

Borough Care Ltd

Shepley House

Inspection report

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14 August 2018

16 August 2018

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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 was an unannounced inspection which took place on 13, 14 and 16 August 2018.

The service was last inspected in October 2016 when we found Shepley House was in breach of three regulations. These related to the safety of medicines management, control of substances hazardous to health, use of equipment, staffing levels and good governance. We also made two recommendations in relation to respecting people's belongings and Deprivation of Liberty Safeguarding (DoLS) authorisations. At this inspection we found that the breaches identified had been met.

Shepley House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Shepley House is registered to provide accommodation for up to 43 people who require support with personal care.

There was a registered manager in place at Shepley House. 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 the inspection. They were supported in the day to day running of the service by two deputy managers.

Improvements had been made to the systems in place to ensure the safe handling of medicines.

Improvements had been to the cleanliness of the environment and systems were also in place to reduce the risk of cross infection in the service.

Staff had received training in safeguarding adults. They could tell us of the action they would take to protect people who used the service from the risk of abuse. They told us they would be confident to use the whistleblowing procedure in the service to report any poor practice they might observe. They told us they were certain any concerns would be taken seriously by the registered manager.

Systems were in place to ensure staff were safely recruited. Staff told us they received the training and supervision they needed to be able to carry out their roles effectively.

The registered manager had taken appropriate action to apply to lawfully restrict people and where necessary decisions were made in people's best interests.

Improvements had been made to the home including making it more friendly for people who lived with

dementia.

People and relatives spoke positively about the staff and the atmosphere at the home was warm, friendly, calm and relaxed.

Care plans were in place to help ensure staff provided the level of support necessary to manage the identified risks. Care plans were regularly reviewed to address any changes in a person's needs.

We saw that the home was part of an activities group. The activities co-ordinator was enthusiastic about their role and was supported by a small number of volunteers and the staff team to carry them out. The home was working hard to maintain and develop links with the local community.

People who used the service had opportunities to comment on the support they received. We saw that their views had been taken seriously and acted upon in order to improve their experience in the service.

We found improvements had been made to the staff culture at the home to help ensure people received person-centred care to meet their individual needs.

We found the registered manager demonstrated a commitment to continuing to drive forward further improvements in the service.

Staff we spoke with told us they enjoyed working in the service and felt valued by both colleagues and the registered manager.

Quality assurance systems were in place including regular audits and checks completed by the registered manager and an external management.

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.

Staff had been safely recruited and there were enough staff to meet people's needs.

Improvements had been made to medicines management systems and health and safety around the building.

We were informed that significant improvements had been made to the levels of cleanliness since our last inspection.

Staff had received training in safeguarding adults. There were systems in place to help ensure staff were supported to report any abuse they witnessed or suspected.

Is the service effective?

Good ●

The service was effective.

Staff received the induction, training, supervision and appraisals they required to be able to provide safe and effective care.

Improvements had been made to the premises to make it a more comfortable environment to live in and more dementia friendly.

People were supported to maintain good physical and mental health.

Is the service caring?

Good ●

The service was caring.

People who used the service told us staff were supportive and helpful.

The atmosphere at the home was warm, calm, relaxed and friendly.

Is the service responsive?

Good ●

The service was responsive.

The service was part of a wellness programme which encourages people to be active and socially included both inside the home and the local community.

Arrangements were in place to help ensure people received individualised care to meet their needs.

People were encouraged to provide feedback on the service they received. Any complaints or suggestions were acted upon to help improve people's experience of the service.

Is the service well-led?

Good ●

The service was well-led.

The service had a manager who was registered with the Care Quality Commission and was qualified to undertake the role. They demonstrated a commitment to ensuring people's experience of the service was positive.

Staff told us they enjoyed working in Shepley House and felt well supported both by their colleagues and the managers in the service

The registered manager showed a high level of commitment to continue to make ongoing improvements in the home.

Shepley House

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 13, 14 and 16 August 2018 and was unannounced. The inspection team consisted of one adult social care inspector 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 care service. The expert-by-experience had a background dealing with older people and people in the early stages of dementia.

Before our inspection we reviewed the information, we held about the service including notifications the provider had sent to us; a notification is information about important events, which the provider is required to send us by law. We contacted the local authority safeguarding team, the local Healthwatch organisation and the local authority quality assurance team. We received a positive response from the local authority quality assurance team. No other responses were received.

During the inspection we spoke with ten people who used the service and four relatives. We also spoke with the registered manager, the area manager, a deputy manager, two night seniors, an acting day senior, three support workers, the activities co-ordinator, an agency chef, a permanent chef, a laundry assistant, a volunteer, and briefly to a visiting doctor and district nurse.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us to understand the experience of people who cannot talk with us. We observed how staff cared for and supported people, and looked at food provision.

We carried out observations in the public areas of the service and looked at the care and medication records for people who used the service. In addition, we looked at a range of records relating to how the service was managed; these included three staff personnel files, training records, quality assurance systems and policies and procedures.

Is the service safe?

Our findings

At our last inspection we rated the safe section of the report as Requires Improvement. At this inspection we found that the required improvements had been made and rerated the service to Good.

At our last inspection we found that the service was in breach of Regulation 12 (1) of the Health and Social Care Act in relation to safe management of medicines.

At this inspection we reviewed the systems in place for the safe handling of medicines. We saw that since our last inspection the home had introduced an electronic recording system for the administration of medicines.

Only the registered manager, deputy managers and senior care staff were responsible for administering medicines. We saw that they had received training for this role and checks had also been undertaken of their competence to administer medicines.

We looked at the medication administration record (MAR) charts for three people. We saw that these records were fully completed to show that people had been given their medicines as prescribed.

Medicines were currently stored in small cupboard size rooms. Plans were in place to create a larger treatment room and storage area.

At our last inspection we found that the service was in breach of Regulation 12 (1) of the Health and Social Care Act in relation to safe care and treatment relating to ensuring the premises was safe to use. At this inspection we saw that improvements had been made.

We saw that following an incident at another of the registered providers services a risk assessment had been produced about the use of the garden. We saw that when a person went out to use the garden they had an alarm that they could use to contact staff when they wanted to come back in and seniors were to be informed whenever a person was out in the garden. We saw that a 'focus visit' had been carried out by the provider. The policy and risk assessment had been checked by the external manager carrying out the visit. We saw that on occasion the rear door to the home was left open enabling people to come and go. The garden area was seen to be secure.

At our last inspection we found that window restrictors did not meet Health and Safety Executive (HSE) guidance. The service contacted us following the inspection and confirmed that appropriate window restrictors had been sourced and would be replaced in the coming days. The registered manager confirmed at this inspection that the new restrictors were in place. During our observations during this inspection we did not see any chemicals left unattended, no toiletries were left in bedrooms and cupboards storing laundry and other items were kept locked shut when not in use.

At our last inspection we found that the service was in breach of Regulation 18 of the Health and Social Care

Act in relation to staffing levels. At this inspection we saw that improvements had been made.

People who used the service told us there were always enough staff on duty to provide the support they needed. People said, "There are enough carers and I am happy here" and "There is enough staff." Staff confirmed that they thought there was enough staff. We saw a copy of the homes dependency assessment tool that had been introduced since our last inspection, which was reviewed monthly. Staffing hours were also monitored by the registered provider. Our examination of the staff rotas confirmed staffing levels were provided at consistent levels.

The registered manager told us that there had been a high turnover of staff since they had come to manage the home, which related in part to concerns about staff practice. There were no vacancies at the home and agency staffing was not used. This helped to ensure consistency and continuity of care for people. The registered manager told us that care had been taken to ensure that staff had the right qualities and attitude to work with people who used the service.

We checked to see that staff had been safely recruited. We reviewed three staff personnel files and saw that each file contained an application form with included a ten-year employment history, two references and confirmation of the person's identity. The application needed to be amended to show a full employment history.

Records also included a medical assessment with the local centre for occupational health where appropriate. We noted that reasonable adjustments had been made where people had additional needs working in a support role. Checks had also been carried out with the Disclosure and Barring Service (DBS) for all applicants. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks help to prevent unsuitable people from working with people who use care and support services.

People who used the service who were able told us they felt safe at Shepley House and had no concerns about their treatment by staff. Comments people made to us included, "People said, "I feel safe and free from bullying." I feel safe its great" and "If I was unhappy I would go to the teacher for help." Relatives said, "Residents are absolutely safe here" and "If there was a problem I would go and speak with [registered manager].

Staff we spoke with told us they had received training in safeguarding adults; records we reviewed confirmed this to be the case. Staff could tell us the correct procedure to follow if they witnessed or suspected abuse. Staff said, "[Registered manager] would do something about it.

We talked with the registered manager about several safeguarding concerns about staff practice that had been raised by them soon after taking over management of the home. It was clear that the registered manager knew what action to take if they had concerns.

Records we looked at showed us risk management policies and procedures were in place; these were designed to protect people who used the service and staff from risks including those associated with cross infection, the handling of medicines and the use of equipment. Records we looked at showed us all equipment used in the service was maintained and regularly serviced to help ensure the safety of people in Shepley House.

We found the kitchen was clean and well organised. We saw the chef had received training in food preparation and food hygiene. Checks were carried out to ensure food was stored and prepared at the

correct temperatures. The service had received a 5 rating from the national food hygiene rating scheme in which meant they followed safe food storage and preparation practices.

Systems were also in place to reduce the risk of cross infection in the service; this included the use of personal protective equipment (PPE) where necessary and regular checks regarding the cleanliness of the environment.

Records were kept of the support people who lived at Shepley House would need to evacuate the building safely in the event of an emergency. We also noted a business continuity plan was in place to provide information for staff about the action they should take in the event of an emergency such as a failure of the gas or electricity supply to the premises.

Is the service effective?

Our findings

At our last inspection we rated the effective section of the report as Requires Improvement. At this inspection we found that the required improvements had been made and rerated the service to Good.

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The 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.

At our last inspection we recommended that the staff were made aware of which people had a DoLS in place. We saw that a tracker had been put in place which clearly identified people who had a DoLS in place or where an application had been submitted to the local authority for authorisation. All applications had been triaged as low by the local authority. The registered manager told us they regularly contacted the local authority to check on the status of the application. This demonstrated a commitment to protecting and upholding people's rights.

During our inspection visit we saw that a multi-agency best interest meeting was being held with a person and their relatives to determine the suitability of the placement at the home. We were given examples where the service had made changes to help people manage behaviours which might be challenging to other people. This included 'thinking outside the bus stop', where due to a person's dementia they were always wanting to leave the home which was distressing for them. To reduce the person's anxiety a bus stop was created with a bench where the person could sit and think allowing time to calm down. We heard that one person had moved rooms and settled well away from someone they did not like, again due to their dementia.

We looked to see how staff were supported to develop their knowledge and skills. Records we reviewed showed that staff employed in the service had received training to help ensure they were able to provide people with effective care and support.

People told us, "They support me well. No problems" "Carers don't know what they are doing. They are not kind but I like it here and wouldn't change a thing", "I call when I need them. I don't have to wait long" and "Not long to wait for staff. They help me very good." Relatives told us, "We always have good contact with them. They have painted [relatives] room for her" and "We come daily and speak to staff daily and have seen the care plan. It's like a family here."

The registered manager told us that they thought that one of the key improvements made had been around developing the staff team. They said, "They are a very good staff team but they don't realise it. We have gone back to basics, building confidence and ensuring that staff interacted with people with the right manner and approach."

We saw and staff we spoke with confirm that there was a four-day induction programme in place, which included, security, fire awareness, the building layout, expected behaviours, understanding of role and responsibilities. Following the induction new staff completed the Care Certificate. The Care Certificate is a nationally recognised qualification for people working in the care sector which provides the essential knowledge to ensure new care workers have the required competence to care for people safely and effectively.

New staff undertook moving and handling training, which included a practical session and a range of further e-learning modules including dementia awareness, equality and inclusion, fire precautions and awareness, infection control, health and safety and food hygiene. Records we saw showed that the staff team bar one had completed 100% of the training.

Records we reviewed confirmed staff received regular supervision and appraisal. We saw that staff received feedback on their performance and were supported to consider their training and development needs on an ongoing basis. All staff had completed an annual appraisal.

Staff also had access to Aspire training to help them develop their skills. An example of this was were a staff member undertook the 'best foot forward' project to look at trends and demonstrate impact on people by the reduction in falls.

People who used the service told us the meals provided at were of good quality. People spoke positively about the food they received. They said, "Very good food", "Food very good", "Food ample", "The food is good. I am a very small eater" and "Very good food."

On the first day of our inspection we found that the service had an agency cook in place who told us that they did not know who was on special diets. The lunch time meal observed on the first floor of the home was also seen to be disorganised, with tables not set and people waiting for long periods of time for their meal to arrive. This was particularly stressful for people who lived with dementia who became increasingly confused and wanted to leave the dining area.

The following day we spoke with one of the two regular chefs who had worked at the home for many years. They reassured us that they were clear about which people were assessed as having special dietary needs. We saw that there were plentiful supplies of fresh produce as well as tinned and dried goods.

We carried out a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us to understand the experience of people who cannot talk with us. We observed how staff supported people during tea time in a dining area on the upper floor which was when the main meal of the day was served. We saw that the meal time was well organised with enough staff to support people. We saw people were offered a choice of meals and encouraged to eat as much as possible. Promoting their independence some people helped to clear tables and made sure other people who were less able had drinks.

We had some initial reservations about the layout of the home, for example, rooms set of long corridors and the difficulties they faced finding their way around for people who lived with dementia. However, everyone we spoke with told us that there had been significant improvements to the building and a lot of work had

gone into making the home more dementia friendly. The registered manager told us there was an ongoing programme of refurbishment in place to help ensure the environment was maintained to a high standard. We saw that since our last inspection the home had a new roof installed, lounges, corridors and stairwells had been decorated as well as new furniture and furnishings. Work was ongoing to improve bedrooms. People and relatives were involved in choosing the décor and colours of rooms.

People spoke positively about the improvements to the premises. They said, "It is a lovely garden" "The garden is pretty good. This area is lovely (upstairs garden area)." A relative said, "It's a wonderful environment particularly the garden. It's a lovely place." We saw that people had their own front doors to help them find their rooms under the 'street life' initiative. A new seating area had been put in place upstairs which had been made to feel like a garden. A lot of effort had been made to decorate this area and it was known as the garden in the sky. The garden area outside had a tea shop in the summer house where the residents and relatives could meet for coffee and a chat. It was also a little shop too.

We asked people if their health care needs were met. They said, "I think they would call a doctor" and "They would call a doctor." From the records we looked at we saw people in Shepley House were supported to access health care services in relation to their health needs. This included attendance of the local doctor at the home and appointments with dentists, opticians and chiropodists. We spoke briefly to a visiting doctor and district nurse. They spoke positively about the relationship with the home.

Is the service caring?

Our findings

At our last inspection we rated the caring section of the report as Good. At this inspection we found that the service remained Good.

Most people we spoke with gave positive feedback about the staff. They said, "They are kind and know me well", "They are kind and know me well," "Of course they treat me with respect" and "Some staff are kind some are not. They are always in a hurry. Yes, they respect my privacy and dignity."

People appeared well dressed and cared for. Some ladies wore fashionable clothes and jewellery and had modern haircuts.

Relatives said, "They are kind and caring here", "Absolutely well cared for. Very good at sorting out medication and they will always get doctor out for mum" and "It's completely changed here. The focus is on people now and not rushing about. Staff are gentle even at times when they are being sorely tested."

During the inspection we observed warm and friendly interactions between staff and people who used the service. Night staff told us that they only got people up if they were ready to get up. We also saw staff knock to gain entry to people's bedrooms to respect their dignity and right to privacy. Night staff told us that there was no pressure for them to get people up unless they were awake and ready to do so.

We saw a few transfers undertaken by use of a hoist or stand aid. We saw that staff worked well as team to carry out the transfer, offering reassurance to the person using the hoist and ensuring their dignity was protected.

The registered manager was the dignity champion for the home and provided training to staff in promoting people's right to dignity. The registered manager was also promoting a 'zero tolerance to undervalued staff' to increase confidence and motivate the staff to perform well.

Staff we spoke with new people well. They said, "Its 100% better here in every way. There is much more going on, more structured and standards are higher", "It's much more settled and calm here now" and "I love to see people smile."

We were given examples about were staff went above and beyond such as making cakes and bringing them in and painting the summer house and making improvements to the building and finding dementia friendly items. Some staff also came into the home to support people with planned activities in the local community.

We saw that all care records were held securely. This should help ensure the confidentiality of people's personal information.

Is the service responsive?

Our findings

At our last inspection we rated the responsive section of the report as Requires Improvement. At this inspection we found that the required improvements had been made and rerated the service to Good.

Some people and relatives we spoke with could confirm that they had read their care plan.

We looked at the care records for three people who used the service. We noted these contained very detailed information regarding people's health and social care needs. Information included a one-page person centred profile. For one person we saw written that the person had a 'cheeky' sense of humour, was caring to others, very independent and a very strong character whose opinions count. They also commented, "What makes me smile is seeing other people smile. If you have a negative look on your face I feel anxious." This information helped staff to get to know people and things that were important to them.

The registered provider was about to transfer to a new computerised care plan and risk assessment system. This system will help ensure that care tasks had been completed and reduce the amount of time spent on care records, which will enable them to spend more time with people.

People who used the service were supported to undertake activities both within Shepley House and in the local community. People told us, "I like reading and television." "I more or less join in everything. Oh yes you get support here." "I like crossword puzzles." "I like all the activities and go on trips. I have been to a residents meeting. They do act on things", I like bingo" and "I have been to the garden centre, two leisure places and two garden parties here." A relative said, "Mum likes quiet now so has stopped going on trips." We saw a complimentary letter which commented, "It was great that [relative] could dance and smile right to the end."

The registered provider was part of the 'Oomph' (Our Organisation Makes People Happy!) wellness programme, which encourages activities for older people in care homes to enhance their mobility, social inclusion and alertness. The home has a wellbeing plan that is kept under review by 'Oomph' to see where improvements could be made. We saw that the home had a very enthusiastic activities co-ordinator, who was supported by volunteers and staff to provide a wide range of activities. They said, "I want people to be happy and enjoy life."

We saw that the home produced a wellbeing plan for the month which was on display. These showed a wide range of activities in the home. There was a wish tree where people can add a leaf asking for the activities they would like to participate in. We noted that artwork produced by people was on display in the communal areas of the home.

On the first day of our inspection we observed one activity where people involved in an 'oomph music and movement session and three ladies were taken out to a tea dance in the afternoon. The hairdresser was also visiting that day so many people were having their hair done. When we returned for the second day of our visit we saw that people were involved in a very energetic music and movement session to 60's and 70's

music, for example, The Rolling Stones.

We saw that there were a range of activities in place which included, tea dances, the Evening Owls Club, hand massages, animals visit such as a chinchilla dog and a donkey, wine and cheese evenings run by a local choir and trips out.

We saw that there were regular opportunities for people to participate in the local community, for example, going to the local church and then on to a local café, attending the registered providers social club. The home was also in the process of strengthening a closer relationship with the local school. A lot of work had gone into making the garden more user friendly. Volunteers came in on a Wednesday to open the tea shop in the garden.

People told us they had good contact with family and friends and they visited the home. They said, "I have a phone and the management would help me keep contact", "I have a phone", "The family and children visit", "My [relatives] come. Couldn't be better here" and "I have good links with my family and friends." Computer screens had been fitted to record activities and trips for residents to see and also so relatives could see what had been happening at Shepley House.

The home had undertaken training as part of the six steps end of life programme. A relative commented, "We would particularly like to thank you for the quality of the end of life care you offered [relative] where nothing was too much trouble and where [relatives] comfort was your primary concern."

We looked at the system for managing complaints in the service. We noted a complaints procedure was in place which provided information about the process for responding to and investigating complaints. Information was also on display in the communal areas to advise people how they could provide feedback on the service they received.

We looked at the complaints log maintained in the service. The registered manager told us they always encouraged staff to record any concerns raised by people who used the service in order to demonstrate the action taken to resolve matters, even if this was done on an immediate and informal basis. This demonstrated a commitment to ongoing service improvement.

We saw that a record of compliments made by people were also maintained and we saw numerous letters from relatives praising the care received. Comments included, "I can't express the relief it gives to know that I can safely leave [relative] in the care of a group of friendly caring people who hold [relative's] wellbeing paramount", "The time [relative] was with you was a huge help to [relative] and myself and the staff were all extremely helpful and caring" and "We're delighted that [relative] has so many activities to keep [relative] busy, and relaxed enough to meet lots of new people. We're very impressed that the staff have made such a difference in her day to day life."

We saw the minutes for the last resident and family meeting held on 17 May 2018. People who attended the meeting were informed about the recent staff changes and the reasons for them. The registered manager requested copies of Power of Attorney certificates to be brought in if not already done so. People and their families liked the fact they were using both lounges on the ground floor. In terms of what could be improved people asked that they just continued with all the hard work being done. There was a residents and relatives meeting planned for Monday August 20th.

We saw that a 'You Said, We Did' poster was on display on the noticeboard for people who used the service. This showed that managers and staff had listened to the views of people who used the service and acted to address any requests or comments made

Is the service well-led?

Our findings

At our last inspection we rated the well section of the report as Requires Improvement. At this inspection we found that the required improvements had been made and rerated the service to Good.

At our last inspection we found the service was in breach Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to good governance. This related to confidentiality of records, the medicines management system and arrangements for auditing that did not identify the shortfalls we found during our inspection. At this inspection we found that improvements had been made.

Since our last inspection the service has a new manager in place who is registered with the Care Quality Commission (CQC) and qualified to undertake the role. The registered manager had worked for the registered provider for many years. The registered manager was supported by an area manager and two deputy managers. The area manager, who closely monitored the service, said that they thought the registered manager had made "outstanding" achievements in the short time they had managed the home. They gave examples of the challenges of addressing the culture of the home through positive support to disciplinary action where necessary. They said that the registered manager "thinks differently" about the solutions to challenges faced, for example, 'The best foot initiative had reduced the number of falls at the home.

People, relatives and staff spoke highly about the improvements that had been made at the service since our last inspection. People said, "Yes I know the manager. The staff know me well", "Oh yes approachable", "I don't know the manager. My [relative] sorts things out", "I know who the manager is. It's alright as it is here", "Very good manager. Chats with me occasionally." Relatives said, "The manager is approachable" and "Much better now since the new manager came. Lots of improvements."

Staff said that the service had, "Massively improved since the last inspection. [Registered manager] is more approachable, hands on and deals with situations. [Registered manager] took control of the staff and we have stability. We weren't managed before. [Registered manager] is making everyone accountable. The resident's welfare comes first and have choice. The atmosphere has improved and it is calmer. It's 100% cleaner."

We asked the registered manager about the key achievements in the service since the last inspection. They said, "The residents are my priority." They told us they had worked hard to help ensure people who used the service were able to live in a home that put them first and had a person centred rather than a task based culture. With the support of the staff team improvements had been to the levels of cleanliness and the environment and better participation in activities.

The registered manager told us they recognised the key challenge of the service was the development of the staff and for them to have confidence in their skills and experience. They told us they would continue to strive for this by ensuring the culture of the home was that which valued people who used the service as individuals and promoted their right to lead their own care as much as possible.

Records we reviewed showed regular staff meetings took place. Staff meetings are a valuable means of motivating staff, keeping them informed of any developments within the service and giving them an opportunity to discuss good practice. We saw minutes of recent meetings held with the house keeping team demonstrated praise for all the teams hard work and dedication for the improvements made to cleanliness and this showed excellent team work.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services. This ensured they provided people with a good service and met appropriate quality standards and legal obligations.

The registered manager completed regular walk rounds of the home to check that staff were completing tasks in line with their roles and responsibilities and to the required standard. The registered manager also made unannounced visits to the home during the night to carry out audits. Records we saw confirmed this.

We saw copies of recent 'manager action checklists' carried out by external managers to the home. The checks included for example, documentation around staffing, housekeeping, consent, annual reviews, MCA, DoLS and best interest and supervision and appraisal. We also saw a copy of a 'focus visit' report carried out by an external manager in August 2018. The visit looked at areas of compliance, staffing, consent to care, DNACPR's, DoLS and best interest, the environment, quality assurance and practice and observations.

We saw a copy of the most recent quality and compliance audit carried out in July 2018. The audit was seen to be detailed and was based on CQC's Key Lines of Enquiry (KLoE'S) is the service safe, effective, caring, responsive and well-led. The home was assessed as no improvements required. We saw that a log was maintained of any accidents and incidents which had occurred; this was reviewed regularly to see what lessons could be learned to help improve the service people received. For example, the 'Best Foot Forward' initiative had helped to reduce falls at the home.

We saw that relatives were encouraged to complete an online review system for feedback about the home. We saw that based on 17 reviews the home had scored 9.7 out of 10 and was the number one rated home in the Stockport area. Comments included, "The activity programmes at Shepley House are wonderful and very enthusiastic. My [relative] engages with the different social events and is happy to join in", "The staff are always happy and patient, very attentive to my [relative's] needs" and "[Registered manager] has definitely brought new life and ideas to the home. An example of this is that all resident's doors now look like proper house front doors with letterboxes. The activities in the home are often varied and run exceptionally well by a very kind and enthusiastic lady. The staff, carers and management are all very capable and excellent at coping with the challenges they face at dealing with the needs of the residents."

Before our inspection we checked the records, we held about the service. We found that the registered manager had notified CQC of any accidents, serious incidents and safeguarding allegations as they are required to do. This meant we could see if appropriate action had been taken by the service to ensure people were kept safe.

From 1 April 2015 it has been a legal requirement of all services that have been inspected by the CQC and awarded a rating to display the rating at the premises and on the service's website, if they have one. Ratings must be displayed legibly and conspicuously to enable the public and people who use the service to see them. The provider had displayed the CQC rating in the home and on the registered providers website.