve the quality of the service were addressed promptly.

Everyone was positive about the current registered manager and the improvements they had observed since she had been in post. The manager had identified areas for improvement and was carrying out the necessary actions.

**Good** ●

# The Belvedere

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 and 13 June 2017 and was unannounced. The inspection was carried out by one adult social care inspector and an expert by experience on the first day of inspection and one adult social care inspector on the second day of inspection. 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 checked information that we held about the service and the service provider. We looked at any notifications received and reviewed any other information held about the service prior to our visit. We invited the local authority to provide us with any information they held about The Belvedere. They advised us that they had no current concerns about the service. We viewed the most recent Healthwatch report and we spoke to a GP that regularly visits the service.

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

We spoke with a total of nine people living there, seven visiting relatives and fourteen members of staff including the registered manager, the quality assurance manager, the activities co-ordinator, the maintenance person, the chef and eight members of care staff. We spoke to a visiting hairdresser. The people living in the home found it difficult to tell us what they thought of the care in home due to their health conditions, however family members were able to tell us what they thought about the home and the staff members working there.

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

We used the Short Observational Framework for Inspection (SOFI) and undertook three SOFIs during the course of the inspection. SOFI is a way of observing care to help us understand the experience of people

who could not talk to us.

We looked around the service as well as checking records. We looked at a total of six care plans. We looked at other documents including policies and procedures; staffing rotas; risk assessments; complaints; staff files covering recruitment; training; maintenance records; health and safety checks; minutes of meetings and medication records.

# Is the service safe?

## Our findings

We asked the people living in the home and those visiting whether they felt safe. People we spoke to told us they felt they were safe. Comments included, "I do feel safe living here", "I don't feel unsafe" and "They check on me and I can shout for help. They come quite quickly". Relatives and friends visiting the home also told us that they were confident that their relative was safe. Comments included, "There is nothing that I'm worried about" and "She's very safe here".

At our last inspection in May 2016, we found the provider was in breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider had failed to ensure that there were sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet the needs of people living at the home. We found that there had been improvements since our last inspection and the provider was no longer in breach of this regulation.

We spoke to relatives and staff about staffing in the home as the people living there were unable to speak to us about this. Comments included, "There's less agency staff, so more continuity for people", "There are generally enough staff around" and "Staffing has definitely improved". We did receive negative comments from one staff member and one relative. They told us that there were not always many staff around.

Our observations were that staff were going about their duties in an efficient and purposeful manner. Call bells were being answered promptly and when people requested assistance, they were helped in a timely manner. The registered manager told us that there were now more permanent staff employed and she had been recruiting bank staff in order that the provider could arrange their own cover for holidays and sickness to reduce the need for agency staff.

During the two days of our visit there were two nurses on duty between the hours of 8am and 8pm. There were two senior carers on duty and six carers between the hours of 8am and 8pm. There was also another member of staff providing one to one support to one person between the hours of 8am and 8pm. At night there was one nurse and five care assistants between the hours of 8pm and 8am. The registered manager was in addition to these numbers. We looked at the rota and could see that this was the consistent pattern across the week.

In addition to the above there were also separate ancillary staff including one administrator, a maintenance person, a chef and kitchen assistant, two activity co-ordinators and two domestic assistants.

In May 2016 at our last inspection, we found the provider to be in breach of Regulation 12(1) and (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider did not have a system in place for the proper and safe management of medicines. Protocols for the use of PRN medications (these are medicines which are administered as needed) and covert medications were not in place. We found at this inspection that the provider had made improvements and was no longer in breach of this regulation.



We saw the provider now had clear guidance for staff in the administration of PRN medications and covert medications and this was recorded both in the care plan and on the Medicine Administration Record (MAR). We saw the provider had a policy for the administration of medicines, which included controlled drugs, the disposal and storage of medicines. Medicines were administered by staff who had received the appropriate training. We saw both the medicines trolley and the treatment rooms were securely locked and daily temperature checks were made. It was clearly written on creams and other ointments when these had been opened, ensuring that they would be disposed of when necessary. We observed medicines being dispensed and saw that practices for administering medicines were safe. We checked three MAR sheets and could see that the records showed people were getting their medicines when they needed them and at the times they were prescribed. We saw clear records were kept of all medicines received into the home and if necessary disposal of any medication. Controlled drugs were stored securely and in the records that we looked at, these were being administered and accounted for correctly.

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

Staff members confirmed that they had received training in protecting vulnerable adults and that this was updated on a regular basis. The staff members we spoke with told us that they understood the process to follow if a safeguarding incident occurred and they were aware of their responsibilities for caring for vulnerable adults. One member of staff told us, "I'd report to a senior carer and note any issues". Staff were aware of the need to report safeguarding incidents both within and outside of their organisation. We saw that the provider had a whistleblowing policy in place. Staff were familiar with the term whistleblowing and each said they would report any concerns regarding poor practice they had 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 concern.

Risk assessments were carried out and kept under review so that people who lived at the home were safeguarded from unnecessary hazards. We could see that staff 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 regarding, for example, falls and nutrition were kept in the care file folder. We did note that whilst there were risk assessments in place for the use of kettles on each unit that these could be more specific to each unit.

Staff members were kept up to date with any changes during the handovers that took place at every staff change. In addition to this, there was a diary that noted any appointments, referrals that needed completing as well as any visits into the home each day. The manager also held meetings every morning to inform staff of any issues, events or visitors that day that they needed to be aware of. This helped to ensure they were aware of what was happening in the home and anyone who needed additional support that day. We were able to view copies of the handover minutes and could see that these gave staff information about people and events each day.

We looked at the files for three members of staff to check that effective recruitment procedures had been completed. We found that appropriate checks had been made to ensure that they were suitable to work with vulnerable adults. 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. Each file held suitable proof of identity, the application form with full employment history and references as well as the job description.

We saw that the manager kept a record of all accidents and incidents and these were monitored each month to look for any trends. This was also reported to their head office each month. We were able to view the records for the last year and could see that incidents and accidents were being recorded in the home.

We checked some of the equipment in the home including bath hoists, beds and associated equipment and saw that they had been subject to recent safety checks. There is an ongoing investigation into a serious incident at the service which is being conducted separately to this inspection. However we could see during this inspection that equipment was being regularly checked and staff had been briefed about the incident and the importance of checking equipment.

The provider had received a five star rating in food hygiene from Environmental Health on 15 February 2017. We conducted a tour of the home and our observations were of a clean, fresh smelling environment which was safe without restricting people's ability to move around freely. We observed that bathrooms had sufficient equipment to maintain hand hygiene and staff were wearing appropriate personal protective equipment when carrying out personal care or serving food.

We found that the people living in the home had an individual Personal Emergency Evacuation Plan (PEEPS) in place. PEEPS are good practice and would be used if the home had to be evacuated in an emergency such as a fire. They would provide details of any special circumstances affecting the person, for example if they were a wheelchair user. The home conducted regular fire drills and staff we spoke to were clear on evacuation procedures.

## Is the service effective?

### Our findings

The people living at the home that we spoke to struggled to tell us how they felt about the home, but two people commented that they liked it there. We spoke to family members and they felt that their relatives' needs were well met by staff who were caring and knew what they were doing. Comments included, "Things have definitely improved since last year and there is a better atmosphere. The staff are very caring and very fond of my mother", "The care is very good when I visit" and "The staff are very aware of what's good for mum and what's not"

We saw staff offer people drinks throughout the day and they were alert to individual people's preferences in this respect.

From our observations and discussions we found that most of the staff knew the people they were supporting well. Staff told us that they mainly worked across the three floors which helped them to get to know everyone in the home.

At our last inspection in May 2016, we found that meals were not being served immediately and sometimes people were being given meals that were not hot. We saw improvements in the mealtime arrangements on this inspection.

The provider employed a chef who prepared the food. As everyone in the home was living with dementia, they were unable to remember choices if asked beforehand, therefore when the meals were brought down to the units, staff plated up the two options and showed people in order that they could choose. We saw this happening on all the units. The menus included two choices of main meal at lunchtime and a hot light meal or soup and sandwiches in the evening. There was also cake mid-afternoon and people had the choice of a full cooked breakfast. Special diets such as soft diets were provided. Staff members we spoke to confirmed that people could request an alternative option such as an omelette if they did not like the meal of the day. We observed on a couple of occasions that someone did not like what was offered and they were provided with an alternative option. We did note that the soft food option was not presented as well as the other food. We spoke with the chef in relation to this and they advised that they had been looking at ways to improve this and had discussed going on further training.

We observed the lunchtime on the three different units during the course of our inspection and saw that the food looked tasty and was well-prepared. Tables had been prepared with table cloths so meal times were distinguished from other times of the day. Food was now served from a hot plate by the kitchen assistant in order that nursing and care staff were able to support people who needed assistance with eating. We saw that when people needed support, they were assisted by staff members in a patient and unhurried manner. Staff were attentive to people needs and we saw them encouraging and offering alternatives to people throughout the mealtimes as well as a different times of the day. For instance, someone was given toast on request late in the morning as she said she was now hungry.

We saw that staff used the Malnutrition Universal Screening Tool [MUST] to identify whether people were at

nutritional risk. This was done to ensure that people were not losing or gaining weight inappropriately. On the care files that we looked at, this was being reviewed on a regular basis. A monthly report was also completed of people who were seen to be at risk and they were then discussed with the GP on his regular visits to the home. The chef also took part in regular meetings to discuss people who were at risk of losing or gaining weight inappropriately.

The provider had policies and procedures to provide guidance to staff on how to safeguard the care and welfare of people using the service. This included guidance on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that all the people in the home were subject to DoLS applications and we were able to view the paperwork in relation to both standard and urgent DoLS applications. We checked and could see that mental capacity assessments and best interests decisions had been recorded on each file. There was a clear tracker of all the applications which had been granted and when these expired.

We spoke with staff. They all confirmed that they had received training on MCA and DoLS. One member of staff stated that they were not clear about MCA and DoLS and felt that they would benefit from more training. We spoke to the registered manager in relation to this and she advised that she was aware that some staff still struggled with this subject and she had been cascading additional training on MCA and would be repeating this.

Visits from other health care professionals such as GPs, chiropodists and tissue viability nurses were recorded so staff members knew when these visits had taken place and why. We spoke to a GP prior to our visit and we also spoke to a visiting hairdresser during the course of our inspection. Comments included, "It's improved in the last twelve months and staff interactions are good" and "I don't have any concerns with the standard of care given day to day. The nurses and carers have a difficult job with some very challenging residents and they handle things well".

The provider had their own induction programme and introduction to the workplace which was based on the Care Certificate Framework, a nationally recognised and accredited system for inducting new staff. This was designed to ensure that the newest members of staff had the skills they needed to do their job effectively and competently. Staff undertook training and then prior to starting work, the staff member would shadow existing more experienced members of staff and would not be allowed to work unsupervised for a period. All the staff we spoke to confirmed that they had completed an induction and shadowing.

We asked staff members about training and they all confirmed that they had received regular training throughout the year. We subsequently checked the staff training records and saw that staff had undertaken a range of training relevant to their role including manual handling, first aid, safeguarding and dementia training. The provider used 'e' learning for some of the training and staff were expected to undertake this

when required as well as more practical training such as dementia awareness and fire training. The training incorporated a competency test and competency was then assessed on an ongoing basis through supervision and through the auditing of records such as medication. Some staff had also spent time at the local hospice to learn about end of life care.

The staff members we spoke with told us that they received on-going support and supervision approximately every two months. We checked records which confirmed that supervision sessions for each member of staff had been held regularly. One staff member told us, "It can be helpful when you have any issues". We checked the records for appraisals and could see that these occurred annually for each member of staff.

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 before carrying out tasks with them. Staff explained what they needed or intended to do and asked if that was alright rather than assuming consent. We observed staff members asking people whether they wanted clothing protectors at mealtimes and were respectful of people's wishes.

The information we looked at in the care plans was detailed, which meant that staff members were able to respect people's wishes regarding their chosen lifestyle. We asked relatives if they felt involved in their relative's care. The relatives we spoke to felt that they were involved and could have a say in their family member's care. We saw in the care plans we viewed that people and their relatives had been involved in formal annual reviews of the care given.

A tour of the premises was undertaken, which included all communal areas including the lounges and dining rooms and with people's consent a number of bedrooms as well. The home was adapted for people living with dementia, for instance toilet doors were brightly coloured and had pictorial signage to distinguish them from bedrooms and there were quiet seating areas in some of the corridors. There were areas where there were music memorabilia and posters as well as activity boards on one wall. Activity boards are often used to help trigger memories about household tasks and DIY skills. There was a sensory room, however the registered manager advised that this was not well used, therefore they were looking and consulting with how this space may be better used.

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

The laundry within the service was well equipped and was purpose built with a one-way system, where only dirty laundry entered one door and clean laundry exited another to try to prevent cross contamination. The laundry was clean and well organised.

## Is the service caring?

### Our findings

We asked the people living in and visiting The Belvedere about the home and the staff who worked there. The people living at the home struggled to tell us how they felt about the staff, but we observed warm relationships with smiles and people wanting to hold hands with staff. One person told us, "The staff are marvellous and kind". We observed another person being reassured regularly and they said to the staff member "Thank you, you are so kind". Visiting relatives told us, "The staff are very, very good", "Staff are very good indeed. They always respect her dignity and are very caring" and "The staff seem very caring and friendly".

It was evident that family members were encouraged to visit the home when they wished. People told us, "I can visit whenever I want. I treat it like my second home" and "Staff are always very welcoming".

We viewed cards and compliments that had been sent into the service. One person's relative wrote, "Thank you for all your kindness throughout the year". Another relative wrote, "With the warmest thanks for the care you take and giving my mum as much comfort as possible".

The staff members we spoke to showed that they had a good understanding of the people they were supporting and they were able to meet their various needs. They told us that they enjoyed working at The Belvedere and had very positive relationships with the people living there. One person told us, "I love working here, it's a supportive team". 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. We observed when someone became frustrated and was shouting then apologising for disturbing staff. Staff took their time and sat with the person reassuring them that they were not disturbing them and spoke with them to calm and reassure them.

We undertook three SOFI observations in the dining room over lunch in three different units on the respective days of our inspection. We saw that staff members were speaking to people with respect and were very patient and not rushing whilst they were supporting people. They spoke to people at the same level and explained things slowly and repeated where people were confused.

We saw on both days of our inspection that the people living in the home looked clean and well cared for. Those people being nursed in bed also looked clean and comfortable.

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 topics such as meals, activities, staffing, complaints and the fees. Forms were also available inviting comments about the service through [carehome.co.uk](http://carehome.co.uk) in the reception area. We viewed comments on this website and saw that people were happy with the care their relatives were receiving.

We found that appropriate 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) forms were in place on some of the care files that we reviewed. We saw that the person, their relative or health professional had

been involved in the decision making. We found that records were dated and had been reviewed appropriately and were signed by a General Practitioner. A DNACPR form is used if cardiac or respiratory arrest is an expected part of the dying process and where CPR would not be successful. Making and recording an advance decision not to attempt CPR will help to ensure that the person dies in a dignified and peaceful manner.

## Is the service responsive?

### Our findings

People living at The Belvedere struggled to tell us about daily living activities, however one person told us, "The activities lady pops in". A number of relatives commented that daily activities had improved considerably since our last inspection. Comments included, "My friend went in the garden the other day and watched the bingo. The care's excellent", "The activities lady is always around and talks about what they could do and where. She's very pro-active and the bus has been out on a few trips recently" and "Mum gets some one- to-ones".

At our last inspection in May 2016, we found that the provider was in breach of Regulation 9 (1) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider was not providing care and treatment to service users that met their needs and reflected their preferences as there were very little activities taking place that met individual needs.

The provider now had two part time activities co-ordinators. One was about to leave, however the registered manager had recruited a temporary member of staff for the summer whilst she recruited another permanent activities co-ordinator. We were able to observe the activities co-ordinator on both days of our inspection and saw that they split their times between doing some group activities like bingo and flower arranging and then spending time one to one with people; supporting people to read books or magazines or giving hand massages and painting nails. We spoke with the activities co-ordinator who advised that they spoke to people when they came into the home and tried to gather information from relatives about what people used to enjoy doing. They also kept a log of activities undertaken, who had taken part and their participation in the activities. The activities programme was constantly adjusted as a result of observations of what people had enjoyed. We saw a programme of activities for the week which consisted of activities ranging from one to one support to trips to the park and external entertainers. Spiritual needs were met through a monthly holy communion that was held at the home.

All the care plans that we viewed contained a pre-admission assessment to ascertain whether the person's needs could be met. The assessment identified the person's needs, their family details and their medical needs prior to their admission into the service.

At our last inspection we found that care plans had not always been reviewed. The registered manager at the time had identified that this was an area for improvement and had an action plan in place to address this. We saw on this inspection that care plans were being reviewed regularly and were improved from our last visit; however we noted some further areas for improvement. We looked at care plans to see what support people needed and how this was recorded. We saw that care plans were personalised, well written and captured the needs of the individual. For example the people who mattered to them, the food the person enjoyed. We asked staff members about several people's choices and the staff we spoke to were knowledgeable about the people they were caring for.

In two of the care plans we reviewed, we noted that where changes were recorded in the review, the care plan had not been updated to clearly reflect the change in someone's abilities. For instance in one care plan,



it recorded that someone did not need bed rails, however in the monthly updates, it stated that this person was now using bedrails and we saw these in place along with a bed rail risk assessment. Staff were all aware that this needed to be in place, but the care plan was potentially confusing to newer members of staff as it contained conflicting information. In another care plan, we saw in the monthly reviews recorded that someone needed a special spoon for their meals. We spoke to staff who were aware of this, but again the care plan had not been updated to reflect this change. We spoke to the registered manager in relation to this. She advised us that she sampled care files each month as part of her quality assurance process and picked up many issues that needed resolving. However she agreed that she would review this process to ensure it was more robust to pick up any inconsistencies such as the ones detailed above. She also ensured that a staff member updated the care plans we identified immediately on the first day of our inspection.

We saw where people needed additional monitoring, for instance if there were at risk of malnutrition or dehydration, records were kept of their daily intake. These had improved since our last inspection in May 2016 and the records were now being consistently kept. However we did note that staff did not always total the amounts that people had received each day, so it was not clear to see where someone had a reduced intake of fluid. We raised this with the manager to address.

The service 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 in the foyer of the building. We looked at the complaints that had been received in 2017 and these had been dealt with appropriately. People were also made aware of the process to follow in the service user guide. The relatives we spoke to during the inspection told us that they were able to raise any concerns. One person advised that they had made a complaint recently and this had been dealt with and acted upon. One relative told us that whilst staff were responsive to all requests, they felt that communication between staff was not always great so things were not passed onto the next shift. They advised us that they had raised this with the manager to address and were confident that this would be dealt with. Other comments included, "I've not had to complain, but I've met Angela and I could speak to her" and "I've not needed to complaint but I would go to Angela. She's very open and easy to talk to".

## Is the service well-led?

### Our findings

There was a registered manager in place who had been in post since September 2016. The deputy manager had just left their position and another deputy was due to start later in the month. The service received visits from the regional director and a quality assurance manager for the provider at least monthly.

The registered manager told us that information about the safety and quality of the service provided was gathered on a continuous and ongoing basis from the people who used the service and the relatives who visited the service. We spoke to relatives about the manager. Comments included, "There has been improved leadership and management. This has led to more consistent good care", "Things have improved an awful lot with Angela. I am really impressed with her" and "Things have definitely improved".

At our last inspection in May 2016, we found that the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We saw that whilst there were quality assurance systems in place, where issues were identified, they were not always addressed in a timely manner. Furthermore, we found that records were not being stored securely as they were kept in cupboards that were unlocked so people could not be confident that their records were kept securely. At this inspection, we found that the provider was no longer in breach of this regulation and improvements had been made.

The provider had a corporate quality assurance system and the registered manager was required to produce a report each month for the quality assurance manager, who conducted monthly visits. At these visits, the quality assurance manager spoke with staff, people living in the home as well as their relatives. They checked the environment, looked at complaints, what audits had been completed in the last month and what meetings had taken place and then an action plan was put in place that was reviewed at the next visit. We could see as part of this the registered manager was completing monthly accident audits as well as medicine and care plan audits. We noted that the actions identified in the audits had been acted upon. The issues we found were immediately acted upon and the registered manager agreed that she would revisit some of the audit tools to greater improve her ability to pick up any inconsistencies like the ones we found as part of our inspection.

The registered manager undertook periodic audits. For example infection control, kitchen audits. Health and safety audits were completed by an external service. This helped to ensure any issues in these areas were identified and addressed in a timely manner. The registered manager and regional director also undertook nightly spot checks on a regular basis and we were able to view the records of the last visit.

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, electric profiling beds, bed rails and water temperatures.

We noted that care plans were now kept in a locked cupboard. We did note at one point on the afternoon of the second day of our inspection that one of the cupboards had not been locked. We raised this with the manager to address.

We saw that family and friends' meetings were being held every two months and we were able to view the minutes from the last meeting held in June 2017. Items discussed involved activities, fundraising, staffing, menus and the laundry.

In addition to the above and in order to gather feedback about the service being provided we saw leaflets in the reception area asking people to review the care home on [carehome.co.uk](http://carehome.co.uk), an independent website.

The provider conducted an annual survey with the people living in the home. We were able to view the survey from 2016 and saw that this had been conducted by an independent source, Ipsos Mori. We saw people were asked about how they were treated, whether they felt staff understood them as an individual as well as questions about the food and laundry. The survey found that overall 78% of people were happy living in the home and were satisfied with the standard of care in the home. The low scoring areas were access to the garden and outdoor space as well as staff having time to talk to them. The registered manager advised that the activities co-ordinator was now conducting more activities outdoors and having this post meant that staff and the activities co-ordinator had more time to speak with people living in the home.

The registered manager had recently been nominated for 'manager of the year' as part of the providers' national care awards. Nominations came from family, staff and outside professionals.

The service had links with Alderley Edge School for Girls as well as having two volunteers from the community that came into the service most weeks. Pupils from the local school talked to people living in the home and invited people living in the home to their school Christmas panto. The registered manager was trying to get another local school involved and the home were taking part in the national care home open day inviting the local community into the care home.

There was an on call system in place in case of emergencies outside of office hours and at weekends. This meant that any issues that arose could be dealt with appropriately.

Staff members we spoke with had a good understanding of their roles and responsibilities and throughout the inspection we observed them interacting with each other in a professional manner. Everyone we spoke to was positive about how the home was being managed and the improvements since the current registered manager had been in post. Comments included, "Things have improved since Angela has been in post. Things are much calmer, settled and the team are happy", "This manager is a lot better than before. Things get dealt with" and "She has an open door, is very positive and realistic".

The staff members told us that regular staff meetings were being held and that these enabled managers and staff to share information and raise concerns. During our inspection we viewed minutes from the past staff meetings and saw that these were held on a regular basis and at different times to ensure that night staff could attend. Staff had opportunity to discuss a variety of topics including staffing and recruitment, documentation and cleaning schedules.