

B & L Property Investments Limited Applecroft Residential Care Home

Inspection report

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10 July 2017

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Ratings

Overall rating for this service	Requires Improvement	
Is the service safe?	Requires Improvement	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Requires Improvement	
Is the service well-led?	Requires Improvement	

Summary of findings

Overall summary

The inspection was unannounced and took place on 5 and 10 July 2017.

Applecroft is a privately owned care home located near to Congleton town centre and close to local shops. It is a three-storey building and people can be accommodated on all floors. Access between floors is via a passenger lift or stairs. There are 22 single bedrooms in the home; 16 of them have en-suite facilities.

The service was last inspected in December 2016 when we found three breaches in the regulations. The provider was in breach of the regulations in relation to consent as the provider was not acting within the principles of the Mental Capacity Act 2005. They were also in breach of the regulations around quality assurance as the systems in place were not robustly identifying shortfalls in the service. Furthermore the registered manager had not submitted the required notifications to CQC.

The home has 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. At the time of our inspection there were 18 people living in the home.

We found that overall there had been improvements in the service and systems had been put in place, however we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the back of this report.

We found that whilst there were general risk assessments in place, they were not always detailed and regularly updated. We found that staff were aware of the potential risks and appropriate advice had been sought for people living in the home, however the records were not always reflective of this.

People had care plans which were personalised to their needs and wishes. Most care plans contained information to assist support workers to provide care in a manner that respected the relevant person's individual needs, promoting their personal preferences'. However we found where there were changes or additional advice had been sought from other professionals, although staff were aware of and following the advice; the care plans had not always been updated to reflect the changes.

There was an internal quality assurance system in place to review systems and help to ensure compliance with the regulations and to promote the welfare of the people who lived at the home. This included audits on care plans, medication and accidents. We saw that whilst the audits had improved since our last inspection, they were not always robust as the discrepancies in care plans that we found and risk assessments that were no longer relevant had not been picked up by the audit process. Whilst we found that the registered manager was open and responsive to issues we raised during the inspection, the processes in place to identify issues on an ongoing basis were not effective.

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

We found that there were sufficient staff deployed to meet the needs of the people living in the home. Everyone we spoke to confirmed that there were enough staff and staff were observed to be carrying out their duties in a timely manner. The home was managed and staffed by a consistent team of care assistants who were well supported.

The service had a range of policies and procedures which helped staff refer to good practice and included guidance on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. We saw that applications had been made appropriately and where people were able to consent to their care, this was recorded on the care files.

The home was clean and provided a calm, relaxing atmosphere. There were a number of maintenance checks being carried out weekly and monthly. These included water temperatures, window restrictors as well as safety checks on the fire alarm system and emergency lighting.

We asked staff members about training and they all confirmed that they received regular training throughout the year and that this was up to date and provided them with knowledge and skills to do their jobs effectively.

People living in the home told us that the standard of care they received was good. Comments included, "The care is brilliant. I can't say anything more" and "I find it very nice here". Relatives spoken with praised the staff team for the quality of care provided and the friendliness of the staff. They told us that they were confident that their relatives were safe and well cared for. Regular professional visitors to the home were also complimentary about the care given in the home.

There was a flexible menu in place which provided a good variety of food to people using the service. People living there told us that the food had improved and they had a wide variety of food choices as well as where they could eat their meal.

Staff members, relatives and people living in the home were positive about how the home was being managed and felt that the manager was supportive and approachable.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

We found that there were general risk assessments in place, but these were not always detailed and regularly updated. We found that staff were aware of the potential risks to people and measures put in place, but this had not always been accurately recorded.

Safeguarding procedures were in place and staff were aware of their responsibilities to escalate any concerns.

The provider had sufficient staff to meet the needs of the people living in the home. People staying at the service felt safe.

Requires Improvement 

Is the service effective?

Good 

The service was effective.

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

Staff members had received regular training and they confirmed that this gave them the skills and knowledge to do their jobs effectively.

There was a flexible menu in place which provided a good variety of food to people using the service. People living at the home told us that the food was good and they had a variety of food choices.

Is the service caring?

Good 

The service was caring.

People living at Applecroft said that they were well cared for and were treated with kindness and compassion and maintained good relationships with the staff. Visiting relatives were positive about the standard of care, the staff and the atmosphere in the home.

All our observations were of good interactions between the staff members and the people living in the home. People were supported to maintain their independence.

Is the service responsive?

The service was not always responsive.

We looked at care plans to see what support people needed and how this was recorded. We saw that whilst care plans were reviewed on a regular basis, changes were not always updated on the care plan.

The arrangements for social activities were adequate. Staff were expected to carry out activities alongside their caring duties. People told us and we saw that activities were taking place on an ad hoc basis rather than planned.

The provider had a complaints policy and process. They had not received any complaints in the last twelve months but everyone we spoke to knew who they could complain to.

Requires Improvement

Is the service well-led?

The service was not always well-led.

There was an internal quality assurance system in place to review systems and help to ensure compliance with the regulations and to promote the welfare of the people who lived at the home. Whilst there were general improvements since our last inspection and audits and checks were in place, they did not pick up all the areas for improvement that we noted.

We found that other paperwork was not always up to date or readily available when requested.

The registered manager operated an open and accessible approach to both staff and people living in the service. Staff said that they could raise any issues and discuss them openly with the registered manager.

Requires Improvement

Applecroft 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 5 and 10 July 2017 and was unannounced on both days. The inspection was carried out by one adult social care inspector.

For this inspection we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make, however we were able to gather this information as part of our inspection. We reviewed information we already held about the service. This included statutory notifications we had received. A notification is information about important events which the service is required to send us by law. We invited the local authority to provide us with any information they held about Applecroft and they shared their current knowledge. We checked to see whether a Health watch visit had taken place. Health watch is an independent consumer champion created to gather and represent the views of the public. A recent visit had not taken place but we read the latest report available.

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

We spoke with a total of nine people living there, two visiting relatives and friends and six staff members including the registered manager, deputy manager, the maintenance person and three care staff. We also spoke with three visiting health care professionals. We did speak to more people living in the home, however some of the people living at Applecroft were living with dementia and were unable to tell us how they felt about living in the home.

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

We 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 talk to us.

We looked around the building including, with the permission of the people who used the service, some bedrooms. We looked at a total of six care plans. We looked at other documents including policies and procedures. Records reviewed included: staffing rotas; risk assessments; complaints; staff files covering recruitment; training; maintenance records; health and safety checks; minutes of meetings and medication records.

Is the service safe?

Our findings

We asked people if they felt safe. All the people we spoke with said they felt Applecroft was a safe environment and all family members and friends said that they were happy that their relative was safely cared for. Comments included, "I feel safe here, they look after me well", "If I press the call bell, they come pretty quickly and there's enough staff about" and "I feel safe here. The staff help me pretty quickly". One relative told us, "I'm happy that she is safe here".

At our last inspection in December 2016 we noted that there was room for improvement in terms of how checks to the premises were carried out and identifying repairs that were required. We found that regular checks on the premises, such as fire doors, emergency escapes and window restrictors were now being undertaken and repairs were being appropriately carried out. We did note on the first day of our inspection that a small number of bedroom doors were not closing properly, however these were fixed on the second day of our inspection. We spoke to the maintenance person in relation to this and they advised that they would add these to the regular checks carried out on the property.

We reviewed how risks to individuals were managed. We found that whilst potential risks were recorded in people's care records, risk assessments were not always detailed. Staff we spoke with were aware of the potential risks and measures in place, but these were not clearly recorded. This meant that staff, who were less familiar with people's needs such as agency staff, may not be aware of this information. We also found risk assessments on people's care files which had not been updated or were no longer relevant. For instance we found in two risk assessments that people were at risk of malnutrition, the risk assessments identified that there should be additional monitoring sheets for their food intake and they should be weighed monthly. When we spoke to staff, they advised that the people were now eating well, therefore the additional recording sheets had been discontinued, however this was not recorded on the risk assessments. Furthermore, we noted in the care files that everyone living in the home had not been weighed since April 2017 as the weighing scales had been broken. The provider was liaising with the company who provided the scales. We spoke to the registered manager about the risk assessments and she advised that she would review these.

We saw in other records that whilst the risk assessments were quite general and not always detailed, when risks had been identified staff had appropriately liaised with other health professionals or used equipment such as specialist mattresses to manage the risks where required.

We noted on the second day of our inspection that some of the risk assessments had been reviewed and improved. The registered manager informed us that they would be reviewing all risk assessments and care plans. Following our inspection, we have received confirmation that weighing scales are now in place and the people who were identified as at risk had gained weight since they were last weighed.

We saw that the provider had a safeguarding policy in place. This was designed to ensure that any possible concerns that arose were dealt with openly and people were protected from possible harm. Staff we spoke to understood the need to report to the manager any concerns. We saw that safeguarding incidents had

been correctly reported to the local authority and the registered manager was now notifying CQC of all safeguarding incidents. Providers such as Applecroft are required to notify the CQC and the local authority of any safeguarding incidents that arise.

Staff members confirmed that they had received training in protecting vulnerable adults and this was up to date. We viewed training records and could see that staff had received recent training on safeguarding. The staff members we spoke with told us were able to give examples of what constitutes a safeguarding incident and advised that they would speak with a member of the management team if a safeguarding incident occurred. We saw that the provider had a whistleblowing policy in place and staff were familiar with the term whistleblowing and each said they would report any concerns regarding poor practice they had to senior staff, the owner or CQC. All staff we spoke with confirmed that they were aware of the need to escalate concerns in relation to protecting vulnerable adults.

We saw the provider had a policy for the administration of medicines, which included the disposal and storage of medicines and for PRN medicines (these are medicines which are administered as needed). Medicines were administered by staff who had received the appropriate training. We did note that checks on staff competency in medication administration had not been carried out. The registered manager advised that knowledge tests were completed as part of the training staff received. Since our inspection, we have received confirmation that competencies checks are being completed with all staff administering medication. We saw both the medicines trolley and the treatment rooms were securely locked and daily temperature checks were made of the fridge and storage rooms. It was clearly recorded on creams and other ointments when they had been opened, ensuring that they would be disposed of when necessary. We observed medicines being dispensed and saw that practices for administering medicines were safe. We checked three Medication Administration Record (MAR) sheets and could see that the records showed people were getting their medicines when they needed them and at the times they were prescribed. We saw clear records were kept of all medicines received into the home and if necessary, disposal of any medication.

Staff members were kept up to date with any changes during handovers that took place at every staff change. This helped to ensure staff were aware of any issues and could provide safe care. We were able to view the notes from previous handovers and could see that they provided an overview of how each person living in the home had been for the duration of the shift. The provider also had a daily diary which contained daily appointments, any referrals that needed completing and any professional visitors to the home that day.

We looked at the files for three staff members to check that effective recruitment procedures had been completed. We found that the appropriate checks had been made to ensure that they were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Each file held a photograph of the employee, suitable proof of identity, an application form as well as evidence of references and notes from the interview showing that people had the relevant experience to carry out their roles.

On the day of our visit, there were 18 people living in the home. There were four carers between the hours of 8am and 8pm and two carers between 8pm and 8am. The registered manager and deputy manager were usually in addition to these numbers. We looked at the rota and could see that this was normally the consistent pattern across the week. However we saw that there were times when there were three carers between 8am and 8pm, which was the case on the second day of our inspection. We spoke to the registered manager about staffing and she advised that she completed a dependency tool each month as well as

regularly completing shifts as a carer and spoke to staff regularly about whether there were enough staff. She stated when they were short, existing staff, herself and the deputy manager usually covered shifts, however she acknowledged that they occasionally used agency staff at night, but for consistency requested the same person. They were actively recruiting at present as there was one vacancy. We looked at the dependency tool which demonstrated that when there were three carers present, there were still sufficient staff to meet people's needs. Our observations on the second day of the inspection, when there were minimum staff, were that call bells were still being answered promptly, staff had time to complete their duties as well as spend time chatting to residents and doing activities. Staff were busy and purposeful and they seemed well organised and efficient.

There were also separate ancillary staff including a housekeeper and a maintenance staff member.

People living in the home told us, "They come quickly if I press the bell", "They come straight away when you press the buzzer" and "There is always someone around. I've never had to look for someone". Staff themselves told us, "There is enough staff, it would be better with more, we could do more" and "There are enough staff to keep people safe".

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

The provider had received a five star rating in food hygiene from Environmental Health on 5 January 2017. Five stars is the highest rating for food hygiene, therefore they were observing the correct procedures and practices in this area.

We conducted a tour of the home and our observations were, in general, of a clean, fresh smelling environment which was safe without restricting people's ability to move around freely.

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

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

Is the service effective?

Our findings

All the people living at the home who we spoke with and their family members felt that their needs were well met by staff who were caring and knew what they were doing. Comments included, "Staff are brilliant and know just how I like it", "The food is good. You get a choice and if you don't like it, they'll give you something else" and "The food is decent, as good as you could find".

At our last inspection in December 2016, we found the provider to be in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as they did not have adequate arrangements for assessing the capacity of some people under the provision of the Mental Capacity Act. At this inspection, we found that improvements had been made and the provider was no longer in breach of this regulation.

The provider had policies and procedures to provide guidance for staff on how to safeguard the care and welfare of the people using the service. This included guidance on the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). 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 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 provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We were able to view the paperwork in relation to both standard and urgent DoLS applications and saw that recent applications had been completed appropriately. We saw that three applications had been granted and additional applications had been submitted but no outcomes had been received from the local authority. At our last inspection, we found that the provider was not following the most recent guidance in relation to medication given covertly. We saw that the provider now had a clear policy on covert medications and the steps to follow if people needed to be given their medication covertly. This did not apply to anyone living in the home at the time of our inspection.

We spoke with staff. They all confirmed that they had received training on MCA and DoLS and they were able to describe to us the principles behind the MCA. We saw that mental capacity assessments were completed where needed and family and health care professionals were involved and best interest decisions were recorded where appropriate. We looked at how the service gained people's consent to care and treatment in line with MCA. We could see where people had the capacity to understand, they had signed their consent. This showed that people's legal right to consent to their care had been respected.

Throughout our inspection we saw that staff asked people before undertaking any tasks rather than assuming consent. Staff took their time and explained what they needed or intended to do.

The provider used a catering company to provide meals and these were delivered on a monthly basis. There was a four week menu that was nutritionally balanced and specialist diets such as gluten free were catered for. We spoke to the registered manager and she advised that they had been unable to employ a chef, therefore they had done taste tests with relatives and relatives prior to moving to this system. Everyone including the staff were positive about the changes since using this provider. People were given two menu choices and were asked their preference in the morning. There were two main meal options at lunchtime and a hot light meal or sandwiches in the evening. The menu provided a good variety of food to the people using the service. People told us they could request an alternative if they did not like the options available and this was always accommodated. Comments included, "The food is good, brilliant since they changed it", "Food is alright and you get a choice. If you don't like something, you just tell them" and "The food has got better". People were provided with drinks throughout the day and where people preferred to remain in their room, jugs were available for them to have drinks in their rooms.

We undertook a SOFI observation in the dining room over lunch and saw that the food looked tasty and appetising. The tables were set with table cloths and cutlery so the meal times were distinguished from other times of the day. We saw that staff offered people drinks and they knew people's preferences and choices. Staff were attentive and there were a number of staff on hand observing lunch and they were walking through the dining room checking whether people wanted assistance where appropriate and prompting people and offering encouragement.

We saw that staff had not recently monitored people's weights as the scales had been broken since April 2017. The registered manager had been in contact with the company and new scales were delivered at the end of the second day of our inspection. We have since confirmed that the people who were considered to be at risk had in fact gained weight. We could see previously that where there were concerns, additional monitoring of food and fluid charts were completed. We saw that the food charts had stopped, but that the risk assessments had not been updated to reflect that the risk had been minimised. This is discussed further in the safe section of the report. We saw that where staff had concerns they liaised with health professionals such as the GP and dietitian and accessed additional support for people. We saw in care plans that where someone was identified as being at high risk of dehydration, additional monitoring of fluid intake had been undertaken. We viewed these records and they were up to date and had the right amount of detail and where concerns were noted, staff liaised appropriately with the GP.

The provider had their own induction programme and introduction to the workplace. This was designed to ensure that the newest members of staff had the skills they needed to do their job effectively and competently. The registered manager told us that this usually took place on the first day and then they were supernumerary and shadowed for at least a week. We looked at the induction programme for the newest member of staff and this included introduction to the workplace, fire safety, confidentiality, care planning and going through the provider's policies and procedures including safeguarding and whistleblowing. If staff were new to care, they were then expected to complete core training within twelve weeks. Where staff had worked in care before, they would verify people's previous training and they would then update this as and when necessary. Staff worked alongside another member of staff shadowing and when senior staff were satisfied they were competent, they were able to carry out tasks alone. These observations were not recorded.

We asked the manager and staff about training and they all confirmed that they received regular training throughout the year; they also said that their training was up to date. They had recently changed training provider and staff were now expected to complete twelve core training courses. These were in the form of booklet, and there was a knowledge test at the end. People were only signed off as competent by the training provider if they reached a satisfactory standard on the knowledge test. We checked the staff training

records and saw that staff had undertaken a range of training relevant to their role. This included safeguarding, moving and handling, health and safety, infection control and fire training. Staff were also able to take other courses and we could see that some staff had undertaken dementia friends training.

Staff members we spoke with told us that they received on-going support, supervision and appraisals. They received an appraisal annually and two addition supervisions. We checked records which confirmed that supervision sessions for each member of staff had been held regularly.

Visits from other health care professionals such as GPs, district nurses, chiropodists and opticians were recorded so staff members would know when these visits had taken place and why. We did note at times that these could be more detailed as to why the health professional had been contacted. We spoke to people living in the service about whether they had access to health services. We spoke with a district nurse, a bladder and bowel specialist and a GP. They were all positive about the home and the care that was provided by the staff team. Comments included, "They are spot on here. They let us know any changes straight away", "They are good, any concerns they ring straight away. They have done wonders with [name] since she moved in here. She has come on leaps and bounds. They have been marvellous" and "Things have settled down here. We get appropriate referrals and they follow advice given".

The home was clean and homely and provided a calm, relaxing environment that met the needs of the people living there. There were lounge and dining areas on the ground and first floors, however people told us they did not use the first floor lounge as they preferred to be downstairs. The registered manager told us that this area was being converted into an activity area and we could see that some equipment had been purchased. There was an enclosed garden which was accessible to people living in the home.

The provider provided adaptations for use by people who needed additional assistance. This included bath and toilet aids, grab rails and walking frames to help maintain independence.

The laundry within the service was well equipped and had the necessary guidance for staff completing these tasks.

Is the service caring?

Our findings

We asked people living in and visiting Applecroft about the home and the staff who worked there. They all commented on how kind and caring all the staff were. Comments included, "They take care of me as if I was their own mother. They are brilliant. It's the next best thing to home", "The staff are very helpful and kind" and "I like a bit of fun, we have a banter". Visiting relatives told us, "I'm quite happy with the care she's getting. She enjoys the meals better and tells me how well they look after her".

It was evident that family members were encouraged to visit the home when they wished. Both people living in the home and relatives told us that they were made welcome in the home.

We viewed recent thank you cards that had been sent into the home. One person's relatives wrote, "A really big thank you for looking after our mum [name]. Thank you for all your care and kindness. We really appreciate it".

The staff members we spoke to showed that they had a good understanding of the people they were supporting and they were able to meet their various needs. They told us that they enjoyed working at Applecroft and had very positive relationships with the people living there. Comments included, "I like working here" and "I like my job. I like to think we give 110%".

We saw that the relationships between people living in the home and the staff supporting them were warm, respectful and dignified. Everyone in the service looked relaxed and comfortable with the staff and vice versa. During our inspection, we saw there was good communication and understanding between members of staff and the people who were receiving care and support from them. Staff took their time with people and ensured that they understood what the person needed or wanted without rushing them and always sought their permission before undertaking a task. We observed that staff used a dignified approach to people, for example knocking on people's door before entering and using their preferred names. We saw staff members giving gentle reassurance to someone who had become distressed; they dealt with the situation calmly and patiently.

We saw on the day of our inspection that the people living in the home looked clean and well cared for. Those people being nursed in bed also looked clean and comfortable. People told us that they were encouraged to do things for themselves and maintain as much independence as possible. One person told us, "They are easy going and don't pressure you into things. They look after me when I need them".

The quality of the décor, furnishing and fittings provide people with a homely comfortable environment to live in. We did note that some skirting boards were in need of decorating and the maintenance person told us that these were continually being painted, but were frequently knocked by equipment in the home. Rooms were all personalised, comfortable, well-furnished and contained individual items and photographs belonging to the person. There were photographs of activities displayed in the dining room.

The provider had a range of information available for people living in the home available in the reception

area. There was a service user guide which outlined the services provided in the home as well as the complaints policy. The complaints policy was displayed in the reception area along with the most recent CQC inspection report. In the dining room, there was a photo display of all the staff currently working in the home.

In the care files we viewed we could see that discussions had taken place with people about their end of life care, which included preferred place of care. We found that appropriate 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) records were in place on the care files we reviewed. We saw that either, the person, or where appropriate, their relative or health professional had been involved in the decision making process. We found that the records were dated and had been reviewed and were signed by a General Practitioner.

A 'Do Not Attempt Cardio Pulmonary Resuscitation' form (DNACPR) is used if cardiac or respiratory arrest is an expected part of the dying process and where cardio pulmonary resuscitation (CPR) would not be successful. Making and recording an advance decision not to attempt CPR may help to ensure that the person dies in a dignified and peaceful manner.

We saw that personal information about people was kept in a locked office to maintain people's confidentiality.

Is the service responsive?

Our findings

Those people who commented confirmed that they had choices with regard to daily living activities and that they could choose what to do, where to spend their time and who with. Comments included, "They do activities and they're alright", "I can go to bed when I want; I go late and get up when I want" and "I do like the activities, we do exercises and they get your legs going".

We saw that staff were aware of individual needs and people we spoke with felt that they were well cared for. Comments included, "I'd rather be here. I'm settled now", "The staff know me well" and "They know me...there isn't many who doesn't know [name]". All the relatives and friends we spoke with stated that their relative was well cared for, comments included, "He seems well cared for when I come in. I have no worries about how they look after him".

Everyone in the home at the time of our inspection had received a pre-admission assessment to ascertain whether their needs could be met. As part of the assessment process the home asked the person's family, social worker or other professionals who may be involved to add to the assessment if it was necessary at the time. We looked at the pre-admission paperwork on the care plans that we viewed and could see that assessments had been completed.

We looked at the care plans to see what support people needed and how this was recorded. We saw that most plans contained personalised information and captured the needs of the individual. They used "This is me" profile which was developed by the Royal College of Nursing and the Alzheimer's Society. This provides staff with background information on people that is gathered from relatives and the person about their preferences and history. For example where they had lived, what they preferred to be called, preferred social activities, people who mattered to them. We could see that where there had been any changes, prompt action was taken and the relevant professionals were consulted for advice. However we noted that care plans and risk assessments were not always updated to include these changes in circumstances. The reviews carried out monthly just noted that there was no change. For instance, they gained advice from a health professional in relation to someone's legs and a risk assessment was put in place, however subsequent to this, they gained additional advice and this was no longer relevant, but neither the care plan or risk assessment had been updated to take account of this additional advice. We also found staff were following advice from another professional, but this advice had not been recorded in the care file. We noted that audits that had been completed on two of the care files had not picked up these discrepancies. We found that whilst the care provided to people was good, that the recording of this was not always accurate and up to date. We raised this with the registered manager to address.

We spoke with staff about people's individual likes and dislikes as well as their care and the staff we spoke with were very knowledgeable about the people they were caring for. They had worked with them over a period of time and had been able to build up significant knowledge of each person. They were able to give up to date descriptions of people's care, however this was not reflected in the paperwork. However, this was potentially confusing for any staff who were less familiar with people's needs such as agency staff, as they would not have up to date information on the care plans.

The provider was still advertising for an activity co-ordinator as the post had been vacant for quite some time. They did have an alternative plan for one of the carers to move into this role, therefore they were looking to recruit an additional carer in order that this person could transfer into this role. In the meantime, the staff were expected to conduct activities as well as their caring duties. We saw that there was a poster in the reception area advertising the weekly activities, but when we spoke to staff and the registered manager, they acknowledged that the activities took place if staff had sufficient time during their shifts. We observed on the first day of our inspection, that some people enjoyed doing some art activity and others spent time in the garden area having drinks and chatting with staff, whilst a couple of others did gardening. On the second day of our inspection, we saw someone become agitated and the staff member engaged them in folding clothes and chatting which calmed them down. We also saw people playing bingo and doing art activities in the afternoon. People had taken part in a recent visit to a local garden centre and the maintenance person told us one person liked to come along on trips to get DIY equipment as they had enjoyed doing this in the past. One of the carers had started a newsletter. This contained information about upcoming trips as well as people's birthdays and crosswords. Most people we spoke to were happy with the activities, although one person did comment that there was not much going on.

The home had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy. Copies of the complaints policy were displayed in the reception area of the home. They had not received any complaints in the last twelve months, however everyone we spoke with during the inspection told us that they were able to raise any concerns with the manager. Comments included, "I can't find fault with it at all" and "I've not had to complain but could speak to any of the staff if I had a problem".

Is the service well-led?

Our findings

There was a registered manager in place and they had been registered since January 2016. There was also an assistant manager, who worked alongside the manager providing support to all care staff. The registered manager also told us that both she and the deputy manager were involved in delivering care and regularly worked a shift on the rota. This enabled them to monitor the standards and quality of care. The deputy manager told us that they conducted spot checks for each of the shifts annually, however when we asked to see the paperwork for the last two visits, this could not be located.

At our last inspection in December 2016, we found that the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider did not have systems and processes in place such as regular audits to assess, monitor and improve the quality and safety of the service. We served a warning notice asking the provider to be compliant with the regulation by 30 April 2017. During this inspection we found that the registered manager had made significant improvements and the action taken was sufficient to meet the requirements of the warning notice.

However, during this inspection, whilst we found that the care was good and the staff spoken with were aware of people's current health and care needs, we often found that paperwork was not current and had not been updated to take account of changes. The provider had a quality assurance system and carried out three monthly audits on care files, accidents and incidents as well as medication. We could see that the audit systems had improved since our last inspection and more checks were now in place, however there was still scope for further improvement. We noted on two of the care file audits that where risk assessments were no longer current, this had not been picked up by the audit process. Furthermore we noted there were no clear timescales as to when actions should be completed by staff and the files had not always been checked. We spoke to the registered manager in relation to this. She accepted that the systems in place were not effective and she has confirmed with us since the inspection that she is revising these alongside the deputy manager.

We found also that we were not always able to access all the information we needed to see and paperwork could have been better organised. For instance, we asked to see paperwork in relation to spot checks and the registered manager and deputy manager were unable to locate this. We looked at the business contingency plan for the service and found that this had not been reviewed recently and contained out of date information. We found that the registered manager and deputy manager were responsive and would take immediate action when issues were raised as part of the inspection, for instance they had started a review of all risk assessments and care plans and a number had been amended by the second day of our inspection. However the quality assurance systems and processes that they had in place had not been effective at identifying issues prior to our inspection and on an ongoing basis.

These shortfalls did constitute a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Although improvements had been made to the systems and processes to assess and monitor the quality of the service, they were not always robust enough to identify areas for improvement.

There were a number of maintenance checks being carried out weekly and monthly. These included the water temperature, safety checks on the fire alarm system and emergency lighting. We saw that there were up to date certificates covering the gas and electrical installations and portable electrical appliances. Audits were also completed regarding the kitchen and environmental audits on infection control and health and safety every three months.

We did find that a small number of bedroom doors did not close properly which had not been identified prior to the inspection. These were fixed on the second day of our inspection and the maintenance person advised that these were continually being fixed as they altered with different weather patterns, however they agreed that they would add this to their general regular checks of the property.

At our last inspection in December 2016, we found that the provider was in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 as the provider was not submitting the relevant notifications. Providers are required to notify CQC of events or changes that affect the service or the people using it, for instance serious injuries or where the provider has made an application to deprive someone of their liberty. We found that the provider was no longer in breach of this regulation as they were now submitting the relevant notifications.

People living in the home and families told us residents' meetings were held annually by the registered manager. We were able to view the minutes from the last meeting held on 3 November 2016. Issues discussed included activities in the home, menus and snacks. We asked the people living in the home how it was managed and run. Comments included, "Georgina and [name] think a lot of this place" and "Georgina is a pretty good manager".

The registered manager also sought feedback from families, staff and professionals via an annual questionnaire. We were able to view the questionnaires completed in June 2017. This asked about activities in the home, the cleanliness of the home, whether staff were helpful and courteous and about the quality of food. All the responses were positive. Comments included, "Staff are excellent", "The level of care he receives appears excellent" and "Always plenty of staff around interacting with residents. Friendly atmosphere". The manager had not yet had chance to analyse these and feedback to people. She stated that she intended to feedback at the next relatives and staff meetings, although she had already had some discussions with staff about issues raised in their feedback as they had raised issues about activities and décor in the home.

Staff members we spoke with had a good understanding of their roles and responsibilities and were positive about how the home was being managed and the quality of care being provided and throughout the inspection we observed them interacting with each other in a professional manner. We asked staff how they would report any issues they were concerned about and they told us that they understood their responsibilities and would have no hesitation in reporting any concerns that they had. They said that they could raise any issues and discuss them openly with the registered manager. Comments from the staff members included, "The staff team are really good. Georgina and [name] are approachable, responsive and honest" and "The managers always chip in and they always say to ask".

Full staff meetings were held annually and we were able to view the minutes of the last meeting held on 3 May 2017. Staff had the opportunity to discuss a variety of subjects including the rotas, paperwork in relation to incidents, medication, activities and change of food provider. Informal meetings with staff took place more regularly but these were not recorded.

Periodic monitoring of the standard of care provided to people funded via the local authority was also

undertaken by Cheshire East's Council contract monitoring team. This was an external monitoring process to ensure the service meets its contractual obligations to the council. We contacted the contract monitoring team prior to our inspection and they told us that the service remained subject to an improvement plan.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The audit systems that were now in place were not effective as they did not identify shortfalls we found in the care plans and risk assessments. Other paperwork was not always well organised and up to date such as the business continuity plan and spot checks.</p>