

Minster Care Management Limited

# Woodlands Court Care Home

## Inspection report

Ash Lane  
New Springs  
Wigan  
Greater Manchester  
WN2 1EZ

Tel: 01942323352

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 26 and 28 March 2018. The first day was unannounced, however we informed staff we would be returning for a second day to complete the inspection and announced this in advance.

Woodlands Court is owned by Minster Care Management Limited and is located in the New Springs area of Wigan. Woodlands Court offers accommodation for up to 40 people who require assistance with personal care and support.

At the time of the inspection there were 32 people living at the home.

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

At our last inspection of Woodlands Court in June 2017, the home was rated as 'Inadequate', with multiple breaches of the regulations identified. These were with regards to person centred care, dignity and respect, safe care and treatment, safeguarding people from abuse, premises and equipment, good governance and staffing. Warning notices were issued due to the concerns relating to safe care and treatment and good governance.

Since then the home had entered a Service Improvement Plan (SIP) with Wigan local authority which involved a series of multi agency meetings to support the home to make the improvements needed. This comprehensive inspection checked to see if the concerns from the previous inspection had been addressed. We found significant improvements had been made across all areas of the home.

There was a registered manager in post. 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.

People who used the service and their relatives told us they felt the service was safe. There were appropriate risk assessments in place with guidance on how to minimise risk. Staff recruitment was robust with appropriate checks undertaken before staff started working at the home.

Everybody we spoke with told us there were sufficient amounts of staff working at the home. There was a dependency tool used and this determined how many staff were required to care for people safely. During the inspection we observed staff attending to people's care needs in a timely way.

We found staff received sufficient training, supervision and induction to support them in their role. The staff we spoke with told us they were happy with the training they received and felt supported to undertake their

work. Appraisals had not yet been undertaken, however these were scheduled at the time of the inspection to be completed in April 2018.

The home were working within the requirements of the mental capacity act (MCA), with applications for deprivation of liberty safeguards (DOLS) made where people had been deemed to lack the capacity to consent to their care and treatment.

The people we spoke with said the food served at the home was of good quality and we saw people being supported to eat by staff at meal times. People were weighed on a regular basis and more frequently if they were identified as being at risk of losing weight.

We found the home worked closely with other health professionals and made appropriate referrals if there were concerns. Details of any visits from other professionals was recorded within people's care plans.

We received positive feedback from people we spoke with about the care provided at the home. Visiting relatives said they they had no concerns with the care being delivered at the home. People said they felt treated with dignity and we observed staff treating people with respect during the inspection.

Each person living at the home had their own care plan in place which provided an overview of their care requirements and any associated risks. People's life histories were documented which provided details about their life prior to living at Woodlands Court

There were a range of different activities available for people to participate in. We observed a game of bingo during the inspection and people told us there was plenty going on at the home.

We found complaints were responded to appropriately. A policy and procedure was in place and was displayed near the main entrance for people to refer to.

There were systems in place to monitor the quality of service being provided to ensure good governance, with a range of audits being undertaken by the registered manager and at provider level.

Staff meetings took place on a regular basis, giving staff the opportunity to discuss their work and raise any concerns about practices within the home. We also observed a handover taking place where team leaders provided an update on people's care needs from that shift.

Staff spoke positively about management at the home and said the manager was supportive and approachable.

Policies and procedures were in place and were being reviewed regularly.

## 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.

Medication was being administered and stored safely.

People living at the home said they felt safe and staff understood their responsibilities with regards to protecting people from abuse.

Staff were recruited safely with appropriate checks carried out before they started work.

### Is the service effective?

Good 

The service was effective.

Appropriate systems were in place regarding DoLs and MCA.

Staff told us they received sufficient training, induction and supervision to support them in their roles.

People said they received enough to eat and drink and made positive comments about the food provided.

### Is the service caring?

Good 

The service was caring.

People who lived at the home and visiting relatives made positive comments about the care being provided.

People were treated with dignity and respect.

We observed caring interactions between staff and people living at the home.

### Is the service responsive?

Good 

The service was responsive.

People's care plans were completed with good detail about their care needs and preferences.

Complaints were responded to appropriately.

A range of activities were available for people at the home to participate in.

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

**Good** ●

The service was well-led.

The home had robust systems in place to monitor the quality of service being provided.

Everybody we spoke with made positive comments about management and leadership within the home.

Staff meetings and handovers took place so that staff could discuss their work and raise any concerns.

# Woodlands Court 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 26 and 28 March 2018. The first day was unannounced, however we informed staff we would be returning for a second day to complete the inspection and announced this in advance. The inspection was carried out by two adult social care inspectors and two pharmacist inspectors from the CQC. The inspection was also supported by an expert by experience who is someone who has personal experience of living with, or caring for someone whose needs are similar to people living at Woodlands Court.

Prior to the inspection we reviewed all of the information we held about the home in the form of notifications, previous inspection reports, expected/unexpected deaths and safeguarding incidents. We contacted Wigan quality assurance team before our inspection to establish if they had any information to share with us. This would indicate if there were any particular areas to focus on during the inspection.

During the inspection we spoke with a wide range of people and viewed certain records in order to help inform our inspection judgements. This included the registered manager, area manager, 11 people who lived at the home, one visiting relative and eight care staff. We also spoke with both kitchen and domestic staff about their roles within the home.

Records looked at included 11 care plans, three staff personnel files, 15 Medication Administration Records (MAR), training records, building/maintenance checks and any relevant quality assurance documentation. This helped inform our inspection judgements.

# Is the service safe?

## Our findings

At our last inspection in June 2017, this key question was rated as 'Inadequate'. This was because we identified concerns relating to safeguarding people from abuse, mitigating risk, medication, infection control and insufficient numbers of staff to care for people living at the home. During this inspection we found these concerns had been addressed.

The people we spoke with told us they felt the home was a safe place to live. One person said, "If I am in pain I can ask for something and that helps." A third person added, "Very safe thank you."

We looked at how medication was managed. The home had an up-to-date medicine policy. Two members of staff we spoke with were enthusiastic about the medicines training they had attended. We watched two senior members of staff giving people their medicines in the morning and at lunchtime. Both administered medicines safely and in a respectful and caring way. We looked at the medication administration records (MARs) belonging to 15 of the 32 people living in the home. Records of administration were completed for all medicines. One person had recently been prescribed an antibiotic and their record indicated this medicine had been given in the right way. Protocols (extra written guidelines) were in place for people prescribed a medicine 'when required'. Protocols described each person's specific needs and another form was used to record the person's response to the medicine. This enabled staff to give 'when required' medicines for anxiety, pain and other conditions safely and effectively.

Staff applied people's prescribed creams and recorded their use on separate charts. One person was prescribed a powder to thicken all their drinks because they had difficulty swallowing. The consistency to which drinks should be thickened was printed on the person's MAR and the label on the tin. Moisturising and barrier creams and thickening agents were kept in locked cupboards to protect people from harm.

Most medicines were stored safely. The temperatures of the medicines storage room and medicines refrigerator were monitored in the right way. However, some medicines were kept in a locked cupboard in an office which was not always locked. We asked the manager to assess whether this cupboard was sufficiently secure. The room temperature in the office was not recorded. Medicines may be ineffective if they are stored at temperatures above the manufacturers' instructions. The registered manager contacted us after the inspection to confirm this cupboard had now been moved to a more suitable location where the room temperature could be recorded. Controlled drugs (medicines subject to stricter legal controls because they are liable to misuse) were stored and recorded in the way required by law. We checked four controlled drugs (CDs) and found that stock balances were correct.

We looked at how the service managed risk. Each person's file we looked at included a series of risk assessments which contained appropriate information to manage any risks posed to each person. Risk assessments in place covered areas such as waterlow (for people's skin), falls/mobility and nutrition. Where any risks were identified, we noted there was guidance available for staff around how risks needed to be managed. For example, we saw people had access to equipment such as zimmer frames to enable them to move around the home safely and saw staff accompanying people around the building if this was

something they required. Another person, who was at risk of falls, had sensor mats in their bedroom, to alert staff if they tried to mobilise and we saw these were in place and being used during the inspection.

We also looked at how accidents and incidents were managed. These were investigated and preventative measures put in place to keep people safe and mitigate any further risk. Personal emergency evacuation plans (PEEPs) had been completed for each person and provided emergency services and staff with an overview of how people needed to evacuate the building safely.

Staff recruitment was safe. We looked at three staff recruitment files and noted they contained documents and checks such as photographic identification (ID), application forms, interview questions/responses and job offer letters. DBS checks were also undertaken to ensure that new applicants did not have any criminal convictions that could prevent them from working in a care setting with vulnerable people. We noted that all of these checks had been carried out in advance of staff commencing employment.

There were systems in place to safeguard people from abuse. These included having a safeguarding policy and procedure for staff to refer to if they encountered any allegations of abuse. The training matrix showed staff had received training relating to safeguarding and staff spoken with demonstrated a thorough understanding of how to recognise signs of abuse and report their concerns.

We checked to see there were sufficient numbers of staff working at the home to care for people safely. We reviewed a sample of the home's staffing rotas. The staffing ratio on shift consisted of two senior carers and two care assistants at night (two on each floor) and two team leaders and six care assistants during the day. In addition, there were also staff who worked in the kitchen and undertook domestic duties. People spent the majority of their day in the main lounge areas and we observed there was a staff presence in this room at all times. We observed people being supported in a timely manner with tasks such as mobilising around the home, being assisted to the toilet and being supported to eat and drink.

Everybody we spoke with including people living at the home, staff and relatives said staffing levels were sufficient. One member of staff said, "We always have four staff in the building at nights and that is enough to meet people's care needs." Another member of staff said, "We increased from three staff to four at night which has been good. It was recognised by management that we needed more." Another member of staff added, "I feel there are enough staff during the day. The management are good at responding if we need more staff."

The premises and equipment were being well maintained and we saw certificates and relevant documentation of any work that had been completed. These included checks of electrical installation, fire alarms, legionella, gas safety, hoists/slings, the lift and fire equipment. Any remedial work or recommendations had been followed up on to ensure the premises were safe to be used by people living at the home.

We looked at the systems in place with regards to infection control. We observed domestic staff undertaking various cleaning tasks the morning of our inspection and noted that the home smelt fresh with no odours present. We checked in bedrooms, toilets, bathrooms and communal areas and found they were clean and tidy and staff wore appropriate personal protective equipment (PPE) to reduce the risk of any infections being spread.



# Is the service effective?

## Our findings

At our last inspection in June 2017, this key question was rated as 'Requires Improvement'. This was because we identified concerns regarding staff training, following advice/guidance from other healthcare professionals and ensuring people received enough to eat and drink. During this inspection we found these concerns had been addressed.

Newly recruited staff followed a formal induction programme and were required to undertake a range of basic mandatory training and to read and sign certain policies prior to starting their employment. Staff also told us they were introduced to other residents and were given the opportunity to 'shadow' existing and experienced members of staff to gain an understanding of the role. One member of staff said, "I was able to do some shadow shifts first to gain an understanding of the role until I was confident to do it on my own. It gave me a good overview of what the role involved."

We looked at the training staff were provided with to support them in their roles. The current training matrix showed staff had received training in areas such as moving and handling, fire safety, safeguarding, infection control, first aid, food safety, health and safety, mental capacity, and deprivation of liberty safeguards. Staff were also given the opportunity to undertake National Vocational Qualifications (NVQ's), with most staff having undertaken the level two course as a minimum. Each member of staff we spoke with told us they were satisfied with the level of training available at the home.

Staff received supervision to support them in their role and we saw records of this documented within staff files. Topics of discussion during supervision sessions included pressure care, infection control, nutrition, safeguarding, documentation and training/development. Regular supervision meant staff were supported to discuss any concerns regarding staff or residents, their own development needs and encouraged to make suggestions for continual improvement. At the time of the inspection, annual appraisals had not been held, however the area manager informed us these had been allocated to staff for self assessment and were to be completed in April 2018.

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 found DoLS assessments were completed where people had been assessed as lacking the capacity to consent to the care and treatment they received. A number of DoLS applications were still 'pending' with the local authority and the registered manager emailed the DoLS team during the inspection to check on their progress.

One person living at the home had bed rails in use which was a restriction and this person also lacked capacity. We saw a best interest meeting/discussion had been held with this person's family as they had lasting power of attorney, to determine this was the best option to help keep them safe.

During the inspection we observed staff seeking consent from people living at the home prior to providing any assistance with tasks such as placing protective equipment on people at meal times and asking people if they would like their chair pushed further underneath the table. Signed consent forms had been completed where people had agreed for their photograph to be taken and held on their care plan or MAR chart. One person said to us, "Staff check first before doing anything regarding my care." Another person said, "They ask me what I want. I can choose."

We looked at how people's nutrition and hydration needs were being met. We saw people had nutrition care plans and risk assessments in place providing an overview of their dietary needs. People's body weight was kept under review with some people needing to be weighed on either a weekly or monthly basis. Malnutrition Universal Screening Tool (MUST) assessments were completed and provided an overview of the level of risk presented to people regarding their nutritional status, with referrals made to other health professionals such as dietitians and speech and language therapists (SaLT) where people were deemed to be at risk.

We observed two people, whose care records we had specifically reviewed, being provided meals of the correct consistency, such as pureed/softer options to make it easier for them to swallow their food. Staff were aware of which people had any swallowing difficulties and this information was also recorded in their care plan for reference. This information had also been clearly communicated through to kitchen staff who were responsible for the initial preparation.

We observed people being supported to eat and drink during the inspection, with drinks being served throughout the day to help keep people hydrated. We asked people living at the home and visiting relatives about the food. One person said, "I get plenty to eat and drink." Another person added, "I can't fault the food." A third person commented, "I really enjoy my food here."

Staff at the home worked closely with other health care professionals as required and we saw referrals were made to services such as falls, dietitians and speech and language therapists if there were concerns about people's safety.

## Is the service caring?

### Our findings

At our last inspection in June 2017, this key question was rated as 'Requires Improvement'. This was because people's privacy and dignity was not always being upheld by staff. During this inspection we found these concerns had been addressed.

We asked people living at Woodlands Court for their views and opinions of the care they received and if they felt staff were kind and caring towards them. Comments from people living at the home included, "Staff are lovely here, what can I say, I can have a bath when I want. I can do things for myself if I want to. Staff are great. They do care." and "Good girls they are. They will do anything for me." and "I am looked after and treated well." and "Very nice to me, I like them."

A visiting relative also told us they were satisfied with the care being provided at the home. We were told, "The care here is fine. The staff are brilliant and were very friendly and caring."

We saw staff acting in a kind and caring way towards people who lived at the home. One person informed staff they were cold and a member of staff immediately provided them with a blanket. Staff took the time and made the most of opportunities for interaction in communal areas. For example, we observed a conversation where a member of staff informed a person living at the home they used to live on the same street some years ago. The member of staff knew details about the person's family and we saw them smiling as this was discussed.

People were dressed appropriately and we did not see anybody looking unclean or unkempt. Staff maintained records of when people had received a bath or a shower and these records reflected people's preferences.

During the inspection we observed staff treating people with dignity and giving them privacy if they needed it. For example, we observed staff approaching people in lounge areas/dining room, asking people if they would like to go to their bedroom to receive personal care. We observed staff knocking on people's door before entry and then closing it behind them. Staff respected people's dignity when approaching people to give them their medication and discreetly checked if people were in pain and if they needed any medicine to relieve their symptoms. One person living at the home said, "Staff are good, I am definitely treated with respect I can say that. One of the male members of staff came and said I am doing your bath today. I said no thank you I want a girl to do it. This was respected, I like that."

People's independence was promoted by staff and we saw people being able to walk around the home on their own and eat their own meals. One person's care plan stated staff needed to cut their food up for them and show them where there cutlery was so they could eat independently. During the inspection we saw this person being supported in this way by staff at mealtimes. Another person was living at the home on respite and was soon moving to their own apartment. In order to maintain and improve this person's living skills they often helped out in the kitchen with tasks such as peeling vegetables and had done some work in the garden area. One person said to us, "If you want to do things for your self there is no problem with that."

We observed staff offering people choice throughout the inspection. For instance, we saw people being accompanied into the lounge area and asked where they would like to sit. People were also given choice at meal times and were presented with a variety of options prior to making their decision. One person said, "Staff ask me what I like and what I don't like. They know me well."

There were systems in place to facilitate communication between staff and people who lived at the home. Each person had a communication care plan in place which provided an overview of their requirements and if they needed any specialist equipment such as glasses or hearing aids. Where these were needed we saw people wearing them as required during the inspection. One person's care plan stated staff should speak 'Clearly and descriptively' so they knew what was going on. We observed staff doing this when they brought them a cup of tea, so they were clear what was on the table in front of them so they did not knock it over. Another person was hard of hearing and we saw staff speaking closely to their ear so they could hear what was being said.

At the time of our inspection there was nobody living at Woodlands Court who had and specific equality and diversity requirements. The registered manager told that us that if this ever changed, the wishes of these people would be respected without hesitation.

# Is the service responsive?

## Our findings

At the last comprehensive inspection the service was rated as 'Requires improvement' in this domain. This was because people had not always received care based on their individual needs and preferences. At this inspection we found there had been significant improvements.

We looked in detail at 11 people's care records and found people were receiving person centred care. Care plans provided detailed descriptions of how to provide support and communicate with people. Entries in the daily records were positive and informative; they showed staff had used individually developed approaches when supporting people and recorded the outcomes in positive ways. One person's care plan included "It is important to [name] to set their own goals and for the people who support them to respect their choices."

Personal histories were captured in a section called 'My past experience' staff found this useful to start conversations and explore people's interests. People's cultural and religious backgrounds were identified and respected. Recently a priest had started to visit the home. An address book page in the care plans identified the important relationships in people's lives and how to contact them.

Staff we spoke with were knowledgeable about person centred care. One member of staff said, 'All people need individual approaches and respond differently. It is important to get to know someone by spending time with them, talking with others and reading the care plans.' Another member of staff said, "I have been able to build up a really good relationship with [person], I have spent time to get to know them, learned their preferences, I know privacy is important to them." It was clear from the breadth and detail in the care plans people and their families had been involved in completing them. Where a person was not able to be involved there was evidence the home had consulted with as many people as possible which ensured they had captured what was important to the person.

Care plans were reviewed and updated regularly. When a person's needs changed the home had responded, people were referred to appropriate health professionals and their advice recorded and followed. Staff were made aware of changes at handovers and in the daily records. Handover documents were completed at each shift change and included essential information and updates. This meant staff were being kept up to date.

An activity profile identified the type of activities people preferred and whether they preferred to do them with others or alone. During the inspection we saw people were supported to engage in a variety of activities including; one to one time, reminiscing, karaoke and bingo. Some staff said they brought their children in once a month and they engaged in arts and crafts or cooking sessions with people living in the home, some pictures of these sessions were displayed. There were Alexa Dot hubs on each floor and we saw a visually impaired person used this to ask the time. Others asked for music or asked any questions. We saw the positive impact this had in the communal areas when people chose the background music they wanted. There were plans to create a pub style games room in one of the lounges upstairs, used by people living with dementia.

People living at Woodlands Court said there was enough to keep them occupied. Comments from people included , "I'm not bored, there are things to do if you want to." and "I think there is always something to do. I went to meet the local rugby team last week." and "We have sing songs sometimes. I join in if I want to."

Following consultation with people living in the home the units have been renamed and have been decorated to reflect local culture including Wigan casino, northern soul and George Formby. Some people have visited the Wigan Warriors training ground which hosts a dementia café attended by people living in the area including several care homes. This showed people had an increased opportunity to socialise. The home is currently fundraising for a trip to a sensory farm. A member of staff had brought in 'twiddle cuffs' to provide stimulation and comfort for people living with dementia. Staff said the manager supported their innovation and ideas and the people living in the home were responding positively and made suggestions. A monthly newsletter provided updates on activities, birthdays, plans and suggestions. This showed the home had been proactively engaging with people to increase stimulating and relevant activities and to reduce social isolation.

The home had a clear complaints policy and procedure which they had followed. There was a log of complaints received, details of the actions taken and outcomes achieved. Information about how to make a complaint and who to contact was displayed in the reception area. People using the service and their relatives received information about how to complain in the introduction packs provided by the home. People living in the home were aware of how to raise their concerns or complaints and felt they would be acted upon appropriately.

People were supported at the end of their life in ways that upheld their comfort and dignity. People's preferences about this aspect of their care were considered and recorded in their care plans. The views of people who had not wished to include this information were respected. Palliative care was available from community based health professionals to support people to remain at the home if they preferred. Five staff had achieved level two training in end of life care. In response to the experiences of family and friends the home had developed end of life boxes to provide essentials and comfort items to people when nearing the end of their life.

# Is the service well-led?

## Our findings

At the last comprehensive inspection the service was rated as 'Inadequate' in this domain. This was because governance systems were not effective in maintaining and improving the quality of service for people. At this inspection we found there had been significant improvements.

There was a new registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like the registered provider, 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 service was well led. The registered manager was approachable, responsive and accessible. There was a clear management structure in place, members of the team were aware of their roles and responsibilities. Staff felt they were well supported by the registered manager and the management team. One member of staff said, "There have been big improvements, morale has improved and people are happy to come to work. I think this impacts positively on the people who live here." Another member of staff said, "I absolutely love it here, when I come in it feels like a real home." The previous inspection found not everyone knew who the registered manager was, at this inspection the people we spoke with knew who the registered manager was and felt able to approach them.

Values and culture were an important part of the service. There were boards displaying person centred approaches for people living with dementia and suggestions for improving communication and involvement. The interactions between the management and staff and the people living in the home were frequent and inclusive. Staff felt valued and included, one member of staff said, "I feel valued and I am pushed to train and improve, the management are always available if I need them." The home were working with Employment Services to create opportunities and support people in to work. The home had supported students on the level three health and social care course on placements.

At the previous inspection the auditing systems were found to be ineffective. At this inspection we saw the systems in place monitored all aspects of people's health and social care needs, they were effective and updated regularly. We saw audits identified any gaps in record keeping and could see where actions had been taken to address these. Daily walk round audits completed by the management team monitored the premises, communal areas and daily recording charts in bedrooms, actions were developed where necessary and followed through. The management team had developed an effective way of communicating with each other using technology to ensure they were fully aware of any changes or management issues. Spot checks were completed including during the night, and covered all aspects of care, security and building condition ensuring night staff were aware of the standard expected. The night staff we spoke with praised the approach of the management team in improving the service.

The home used a keyworker system, individual staff had responsibility for specific people living in the home and ensured all records were up to date and support had been provided as described in the care plans. When staff were off they identified who would pick up these tasks providing a clear audit trail. The key

worker system provided a point of contact for people living in the home and their families.

Staff received constructive and positive feedback from the management team. When the service received compliments they were recorded in the home's 'book of excellence' and read out at team meetings. Group texting was also used to pass on positive feedback to staff. We saw there had been some compliments recorded from other professionals involved with the service and from people using and visiting the service.

Regular team meetings were held, including for; management, care staff, night staff and kitchen staff. The minutes showed a broad range of agenda items and identified what action was taken. We saw where audits had identified gaps they had been discussed in the staff meetings and followed up at later dates to ensure improvements were being sustained.

Following the last inspection the home and the organisations area management established effective partnership working with the local authority and commissioners to improve the quality of the service. The home had received an award from Wigan council for their continued excellent level of engagement. The home had links with a local care home forum, where managers from different homes met and shared their knowledge and best practice. This showed the home continued to develop partnership working to improve the quality of the service.

An annual satisfaction survey had been sent out to families at the time of inspection and the results were still being processed. The home had given people and their families review cards with the results posted online. There were meetings for people living in the home each quarter. This showed the home had sought people's views on the quality of the service.

The home had policies and procedures in place which covered all aspects of the service. These were developed and updated by the provider. Staff were aware of where these documents were kept and how to access them.