Brabyns House Limited

# Brabyns House

## Inspection report

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Tel: 01614274886

Date of inspection visit:
18 April 2018
20 April 2018

Date of publication:
12 July 2018

## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

This inspection took place on 18 and 20 April 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.

Brabyns House is located within walking distance of Marple village which has shops, pubs and restaurants. Public transport is also easily accessible. Brabyns House offers accommodation for up to 39 people who require assistance with personal care and support. At the time of inspection there were 36 people living in the home.

Brabyns House 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 Brabyns House in September 2016, the home was rated as 'Requires Improvement' with one breach of the Health and Social Care Act 2008 Regulation 19, relating to safe recruitment and one breach of the Care Quality Commissions (Registration) Regulations 2009 relating to submitting notifications to CQC. A requirement notice was issued in relation to the Regulation 19 breach. At this inspection we found the home had addressed this and the home were meeting the regulations appropriately.

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 living at Brabyns House and their relatives told us they felt safe. Staff working at the home had received training on safeguarding which relates to protecting people from the risk of harm and abuse. The home had clear policies and procedures to ensure people were safeguarded.

The home used a system to calculate how many staff were needed to ensure people were supported safely. We saw this was regularly reviewed in response to changes in people's needs. The staff we spoke with said they felt they always had enough time and staff to support people safely.

Staff had been recruited safely and all necessary checks had been completed prior to new members of staff starting work. Staff were skilled and received a broad range of training necessary for their roles. Staff received regular supervision and feedback to support them with their on going development.

The home were working within the requirements of the mental capacity act (MCA), applications for deprivation of liberty safeguards (DOLS) had been made where people had been assessed as lacking the capacity to make some of their own choices and decisions.

People we spoke with said the food in the home was very good. The registered manager said she wanted people to have a restaurant style experience. We saw the dining room was set with linen and flowers and looked welcoming. Meals were varied and people living in the home were able to have a choice of menu or an alternative if they wished. Snacks and drinks were available at all times. People's dietary needs were met and people who needed support to maintain their nutrition had clear plans and appropriate support provided.

People living in the home praised the caring attitude of the staff and management. During the inspection we observed staff interacted kindly and with patience at all times. Staff were seen to ask people before providing support and to behave discreetly in communal areas. Staff we spoke described how they supported people to uphold their dignity.

People's care needs, their preferences and wishes had been fully considered and recorded in their care plans. We saw people had been involved in assessments and reviews. Care plans had been updated regularly to reflect any changes. People's interests and previous experiences had been recorded and activities in the home reflected these.

There was a complaints policy in place with information about how to raise any concerns displayed in the communal areas and also included in the home's information pack. We found complaints had been recorded and responded to in a timely way.

Governance systems in the home were effective in monitoring the quality and provision of care and support. Regular staff meetings ensured staff were up to date and able to discuss any areas of interest or concern. Daily handovers ensured people's needs and any changes had been identified and met.

There was a positive atmosphere in the home, staff spoke highly of the management team and their commitment to high quality care.  People living in the home and their visitors also praised the management and felt able to raise anything at any time.

## 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 home was safe.

People were protected from the risk of harm and abuse. Staff were knowledgeable about how to recognise the signs of abuse and how to respond to this.

Risk assessments were completed and reviewed regularly to ensure people had the right level of support to minimise risks whilst upholding people's rights to choice and control in care.

Staff had been recruited safely and all necessary checks had been completed prior to them starting work at the home.

### Is the service effective?

Good

The home was effective.

People's health and social care needs had been identified and the support they needed to meet them included in their care plans.

Staff had received training relevant to their role and had regular supervision to develop their skills and knowledge further.

People living in the home praised the quality of the food, fresh food was delivered every day and there was a choice of menu.

The home were working within the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

### Is the service caring?

Good

The home was caring.

People living in the home and visiting relatives told us they felt the staff were caring. We observed staff to support people kindly and discreetly. The registered manager had ensured people understood the importance of caring for people in ways that respected them as individuals.

Care plans ensured people were supported to maintain and

improve their independence by identifying what they were able or wishing to do for themselves.

Communication needs were clearly identified and the strategies to support people to communicate had been included in their care plan.

## Is the service responsive?

Good

The home was responsive.

Care plans were person centred and provided a clear picture of the person, their background and interests. Care plans were reviewed and updated regularly.

The activities available reflected people's recorded hobbies and interests. Activities were provided to groups of varying sizes and to individuals who preferred this.

Some people living in the home had chosen to engage in light domestic duties in the home and this had been encouraged and supported.

## Is the service well-led?

Good

The service was well led.

People living in the home and the staff praised the quality of the management. The registered manager was approachable and accessible.

People living in the home and visiting relatives told us they could raise anything with the registered manager at any time.

There was a clear management structure in place staff were aware of their responsibilities and the standard of care expected. Monitoring and auditing ensured the quality of care and support was maintained.

# Brabyns 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 checked 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 18 and 20 April 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 about by one adult social care inspector from the Care Quality Commission (CQC)

Prior to the inspection we reviewed all the information we held about the service including statutory notifications, safeguarding referrals and complaints. We reviewed the Provider Information Return (PIR). We contacted Stockport quality assurance team 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. We also contacted Stockport Healthwatch to see if they had any information about the home.

As part of the inspection we spoke with the registered manager, the administration staff, four members of care staff including one night worker and the activities co-ordinator and the cook. We also spoke with four people living in the home, two visiting relatives and a visiting Advanced Health Practitioner. We looked at four care records and four staff files. We looked at other documentation held by the service including: policies and procedures and a range of records the home kept in relation to governance.

Good

# Is the service safe?

## Our findings

People living at the home told us they felt safe. One person said, "As soon as I came here from hospital I felt safe and at home." A visiting relative told us, "I feel mum is safe here, we looked at a lot of homes, they are very good with supporting her to mobilise."

At the last comprehensive inspection the home was rated as requires improvement in this domain. This was because they had not always ensured staff had been recruited in line with the regulations. One member of staff had started working at the home before the results of their Disclosure and Barring Service check had been received. The Disclosure and Barring Service (DBS) carry out a criminal record and barring check on people who intend to work with vulnerable adults. This can help employers to recruit suitable staff. At this inspection we found checks had been undertaken to ensure new applicants did not have any criminal convictions that could prevent them from working in a care setting with vulnerable people. We noted DBS checks had been carried out in advance of staff commencing employment. Four recruitment files were reviewed which included staff who had been employed since the last inspection. The recruitment files included application forms, job descriptions, references, DBS checks, information about induction and training.

Safeguarding means protecting people from the risk of harm or abuse. We looked at the home's safeguarding policy and procedures. We found the home had clear policies and procedures that mirrored the local authority safeguarding processes. Staff we spoke with had a clear understanding of what would be a safeguarding concern and how to respond to this. One member of staff said, "It is important to keep people safe in the home. I ensure people are respected and if I had any concerns I know I can report it to the manager or the next person in charge." Another member of staff said, "Safeguarding is ensuring people are in no danger. If I had any concerns I would report it to CQC or the social services. I have had training about this and will have a refresher session soon." Information about safeguarding and who to contact was displayed in the home. Care plans included information about spiritual and cultural identity needs and how to support people to maintain them. Staff were aware of the importance of protecting people from discrimination and promoting equality for everyone.

The home used a system to work out how many staff were needed on duty to provide care and support safely. Staffing levels were adjusted depending on the needs of the people living in the home. We saw this was reviewed regularly. On the first day of inspection there were seven care staff on duty a dining room helper and domestic and kitchen staff. The registered manager and the administrator. People we spoke with felt they had enough people to support them. Staff we spoke with reported feeling there were enough staff to be able to support people safely. One member of staff said, "I feel we have enough staff to keep everyone safe." Another member of staff said, "I feel there are plenty of staff, some days people might ring in sick but I feel we can rely on the team." The registered manager said they were able to use their own bank staff when needed and did not need to use agency staff.

Risk assessments had been completed in relation to the specific risks people needed support to manage including; mobility, medication, nutrition, bed rails, loss of independence and social isolation. Care plans

included information about how to minimise these identified risks. Risk assessments in care plans were detailed and we saw they had been reviewed and updated as regularly. Staff had signed in the risk assessment file to show they had read and understood them. Risk assessments in relation to the environment and equipment were also detailed and had been reviewed and updated regularly. The building and equipment were being well maintained and we saw certificates and relevant documentation of any work which had been completed. These included checks of electrical installation, fire alarms, legionella, gas safety, hoists/slings, and fire equipment. The home had an incidents and accidents file and had recorded everything fully. Staff were aware of the need to report and record any accidents and incidents. One person we spoke to said, "If someone has an accident, like a fall, we note any injuries or bruising on a body map, record things in the communication book and handover to senior staff to report." The home used information gathered from accidents and incidents to minimise the risks of repetition.

We looked at how the home managed the risks associated with infection control. There was a cleaning schedule in place and domestic staff on duty every day to ensure the home was clean and tidy. We toured all areas of the home including; bathrooms, toilets, communal areas, kitchen, laundry and bedrooms. The home was cleaned to a good standard and was free from any malodours. Cleaning materials were stored securely to maintain safety. Personal protective equipment such as gloves, aprons and hand gel was available in all areas. Staff had received training on infection control and were observed to use the equipment available.

We viewed the home's medication policies and procedures and observed medication practices to check the procedures were being followed. Senior care staff were responsible for administering medication. We looked at the medication records for 11 people and found these had been completed accurately.

Where people needed to take medication on an 'as required' basis, for example occasional pain relief or episodes of anxiety there was a protocol for staff to indicate when this should be given. There were corresponding entries in the records to evidence the protocol had been followed.

Medicines were stored in lockable trolleys. The home used a pre-dispensed medication system. Other medicines such as liquids and inhalers had the date of opening recorded on them to ensure they remained effective. Topical creams were safely stored in people's bedrooms and corresponding charts and body maps were in place to show where each cream needed to be applied. Care staff signed the charts to indicate they had applied the cream.

Controlled drugs (CD) are medications subject to stricter control and monitoring because of the potential for misuse. The CD register and records were up to date. Temperatures for the medication area and fridges had been recorded every day and were within the correct range to maintain the effectiveness of medications.

Good

# Is the service effective?

## Our findings

People living at the home felt the staff had the right skills and knowledge to support them. One person said, "Staff have got very good care skills." Another person said, "Most of the staff are good and know what they are doing."

We looked at how the home assessed people's needs and delivered care and support. People's health and social care needs had been holistically assessed and care plans developed to ensure their needs were met as they preferred.

We looked at the training the staff received to see if they had the skills, knowledge and experience to provide effective care. The current training records 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. Refresher training which ensured staff were up to date had been identified and dates planned. New staff had an induction programme which included opportunities to shadow current staff.

At the previous inspection it was recommended that shadowing was recorded in the staff files, at this inspection we saw this had been done. More senior staff had the opportunity to undertake more advanced training in leadership and management. This showed the provider was committed to ensuring staff received role specific training. Staff we spoke with felt the training they received was effective. One member of staff said, "I have had good training in relation to my new role." Other staff said they had good training but could also rely on the manager and other staff members for any information they needed.

We looked to see how the home supported people to maintain good nutrition. People living in the home enjoyed the food provided. One person said, "The food is very good, I've been in lots of places but here is good, the meat is always tender." Another person said, "I can't fault the food, it is better than a hotel, the chef is very good." The menus had been developed with the people living in the home and rotated every four weeks. People always had a choice of food at each meal time and if they did not fancy what was on the menu could request something else. The cook felt they were well supported by the management team and the owner and could ensure people were provided with food which reflected their preferences and appetites. We observed a meal time and saw that the tables were laid nicely with linen, glassware and fresh flowers. The registered manager said they wanted to create a restaurant quality experience in the dining room. There was a dining room helper to assist people in the morning when staff were supporting people getting up and ready for the day. Snacks and drinks were available in communal areas at all times and people could ask for food any time. The home had bought blue coloured crockery which has been shown to support people living with dementia to eat more easily because their food stands out more on the plate.

People's nutritional needs were assessed using the Malnutrition Universal Screening Tool (MUST) which provided an indication of the level of risk to people's nutritional status. Referrals to health professionals were made when required and where a person was identified as being at risk, accurate records were kept of their weight and dietary intake. We saw these were reviewed and updated when required. We noted there

was only one person living in the home who needed a modified diet and one person who attended for day care needed thickened fluids. These needs had been recorded and staff ensured people received the correct diet to ensure they were not placed at risk of choking.

People were supported to live healthier lives. Health needs and choices about treatment had been assessed and recorded in the care plans. People living in the home said they were supported to maintain their health and had access to health professionals when needed. Where some people were living with a diagnosis of dementia we saw their health needs assessments had been completed that accommodated the difficulties they may have had with expressing pain or other health needs. This showed the home was concerned about health care for everyone. People had been referred to health professionals when required and supported to attend appointments. One person said, "They are very good, they make sure I get to appointments and will stay with me."
Hospital passports were included in care plans to provide up to date health and personal information to medical staff if someone needed to go to hospital at short notice.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making a particular decision 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. The home had considered people's capacity to make key decisions about their care and support and recorded this in their care plans. People's ability to make decisions was promoted and the care plans emphasised what they could do. Staff understood the importance of asking people and having their consent when providing care. One member of staff said, "I ask people first, it is important to treat people how you want to be treated yourself." Another said, "I always ask, if a person declines support I will try again later or look at who else might be able to support them." During the inspection staff were observed to ask people if they wanted to get up or go to the dining room.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DOLS). We checked whether the home was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The home was compliant with DoLS procedures. Each person had a DoLS referral checklist in their file which identified if a DoLS authorisation was needed. We saw two people were subject to DoLS and seven applications had been made to the local authority. The home kept accurate records relating to applications and when to reapply to ensure they did not expire and become invalid.

The home had made improvements to the environment to support people living with a diagnosis of dementia. Plain carpets had been fitted when old carpets needed replacing which has been found to reduce some of difficulties with depth perception for people living with dementia. Improved signage in the home helped people to find their way around.

Good

# Is the service caring?

## Our findings

We asked people living in the home whether they felt the staff were caring. One person said, "Staff are very caring and everyone is so friendly, I get on well with them." A visiting relative said, "Staff are caring and very understanding, we are kept informed. I visit at all times and it is always good." During the inspection we observed staff interacting with people in kind and caring ways. Staff ensured people were supported to uphold their dignity when offering care. One member of staff said, "I approach people quietly and discreetly, I will bend down to talk with them and not stand over them." Staff were chatty and engaged with people regularly not only when offering care and support.

Relatives were encouraged to visit and made to feel welcome. The home had a protected meal time policy to ensure visits during meal times were kept to a minimum but any visiting relatives were invited to eat. Staff were sensitive to the needs of visiting relatives and ensured people were reassured and kept involved and informed.

The home's caring values were evident in the care plans which were written in the first person they recognised people living in the home as people first with their own history and identity and not just as patients. The home valued the contribution people made; some people living in the home were involved in dusting, washing up and other light domestic duties. People's information was stored in files and kept secured in the office to protect their confidentiality.

Care plans included information about how best to support people to communicate and what might be important to them, such as speaking close to their ear or ensuring they had their glasses on. There were enhanced guidelines for people living with dementia who needed more support to express their views and communicate their wishes.

Not everyone who used the service was able to express their views directly on the quality of care they received. We used the Short Observational Framework for Inspection tool (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed regular and positive interactions between staff and people living with dementia. One person joined in with a sing along and looked to be enjoying this. Another person who had been walking around and appeared confused was redirected by staff who chatted with them until they had settled down. Staff responded patiently and reassured people frequently.

Advocacy services were available for people were not able to reliably communicate and did not have family to support them the home. Information about local advocacy services was displayed in the home.

Good

# Is the service responsive?

## Our findings

We looked at how the service ensured people received personalised care that was responsive to their needs. We looked at the care plans for four people. Information in the care plans was detailed and person centred. Written in the first person, care plans provided a comprehensive outline of the person, their needs and wishes and how they preferred these to be met, personal histories and preferences had also been included. Each section of the care plan had information about what the person could do for themselves and what was important to them in relation to that element of their care. Single page profiles entitled, 'about me' provided a clear and concise outline of the persons needs and were updated regularly, this ensured staff were up to date and able to provide appropriate care tailored to the person's needs.

Cultural and spiritual needs were identified in the care plans and included details of the support people needed to maintain them. Staff were knowledgeable about people's cultural identity and needs. One member of staff said, "It's all about respect, one person says their rosary every morning. We respect this and offer help only when they are ready. Another person had a special diet provided because of their religious needs."

The home reviewed and updated care plans regularly to reflect any changes to the person's needs or preferences. Staff were aware that people's needs changed, one member of staff said, "If I notice any changes I make sure I record this in the daily notes and raise it with senior staff." Another member of staff said, "I always ask someone if they would like my help, even if I know the answer, I see how the person responds as this can change." There was evidence that people and their families had been involved in reviews. The home ensured they kept track of changes that indicated the need for a referral to other professionals and we saw these referrals had been made.

Activities in the home were varied and reflected the interests and hobbies recorded in people's life histories. There was an activities co-ordinator in post who was enthusiastic and engaged well with people in the home. They had received training appropriate to their role which showed the home valued the benefits the activities provided. The activities co-ordinator also said that their time was protected and they were able to focus fully on activities. There were both group and individual one to one activities available. People living in the home praised the activities available, one person said, "[name] is very good, she has the knack to engage with people, last week we played keepy uppy with a balloon and people's faces lit up."

There were pictures displayed around the home of activities people had engaged in which were updated regularly. Feedback from people living at the home and their relatives had been recorded, people praised recent activities including; attending the Royal variety show, a canal boat trip, cheese and wine evening, trip to the races and a valentine's singer. The home's monthly newsletter also included photographs of activities and details of upcoming events which included; magic, fashion, music and trips out including the races, shows and a canal trip. Reminiscence sessions were held. People were given access to reminiscence papers downloaded daily from the 'daily sparkle' an online resource to support activities in care homes.

The home encouraged people living in the home to raise money for local charities and had held an art show

of their work to sell. People had also made items for the home's Christmas market. Monies raised were donated to Alzheimer's and Macmillan charities. The people living in the home were also fundraising for a local charity with an accessible canal barge which the home had enjoyed trips on. The home had established links with groups in the community who visited the home. There had been a visiting horse, baby ducklings brought in and days where young children visited and sang with people.

People were supported to maintain their important relationships. There were details in people's files of who was important to the person and how to contact them. Visitors were encouraged and welcomed. A visiting relative told us the staff were very welcoming and had supported their parent when they were visiting the other one. The broad range of social activities available inside and outside the home created opportunities for people to build on existing relationships and develop new ones. One person told us how the home had ensured they had a private space to hold their own tea party. This showed the home was committed to addressing potential social isolation.

People were able to raise any concerns they had directly with the home and through the formal complaints process. Information about how to complain was displayed. People living in the home said they felt able to discuss anything when they needed to. A visiting relative said, "If I have any concerns I talk to the people in the office they will always ring me back to update me."
We reviewed the homes complaints record and saw all complaints had been logged and the response to them recorded. Verbal complaints were also recorded. There had been two complaints since the last inspection, relating to laundry and the strength of the television signal. Both had been resolved. The registered manager told us people are able to raise any concerns with them and their door was always open. This showed that people were being responded to in a timely way.

The home supported people at the end of their life to uphold their wishes, maintain their comfort and dignity, and ensure their preferences were central to the care they received. Staff had received training in end of life care. Some staff had received an award and were end of life champions, with enhanced skills and knowledge. Each person living in the home had been supported to consider their views and preferences in relation their wishes. These had been included as part of care planning and the information was also stored in a separate end of life file. Involvement of family and friends had been encouraged. Where the person may not be able to express their views directly due to difficulties communicating related, for example, to living with a diagnosis of dementia. We saw there were details about what the person had valued and information about any previously expressed views.

The home had established close working relationships with community based health staff and together they had reviewed each person on a regular basis to ensure they identified people with end of life needs at the earliest opportunity. We spoke with a visiting advanced practitioner who praised the home's end of life care, "People are always up to date and care is really good. The home provides holistic care especially at the end of life, they are very caring and they make sure people are not left alone."

Good

# Is the service well-led?

## Our findings

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 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.

During the inspection the registered manager was approachable, responsive and accessible. The registered manager spoke about their commitment to high quality care and praised the team for their dedication. They also praised the owners responsiveness to their requests for improvements and resources. Staff we spoke with were aware of the standards of care and professional behaviour expected by the registered manager. One member of staff said, "The home is well managed because you know what's expected. We are aware of our duty of care." Another said, "Management here is really good, they have high standards and I know what is expected." Staff also commented on the positive culture in the staff team. One said, "This is a lovely friendly home with really good team work." Another said, "I love it here, a lot of staff have been here a long time and we have a good team." Another said, "Staff are well supported, they are flexible with staff who have different needs and respond well to life events. I feel well supported by the manager they are very fair" Display boards around the home reinforced the home's culture and values.

There was a clear management structure in place that included a deputy and senior care staff. Duties and responsibilities were clearly identified to ensure staff knew what they needed to do at each shift. The handover sheets were shared with all staff at the start of their shift and included detailed information about any changes for people living in the home and who each member of staff was supporting. This meant the home could monitor that people's support had been provided.

The home used a key worker system. A key worker has specific responsibilities for named people living in the home, such as; ensuring people have all the toiletries they need, support with appointments, maintaining care plan records and support with regular laundry and bathing. These responsibilities were detailed in a duty list which provided a line of accountability.

The home monitored and audited their practices regularly to ensure the quality of care was maintained. The management team audited care plans monthly including all aspects of people's health and social care needs. We saw areas of concern had been followed up in team meeting minutes, handover records and supervision records. The home completed regular building maintenance checks and cleaning audits for all communal areas, bathrooms and bedrooms. Any necessary actions were identified and a time for completion recorded. The nurse call system was also regularly checked and call response times reviewed. In addition the home completed an annual quality assurance file to help identify further improvements.

The home regularly consulted with people living in the home, their relatives and the staff. Relatives and friends were encouraged to engage and be involved with the activities in the home. People's views were sought regularly through questionnaire/surveys and regular meetings. Relatives and friends were able to raise anything at any time. One visiting relative told us, "The home does send us surveys but if I have any

concerns I can raise it and it is always dealt with." Regular activities and events in the home ensured relatives and friends had opportunities to engage with the home beyond visiting their relative.

Monthly team meetings ensured staff were consulted about the service and able to express their views and opinions. Staff we spoke with said they felt any issues they raised had been addressed. We reviewed the most recent minutes and saw the agenda included; record keeping, use of personal protective equipment, professional behaviour, respect for people living in the home. There was also positive praise and feedback recorded for the staff. The seniors meeting fed back their findings from audits to ensure they were followed up and discussed how they organised the deployment of staff, the management team meeting had reviewed the importance of nutrition and considered the way they improved shared knowledge. The meetings showed the home was committed to continuous evaluation and improvement.

The home worked closely with partnership organisations and community based resources. The home had recently benefitted from Stockport Clinical Commissioning Groups medication check from the recently established care home officer. The home had considered the recommendations they made and had implemented them. This showed the home were working with other professionals to improve the quality of their service. The registered manager was involved with the care home forum managers from different homes met and shared their knowledge.