

Porthaven Care Homes LLP

# Prestbury Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection took place on 29 November and 3 and 6 December 2018 and was unannounced. During our last comprehensive inspection, including dates in December 2017 and March 2018, we found seven breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to safeguarding, staffing, complaints, good governance, nutrition, dignity and respect and safe care and treatment and we rated the service as "Requires improvement."

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

Prestbury Care Home provides accommodation and nursing care for up to 75 people. At the time of our inspection there were 57 people living at the home.

At this inspection we found that improvements had been implemented. The provider was no longer in breach of several of the regulations. However, we identified a continued breach with regards to Regulation 18 (staffing) and identified a breach of Regulation 9 (person centred care). Although improvements had been made and the effective and caring domain had improved to "Good", we found that the overall rating for the service remained "Requires improvement".

There was a registered manager in place. 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.

There were mixed views about staffing levels. Observations, feedback and records indicated that at times insufficient staff were deployed to meet people's needs in a timely way. The regional manager told us that this would be addressed. Several new staff had been recruited and recruitment of nursing staff was a priority.

Aspects of care were not provided in a person-centred way. Within the Gawsworth Unit we found that a routine was in place around personal care, which did not always meet people's individual needs.

A new electronic recording system had been introduced. We found that charts were not always completed to demonstrate that people had received appropriate care such as positional changes and safety checks. Care plans contained some person-centred information, however these had not always been updated or amended to reflect changes where there were changes to care needs.

Overall medicines were managed safely. However, we found some minor shortfalls in medicines management relating to covert administration and inaccurate recording.

Checks were carried out during the recruitment process to ensure only suitable staff were employed.

Risks associated with people's care and support needs were assessed and guidance was in place to support staff to keep people safe, however further work was needed to improve aspects of risk management further.

Improvements had been made to ensure that safeguarding procedures were robustly followed and continued to be embedded. Staff understood their duty to protect people from harm and abuse.

The home was clean and well maintained. The home was decorated and furnished to a high standard and suitable for the people living there.

People were supported by staff who were suitably trained and supervised. The registered manager and staff were aware of their responsibilities and acted in accordance with the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards. (DoLS).

People's nutritional and healthcare needs had been assessed and were met. People were positive about the food on offer and staff supported people to have sufficient to eat and drink. People had access to healthcare professionals as required

Overall, staff were caring and treated people with dignity and respect. Where possible staff supported people to be as independent as they wanted to be. People's diverse needs were considered. People spoken with were complimentary about the support they received.

People could take part in a range of activities. Two new leisure and wellbeing coordinators had been recruited. There was a varied activity and entertainment programme in place. People's end of life wishes were discussed and recorded.

People felt able to raise any concerns and records indicated that any complaints were addressed following the provider's policy.

Staff told us that the registered manager was supportive. People and relatives were positive about the management of the home. People were able to provide feedback about the service.

There were quality assurance and audit systems in place. A number of areas for improvement had been identified by the provider and action plans were in place. However, these were not fully effective, as they had not identified the issues highlighted in this inspection relating to staffing and person-centred care.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe

At times there were insufficient staff to meet people's needs in a person-centred way and provide personalised care.

Improvements had been made to ensure that safeguarding procedures were followed and continued to be embedded.

Medicines were managed safely.

Risks to people were assessed and action taken to mitigate risk, further improvement was required in aspects of this.

### Is the service effective?

**Good** ●

The service was effective.

People were complimentary about the food on offer and their nutritional needs were met.

Staff received appropriate induction, training and support to enable them to provide effective care and support.

The service understood and complied with the requirements of the MCA.

The environment was decorated and maintained to a high standard.

### Is the service caring?

**Good** ●

The service was caring.

Staff supported people in a kind and caring manner.

People told us that their dignity and privacy was respected.

People were able to maintain relationships with people who were important to them.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Aspects of the service did not always meet people's needs in a person personalised way.

Care plans and care records were not always up to date and this was being addressed.

Complaints were dealt with appropriately.

People were happy with the activities on offer and the service had recently employed two new leisure and well being coordinators.

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

The service was not always well-led.

The management team were focused on making further improvements and were implementing a home development plan.

Audits were undertaken and had identified some of the issues highlighted during the inspection. However, they had not been effective in identifying all the issues found during the inspection.

Staff were positive about the home management and felt supported.

People were able to provide feedback to the service.

**Requires Improvement** 

# Prestbury 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 29 November and 3 and 6 December 2018 and was unannounced. On 6 December we commenced the inspection at 6.40am, which enabled us to speak with some of the night staff.

The inspection was carried out by two adult social care inspectors, a specialist nurse advisor and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we looked at any notifications received and reviewed any information that had been received from the public. A notification is information about important events, which the provider is required to tell us about by law. We received a Provider Information Return (PIR) from the registered manager, prior to our inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

We contacted the local authority and they shared their current knowledge about the home. We checked to see whether a Health Watch visit had taken place. Health Watch is an independent consumer champion created to gather and represent the views of the public. They have powers to enter registered services and comment on the quality of the care. Their latest visit was in 2015.

During the inspection we spoke with 10 people who lived at the home and four relatives/visitors, to seek their views. We also spoke with 20 members of staff including two nurses, 11 care staff (including night staff), the registered and deputy manager, the regional manager, the acting chef, home's trainer, group clinical auditor and the maintenance person. We also spoke with a visiting GP.

As some people living at Prestbury Care Home were not able to tell us about their care experiences, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us

understand the experience of people who could not talk to us.

We looked at the care records of eight people who lived at the home and inspected other documentation related to the day to day management of the service. These records included, staff rotas, quality audits, training and induction records, supervision and maintenance records. We looked around the building, including bathrooms, store rooms and with permission spoke with some people in their bedrooms. Throughout the inspection we made observations of care and support provided to people.

# Is the service safe?

## Our findings

Following our previous inspection, this key question had been rated as 'Requires Improvement'. The registered provider had been in breach of Regulations 12, 13 and 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was due to concerns about safeguarding, staffing levels and the safe management of risk.

At this inspection we found that the provider had taken some action to address these concerns, and were no longer in breach of Regulations 12 and 13. However they remained in breach of Regulation 18, relating to staffing.

We received mixed views from people, relatives and staff about staffing levels. Some people told us staff were always around and responded to their call bells quickly, whilst other comments suggested that the home was short staffed and people had to wait at times. They told us, "There's too long a wait to go to the toilet" and "They are definitely short of staff". There were 57 people living at the home and there were twelve care staff and two nurses on duty from 8am until 8pm, as well as management and ancillary staff. The registered manager told us that whilst staff were mainly based on one of the three units, staffing was flexible throughout the home and staff could move to where they were needed. However, some staff spoken with told us this was not always possible and felt there were times when people needed help and they couldn't get there straight away. Other staff told us that staffing levels were sufficient and we found this view varied within the different units.

Observations made indicated there were times, mainly on the Gawsorth dementia unit, when there were insufficient staff available to provide support to people in a timely way. There were several people who required supervision, support with eating and drinking and/or support from two staff members due to moving and handling requirements. Records indicated that some people had not received positional turns or sighting checks as required during the early part of the morning. We found on one morning that breakfast had not commenced by 9.50am despite some people being up since 6.40am and staff told us they had been delayed providing personal care. Therefore, we found this impacted on their ability to provide person centred care for people.

A staffing tool was in place to determine the number of staff required to the dependency levels of people using the service. However, we noted that the dependency tool did not consider the layout of the building and the need to ensure that supervision was available whilst people were in the lounge within the Gawsorth Unit. Therefore, whilst the tool and rotas suggested there were sufficient staff, we found this wasn't always the case in practice.

This was a continued breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The regional manager was present during the inspection and advised us at the end of the inspection that staffing would be increased to provide extra support to people with meals and drinks during the busy



morning and lunch period.

The registered manager had recruited a number of new care staff, which had significantly helped to reduce the need to use agency care staff. The home still needed to recruit nursing staff and they were actively working on this. The registered manager told us this was a priority, as permanent staff would help to support the nurse team with documentation and general leadership of the units.

We looked at how staff were recruited and the processes followed to ensure staff were suitable to work with vulnerable people. Staff files included application forms, records of identification and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS) to make sure staff were suitable to work with vulnerable people. The DBS check helps employers make safe recruitment decisions and prevents unsuitable people from working with vulnerable people.

At the previous inspection, the provider had been in breach of Regulation 13 relating to safeguarding. At this inspection we found that improvements had been made and the service was no longer in breach of this regulation. However, further work was required to ensure that improvements were fully embedded and all staff were able to identify potential safeguarding concerns. The provider had policies in place for safeguarding vulnerable adults and whistleblowing. Overall, staff spoken with demonstrated a good level of understanding and could clearly describe the steps they would take to protect people from abuse. We found significant improvements in the number of issues appropriately reported to the local authority under local procedures. The registered manager understood their responsibilities around reporting concerns. However, we identified two examples where concerns had not been raised with the local authority where they potentially should have been. The management team told us they would take this on board as further learning and would ensure improvements in practice were fully embedded.

During the inspection two specific issues were raised with the inspector which we asked the registered manager to refer to the local authority as potential safeguarding concerns. These were referred on the same day and we understand that appropriate enquiries are being made.

We found that medicines were managed safely. The provider had implemented an electronic medication recording system (eMAR). We observed part of the medicines round and found that the nurse had a good understanding of the safe handling of medication. Medicines were stored safely in line with requirements in locked trolleys and in a clinic room. Room and fridge temperatures were recorded daily. All storage was neat and tidy. All staff with responsibility for administering medicines had received the appropriate training and undertook regular medication competency assessments. Medicine audits were carried out on a regular basis. We saw that where concerns had been identified, management had taken proactive action to make improvements. Staff had undertaken additional training to support them with the implementation of the eMAR system.

We identified minor short falls relating to the management of covert medicines. Best practice guidance says that guidance should be sought from a pharmacist when administering medicines covertly to ensure this is carried out safely. The staff had consulted with the GP but had not consulted with the pharmacist. When we brought this to their attention they immediately sought appropriate guidance and noted this for the future. We also found occasional spelling errors in a hand-written medication index and highlighted this to the registered manager, as this could lead to potential confusion and /or errors.

Previously the provider had been in breach of Regulation 12, relating to the safe management of oxygen. At this inspection we found that these concerns had been addressed. We reviewed the records of a person who used oxygen and found appropriate risk assessments were in place for the management and storage of

oxygen.

We found the provider took action to assess and mitigate risks. Where individual risks had been identified, action was taken to keep people safe from avoidable harm. Staff showed a good understanding of how to manage risk and keep people safe and were able to provide examples of how to do this. We saw that sensor mats were often used to help to manage certain risks such as falls or to alert staff to people's whereabouts. However, we noted in a few cases that the positioning of the mats made them ineffective and may cause a trip hazard. We discussed this with the registered manager who agreed to review these and advised us that the provider was considering other types of sensor technology and equipment.

Risk assessments were in place for people, covering topics such as moving and handling and risk of falls. Overall, we found these were kept under review and covered aspects of risk and measures in place to reduce ongoing risk. However, we found in a couple of cases that further information was required to demonstrate that appropriate action had been taken as described to us by staff, when incidents or changes had occurred. In one example the deputy manager updated the care records straight away.

During lunchtime a person living with dementia was given a cup of hot soup. The member of staff told them not to touch it until they returned, however we were concerned that the person was unable to retain this guidance. A senior member of staff noticed this and took action to prevent any accidents, so we did not need to intervene. We raised this with the registered manager to ensure that all staff were aware of any potential risks.

Several people were nursed in bed and we saw that people had access to call bells. However, where people were unable to use the call bell, their care plans did not always specify how frequently they needed to be checked to maintain their safety. We saw some examples of gaps in "sighting charts" which recorded when people had been checked. The registered manager said there were some teething difficulties recording on the electronic charts, therefore we cross referenced these with other charts such as repositioning and personal care, however there remained some gaps in sighting checks. We saw one person was calling out for assistance at 10.00am and the last record of a sighting check was at 4.10am earlier that morning. We recommend that care plans need to include clearer guidance about the frequency that each person requires a sighting check.

Accidents and incidents were recorded by staff. Where accidents had occurred, the management team reviewed these and considered whether any further action was needed to reduce further incidents wherever possible. We saw that a monthly analysis was also carried out to identify whether there were any themes or trends, so that necessary action could be taken to reduce further incidents. Action was also taken to learn lessons from any medication errors and following an error a root cause analysis was always undertaken.

The provider employed a maintenance person. We spoke with them and reviewed their records. These demonstrated that checks were conducted on the facilities and equipment, to ensure they were safe. This included fire safety systems, call bells, water temperatures and electrical equipment. Gas, water and other appliances were also regularly serviced. Each person had a personal emergency evacuation plan (PEEP) in the event of an emergency.

When we looked around the home, we saw that it was clean and hygienic. Personal protective equipment (PPE) such as disposable aprons and gloves were available throughout the home and staff wore these where required. Staff had also undertaken training in infection control to help them to understand their responsibilities.

## Is the service effective?

### Our findings

Following our last inspection this key question had been rated as "Requires Improvement". The registered provider had been in breach of Regulation 14 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was due to concerns about meeting people's nutritional needs. At this inspection we found action had been taken to improve this area and the provider was no longer in breach of this regulation.

People told us, "I like living here, I used to come for short stays and I asked to come permanently"; "They (staff) know how to do their jobs and are very attentive" and "The staff have been excellent."

Staff were knowledgeable about people's dietary needs. There were information boards in the kitchen which displayed information about people's dietary requirements including, allergies, specific requirements such as diabetes, food consistencies and likes and dislikes. Risks associated with eating and drinking were identified and addressed. Some people required modified textured diets or thickened drinks to reduce the risk of them choking and we saw this was provided. When people were at risk of losing weight, staff monitored their weight regularly and made referrals to specialist health professionals as needed.

People were complimentary about the food on offer. They said, "The food is very good. There's plenty of it and I like most things." We observed the lunchtime meal on one of the units and saw that the food was well presented and assistance was provided to people where necessary. People were supported to eat their meals in the dining room, lounges or bedrooms if they preferred. There was a four-week rolling menu and alternatives were available for people if necessary. The chef sought feedback from people about the menu and took people's preferences into account. We noted that a menu was on display but further consideration needed to be given to ensure that the menus were accessible for people living with dementia. The registered manager told us this was in progress.

Staff had appropriate skills and knowledge to support people living at the home. New staff undertook an induction and were expected to complete The Care Certificate. The Care Certificate is a national set of standards that care staff are expected to meet. This helped ensure that staff had the knowledge and skills necessary to carry out their role effectively.

There was a home's trainer based at Prestbury House and staff undertook a variety of training. In July 2018 the provider had introduced new training through 'Skills for Health' and seventeen new course subjects were in place. Training included, safeguarding, privacy and dignity, equality and diversity, nutrition and oral health, amongst others. Where training was completed through eLearning, staff had to obtain a score of at least 80% to pass. Some staff had completed specialist training with the local college around dementia care and other bespoke training was available. The provider supported staff with ongoing development for example with NVQ's. Where necessary the trainer undertook direct observations to assess staff competency.

We saw from the records that staff supervisions and appraisals were undertaken on a regular basis with the management team. Staff told us they were supported with training and supervisions and were kept up to

date with any changes. They attended regular meetings, such as clinical governance, nurse, daily stand-up and handover meetings.

During the inspection we heard staff asking for people's consent before they assisted them with any support. 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 saw that improvements were being made to ensure that mental capacity assessments and best interest decisions were decision specific and recorded where necessary.

DoLS applications had been submitted appropriately to the supervisory body (local authority). There was a DoLS logs in place and the registered manager had introduced a system to identify when renewal applications were due to ensure authorisations were kept up to date. Where conditions had been included, these were being followed, such as the implementation of the Herbert Protocol for one person. The Herbert Protocol is a national scheme being introduced by the police and other agencies, which encourages care staff to compile useful information, which could be used in the event of a vulnerable person going missing. Staff knew that people's care should be provided in the least restrictive way as possible and we saw an example where staff had referred to the local authority for further consideration around a best interest decision.

Before people moved to the home the registered manager or other staff visited them to assess and discuss their needs and preferences. This helped to determine whether the home was able to meet people's needs and expectations.

People were supported to maintain their health and wellbeing through access to a wide range of community healthcare services and specialists. We saw evidence in care records of appointments with GP's, opticians and dieticians. A local GP visited the home at least once per week to undertake regular reviews of people's health needs. During the inspection we spoke with a visiting GP who had no concerns about the service and found them to be well organised and responsive to people's needs.

The environment was suitable for the needs of the people living there. The home was decorated and furnished to a high standard. We found a homely environment with a variety of communal areas for people to access, as well as a pleasant bistro area and hairdressing salon. The home was accessible for wheelchair users and people with additional mobility needs. People's bedrooms were personalised with photographs and items from home. Outside of each bedroom was a memory box which contained specific items such as photographs and memorabilia which were important to the person, this helped people living with dementia locate their rooms. Sensory equipment such as relaxation lighting was also in use. People had access to a private dining area which could be booked for use with relatives and visitors.

# Is the service caring?

## Our findings

At our last inspection, we found that the provider was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding dignity and respect. At this inspection we found action had been taken to improve this area and the provider was no longer in breach of this regulation. People told us that they were supported by staff who were caring. They commented, "They're brilliant"; "There's lots of courtesy" and "They always knock before they come in."

During the inspection we observed how well staff interacted with people. We saw they were kind and caring in the way they approached people. Where necessary staff responded to people and offered comfort and reassurance. For example, staff transferred a person using a hoist, throughout the procedure they explained what was happening and offered reassurance. We saw that one person liked a hug and staff responded to this warmly. We observed numerous examples of interactions between staff and residents which were kind and respectful and staff had obviously built positive relationships with people.

People and their relatives told us they were involved in care planning and there were details of people's wishes and preferences recorded in their care plans. One person commented that the nurse had only just reviewed their care plan the previous week. We saw that where possible people's choices and wishes were supported by staff. For example, people could decide where they preferred to spend their time or whether they would like to take part in activities. One person told us how much they enjoyed living at Prestbury Care Home. They said, "You do just what you would do if you were in your own home."

Whilst we found staff were caring in their approach, we also found that staff did not always have the time they needed to provide care in a personalised way. For example, within the "Gawsworth Unit", we identified that some people were washed and dressed very early in the morning and were then sat in the lounges for long periods of time before breakfast and with little staff interaction. We have discussed this aspect of person centred care in further detail within the responsive section of this report.

People told us that overall staff respected their dignity and privacy. We saw that staff knocked on people's doors and staff could tell us about the sort of actions they would take to maintain people's dignity. We saw for example where staff offered reassurance to a person and adjusted their clothing to maintain their dignity.

People's records were kept confidentially. The provider had implemented a new electronic recording system, which was password protected so that only authorised staff could access the information. However, we noted that the staff handover took place in the corridor next to the staff desk. Staff need to be more mindful to ensure that people living at the service and visitors do not overhear conversations related to individuals.

The provider had introduced new equality and diversity training, which a number of staff had completed and the aim was for all staff to have completed by the end of January 2019. A policy was in place relating to equality and diversity and assessments undertaken when a person moved to the service included

information about people's specific requirements, such as considering religious or cultural needs.

Where possible staff supported people to be as independent as possible. For example, one person liked to take and collect their washing to the home's laundry. They said staff supported them to be independent. Another person was supported to eat their meals and staff encouraged the person to do as much for themselves as possible, such as drinking from a cup independently.

Staff ensured that people were able to maintain relationships with people who were important to them. One person was pleased they had been able to choose presents for family on a recent trip out and that staff were supporting to help wrap the presents. People were able visit at any time. We saw that one relative was able to spend a significant amount of time with their loved one and they looked very comfortable together in their surroundings. There were numerous thank you cards available for view, which staff had received about the care they provided.

## Is the service responsive?

### Our findings

At our last inspection we found the registered provider had been in breach of Regulation 16 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding complaints. At this inspection we found action had been taken to improve this area and the provider was no longer in breach of this regulation. However, we found a breach of Regulation 9, relating to personalised care.

We found that aspects of care were not always provided in a personalised way. Discussions with staff suggested there was a routine in place within the Gawsworth Unit whereby particular people were supported very early with personal care because they required support from two staff, which did not provide individualised care.

Staff told us people who needed support from two staff members were usually assisted by the night staff to get washed and dressed, in preparation for the day staff. Whilst they said people were not awoken and their choices were respected, some people did not have the capacity to make these decisions. Records indicated that one person was dressed at 5.50 am and offered a shower, however they were back in bed later that morning. We visited at 6.40am on the third day and were concerned that two people had been assisted to wash and dress and were in the lounge where they remained asleep, staff were busy supporting other people during the morning and there was little interaction with these people. Another person was in bed and was washed and dressed they appeared anxious and told us "I'm wondering what to do, I think I'll go out." however it was only 7am. This indicated that people's individual needs had not been considered before providing the care.

This was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

We brought this to the attention of the management who told us they had been addressing some issues around people not being washed or dressed before they were ready to get up for the day. They were also addressing issues where they had identified gaps in records around positional changes for people to help maintain comfort and skin integrity.

In other areas of the home people were positive about the support they received and told us their wishes and choices were respected. One person told us, "I like to have my own routine and I like my own room in the afternoon"; "I can choose when I want to get up" and "You do just what you would do if you were in your own home."

Previously we were concerned that complaint records did not demonstrate that the provider was doing all that they could to learn from any mistakes. At this inspection, we found that improvements had been made. The provider had a complaints procedure in place, which was on display in the reception at the home. The registered manager recorded any complaints, with any actions taken to resolve them. We could see from the records that action had been taken investigate and respond to any complaints made.



Care plans were in place for each person. The provider had implemented a new electronic recording system called I-care. The system was used to create and store records relating to the needs of people and the care undertaken by staff. The registered manager explained the advantages of being able to receive reports and alerts for tasks which required attention or were overdue. For example, an accident may need to be reviewed.

We reviewed a number of records within the system including individual assessment records, care plans, risk assessments, observational charts and progress notes. Care plans covered numerous areas and contained person centred information, including details about people's life histories and preferences. However, we found that changes in people's needs had not always been fully reflected, as well as older information which was not longer accurate not having been removed or archived. This could lead to confusion. We were advised that a recent audit had identified some of these issues and there was ongoing work to improve the care plans. At times we found that staff were unclear where necessary information was stored. The provider was providing ongoing training to staff to use the system as efficiently as possible.

Each unit had a "resident of the day" where one person's care needs were fully reviewed, including care plans and medications. The chef and maintenance person were also involved in this. People and their relatives told us that they were involved in reviews of their care.

The I-care system provided an alert system to support staff to monitor people's health needs such as fluid intake, bowel function and wound care. Despite this we found in a couple of examples there had been a slight delay in staff taking action to meet people's health needs. In one case we saw that staff monitored a person's bowels and their care plan indicated action should be taken after 72hrs of no bowel movement. However, we found despite it being flagged by the system that the person had gone over 72 hrs, no action had been taken to offer necessary medication as required. We also saw that on more than one occasions a person's wound had been reviewed a day later than indicated by the care plan. This was addressed at the time of the inspection, however we highlighted the need to ensure that health monitoring was responsive and effective.

The registered manager could demonstrate that information was shared with people in an accessible way. Any support people needed with communication was included within their care plans, such as when people might need additional support and what form that support might take. For example, information for people was available in accessible formats such as large print if required and we saw that staff communicated with one person using written prompt and pictorial cards.

Staff supported people to follow their interests and take part in activities. Overall people were complimentary about the activities on offer. One person told us "There's always something going on if you want to join in." Two new leisure and wellbeing coordinators had been recruited and were due to start shortly at the home. As a temporary measure a member of staff had been employed to support people with activities. We saw that they were active during the inspection, for example supporting people with games and reminiscence. We also observed various forms of activity and entertainment taking place, for example a representative from the local football team was visiting and supporting with gentle exercise. A few people were going out to a local hotel for lunch.

An activity programme was available and people had access to a copy in their bedrooms, to help them decide if they would like to join in. Regular entertainment and trips to places of interest were also arranged and the home had access to a mini bus. Links with the community had been developed such as visits from a local nursery, school and church.



People's care records showed that they had been offered the opportunity to discuss their end of life wishes. Where people did not want to be resuscitated in the event of a decline in their health, a signed form completed by a health professional was stored within their care records. The home had close links with the local hospice and other health professionals such as GPs, district nurses and Macmillan nurses and staff developed care plans which considered priorities for end of life care, including people's spiritual wishes.

## Is the service well-led?

### Our findings

At our last inspection in December 2017 and March 2018, we found concerns related to the management and governance of the service and we rated the well led domain as 'inadequate'

We previously identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regulations relating to 'good governance'. This was because we found that the provider did not have effective quality and monitoring systems in place to identify improvements that may be required in the care people received. At this inspection we found that some improvements had been made and the provider was no longer in breach of this regulation. However, we found that further improvements were required. We have rated this key question as requires improvement. We recognised that action was being taken to address the previous concerns. The characteristics of ratings for 'Good' describe a level of consistency. We will check the improvements which were made following our inspection at our next planned comprehensive inspection.

Prestbury Care Home had a manager in place who was registered with the Care Quality Commission. There had been a change of registered manager since the last inspection and the current registered manager had been in post since May 2018. They were available throughout the inspection and engaged positively with the inspection process. The registered manager understood her responsibilities and was supported by a wider team, including a deputy manager, homes trainer, clinical auditor and regional manager. They explained that they were focused on the home's development plan and a particular area of improvement had been around the recruitment of new staff. They had also been addressing staff training and performance.

There were some quality assurance processes in place. Numerous audits were undertaken by the home management team on a monthly basis including, medication, pressure ulcers, weight loss, kitchen and housekeeping. The provider employed a clinical auditor who had undertaken an audit of care records in August 2018. Some of the issues identified during this inspection including information within care plans, completion of daily charts, medication issues and ensuring any alerts were responded to were highlighted within the audit. An action plan was in place and was ongoing, as some of the required actions had not yet been fully completed and staff had been given further time to address the points identified. We found during the inspection that some of these issues remained outstanding.

The regional manager explained that a new electronic system called Radar had been introduced in October 2018, which was now used to record any audits. She advised this was work in progress. Previously a whole home audit was undertaken on a regular basis and covered all aspects of the service. This had now been broken down into specific areas to be completed monthly. We saw for example that a human resources audit had been completed in December and home management audit completed in November. Each audit had an action plan which required a completion date. Support was being given to staff to enable them to undertake effective audits.

Despite the quality assurance and audit systems in place, the provider had not met all the standards set out in the regulations, as we found breaches relating to Regulation 18 and 9 of the Health and Social Care Act

2008 (Regulated Activities) Regulations 2014. Further improvements to the quality monitoring process therefore needed to be made to ensure there is a clear and consistent overview of practice within the service and therefore well led.

We found that staff continued to learn how to use I-Care system. At times it was difficult to establish where information was recorded and stored. We also received comments that it could be time consuming for staff to locate and log into the system after each activity. The regional manager told us the provider was giving further consideration to individual hand-held devices for each member of staff, to make the process more efficient. Further training and support was available for staff.

Staff were generally positive about the management of the service. They told us that they were supported and able to raise any issues or concerns with the management. Systems were in place to monitor aspects of the service including staff supervision and training.

We saw that the management team had undertaken night visits and started work early to enable them to speak with the night staff on a regular basis. Daily "Stand up" meetings were held with the management team to help encourage good communication. Issues such as the call bell response times, staffing or outstanding actions were discussed within these meetings.

The registered manager and deputy manager had regular contact with people and undertook a daily walk around of the home, which focused on different areas. Overall people told us that they were familiar with the management team. They said "(Name) She's nice and she's good." Some comments suggested that the registered manager was not always available within the service, however people knew who the deputy manager well. The registered manager told us that she operated an open-door policy and was always happy to meet with people.

People felt able to give feedback about the service. One person commented "If I have something to say, I'll say it." We saw that regular residents and relatives' meetings were held. A newsletter was also produced on a seasonal basis and included feedback about the service and any responses by the registered manager. The newsletter also contained information about a variety of other topics, including staffing information and activities and events.

Leaflets were available throughout the home which enabled people and visitors to provide feedback about the service at any time if they chose. We saw that the service had received eight of these questionnaires over the past 12 months and that the feedback had been very positive. However, we noted that the provider had not actively sought people's feedback through use of a survey for example. The regional manager told us they would address this as this would usually be something that the service carried out on an annual basis.

The registered manager is legally required to notify the CQC of certain significant events that may occur in the care home. The registered manager had notified the Commission of reportable incidents as required. Ratings from the last inspection were displayed in the entrance area of the care home as required. The provider's website also reflected the current rating of the service.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The provider had not ensured that care was provided in a person centred way.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The provider had not ensured that sufficient numbers of suitably qualified, competent, skilled and experienced staff were always deployed.