

Croftwood Care (Cheshire) Limited

# Holcroft Grange Residential Care Home

## Inspection report

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Date of inspection visit:

04 December 2017

06 December 2017

Date of publication:

20 February 2018

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection took place on the 4 and 6 December 2017 and was unannounced.

This was the first inspection of Holcroft Grange Residential Care Home following a change of service provider. The service is therefore going through a period of transition.

Holcroft Grange Residential Care Home is a 'care home' run by Croftwood Care (Cheshire) Limited. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care home is single storey building that is situated in the centre of the village of Culcheth. A range of shops and other local facilities are within walking distance of the home and the village is supported by good public transport services

The care home accommodates up to 40 older people (some of whom are living with dementia) in one adapted building. All rooms are for single occupancy and four are equipped with en-suite facilities. Communal bathing and toilet facilities are located throughout the home. At the time of our inspection, the care home was accommodating 40 people.

The home 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.

During our inspection we spoke with people living in the care home and undertook a Short Observational Framework for Inspection (SOFI) during a mid-day meal. We saw staff taking the time to talk and interact with people throughout the day and were helpful and supportive when people asked for help. We also noted that staff interactions were positive and that people living in the care home had access to activities and were treated with dignity and respect.

We found that assessment and care planning records were in place that confirmed the holistic needs of people were identified and kept under review. This helped staff to be aware of the support needs of people living in the care home and the importance of providing responsive person-centred care.

Policies and procedures relating to the Mental Capacity Act and Deprivation of Liberty Safeguards had been developed to provide guidance to staff. Management and staff spoken with demonstrated a good understanding of this protective legislation and the need to protect the rights of people who may lack capacity.

Systems had been established to ensure that staff working in the care home had been correctly recruited and to ensure people were protected from abuse. A complaints process was also in place to ensure concerns and complaints were listened to and acted upon. Furthermore, a range of quality assurance and auditing processes were in place to ensure key areas were monitored. This involved seeking the views of people using the service periodically.

People had access to health care professionals subject to their individual needs and medication was ordered, stored, administered, recorded and disposed of safely.

The provider had established a range of induction and training opportunities for staff who benefited from on-going supervision and appraisal. Key staff had also been nominated as champions to lead on key areas such as safeguarding, end of life care and infection control.

We received mixed feedback regarding the standard of catering in the care home and this is an area that the registered manager is looking to further develop. We also noted that the service had obtained a range of generic policies and procedures that were not bespoke to the care home and that some of the care related documentation and audit tools in operation had been developed by the previous provider.

We have therefore recommended that the registered manager undertakes a full review of all the records and documentation in use at the service and ensures that all records are updated in accordance with the current provider's corporate documentation.

## 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.

Policies and procedures were in place to inform staff about safeguarding adults and whistle blowing. Staff were aware of the procedures to follow if abuse was suspected.

Risk assessments had been updated regularly so that staff were aware of current risks for people using the service and the action they should take to manage them.

Recruitment procedures provided appropriate safeguards for people using the service and helped to ensure people were being cared for by suitable staff.

People were protected from the risks associated with unsafe medicines management.

### Is the service effective?

Good ●

The service was effective.

The needs of people had been assessed and kept under review to ensure the service was responsive to changing needs.

Staff learning and development systems had been established to ensure staff were appropriately trained and supported for their roles and responsibilities.

Policies and procedures relating to the Mental Capacity Act and Deprivation of Liberty Safeguards had been developed to provide guidance to staff on this protective legislation and the need to protect the rights of people who may lack capacity.

Systems were in place to involve GPs and other health care professionals when necessary.

### Is the service caring?

Good ●

The service was caring.

Staff interactions were warm and relaxed and people using the

service were treated with dignity and respect and their privacy was safeguarded.

Staff demonstrated an awareness of the importance of maintaining confidentiality of information and promoting independence and relationships.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People received care and support which was personalised and generally responsive to their needs.

There was a complaints procedure in place. People's concerns and complaints were listened to and acted upon.

Systems were in place to provide appropriate and dignified end of life care.

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

**Good** ●

The service was well led.

The provider had developed a mission statement and had a strategy in place to develop services.

The home had a registered manager who provided leadership and direction.

A range of auditing systems had been established so that the service could be monitored and developed. This included arrangements for people who lived in the home and their relatives to be consulted about their opinions of the service.

# Holcroft Grange 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.

This inspection took place on 4 and 6 December 2017 and was unannounced. The inspection was carried out by two adult social care inspectors.

Before the inspection we reviewed all the information we already held on Holcroft Grange Residential Care Home such as intelligence, statutory notifications and / or any information received from third parties.

We also contacted the local authority to provide us with any information they held about the care home. We took any information provided to us into account.

On this occasion we did not request the provider to complete a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service.

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

We spoke with the registered manager, deputy manager, one care team leader, one senior care assistant, one domestic, an activity coordinator and the cook on duty. We also spoke with a visiting clinical pharmacist, an advanced nurse practitioner and a community nurse.

Furthermore, we spoke with five people who lived in the care home and four relatives.

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not communicate with us because they were living with dementia. We used this process in order to observe the support provided to people during a lunch time meal.

We looked at a range of records including four care files belonging to people who lived in the care home. This process is called pathway tracking and enables us to judge how well the service understands and plans to meet people's care needs and manage any risks to people's health and well-being.

Examples of other records viewed included; policies and procedures; four staff files; minutes of meetings; complaint and safeguarding records; rotas; staff training and audit documentation.

# Is the service safe?

## Our findings

We asked people who used the service or their relatives if they felt the service was safe.

People spoken with told us that they felt safe. For example, we received comments from people using the service such as: "All the staff are very good. I feel safe"; "My room is always clean, the staff work very hard to make us happy"; "Everywhere is kept spotless" and "They [the staff] make me feel safe."

Likewise, feedback received from relatives included: "She [a person using the service] feels safe and on the whole is happy to live here"; "Mum feels safe here. She likes living here and the staff are very attentive" and "I will often call in at different times and I have never seen anything that gave me cause for concern."

We looked at four care files for people who were living in the care home. We noted that each person had a care plan and supporting documentation which included a range of risk assessments. A fire risk assessment, fire safety policy, personal emergency evacuation plans and a business continuity plan were also in place to ensure an appropriate response in the event of a fire or major incident. This information helped staff to be aware of current risks for people using the service and the action they should take to minimise and control potential risks.

Systems had been established to record incidents, accidents and falls and to maintain a monthly numerical summary of incidents. We raised with the registered manager the benefit of undertaking a more detailed analysis of accidents and incidents to include contributory factors, times and locations to help identify trends, themes and lessons learned. The registered manager assured us that she would take action to review the auditing systems to demonstrate a more detailed analysis.

At the time of our inspection there were 40 people being accommodated at the care home who required different levels of care and support.

We noted that dependency risk assessments had been completed for each person using the service to enable the registered manager to keep under monthly review the needs of people living in the home and their dependency levels. The information was used to also help calculate approximate staffing hours.

We reviewed the staffing levels in the care home with the registered manager and noted that the staffing levels were usually one senior care team leader, one care team leader and two care assistants on duty from 08.00 am to 08.00 pm. During the night, the care home was staffed with one team leader and two care assistants.

Staff spoken with told us that although they were often busy, they felt they had sufficient staff on duty to respond to the needs of people living in the care home including busier periods such as meal times and when supporting people with personal care. We noted that additional staff were rostered to work early in the morning and later in the evening to help assist people to get up and retire to bed.

The service employed a registered manager on a full time basis who worked flexibly subject to the needs of the service. Additionally, a deputy manager was in post that worked alongside staff. Ancillary staff were also employed for administration; activities; domestic; laundry; catering and maintenance roles.

The provider had developed a generic recruitment and selection policy to provide guidance to management responsible for recruiting new staff. Guidance on disciplinary procedures was also available for management.

We looked at a sample of four staff personnel files. Through discussion with staff and examination of records we received confirmation that there were satisfactory recruitment and selection procedures in place which met the requirements of the current regulations. In all four files we found that there were application forms; two references; disclosure and barring service (DBS) checks; proofs of identity and declarations that prospective employees were physically and mentally fit to perform their roles. All the staff files we reviewed provided evidence that the checks had been completed before people were employed to work at the care home. This helped protect people against the risks of unsuitable staff gaining access to work with vulnerable adults.

A generic policy was in place to offer guidance for staff on 'Safeguarding service users from abuse or harm' and 'Whistle blowing'. A copy of the local authority's adult protection procedure was also available for staff to reference.

We checked the safeguarding records in place at the care home. Records viewed confirmed that any safeguarding incidents had been notified to CQC and discussed with and referred to the local authority safeguarding team in accordance with local policies and procedures. Records viewed were well documented and comprehensive and confirmed that safeguarding issues were appropriately dealt with.

Records held by the Care Quality Commission (CQC) indicated that there had been no whistleblowing concerns raised in the past twelve months.

Training records viewed confirmed that staff had access to 'safeguarding of vulnerable adults training' and that the majority of the team had completed this training. This subject was also covered with staff as part of the corporate induction training and was refreshed periodically.

All staff spoken with demonstrated a satisfactory understanding of the different types of abuse, their duty of care and the action they should take in response to suspicion or evidence of abuse. Staff spoken with also demonstrated a sound awareness of how to whistle blow, should the need arise.

We noted that three safeguarding champions had been nominated to promote best practice in this important area and their details were displayed on a notice board for their colleagues and people living in the care home to see.

We checked the arrangements for the management of medicines in the care home with the registered manager and a member of staff who was designated with responsibility for administering medication. We were informed that all staff responsible for the management of medication had completed appropriate training to help them understand how to manage medication safely and undergone a periodic assessment of competency to check their knowledge, skills and understanding.

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 several generic medication policies in place for

staff to reference. A copy of the policies were available in the medication storage room. PRN (as required) protocols were also in place for staff to follow.

A list of staff responsible for administering medication, together with sample signatures was available for reference. Photographs of the people using the service and key information such as any known allergies, GP details, room number and date of birth had also been recorded and laminated on a form which was attached to each person's medication administration records. This helped staff to correctly identify people who required assistance with their medication

Medication was dispensed by a local pharmacist using a blister pack system and stored securely in a dedicated room. Separate storage was also available for medication requiring cold storage and for controlled drugs.

We checked the arrangements for the storage, recording and administration of medication and found that this was satisfactory. Medication administration records (MAR) were correctly completed following the administration of any medication and records of the daily room and fridge temperatures had been maintained.

We noted that the dispensing pharmacist had last undertaken a medication audit during August 2017, the overall findings of which were good. A number of best practice recommendations were made such as ensuring the date of receipt of medication and when drops, liquids and creams are opened is recorded. We found that action had been taken to address the recommendations

Weekly checks and routine medication audits were undertaken to monitor the management of medication in the care home. We noted that some staff had not always signed MAR to confirm that they had applied creams. We saw evidence that this had been identified through auditing processes and that the manager had written to staff to clarify her expectations.

We were informed that two people were supported to manage their own medication and saw that risk assessments had been completed to address any potential risks to the health and wellbeing of people living in the care home.

Staff had access to personal protective equipment and policies and procedures for infection control were in place. The service had identified infection control champions and we noted that monthly infection control surveillance reports had been routinely completed.

The last infection control audit for the care home had been completed on 24 October 2017 and the overall score was 93%. This confirmed the service operated satisfactory infection control procedures.

We checked a number of test and / or maintenance records relating to: the fire alarm system; fire extinguishers; electrical wiring; gas safety; portable appliances; hoisting equipment and legionella testing and found all to be in order.

## Is the service effective?

### Our findings

We asked people who used the service or their relatives if they felt the service was effective.

People spoken with told us that their care needs were met by the provider. For example, we received comments from people using the service or their representatives such as: "It's lovely to be here"; "I think it's a good home"; "The food is generally very good" and "We get a choice of food. There is always an alternative."

Conversely, we also received some negative comments about the standard of catering. For example, one person living in the care home stated: "The food can be bland at times". Likewise, a relative told us "The food can be a bit poor at times."

We shared this feedback with the registered manager who assured us that she was taking action to address the concerns following feedback received via an annual survey.

The registered manager informed us that the provider (Croftwood Care (Cheshire) Limited) had developed a training programme that consisted of induction, mandatory, skills specific and qualification level training. This was delivered via a range of methods including training booklets for induction and care certificate modules and face to face and on-line training.

Discussion with staff and examination of training records confirmed that staff had completed a range of training that was relevant to their roles and responsibilities. We also noted that 15 staff, excluding the registered manager and deputy manager, had completed a National Vocational Qualification / Diploma level training at level 2 or above. A further seven staff were also enrolled or in the process of working towards this qualification.

Additional training in areas such as dementia care, nutrition and equality and diversity training was available for staff to attend. We noted that the electronic training records were in the process of being updated to reflect the full range of training completed and systems were in place to monitor the outstanding training needs of staff and when refresher training was required.

Staff spoken with confirmed they had attended team meetings and received supervision periodically. This helped to ensure staff were provided with opportunities to share and receive information.

We noted that systems were in place to ensure the needs of people were assessed and kept under review following admission to the home. This helped to ensure the changing needs of people were responded to in a timely way and that potential and actual risks were appropriately managed.

The registered manager told us that she endeavoured to work in partnership with other teams and services to ensure the delivery of effective care and support for people using the service. For example, whilst undertaking the inspection we observed that a clinical pharmacist, community nurse and an advanced

nurse practitioner were undertaking visits to the home to provide support to people using the service.

The service provides accommodation and personal care for up to 40 people at ground floor level and rooms are for single occupancy. Facilities available for people using the service include 40 individual rooms (4 of which are en-suite), 2 lounge areas, 2 dining rooms, a hairdressing room and 4 bathrooms/shower wet rooms with relevant mobility aids. There is a secluded courtyard garden attached to a conservatory where people can sit outside with a further patio area attached to the sun lounge.

People using the service were noted to have access to a range of individual aids to assist with their mobility and independence. We noted that the corridors within the care home had been assigned road names such as Stevenson Road and Cherry Tree Close to help people orientate around the care home. Likewise, the front doors to each person's room had been allocated a room number and the name of each person was displayed on their respective door. In some instances, memory boxes had also been fitted to help people orientate and locate their rooms.

We saw that people were encouraged to personalise their rooms with their individual belongings such as pictures, ornaments and personal possessions to make them homely and comfortable.

At the time of our visit people were preparing for Christmas and the care home had been prepared with attractive Christmas trees and other decorations to enrich the environment for people using the service.

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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission (CQC) is required by law to monitor the operation of DoLS. We discussed the requirements of the MCA and the associated DoLS with the registered manager.

We noted that generic policies on the Mental Capacity Act and Deprivation of Liberty Safeguards had been obtained by the provider to offer guidance for staff on the core principles of the Act.

We noted that mental capacity assessments were undertaken if necessary and if applicable DoLS applications were completed. These were only completed if a person was deemed to be at risk and it was in their best interests to restrict an element of liberty. Applications were submitted to the local social services department who were responsible for arranging any best interests meetings or agreeing to any DoLS imposed and for ensuring they were kept under review. The registered manager maintained a record of people with authorised DoLS in place and the expiry dates. Information on applications awaiting authorisation had also been recorded.

We talked to staff to ascertain their understanding of who had a DoLS in place and what this meant. Staff spoken with confirmed they had completed training in the MCA and DoLS and demonstrated an awareness of their duty of care in respect of this protective legislation. Systems were in place to enable people to give their consent and to identify whether they wished to sign their care plans to confirm agreement with the

information recorded.

A four week rolling menu plan was in operation at the care home which was on display and reviewed periodically in consultation with people using the service. The menu on display did not detail alternative choices however it was clear, from direct observation and reviewing daily meal choices forms, that people were offered other options.

We raised this issue with the registered manager and deputy manager who agreed to update the menu plans to reflect the range of choices on offer.

We spoke with the cook on duty and looked at the kitchen area. The kitchen area appeared clean and well managed. Catering records relevant to the operation of the kitchen and information on the dietary needs and preferences of people using the service was also available in the kitchen for staff to reference.

We noted that the most recent food standard agency inspection was in November 2017 and the care home had been awarded a rating of 5 stars which is the highest award that can be given.

The care home had two dining rooms and serving areas where people could eat their meals. Meals were transported from the kitchen to each dining area using hot trolleys. Dining areas viewed offered a pleasant environment for people to socialise and eat their meals. Tables were appropriately laid with tablecloths, table mats, napkins, condiments and cutlery.

All staff spoken with demonstrated a good understanding of each person's dietary needs and food preferences. Staff also demonstrated an awareness of the need to complete relevant monitoring charts for food and fluid intake and the importance of making referrals to health care professionals. For example, speech and language therapists and / or dieticians for anyone identified at an increased risk of malnutrition, dehydration, or who had significant weight loss.

We saw that people had a choice of meal and that meals were attractively presented and looked and smelt appetising. Furthermore, people had a drink of their choice and additional refreshments and snacks were provided throughout the day. We noted that staff were attentive to the needs of people requiring support at mealtimes and that people could eat their meals in their rooms if they wished.

We noted that staff had developed working relationships with a range of social care and health professionals to help ensure positive outcomes for people's health and well-being. We could see from records that staff made referrals to appropriate health professionals where they had concerns about someone's health.

Discussion with people using the service and care plan records viewed provided evidence that people using the service had accessed a range of health care professionals such as: GPs; dentists; chiropodists and opticians etc. subject to individual need.

## Is the service caring?

### Our findings

We asked people who used the service or their relatives if they felt the service was caring.

People spoken with confirmed that they were cared for and treated with dignity and respect. For example, we received comments from people using the service such as: "All the staff are very nice"; "I am always treated with dignity and respect" and "The staff are very good and very helpful."

Likewise, feedback received from relatives included: "Generally, the care is very good"; "Overall my mum receives very good care" and "I have never had any concerns since my mum has been living here."

During our inspection, we observed that people using the service were supported by staff that were warm, attentive and responsive to people's needs. People were accepted and empowered to follow their preferred routines and staff were seen to provide appropriate care and support in a timely manner. People spoken with confirmed that they were given privacy and treated with respect and dignity. We saw staff taking the time to talk and interact with people throughout the day and were helpful and supportive when people asked for help.

Staff spoken with confirmed they had received an induction and been given opportunities to work alongside experienced colleagues. Staff also told us they also had access to people's care records and were informed when any changes had been made to ensure the delivery of care was personalised and amended in response to changing needs.

We asked staff specific questions relating to the care needs of people using the service and noted that they were aware of matters that were important and unique to people such as people's needs and support requirements; required personal aids; known risks and preferred routines.

Staff told us that the service aimed to provide care and support in accordance with people's wishes and the need to safeguard people's dignity, individuality and human rights. Staff also demonstrated an awareness of the importance of maintaining confidentiality of information and promoting independence and relationships.

We used the Short Observational Framework for inspection (SOFI) tool as a means to assess the standard of care provided to four people living with dementia during a mid-day meal.

We saw that people using the service were offered a choice of meal which was attractively presented. Staff were seen to take time to supervise, communicate and engage with people in a caring and helpful manner whilst at the same time offering appropriate support to people who required assistance with eating and drinking. People using the service were also given the necessary time to eat and finish their meals at their preferred pace.

Electronic and paper records were kept securely within the care home to help ensure confidentiality. A

statement of purpose had been developed for the service to provide current and prospective service users and / or their representatives with key information on the services provided. A service user guide had also been produced in large print for people to reference.

## Is the service responsive?

### Our findings

We asked people who used the service if they felt the service was responsive.

People spoken with told us that they found the service was responsive to individual needs and that they felt listened to. For example, we received comments from people using the service such as: "If I thought there was anything wrong I would certainly let them know"; "The home responds well to requests" and "The entertainment lady is great. She does a lot and twice weekly there are chair based activities."

Prior to our inspection we received intelligence that staff did not respond in a timely way to the requests of people using the service. We asked to review a sample of the electronic records for two days for the emergency call system. We noted that staff responded to the activation of call bells promptly. No concerns were received from people using the service or relatives spoken with during our inspection. Likewise, we observed that staff were attentive to the needs of people living in the home.

We looked at the care plan files of four people who were living at the care home. Files viewed contained an index, were easy to follow and included 'life plans' (a care plan) which outlined important information on the needs of people using the service and the level of support required by staff. Records had been kept under monthly review or sooner in the event a person's needs had changed.

Care plans were written in a person-centred way, included people's life history and were reviewed at monthly intervals or when needs changed. We found that risk assessments had also been completed which enabled staff to identify and manage potential risks. Supporting documentation such as consent forms; weight and health care records and personal care and daily records were also available for reference.

We noted that some of the records in place had been developed by the previous provider. We received assurances from the management team that the home was in the process of introducing the current provider's corporate documentation. This had also been identified by the provider within a recent monthly home visit report.

At the time of our inspection, none of the people using the service were receiving end of life care. We were informed that the registered manager and the deputy manager had completed accredited end of life care training and had identified a further three staff as 'End of Life Champions' to promote and support the provision of a comfortable and dignified death for people.

The service had established links with the district nurse team, enhanced care home support team and a clinical nurse educator for local care homes. Additionally, the manager had produced a dedicated end of life care planning system to ensure appropriate records were maintained.

The registered provider had a generic complaints procedure in place to provide guidance to staff and people using the service and / or their representatives on how to raise a concern or complaint. The procedure included timescales for investigation and providing a response. Information on how to raise a

complaint or concern had also been included in the home's statement of purpose and was displayed in communal areas of the home.

We looked at the complaint records for the care home. 15 complaints had been received in total during 2017. Positive feedback had also been received from 25 people via cards and letters of appreciation for the standard of care provided at the home. Examination of records and discussion with the registered manager confirmed appropriate action had been taken promptly in response to concerns raised.

We raised with the registered manager the benefit of undertaking an annual review of complaints to help identify trends and look for learning opportunities. The registered manager told us that she planned to introduce annual reviews to ensure best practice.

The provider employed one dedicated activity coordinator who demonstrated passion and enthusiasm towards her role. The activity coordinator worked Monday to Friday and was responsible for the planning and development of activities within the home. A fortnightly programme of activities was produced for people using the service to view which was displayed around the home.

On the first day of our inspection, no activities were observed to take place as the activity coordinator had been asked to undertake care duties. We received assurance that this was not a regular occurrence and through discussion with people using the service and examination of activity records, it was evident that people using the service had accessed a range of individual and group activities. On the second day of our inspection we observed a singer entertaining a group of residents in the main lounge.

Examples of activities provided included: musical and other entertainment; holy communion; services of remembrance; bingo; arts and crafts; daily chats; hand and nail care; games; reminiscence activities; baking and other OOMPH (our organisation makes people happy) exercises. Links had also been established with local schools and people living in the home enjoyed visits from children attending the schools.

Two people spoke with reported that they would like to go out more and provided feedback such as "We haven't been out on a trip for a while although we did get taken to the fete last week" and "We don't seem to go out as much. I think it's because they haven't got the time to take us."

The activity coordinator told us that she was working towards addressing the individual wishes of people using the service on both a group and individual basis via an initiative known as 'Three Wishes'. This initiative aims to support each person using the service to identify at least three activities of their choice each month. For example, we saw that one person had wanted to visit a library and as one of her wishes had been supported by staff to join and attend a local library.

People spoken with spoke highly of the activity coordinator and told us that they were generally happy with the activities on offer.

We saw that visitors were encouraged to visit throughout the two days of our inspection. Relatives we spoke with told us they could visit at any time and they were welcomed by staff.

## Is the service well-led?

### Our findings

We asked people who used the service and staff if they felt the service was well led.

People spoken with told us that they were happy with the leadership of the home and we received comments from people using the service such as: "The best thing about living here is the carers and the manager" and "Staff always treat me with respect and the manager is very friendly."

Likewise, feedback received from staff was positive and we received comments such as: "She [the registered manager] is very easy to approach and does everything she can to help you" and "[The registered manager] is a very nice person. It's easy to go and talk to her."

The provider was governed by a board of directors that had overall responsibility for the operation of the service. We noted that the provider had developed a strategic plan for the organisation and had published a mission statement on its website which highlighted an emphasis on the provision of a safe, friendly environment where the care is person-centred and the diversity of people using the service is celebrated in order to maximise people's potential, physically, emotionally and spiritually.

The care home had a manager in place that was registered with the Care Quality Commission. The registered manager was present throughout the two days of our inspection and was supported by her deputy manager.

The registered manager was supportive, open and transparent throughout the inspection process and we observed that she interacted positively with people using the service and staff in a caring and helpful manner.

The management team demonstrated a good knowledge of all aspects of the home including the needs of people living there and the staff team. Likewise the registered manager told us that she was committed to improving and developing the home in accordance with the provider's values and mission statement to ensure sustainability and positive outcomes for people using the service.

The registered manager took time to share initiatives that she had introduced since becoming the registered manager of the home and indicated that she was keen to continuously develop the service provided. Examples of the recent developments included the introduction of staff champions in specific areas, developing improved links with other agencies and the commencement of an employee of the month recognition scheme.

The registered provider had adopted a generic quality assurance policy and developed a quality assurance system which included a number of routine checks and audits. The system also involved seeking the views of people who use the service or their representatives. This helped to ensure oversight and scrutiny of the operation of the service.

We noted that 'Home Visit Reports' were undertaken on a monthly basis by a quality assurance manager on behalf of the provider. Examination of the most recent report indicated that a range of topics were reviewed as part of the visits such as: home environment; activities; meetings; medication; care plan records; accidents and incidents; safeguarding; complaints; occupancy; staffing; staff training and supervision; audits and fire and maintenance records. The report also included an action plan which was kept under review. Following the visit, the service was awarded a rating of good.

The registered manager told us that 'resident satisfaction questionnaires' were distributed annually to people using the service or their relatives. The most recent audit was completed in August 2017. Following the audit, the manager produced a brief summary report which indicated that 37 out of 40 people had completed a survey. The general feedback was that the majority of people were happy and would recommend the care home. The main complaints concerned the laundry service, food and nurse call system.

An action plan had been developed in response to the feedback via a "You said, We did" notice. The notice was on display in the reception area of the home and outlined the actions that had been taken to improve the standard of service.

A home audit schedule was also in place which confirmed key operational areas were subject to periodic monitoring and review by the management team. These covered a range of areas such as: care plans; medication; infection control; health and safety; mealtimes; kitchen practices and night visits. Accidents and incidents were also reviewed monthly. Audits included actions plans to ensure any areas in need of attention were highlighted and kept under review.

We noted that the service had obtained a range of generic policies and procedures that were not bespoke to the home and that some of the care related documentation and audit tools in operation had been developed by the previous provider.

We therefore recommend that the registered manager undertakes a full review of all the records and documentation in use at Holcroft Grange Residential Care Home and ensures that all records are updated in accordance with the current provider's corporate documentation.

Relative and resident meetings were coordinated throughout the year during which people were encouraged to share and receive information. Likewise, newsletters were distributed to people using the service and their representatives to share information regarding the home.

Periodic monitoring of the standard of care provided to residents funded via the local authority was also undertaken by Warrington Borough Council's contracts monitoring team. This is an external monitoring process to ensure the service meets its contractual obligations. The contracts monitoring team last undertook a monitoring visit to the care home during November 2017. The report for the visit had not been produced at the time our inspection.

The registered manager is required to notify the CQC of certain significant events that may occur in the service. We noted that the registered manager had kept a record of these notifications. Where the Commission had been notified of safeguarding concerns we were satisfied that the manager had taken the appropriate action. This meant that the registered manager was aware of and had complied with the legal obligations attached to her role.

