

Lawton Manor Care Home Limited

# Lawton Manor Care Home

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

# Summary of findings

## Overall summary

This inspection was unannounced and took place on the 17 May 2016.

The service was previously inspected in January 2014 when it was found to be meeting all the regulatory requirements which were inspected at that time.

Lawton Manor is a care home with nursing for up to 63 older people with nursing, residential and respite needs, and also offers dementia, convalescence and palliative care.

Lawton Manor Care Home is a two storey Georgian detached house, which has been converted and extended into a 63-bedded care home. There are two passenger lifts and staircases. Wheelchair access is good within the building and grounds.

The home has a number of communal spaces, including two dining spaces, lounges, a conservatory, library, cinema room, and games room and a landscaped garden, tiered fountain, and large patio area outside for residents to relax and socialise in.

Sixty people were being accommodated at the time of the inspection.

At the time of the inspection there was a registered manager at Lawton Manor Care Home. 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.

The registered manager was present during our inspection and engaged positively in the inspection process. The manager was observed to be friendly and approachable and operated an open door policy to people using the service, staff and visitors. During the inspection we found Lawton Manor Care Home to have a warm and relaxed atmosphere and overall people living in the home appeared happy and content.

Feedback received from people using the service spoken with was generally complimentary about the standard of care provided. People living at Lawton Manor Care Home told us the registered manager was approachable and supportive.

Staff recruitment systems were in place and information about staff had been obtained to make sure staff did not pose a risk to people using the service. However, we noted the job application form did not allow room for the applicant to provide a full employment history.

We noted that a system had been developed by the provider to review the dependency of people using the service and to calculate staffing hours deployed. Staffing levels were structured to meet the needs of the people who used the service. There were sufficient numbers of staff on duty to meet people's needs.

Staff were supported through induction, regular on-going training, supervision and appraisal. A training plan was in place to support staff learning. Staff told us they were well supported in their roles and responsibilities.

Corporate policies were in place relating to the MCA (Mental Capacity Act (2005) and DoLS (Deprivation of Liberty Safeguards). We found staff were aware of the people using the service who were subject to a DoLS.

A process was in place for managing complaints and the home's complaints procedure was displayed so that people had access to this information. People and relatives told us they would raise any concerns with the manager.

There was a quality monitoring system in place which involved seeking feedback from stakeholders and people who used the service and their relatives about the service provided periodically. This consisted of surveys and a range of audits that were undertaken throughout the year.

The registered provider had policies and systems in place to manage risks and safeguard people from abuse. Staff were aware of the whistle blowing policy and they told us they would use it if required. Staff told us they were able to speak with the manager if they had a concern.

We observed the lunchtime meals and saw staff supported people appropriately and in an unhurried way.

Staff were very attentive, friendly and quick to respond whenever a person needed assistance. People had a choice of meals and drinks at lunchtime, breakfast and supper. The chef ensured special dietary needs were met, such as soft and pureed meals for people with swallowing difficulties. Medicines were ordered, stored, administered and disposed of safely.

People using the service had access to a range of individualised and group activities and a choice of wholesome and nutritious meals. Records showed that people also had access to GPs, chiropodists and other health care professionals (subject to individual need).

People and staff were encouraged to attend meetings with the registered manager at which they could discuss aspects of the service and care delivery. People were asked for feedback about the service to enable improvements to be made.

## 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.

Recruitment procedures provided appropriate safeguards for people using the service and helped to ensure people were being cared for by staff that were suitable to work with vulnerable people. However, we noted the registered provider did not ensure a full employment history for new staff had been obtained.

There were sufficient numbers of suitably trained staff to keep people safe and meet their needs.

People were protected from abuse and avoidable harm.

People received their medicines safely from registered nurses and people were protected from the risk of infection

### Is the service effective?

Good ●

The service was effective.

People received care from staff who were trained to meet their individual needs. They had access to external healthcare professionals when more specialised advice was needed.

The provider acted in line with current legislation and guidance where people lacked the mental capacity to consent to aspects of their care or treatment.

People had their nutritional needs assessed and received a diet in line with their individual needs.

### Is the service caring?

Good ●

The service was caring.

People were cared for with respect and dignity. Staff were knowledgeable about the individual needs of people and responded appropriately.

Staff were polite and friendly in their approach. They had a good

understanding of how each person communicated their wishes and emotions.

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

The service was consistently responsive.

People received care and support that met their needs and took account of their wishes and preferences.

People, relatives and staff felt able to express their opinions and management responded positively to any feedback or complaints.

People had access to a range of individual and group activities and received care and support which was responsive to their needs.

**Good** ●

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

The service was well led.

The service had a registered manager to provide leadership and direction to the staff team.

People were supported by a highly motivated team of staff and managers.

There was a clear staffing structure and a good staff support network.

There were systems in place to monitor the quality of the service and to drive further improvements.

**Good** ●

# Lawton Manor 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 checked whether the provider was 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.

The inspection took place on 17 May 2016 and was unannounced. The inspection team consisted of two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed the information we held about the service including notifications and information received from members of the public. We also invited the local authority to provide us with any information they held about Lawton Manor Care Home.

We used information from a Provider Information Return (PIR) which the service had returned in December 2015. This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We used this information to help to plan our inspection. We also looked at all of the information which the Care Quality Commission already held on the provider. This included previous inspections and any information the provider had to notify us about. Furthermore, we invited the local authority to provide us with any information they held about Lawton Manor Care Home. We took any information they provided into account.

As part of our inspection we spent time talking with people who were living at the home. Thirteen people and four relatives of people living at the home were able to share their views with us.

We also spoke with the registered manager and regional support manager. Additionally, we spoke with five other members of staff including one deputy manager, one senior care assistant, one care assistant, one activities coordinator and the chef.

We undertook a Short Observational Framework for Inspection (SOFI) observation during lunch time. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at a range of records including: five care plans; four staff files; staff training; minutes of meetings; rotas; complaint and safeguarding records; medication; maintenance and audit documents.

# Is the service safe?

## Our findings

We asked people who used the service if they found the service provided by Lawton Manor Care Home to be safe. People spoken with confirmed they felt safe and secure at the home.

Comments received from people included: "I can speak up and I am always listened to if I'm concerned." And "The staff always stay with me when I take my medication."

Two relatives commented: "Very satisfied, very relieved I have somewhere like this for mum". Another relative said, "My wife is safe, and I can always speak to the manager if needed."

We looked at a sample of four staff records for staff recently recruited. In all four files we found that there were application forms; references, medical statements; disclosure and barring service (DBS) checks and proofs of identity including photographs. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

However, we noted that three of the four job applications did not capture the applicant's full employment history. We discussed this area with the registered manager and regional support manager. Since the inspection the registered provider has changed the job application form to ensure this includes enough room for the applicant to provide their full employment history.

In appropriate instances there was also evidence that Nursing and Midwifery Council personal identification numbers had been checked to ensure valid nursing registration.

A basic emergency plan had been developed, to ensure an appropriate response in the event of an emergency. The plan contained contact details for various emergency evacuation places and contact numbers for staff and contractors in the event of a gas, electric, plumbing, nurse call or other emergencies. Personal emergency evacuation plans (PEEPS) had also been produced for people using the service. PEEPS provide a clear contingency plan to ensure people are kept safe in the event of a fire or other emergency.

We looked at four care files for people who were living at Lawton Manor Care Home. In each one there was evidence of comprehensive risk assessments, including those relating to: falls; moving and handling; pressure ulcers; and nutrition using the Malnutrition Universal Screening Tool (MUST). People were regularly weighed and we saw evidence of the development of appropriate care plans to mitigate any risks associated with significant and rapid weight gain or loss. There was further evidence of carers responding to risk with referrals to appropriate services noted e.g. Tissue Viability Service, Speech and Language Therapist, Dietician. We saw that care plans were then amended to take into account the advice and recommendations of these specialist services. The risk assessments we looked at were all regularly reviewed and updated to reflect any changes.

Systems were in place to record incidents, accidents and falls and to maintain an overview of incidents. The registered manager explained to the inspection team that she completed an investigation summary / follow up on incidents that were reported to her. Once the incident had been recorded, the person would have



their care plan / falls risk assessment reviewed and updated to minimise risks. In addition the manager also completed a falls analysis sheet that identified any patterns or trends alongside actions to be taken which were then evaluated. This monthly analysis summary provided evidence of lessons learnt and actions taken to minimise the potential for reoccurrence.

At the time of our inspection Lawton Manor Care Home was providing nursing and dementia care to 60 people with varying needs. We checked staff rotas which confirmed the information we received throughout the inspection about the minimum number of staff on duty.

We noted that a system had been developed by the provider to review the dependency of people using the service and to calculate staffing hours deployed. The registered manager informed the inspection team that they reviewed care need bandings to assess the needs of the people on each unit, and they had the ability to adjust staffing levels to ensure care provision.

Staffing levels set by the provider for Lawton Manor Care Home were based upon the dependency levels on people living at the home. We were informed during our inspection that there were seventeen people receiving residential support and forty three receiving nursing care.

The staffing levels was set by the registered provider were: One registered nurse and ten care assistants on rota between 8:00am and 8:00pm. In the afternoon the staffing levels increased to one registered nurse and two care assistants from 2:00pm to 10:00pm. The registered provider also had two twilight shifts from 7:00pm to 11:30pm, this was covered by two care assistants. A twilight shift provides additional assistance to the staffing to help support people during their night time routines.

During the night it was recorded on the rota that there were six waking night staff including two registered general nurses.

Two activity co-ordinators were also employed by Lawton Manor Care Home to coordinate activities for people using the service seven days a week.

The registered manager worked supernumerary and flexibly subject to the needs of the service.

The Care Quality Commission (CQC) had received no whistleblowing concerns since the last inspection in January 2014. Whistleblowing takes place if a member of staff thinks there is something wrong at work but does not believe that the right action is being taken to put it right. We spoke to staff about the principles of the whistleblowing policy and it was clear they had a good understanding of the policy and who they would notify if they had concerns. Staff also knew to be vigilant about the possibility of poor practice by their colleagues and knew how to use the provider's whistleblowing policy. Staff told us they would be confident if they needed to report any concerns about poor practice taking place within the home.

A corporate policy and procedure had been developed by the provider to offer guidance for staff on 'Safeguarding service users from abuse or harm' and 'Whistleblowing'. A copy of the local authority's adult protection procedure was also available for staff to refer to. There was a safeguarding procedure in place which was in line with the local authority's 'safeguarding adults at risk multi agency policy' and staff spoken with knew how to access a copy of the policy which was kept in the office. Staff we spoke to had a good understanding of safeguarding issues, and staff learning and development records showed that staff had received training in this topic. Information we held about the service indicated any safeguarding matters were effectively managed and reported to the appropriate safeguarding agencies. Staff spoken with advised us of the process they would follow when reporting any concerns about people's safety to the home manager. They were clear about how to report safeguarding concerns in a timely way to external authorities

such as the local authority and the Care Quality Commission. Examination of individual safeguarding records confirmed the provider had taken appropriate action in response to incidents.

Staff spoken with demonstrated a good awareness of their duty of care to protect the people in their care and the action they should take in response to suspicion or evidence of abuse.

We looked at the management of medicines at Lawton Manor Care Home with a registered nurse. We were informed that only the nursing staff were responsible for administering medicines. All staff responsible for the management of medication had completed medication training and undergone an assessment of competency which was reviewed periodically.

A list of staff responsible for administering medicines, together with sample signatures was available for reference and photographs of the people using the service had been attached to medication administration records to help staff correctly identify people who required medication. 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 developed a suitable policy for staff to reference.

The policy was available in the medication storage room for staff to view. Lawton Manor Care Home used a blister pack system that was dispensed by a local pharmacist. Medication was stored in a medication trolley that was secured to a wall in a dedicated storage room. Separate storage was also available for homely remedies and for controlled drugs.

We checked the arrangements for the storage, recording and administration of medication and found that this was satisfactory. We saw that a record of administration was completed following the administration of any medication on the relevant medication administration record. Systems were also in place to record fridge temperature checks; medication returns and any medication errors.

A monthly audit of medication was undertaken as part of the home's quality assurance system. Lawton Manor Care Home worked alongside the local pharmacy, the local pharmacy completed an annual clinical audit of the medicines at the home.

Overall, areas viewed during the inspection appeared clean and well maintained. Staff had access to personal protective equipment and policies, procedures and audits for infection control were in place.

## Is the service effective?

### Our findings

We asked people who used the service if they found the service provided at Lawton Manor Care Home to be effective. People spoken with told us that their care needs were met by the provider.

Comments received from people included: "The food is lovely, I've put weight on since being here."; "If I don't like my choice of food, I can have something else."; "I have no issues here, the staff always ask me what I would like to do." And "the staff are very approachable and friendly."

Lawton Manor Care Home is a two storey Georgian detached house, which has been converted and extended into a 63-bedded care home. There are two passenger lifts and staircases. Wheelchair access is good within the building and grounds. The home is set on two acres of impressive landscaped grounds, on the edge of the Cheshire village of Church Lawton.

The home has a number of communal spaces, including two dining spaces, lounges, a conservatory, library, cinema room, and games room and a landscaped garden, tiered fountain, and large patio area outside for residents to relax and socialise in. There is a garden at the rear of the building and several smaller sitting out areas around the building with wooded areas and raised flower beds.

The environment of Lawton Manor Care Home had been decorated to a high standard and was well maintained throughout. People's rooms had been personalised with memorabilia and personal possessions and were homely and comfortable. People were also seen to have access to personal aids to help them mobilise independently and to ensure their comfort.

We spoke to five members of staff during the inspection who confirmed they had access to a range of induction, mandatory and other training relevant to their roles and responsibilities.

Examination of training records confirmed that staff had completed key training in subjects such as first aid; moving and handling; fire safety; food hygiene; safeguarding; medication; control of substances hazardous to health; infection control; dementia; and health and safety. The service also provided training to their staff in 'Managing Behaviour that Challenges' and 'Dementia Awareness'.

New staff received a comprehensive induction which covered essential training to allow them to support people safely. Following this they worked alongside more experienced staff until they felt confident and were competent to carry out their role independently. In addition to this new staff were expected to complete the Care Certificate which would provide them with knowledge and experience of the standards in care delivery. The registered manager had systems in place to identify and monitor staff development and training.

Additional training courses such as national vocational qualifications / diploma in health and social care; record keeping; falls and nutrition and dignity training had also been completed by the majority of staff.

We found that training was provided to registered nurses in venepuncture, bladder & bowel management,

end of life care, and wound care.

We noted that team meetings had been coordinated for staff to attend throughout the year and that staff had access to annual appraisals and a minimum of two supervisions per annum. Staff practices were observed monthly, for example medication administering and infection control procedures. Staff spoken with confirmed they felt valued and supported in their roles.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to refuse care and treatment when this is in their best interests and legally authorised under MCA. The authorisation procedures for this in care homes are called 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. Discussion with the registered manager showed she had a clear understanding of the principles of the MCA and DoLS, and we saw that if it was considered that people were being deprived of their liberty, the correct authorisations had been applied for.

We saw that there were corporate policies in place relating to the MCA and DoLS. Information received from the registered manager confirmed that at the time of our visit to Lawton Manor Care Home there were seven people using the service who were subject to a DoLS. Additional applications were also being considered by the local authority for authorisation along with applications in place for DoLS assessments to be undertaken.

The registered manager maintained a record of people subject to a DoLS, together with the type (standard or urgent) and expiry date. We also saw that the details of people with lasting power of attorney for health and welfare and property and / or financial affairs had also been obtained.

We found that all of the staff at Lawton Manor Care Home had completed the MCA and DoLS training. The staff we spoke to had a good understanding of the MCA 2005 / DoLS and were aware of which people using the service were subject to a DoLS.

A four week rolling menu plan was in operation at Lawton Manor Care Home which offered people a choice of menu and was reviewed periodically. The daily menu was on display in the reception area.

The most recent local authority food hygiene inspection was in April 2016 and Lawton Manor Care Home had been awarded a rating of 5 stars which is the highest award that can be given.

During our observation we observed people's choices were respected and staff were attentive and responsive to the needs of people who required support at meal times. We also noted that staff communicated and engaged with people in a caring manner and that the mealtime was unhurried and relaxed.

There was a sufficient number of staff on duty at this mealtime. The chef ensured special dietary needs were met, such as soft and pureed meals for people with swallowing difficulties

We observed a meal time and saw that people had different options and a drink of their choice. Additional refreshments and snacks were also seen to be provided throughout the day. Staff were observed to be

accessible and responsive to people requiring support at mealtimes. Records were kept of food and fluid intake levels when they were at risk nutritionally and we found that they were completed consistently.

People were weighed monthly and appropriate action was taken if people lost weight, for example a referral to the dietician or an appointment with a GP.

People using the service or their representatives told us that they had access to a range of health care professionals subject to individual need. Care plan records viewed provided evidence that people using the service had accessed a range of health care professionals including: GPs; district nurses; opticians and chiropodists subject to individual needs.

## Is the service caring?

### Our findings

We asked people using the service if they found the service provided at Lawton Manor Care Home to be caring. People spoken with told us that they were well cared for and treated with respect and dignity by the staff at Lawton Manor Care Home.

Comments received from people using the service included: "The care staff are interested in me, this make life much nicer."; "Feels homely as everyone knows my name." And "I can't fault the carers, I am very happy."

Likewise, one relative commented: "I am made to feel welcome, the staff interact with me and are very friendly."

People's privacy and dignity were respected. We observed that people were clean and were supported to maintain their personal hygiene needs. People were supported to go to the bathroom when they wanted.

When asked if staff respected their privacy and dignity and whether they asked permission before doing something, one staff member commented: "I never enter a person's room without knocking on the door first."

During the inspection we observed staff supporting people at various times and in various places throughout the home. We saw that staff communicated in a kind and caring way and were patient and respectful. We observed staff being affectionate and tactile with people and this often helped to reassure people when they were unsettled.

Through discussion and observation it was clear that that there was effective communication and engagement between the people using the service and staff responsible for the delivery of care.

Staff were seen to enjoy friendly exchanges between each other and the people using the service. The home had a warm atmosphere and people were seen to respond to this interaction positively and appeared happy, content and relaxed.

Staff greeted people with a smile, made eye contact when talking to people and used positive touch to connect with, or reassure people throughout the day. It was obvious from our observations, that staff were familiar with people's needs, preferences and were responsive to how people were feeling as well as their physical care needs, ensuring reassurance was given when needed. This supported people's wellbeing. It was clear from our observations that people trusted the staff and management team.

We observed people during lunch time who required assistance with their food and drink, staff were on hand and supported these people in a dignified manner not causing them any distress or rushing their lunch time meal. People were treated with dignity and respect.

It was evident from speaking to people using the service that staff applied the principles of treating people

with respect, safeguarding people's right to privacy, and promoting independence.

Personal information about people receiving care at Lawton Manor Care Home was stored securely to ensure confidentiality. Information on the service and of interest to people using the service was displayed on notice boards and in the reception area of the home for people to view.

## Is the service responsive?

### Our findings

We asked people who used the service and their representatives if they found the service provided at Lawton Manor Care Home to be responsive to their needs. People spoken with confirmed that the service was responsive to their individual needs.

Comments from people using the service included: "I feel better in myself after being here only a few days." And "I can't think of anywhere I would rather be."

Likewise, one relative reported: "The outings are very good, I find this stimulates mum, and it's great I can go with her." Another relative commented, "On my birthday the home sets up a separate room for me to have a birthday meal with mum, lovely touch."

We looked at four care files for people who were living at Lawton Manor Care Home. Each person had a comprehensive care and support plan based on their assessed needs. Care plans described people's individual care and support needs, decision making capabilities and things they enjoyed or disliked. People's complex needs were assessed prior to moving to the home to ensure the service could provide the necessary care and support.

However, we noted some care plans had not been regularly reviewed and updated. The deputy manager, nurses and senior care assistants were responsible for reviewing all care plans, ensuring they were appropriate to each individual's current needs and preferences. The deputy manager explained if anyone's needs changed, then a full review was immediately undertaken. The registered manager explained during the inspection they had established a 'resident of the day' system. This ensured that a comprehensive review of the people's needs was reviewed systematically.

Care plans provided clear guidance for staff on how to support people's individual needs. People were supported in line with their care plans by staff that had a good knowledge and understanding of their needs and preferences.

People who live at Lawton Manor Care Home told us they believed their support needs and preferences were being met by the staff team.

During the inspection we asked the registered manager for a log of the call bells at the home. We were informed that the call bell system was currently not working to its full effect and the call bell system could not provide the inspection team with a record of how long it took call bells to be responded to. The registered manager provided evidence of a new call bell system that was soon to be installed at the home. During the inspection we did not receive any negative comments in regards to the times call bells were being responded to.

The registered provider had developed a 'Compliments, comments and concerns policy' to provide guidance to staff and people using the service and / or their representatives on how to raise a concern or complaint. An easy read format was also available.



The complaints policy included timescales for investigation and providing a response.

Contact details for the service provider and the Commission were also included within the document.

We reviewed the record of complaints received within the last twelve months and the actions taken and saw evidence that issues had been dealt with appropriately, within the timescales of the policy.

Lawton Manor Care Home employed a senior activity co-ordinator and support co-ordinator that organised activities seven days a week.

A weekly activities planner was available for the people living at Lawton Manor Care.

Many of the activities included arts and crafts, pamper days, pet therapy and reminiscence. Visitors also attended the home on a weekly basis to provide entertainment to the people in the form of a guitar player, fitness co-ordinator, and artist.

The local church visited the home on Sundays to provide a Holy Communion service. The local school visited the home regularly and would put on a music production for the residents. The activities co-ordinators also established a Saturday shop that was open between the hours of 9:45am to 12:30pm. The activities co-ordinator commented, "The idea of the shop was to allow people the independence to choose items that were personal to them and enjoy the social interaction with other people living at the home."

People living at the home were able to make suggestions on the activities at their residents' committee meeting. It was clear that resident involvement played a key part in the service delivered at Lawton Manor Care Home.

## Is the service well-led?

### Our findings

We asked people who used the service if they found the service provided at Lawton Manor Care Home to be well led.

People spoken with confirmed they were happy with the way the service was managed.

Comments from people using the service included: "The staff here have been very good to me." And "The home is first Class."

Likewise, relatives of people living at the home commented: "The activities lady, [name] is fantastic."; "The manager is doing a good job and I can always approach her." And "Extremely good care, no complaints, and never looked back."

Staff commented on the leadership at the home, "We have had a number of changes in regards to the management, but I feel this has been a positive change." And "The changes have been for the better in my opinion."

The registered manager was present throughout our inspection. The registered manager was observed to be helpful and responsive to requests for information and support from the inspection team, people using the service, staff and visitors. During our inspection we observed that people and their visitors felt able to approach the registered manager directly and she communicated with them in a friendly and caring way.

The registered provider had developed a policy on 'quality assurance'. We also saw that there was a system of routine checks and audits in place for a range of areas to enable the registered manager to monitor the operation of the service and to identify any issues requiring attention. The provider had established an annual home audit planner for Lawton Manor Care Home. This consisted of a bi-annual audit undertaken by the head of the service, a regional manager monthly audit and a home's manager audit.

The provider has also developed an audit for 'resident of the day', this allowed the staff to concentrate on one care record and ensure it was reviewed fully. The resident of the day audit also included an individual medication audit of the person's medicines. Other audits undertaken periodically included: infection control; medication; care plans; daily observations; night monitoring visits and health and safety checks / audits.

Periodic monitoring of the standard of care provided to people funded via the local authority was also undertaken by Cheshire East Council's Integrated Commissioning Team. This is an external monitoring process to ensure the service meets its contractual obligations.

The quality assurance process for Lawton Manor Care Home involved seeking the views of a proportion of the people using the service or their representative throughout the year. We found that the results had been reviewed and percentage performance scores had been summarised entitled 'Customer satisfaction Survey Results'. Overall the results were positive from each questionnaire type sampled.

Audits viewed covered a range of key operational areas / tasks and included evidence of actions required and completed.

We noted that meetings with staff and people using the service or their representatives had been coordinated periodically to share and receive feedback on the service provided.

We checked a number of test and / or maintenance records relating to: the fire alarm; fire extinguishers; gas installation; electrical wiring; portable appliance tests; water quality checks and hoisting equipment. All records were found to be in a satisfactory order.

The manager is required to notify the CQC of certain significant events that may occur at Lawton Manor Care Home. 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 registered 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.

Information on Lawton Manor Care Home had been produced in the form of a statement of purpose to provide people using the service and their representatives with key information on the service. A copy of this document was provided to people / representatives once their care commenced. Information on the aims and objectives of the service, philosophy and strategic vision had been detailed within the documents.