

Porthaven Care Homes LLP

# Astbury Mere Care Home

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

This inspection was unannounced and took place on the 21 and 22 December 2015.

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

Astbury Mere Care provides both accommodation and personal care for up to 62 older people, whom have residential, nursing and / or dementia care needs. It is located in Congleton, East Cheshire. The service is provided by Porthaven Care Homes Limited.

The home is a two story building with 62 single rooms equipped with en-suite facilities. The dementia unit is upstairs and nursing care is provided downstairs. There are four lounges, a private dining room, two dining areas, laundry and hairdressing salon. There is a garden at the rear of the building and several smaller sitting out areas around the building.

Sixty people being accommodated at the time of the inspection.

At the time of the inspection there was a registered manager at Astbury Mere Care home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

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

Feedback received from people using the service and relatives spoken with was generally complimentary about the standard of care provided. People living in the home and their relatives told us the manager was approachable and supportive.

We found that the home was properly maintained and ensured people's safety was not compromised.

Staffing levels were structured to meet the needs of the people who used the service. There were sufficient numbers of staff on duty to meet people's needs.

Staff recruitment systems were in place and information about staff had been obtained to make sure staff did not pose a risk to people using the service.

Staff were supported through induction, regular on-going training, supervision and appraisal. A training plan

was in place to support staff learning. Staff told us they were well supported in their roles and responsibilities.

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

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

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

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

Corporate policies were in place relating to the MCA (Mental Capacity Act (2005) and DoLS (Deprivation of Liberty Safeguards). We found a small number of staff were not fully aware of which people using the service were subject to a DoLS and were in need of training in respect of these provisions. We have received assurances from the registered manager that action will be taken to address these issues.

We have made a recommendation for the care planning system to be developed and fully reviewed to ensure people's needs, support requirements and risks are appropriately assessed, identified and planned for using a person centred approach.

## 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.

Staffing levels were based on people's needs and shifts were arranged to ensure sufficient staffing numbers at key times of the day. There were enough staff to keep people safe.

Recruitment procedures provided appropriate safeguards for people using the service and helped to ensure people were being cared for by staff that were suitable to work with vulnerable people.

Policies and procedures were in place to inform staff about safeguarding adults and whistle blowing.

Safe systems and procedures for supporting people with their medicines were followed.

### Is the service effective?

Good ●

The service was effective.

Staff received on-going training, supervision and support to ensure that they were competent and confident in their day-to-day work.

Where a person lacked capacity there were correct processes in place so that decisions could be made in the person's best interests.

People were provided with sufficient food and drink. They were given choices about what they wanted to eat and drank.

People were able to see their GP and other healthcare professionals when they needed to.

### Is the service caring?

Good ●

The service was caring.

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

responded appropriately.

Staff were polite and friendly in their approach. They had a good understanding of how each person communicated, their wishes and emotions.

### Is the service responsive?

The service was not always responsive.

Some aspects of the care planning system were not person centred and did not always provide sufficient detail of what support the person needed and / or how risks were to be managed.

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

**Requires Improvement** 

### Is the service well-led?

The service was well led.

Astbury Mere had a registered manager in place who provided leadership and direction.

A range of auditing systems had been established so that the service could be monitored and developed. There were arrangements for people who lived in the home and their relatives to be consulted about their opinions of the service

**Good** 

# Astbury Mere Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 21 and 22 December 2015 and was unannounced. The inspection was undertaken by two adult social care inspectors.

It should be noted that the provider was not requested to complete a provider information return (PIR) prior to the inspection. A PIR 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.

We also looked at all of the information which the Care Quality Commission already held on the provider. This included previous inspections and any information the provider had to notify us about. Furthermore, we invited the local authority to provide us with any information they held about Astbury Mere Care home. We took any information they provided into account.

As part of our inspection we spent time talking with people who were living at the home. A number of people had high dependency needs and were very frail in health therefore we were not always able to receive direct feedback from all the people we met and spoke with. Twenty-three people and six relatives were able to share their views with us about the home.

We also spoke with the regional manager, registered manager, and deputy manager. Additionally, we spoke with 12 other members of staff including eight care staff, two domestic staff and two activity coordinators.

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

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

# Is the service safe?

## Our findings

We asked people who used the service if they found the service provided at Astbury Mere to be safe. People spoken with confirmed they felt safe and secure at Astbury Mere. Comments received from people included: "The staff are lovely here. I find them very friendly towards me" and "I do feel safe living here."

Relatives spoken with told us that people were well-supported by staff who had the necessary skills to help them with their individual needs. Comments received included: "You cannot fault it here. They do a fantastic job"; "This home is superb. I'm very pleased with it"; "I know my mum is safe here and that's important to me"; "It's a wonderful home, always clean and tidy. The staff are all respectful to my mother's needs" and "There always seems to be enough staff on duty when I visit".

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

We looked at six care files for people who were living at Astbury Mere. We found that care plans had not always been completed in sufficient detail for the people who had recently moved to Astbury Mere. There were gaps in records, for example moving and handling assessment, continence assessment and personal emergency evacuation plans (PEEPS). Some risk assessments were vague and lacked person centred information on the actions required to minimise / control actual and potential risks. This has the potential to place the health and welfare of people using the service at risk. Speaking the registered provider he confirmed that the care plans with gaps were still in the process of being completed by his team. The staff we spoke to felt the current care plans are sufficient to meet the needs of the people who live at Asbury Mere.

Systems were in place to record incidents, accidents and falls and to maintain an overview of incidents. We noted that the monthly summary records did not provide any evidence of lessons learnt and actions taken to minimise the potential for reoccurrence. The manager acknowledged this observation and assured us she would update records to ensure this information was included to ensure best practice.

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

Staffing levels set by the provider for Astbury Mere were one registered nurse, two team leaders, and ten care assistants on duty from 8.00am to 2.00pm. In the afternoon there were eight care assistant on rota from 2:00pm to 8:00pm, along with a further two care assistants working 5:00pm to 11:00pm. During the night it was recorded on the rota that there were six waking night staff including a registered general nurse. An activities coordinator was also on duty between 9.00 am to 5.00 pm to coordinate activities for people using the service six days a week.

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

We noted that a system had been developed by the provider to review the dependency of people using the service and to calculate staffing hours deployed. The registered manager informed the inspection team that staffing exceeded the current dependency levels in order to respond flexibly to people's changing needs and ensure quality of service provision.

One concern was brought to the attention of the inspection team by an employee regarding registered nurse staffing levels at night. We raised the concerns with the management team who assured us that the concerns had previously been investigated and not substantiated. We also spoke with other nursing staff who worked night shifts who informed us that the staffing levels at night were, in their opinion, sufficient to meet the needs of people living in the home. No concerns were raised regarding staff from people using the service or their representatives. The registered manager also told us that they had recently recruited a new night manager to provide managerial support to the night staff.

The Care Quality Commission (CQC) received one whistle blower concern in the past twelve months. This concerned the availability of PPE, (personal protective equipment), i.e. continence aids, and gloves. The whistle-blower also expressed concerns in regard to the lack of night staff at Astbury Mere and was of the opinion that there should be more than one registered general nurse on duty at night.

These concerns were investigated by the Quality Monitoring team of Cheshire East Council. We were informed that the PPE was not present due to a late delivery and that this was immediately rectified by the registered manager. The concern raised in regards to the lack of night staff were not substantiated by the Quality Monitoring team. The Quality Monitoring team visited Astbury Mere at night time and observed there to be enough staff on rota.

Through discussion with staff and examination of records we received confirmation that there were satisfactory recruitment and selection procedures in place which met the requirements of the current regulations.

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

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

A corporate policy and procedure had been developed by the provider to offer guidance for staff on 'Safeguarding service users from abuse or harm'; and 'Whistleblowing'. A copy of the local authority's adult protection procedure was also available for staff to refer to.

We checked the safeguarding records in place at Astbury Mere. We noted that a tracking tool had not been developed to provide an overview of incidents and that safeguarding and care concern records had been placed in a folder for reference. The registered manager created a tracking tool while we were on inspection that captured the details and highlighted any trends in the concerns captured.



Examination of individual safeguarding records confirmed the provider had taken appropriate action in response to incidents. The deputy manager developed a new safeguarding tracking tool during the inspection to help provide a clear overview of incidents, action taken and outcomes. This will help to provide a clearer audit trail. Training records viewed confirmed the majority of care staff employed at Astbury Mere had also completed training in safeguarding adults.

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

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

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

We checked that there were appropriate and up-to-date policies and procedures in place around the administration of medicines and found that the provider had developed a suitable policy for staff to reference.

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

We checked the arrangements for the storage, recording and administration of medication and found that this was satisfactory. We saw that a record of administration was completed following the administration of any medication on the relevant medication administration record.

We noted that responsive systems were in place to ensure people received their medication at appropriate times. For example, we noted that one person had a diagnosis of Parkinson's disease and required prescribed medication to be administered early in the morning to help relieve symptoms associated with Parkinson's disease and to ensure the person's comfort and wellbeing. It was apparent in this case and others that the management team had taken appropriate steps to respond to individual needs.

Systems were also in place to record fridge temperature checks; medication returns and any medication errors.

A monthly audit of medication was undertaken as part of the home's quality assurance system. We signposted the manager to review the NICE guidance on 'Managing Medicines in Care Homes' as this provides recommendations for good practice on the systems and processes for managing medicines in care homes.

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

## Is the service effective?

### Our findings

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

Comments received from people included: "If you need help with anything the staff are on hand"; "I honestly can't fault this place. It's not my home but it's just as good"; "I like the food and there is plenty to eat and drink"; "The doctor comes out if I'm unwell and the staff will arrange this for me" and "I can get my hair done here whenever I like. They have a hair salon upstairs".

Likewise, comments received from visitors included: "The manager keeps me informed about my mother's health at all times. I can't fault him"; "We are more than satisfied with the way mother is looked after"; "We visit once a week and have never had any cause for concern" and "I have looked at many nursing homes for my husband but this one is the best place".

Astbury Mere is a modern two storey purpose built care home set in spacious grounds. The home is a two story building with 62 single rooms equipped with en-suite shower and washbasin. There is a passenger lift in place and communal facilities for cooking, dining, personal care, relaxing and leisure. The home has four lounges (equipped with wide range of books, games and DVDs), a private dining room on the ground floor (eloquently furnished for residents to book for special occasions), two dining areas, laundry and hairdressing salon.

On the first floor in the dementia unit we noted that small glass cabinets had also been fitted outside people's bedrooms next to the door to help people orientate and locate their rooms. Each cabinet stored photos and personal items of each of the residents. In the lounge we found there were dolls and a pram available to people. Doll therapy is one way to ease anxieties and bring joy to people with dementia. We observed one person pushing the pram and another holding a doll.

We saw that there was also a picture board located near the lift to help raise awareness of the day, date, and weather for people using the service. There was also a display of the seasons. The activity coordinator explained that they changed the displays for every season to help people living with dementia orientate themselves to the time of year.

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

There is a garden at the rear of the building and several smaller sitting out areas around the building. In September 2015 Astbury Mere claimed first prize in the Garden Challenge competition between all the homes of Porthaven.

We spoke to eight members of staff during the inspection who confirmed they had access to a range of

induction, mandatory and other training relevant to their roles and responsibilities.

Examination of training records confirmed that staff had completed key training in subjects such as first aid; moving and handling; fire safety; food hygiene; safeguarding; medication; control of substances hazardous to health; infection control; dementia; and health and safety.

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

We found that training was provided to the general registered nurses in venepuncture, bladder & bowel management, end of life care, and wound care.

We noted that team meetings had been coordinated for staff to attend throughout the year and that staff had access to annual appraisals and supervisions every two months. Staff spoken with confirmed they felt valued and supported in their roles. Relative meetings had also been coordinated throughout the year. The last meeting was in November 2015.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to refuse care and treatment when this is in their best interests and legally authorised under MCA. The authorisation procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated DoLS with the registered manager. Discussion with the registered manager showed he had a clear understanding of the principles of the MCA and DoLS, and we saw that if it was considered that people were being deprived of their liberty, the correct authorisations had been applied for.

We saw that there were corporate policies in place relating to the MCA and DoLS. Information received from the registered manager confirmed that at the time of our visit to Astbury Mere there were eight people using the service who were subject to a DoLS. Additional applications were also being considered by the local authority for authorisation.

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

We found that a large number of the staff had not yet completed the Mental Capacity Act 2005 (MCA) and Safeguards (DoLS) training. The registered manager said all staff would complete this training in the near future.

Two of the eight members of staff we spoken with struggled to explain the meaning of mental capacity and which people using the service were subject to a DoLS. We raised this issue with the management team who assured us that they would take action to address this matter and raise awareness amongst staff. The registered manager also told us that training in the MCA and DoLS would be rolled out for all staff in the new year alongside Dignity in Care training.

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

The most recent local authority food hygiene inspection was in October 2015 and Astbury Mere had been awarded a rating of 5 stars which is the highest award that can be given.

We observed a meal time and saw that people had different options and a drink of their choice. Additional refreshments and snacks were also seen to be provided throughout the day. Staff were observed to be accessible and responsive to people requiring support at mealtimes. Records were kept of the amounts people ate and drank when they were at risk nutritionally and we found that they were completed consistently. People were weighed monthly and appropriate action was taken if people lost weight, for example a referral to the dietician therapist or an appointment with a GP.

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

# Is the service caring?

## Our findings

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

Comments received from people using the service included: "The staff are caring at all times. Simple things like asking me how I am today, shows they care" and "The staff never rush me when I'm getting ready. They allow me to go at my own pace".

Likewise, feedback from relatives included: "It's a wonderful place here. I wouldn't have my mum living here if I didn't feel happy with it"; "Last Christmas was the first time I wouldn't be with my husband at home. The manager at Astbury Mere realised this and asked would I like to stay over one night so I could spend Christmas with my husband. This was important to me" and "The carers are extremely tolerant of my husband's needs. They show him so much warmth and patience".

One staff member said, "I feel Astbury Mere do an excellent job caring for the people here. We see the people like family here."

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

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

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

On the first day of our inspection we observed one of the resident's relatives playing the piano in the lounge and the residents joined in singing Christmas songs. The atmosphere in the home was relaxed and conversation between staff and the people living there was often light hearted and friendly.

It was evident through direct observation and discussion with people using the service and their relatives that staff knew the people living at the service well, in terms of their needs and their preferences.

Staff spoke positively about the service provided and gave us examples of how they ensured the privacy and dignity of people using the service including knocking on doors, asking people were they happy to receive support with personal care and making sure this was done in private.

Astbury Mere had a hair salon on the first floor and people had the opportunity to see the hairdresser who

visited regularly.

We used the Short Observational Framework for inspection (SOFI) tool over lunch time as a means to assess the standard of care provided. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We observed people's choices were respected and that staff were attentive and responsive to the needs of people who required support at meal times. We also noted that staff communicated and engaged with people in a caring manner and that the mealtime was unhurried and relaxed. We observed one person became unwell as she was leaving the dining room. Staff were quickly on hand to support this person and assist her to sit down and drink water.

We asked staff how they promoted good care practice when delivering care to people living at Astbury Mere. Staff spoken with were able to provide examples of how they treated people with respect, privacy and dignity and confirmed that they had learned about the principles of good care practice and the importance of reporting any types of abuse they come across immediately.

Staff spoken with confirmed they received training on the value base of the organisation and social care as part of their induction training and were seen to apply the learning into practice.

It was evident from speaking to people using the service that staff applied the principles of treating people with respect, safeguarding people's right to privacy, and promoting independence.

Personal information about people receiving care at Astbury Mere was kept securely to ensure confidentiality. Information on the service and of interest to people using the service was displayed on notice boards and in the reception area of the home for people to view.

## Is the service responsive?

### Our findings

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

For example, two relatives reported: "I feel the home is responsive to my husband's needs. They always inform me if his health takes a turn for the worse" and "Some staff will tell me how my husband is doing before I see him so that gives me reassurance they have been monitoring him".

We looked at six care files during our inspection. We found that the provider had developed guidance on care planning for staff to follow and files viewed contained a range of information such as: assessments of need care, plans and risk assessments.

Although an index system for the 'contents of my support file' had been developed, four of the six files viewed were not easy to follow as they did not follow a consistent approach. Care plans viewed did not describe in detail the support required from staff to meet individual needs and a number of gaps were noted in each file viewed.

Furthermore, people living with dementia did not have a robust care plan in place which was individual to their needs. We found a dementia check list entitled 'Individual in Dementia Care' sheet in many of the files that was pre-populated for people living with dementia. This approach and the content was not person centred. Additionally, a number of risk assessments viewed were functional and did not provide information or assurance as to the actions that were to be taken to control potential or actual risks.

Although auditing and monthly review systems were in place, it was evident that there were gaps in the home's care planning system and significant scope for improvement.

People who live at Astbury Mere told us they believed their support needs and preferences were being met by the staff team.

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

A complaints policy was available and included timescales for investigation and providing a response. Contact details for the service provider and the Commission were also included within the document.

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

Two activity coordinators were employed at Astbury Mere who were responsible for the development and

provision of a range of activities for people using the service.

The activity coordinators had developed a monthly timetable for the people who used the service and their representatives to view. Daily activities were being carried out such as hair and pamper days, magical musical shows, and scrabble groups. Additional activities on offer included: theme nights; board and interactive games; baking; arts and crafts; trips; gentle exercises and fitness; outside entertainment and church services.

The coordinators were very passionate about their roles and told us they arranged guest speakers, church services, and school choirs for the residents at Astbury Mere. Trips out were also arranged on a regular basis for the residents, using the mini bus at Astbury Mere.

People spoken with confirmed they were satisfied with the activities on offer and records of individual activities were maintained and available for reference.

We recommend that the care planning system is developed and fully reviewed to ensure people's needs, support requirements and risks are appropriately assessed, identified and planned for using a person centred approach.



## Is the service well-led?

### Our findings

We asked people who used the service if they found the service provided at Astbury Mere to be well led. People spoken with confirmed they were happy with the way the service was managed.

Comments from relatives included: "The management team are fantastic here. They are approachable and always welcoming"; "I know if I have any problems the manager deals with them immediately. You cannot ask for any better"; "The manager will keep me informed of any changes"; "I have never complained, because you won't be able to find faults here" and "The manager is very approachable".

The registered manager and his deputy manager were both present throughout our inspection. Both managers were observed to be helpful and responsive to requests for information and support from the inspection team, people using the service, staff and visitors.

During our inspection we observed that people and their visitors felt able to approach the registered manager directly and he communicated with them in a friendly and caring way. People were observed to refer to the registered manager by his first name which reinforced that there was a friendly relationship between them.

The registered provider had developed a policy on 'quality assurance'. We also saw that there was a system of routine checks and audits in place for a range of areas to enable the registered manager to monitor the operation of the service and to identify any issues requiring attention.

The quality assurance process for Astbury Mere involved seeking the views of a proportion of the people using the service or their representative throughout the year. We were informed by the registered manager this was happening at bi-monthly intervals in the form of a Porthaven or carehome.co.uk. questionnaire.

We asked the registered manager why they sent the questionnaires bi-monthly to people using the service or their representatives due to the high possibility of people being inundated with questionnaires. The regional manager informed us this should be done every 6 months and not bi-monthly as we were informed. We found that the results had been reviewed and percentage performance scores had been summarised. Overall the results were positive from each questionnaire type sampled.

A summary report and action plan was not in place to demonstrate how the feedback would be used to ensure continuous development of the service and demonstrate what action had been taken in response to any constructive feedback. The management team acknowledged this feedback and assured us that they would take action to develop a summary report / action plan to share with stakeholders.

The registered manager informed us that they undertook a number of other audits at Astbury Mere throughout the year. We found that a 'home audit' was completed quarterly by the regional manager or registered manager. Other audits undertaken throughout the year included: hotel service; infection control; medication; care plans; daily observations; night monitoring visits and health and safety checks / audits

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

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

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

We checked a number of test and / or maintenance records relating to: the fire alarm; fire extinguishers; gas installation; electrical wiring; portable appliance tests; water quality checks and hoisting equipment. All records were found to be in satisfactory order. We noted that meetings with staff and people using the service or their representatives had been coordinated periodically to share and receive feedback on the service provided.

The manager is required to notify the CQC of certain significant events that may occur at Astbury Mere. We noted that the registered manager had kept a record of these notifications. Where the Commission had been notified of safeguarding concerns we were satisfied that the registered manager had taken the appropriate action. This meant that the registered manager was aware of and had complied with the legal obligations attached to his role.

A statement of purpose and service user guide had also been developed. Both documents were accessible to people who used the service and their representatives.