

# Barchester Healthcare Homes Limited

## Cheshire Grange

### 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?

Outstanding 

Is the service well-led?

Good 

### Overall summary

We carried out an inspection over a period of three days, 6, 9 and 29 July 2015. The first day of the inspection was unannounced and the further two visits took place to gather additional information.

Cheshire Grange is a care home which provides nursing and/or personal care for up to 50 people including those individuals living with a dementia including Alzheimer's disease. The home is located in the village of Lymm near Warrington. The home was purpose built in 2012. There were 42 people living at the home on the day of our visit.

The home had a manager in post who was registered with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. At the time of our visit the home was being run by the deputy manager with the support of the registered manager who was on secondment within the company.

Cheshire Grange was last inspected on 23 April 2013 when it was found to be meeting all the regulatory requirements which were inspected at that time.

# Summary of findings

We found the ethos and culture of Cheshire Grange was positive and caring and staff were passionate about working at the home and treating each person as an individual which showed us that the home was outstanding. During our inspection we saw that the relationships between staff and people living at the home were warm and caring, respectful, dignified and with plenty of smiles and laughter and hugs. Everyone in the service looked relaxed and comfortable with all of the staff.

We spoke to staff who were committed to providing individual care to the people who live at the home and put them at the heart of everything. We saw that the home followed national guidance to ensure people received care that was based upon best practice. People were well supported by experienced well trained staff. All staff spoken with said they had received good training to help them to understand and care for people living at Cheshire Grange.

People we spoke with and their relatives felt that they and their loved ones were looked after by staff who were caring and had training so that they knew what they were doing. One relative told us, "My relative has been here a few months, all the staff are looking after them and I am very happy with the care." One person said "My room is very personalised and they look after me very well."

We asked people about the food that was on offer at Cheshire Grange and were told "The food is very good," "You can have a full breakfast, a three course lunch supper and drinks at any time," and "Good choice of good food." The dining experience was positive with tables set with table cloths, napkins and salt and pepper on the tables.

Care records showed that plans of care were person centred and reflected the needs of the individual past

histories and experience so that staff were aware of who the person is not just the care they required. This ensured that people were supported in the way they wanted to be.

Activities on offer were varied and reflected the hobbies and interests of people prior to them living at Cheshire Grange where possible. People were supported to be involved in activities that meant something to them and risk assessments were in place to enable them to do this. The provider had effective procedures for ensuring that any concerns about peoples safety were appropriately reported and were constantly striving for improvement.

People, relatives and staff felt that the home was very well managed. We found that all the staff team were well led and highly motivated to provide quality individual person centred care and all spoken with said they felt proud to work at Cheshire Grange.

We saw that the home strived to constantly improve through good practice. We saw that learning was based on the experiences of people at the home living with dementia and this had fed into staff training and development. This enabled all grades of staff at the home to have some insight in to an individual person's dementia journey.

We found that medicines were properly managed so that people were ensured they were given the right medications at the right time they were prescribed. This was supported by the use of an electronic medication management system.

We saw records of how complaints were managed and we saw that they had all been dealt with promptly and an explanation of how they had been resolved retained so that occurrences were minimised.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People we spoke with at Cheshire Grange confirmed they felt safe from harm living in the home. The risk assessments in place were individual and supported people to maintain a good quality of life.

Staff members had excellent knowledge, skills and time to care for people in a safe and consistent manner.

Staff had a good understanding of safeguarding and knew what to do in order to keep people safe.

We found that staff recruitment was safe as appropriate pre-employment checks had been carried out to ensure that only suitable staff were employed.

People's medicines were managed safely.

Good



### Is the service effective?

The service was effective.

Staff had received excellent training based on individual people in the service to equip them to care and support people in a person centred way.

There were sufficient numbers and skill mix of staff deployed to provide person centred support to the people who lived at the home.

Staff knew that it was important to gain people's consent to the care they were providing to enable people to be cared for in the way they wished.

The registered provider was taking steps to make sure that staff were trained in the latest developments in connection with Mental Capacity Act 2005.

Good



### Is the service caring?

The service was caring

We found staff were respectful to people, attentive to their needs and treated people with dignity and kindness in their day to day care.

People were supported and cared for as individuals.

People were able to make choices and were involved in decisions about their day.

Good



### Is the service responsive?

The service was highly responsive to people needs.

People received outstanding care and support which was individual, personalised and responsive to their needs. People were supported and looked after in the way they wished to be.

Outstanding



# Summary of findings

People knew how to make a complaint and felt confident any issue they raised would be dealt with in an open and transparent way.

Referrals had been made in a timely manner to the relevant health professionals for advice and support when people needed it and this advice was followed so that people were supported in a positive way.

People were supported to take part in hobbies and activities of their choice and were involved in the local community.

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

The service was well led

People spoken with said that they felt the manager did an excellent job, was very approachable, caring and was passionate about providing a well-run home.

The procedures in place to monitor the service were effective and drove improvement in the quality of the service.

Actions were taken to address any issues that were found and the management used this to change and improve the service.

This ensured that people lived in a home that was safe and well led.

**Good**



# Cheshire Grange

## 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 6 July 2015 and was unannounced. It was carried out by two adult social care inspectors. Two further announced visits were made on 9 and 29 July 2015 by one adult social care inspector to gather further information.

Before our inspection the provider completed a provider information return [PIR] which helped us to prepare for the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We looked at all of the information which the Care Quality Commission already held on the provider. This included previous inspections and from contact around any incidents the provider had to notify us about. We invited

the local authority safeguarding, quality assurance and commissioning functions to provide us with any information they held about Cheshire Grange. We also contacted the local branch of Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. No concerns were raised with regard to the service and care provided.

During the inspection we spoke with twelve people who lived at Cheshire Grange, four relatives, five care staff, the registered manager and the deputy manager. We looked at all areas of the home, for example we viewed lounges, people's bedrooms and communal bathroom/shower rooms. On the second day of our inspection we had a discussion with the training officer and gathered information about the training undertaken at Cheshire Grange. We also looked at a range of documentation which included four care records, three staff files, medication records and audits of people's care plans and risk assessments, audits of accidents and incidents in the home, environmental checks in relation to health and safety and audits and checks in relation to the staff team.

On the day of our inspection the service was providing accommodation and nursing care to 42 people.

# Is the service safe?

## Our findings

People spoken with said “I like it here, I have no complaints,” “I feel safe here” relatives spoken with said they were confident that their family members were “Well looked after.”

We saw that the home followed national guidance to ensure people received care that was based upon best practice. For example the National Institute for Health and Care Excellence (NICE) advises that the “The risk assessments in place should aim to find a way for someone to do something in a safer way, rather than to prevent them doing it at all.”

We saw by the staff approach and within the care records that this was followed. For example, by the use of technology, one person who was living with dementia was able to go out on their own to a weekly social event by the use of a tracker on their mobile phone. This enabled them to remain independent and improved their self-esteem.

We found that staff supported people to live as they wished and an example of this was someone who wanted to go on holiday with their family but thought they would be unable to do so. The holiday was important for them to spend time with their family at the end stage of their life. Staff at the home had discussed and worked with the person and their family and arrangements were made for them to go on the desired holiday. A detailed individual risk assessment was put in place and the staff had arranged support from a GP and a hospice local to where they were staying. Trained staff members had been “on call” to support this person’s family in case they were worried or if the person’s condition deteriorated. This showed the staff understood the individual person, their needs and wishes and were aware of how to empower people and provide care and support in the safest way.

Another person was able to spend a month’s holiday with family members which they thoroughly enjoyed. Arrangements were made for medications to be collected from a local GP close to where they were staying. This person told us “I so enjoyed this time with my daughter, it was very important to me.”

We looked at the other individual risk assessments for people living in the home. We found they were personalised and highlighted individual risks to people and

saw these were effectively managed. Other risks identified were for people who were at risk of pressure ulcers and risks associated with travelling in the home’s mini bus, risk of choking and risk of weight loss.

The provider had effective procedures for ensuring that any concerns about people’s safety are appropriately reported. All of the staff we spoke with could clearly explain how they would recognise and report abuse. Staff told us, and training records confirmed that staff received regular training to make sure they stayed up to date with the process for reporting safety concerns.

This was designed to ensure that any possible problems that arose were dealt with openly and people were protected from possible harm. We saw that the home had a copy of the local authority’s policy and procedures for identifying, reporting and managing safeguarding incidents. The deputy manager was aware of the relevant process to follow. They said they would report any concerns to the local authority and to the Care Quality Commission. We checked our records and saw that they had done this appropriately when required. They had also notified the local authority safeguarding team.

We looked at duty rotas for staff working at Cheshire Grange. We saw that each unit was staffed separately. There were two Memory Lane units, one providing residential care and one providing nursing care.

On residential unit “Memory Lane” there was one senior carer and two care staff on duty all day. On the nursing unit “Memory Lane” there was one RGN and two care staff. On the general nursing unit there was one nurse and five care staff members.

In addition there were separate ancillary staff including an administrator, kitchen, cleaning and laundry staff plus the home’s maintenance person and a gardener. There was also an activities co-ordinator on duty. The deputy manager was in addition to these numbers. We checked the rotas for the home and saw that this pattern of staffing was consistent throughout the week. The deputy manager told us that the home used a recognised tool to assess dependency levels of people living at the home called Dependency Indicated Care Equation (DICE). The deputy manager told us that they walked around the home to monitor the dependency levels/interactions throughout the day on each unit. Staff were spoken with and dependency was discussed, if staffing numbers needed to

## Is the service safe?

be increased due to the changing needs of the people in the home this was then accommodated. For example if people were at the end stages of their life. The registered manager and deputy manager were also trained nurses and would work “on the floor” if staff needed additional assistance.

We saw that the environment at Cheshire Grange was clean, fresh smelling and safe without restricting people’s ability to move around freely. The home had been awarded a five star hygiene rating by the local authority and we saw that the kitchen area was well organised clean and tidy. A recent visit by the Infection Prevention & Control Practitioner from the Warrington Clinical Commissioning Group showed an audit score of 98 % overall had been achieved by the home. This meant that the home was compliant with the checking system used by the infection control team. Within the dining areas there were “Life skills kitchens” where people could make drinks for themselves or be assisted in preparing food as part of the activities programme. From looking at the activity diary, personal activity and daily records we saw that these kitchens were well utilised and we saw risk assessments in place to enable people to be supported to use the kitchens safely. People said that these kitchens were the “Hub of the home”.

We saw on the Memory Lane units there was good clear signage on bedroom, toilet, bathroom and lounge doors to enable people living with dementia to navigate their way around the home.

We looked at the recording of accidents and incidents at Cheshire Grange. We found that the information was assessed and incidents were investigated and an action plan was in place so that this minimised the risk of these reoccurring.

We looked at a sample of three staff files for staff who had been employed to work at Cheshire Grange. 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. In all three files

we found that there were job descriptions; application forms detailed employment history; references, medical questionnaires and proofs of identity including photographs and criminal record checks so that the deputy manager could be assured they were safe to work with people living at the home. There was evidence that Nursing and Midwifery Council personal identification numbers had been checked to ensure valid nursing registration.

All senior staff who administered medication had received medication training from the local pharmacy in conjunction with Keele University and had their competency assessed by a senior staff member. Another example of the innovative use of technology was the piloting of a new type of medication recording system called icare. Medications were ordered from the GP surgery and local pharmacy. Once received the medicines were logged in to the home so that senior staff knew which medicines had been dispensed. The medication administration sheets were uploaded to an electronic tablet with the photographs and details of people who lived in the home including all details of medicines, times required and allergies. Staff who administered medications logged in to the tablet with a password to keep the information safe. When medications were due to be given the photo ID was automatically highlighted, staff would then administer the medication and use an electronic signature to state the medication had been given. If medications were missed or given late a prompt would flash on the screen so that people were ensured they were given the right medications at the right time they were prescribed. This was a positive way of recording medicines and the risk of errors was minimised. The management team could audit medications using the electronic tablet. All medication was stored in a locked cabinet in each person’s bedroom.

We were informed that the electronic system had an automatic back up programme and the electronic tablets were linked to the homes’ computer. In the unlikely event of all these systems failing the local chemist would be able to print and fax the medication administration sheets to the home.

# Is the service effective?

## Our findings

People we spoke with and their relatives felt that they and their loved ones were looked after by staff who were caring and had training so that they were competent in carrying out their roles. One relative told us, "My relative has been here a few months, all the staff are looking after them and I am very happy with the care."

We found good practice was followed in all aspects of support and care at Cheshire Grange. For example, we observed a staff member walking through the corridor with bed-linen to change a bed. A person who lived in the home spoke to them and they immediately stopped, put down the clean linen and sat next to them engaging them in conversation. We saw that staff took time to explain to people what they were doing and why and individual choice was recorded in the care plans. If people were resistant to care it was recorded how best to support them and how to approach them to gain their confidence, or when it was best to leave them alone as long as they were safe. Each staff member we spoke with knew the people they were supporting very well. One example was staff supporting a person who was deaf. Staff were aware that this person liked to communicate by writing notes and they made sure a pad and pen was next to the person at all times. When the inspector was approaching this person a staff member stopped them and explained how the person liked to be approached and communicated with. This showed that staff understood the need to treat each person as an individual and how they felt it was important to ask visitors to the home to approach people in the way that they would be more comfortable with.

We found that all staff had received training with regard to supporting people living with dementia. The unit manager on the residential unit "Memory Lane" had been on City and Guilds 7300 train the trainer course to support staff with "SO KIND" training. This stands for Short Organised Knowledge Into Nurturing Dementia care. This ensured all training was delivered by the person with the most knowledge and experience in this area. The unit manager held training sessions for all grades of staff which were based on the needs of individual people living at the home. This meant that staff could more easily relate the training to the needs of the people they knew and were supporting.

Staff spoken with were aware of how each person's dementia journey is different and the importance of responding to individual needs and problems in a different way for each person living in the home.

One staff member told us "When I joined Cheshire Grange I had very little experience of dementia and did not understand the devastating impact it can have on people. The training I have received from my unit manager has taught me that although a person may not remember who I am, they will remember the feeling I bring to them. This has made me conscious to always walk through the door with a big smile and to use my past experience in holistic therapy to make a good connection with the people I care for through massage."

We were told by the deputy manager that all staff are considered to be dignity and dementia champions as it is everybody's responsibility to support each person that lives at the home in the most positive and individual way they can. Staff spoken with said they felt it was a part of their role to treat each person as they would like to be treated and to respect them and to care for people in a dignified positive way.

We spoke with four health care professionals who visit Cheshire Grange on a regular basis to assess or support health care for people living at the home. They all said they felt that the home was positive and staff are "very caring and helpful." Other comments were "The staff go over and above and do the little things that matter," "People who live at the home always look happy and staff are very good." "There is a really good standard of care, the staff are extremely positive and very enthusiastic."

We found that the provider had an induction training programme that was designed to ensure any new staff members had the skills and knowledge they needed to do their jobs effectively and competently. Following this initial induction and when the person actually started to work they would shadow existing staff members and would not be allowed to work unsupervised for a period of time. Shadowing is where a new staff member works alongside either a senior or experienced staff member until they are confident enough to work on their own.

All staff spoken with said they had received good training to help them to understand and care for people living at Cheshire Grange. We saw from records that one senior carer had been accepted on to the Care Practitioner



## Is the service effective?

training programme to develop their skills in minor clinical skills such as wound dressing, facilitating person centred assessment, reviewing and leadership. This means that the nursing staff at the home were well supported by senior, experienced well trained care staff.

Training records showed that staff had received training in moving and handling, safeguarding, health and safety, fire awareness, infection control, Mental Capacity Act and DoLS, and there were a high number of care staff who had achieved a national recognised qualification such as National Vocational Qualification or the Diploma in Social Care. One trained staff member had been supported by the company and had qualified in BSc Nursing Studies (Care of the Older Persons) at Wolverhampton University. They told us “I love it here the staff work as a team.”

Care staff have received other training in topics such as continence promotion dysphagia, medication administration and end of life care. Nursing staff had completed training in verification of death, use of syringe drivers, catheter training, tissue viability and venepuncture. The activity co-ordinator had completed a National Activities Providers Association (NAPA) vocational qualification to support them in their role. NAPA is a registered charity and membership organisation for all those interested in increasing activity opportunities for older people in care settings. One member of the catering team was undertaking an apprenticeship in catering level 2. This meant that people were supported by staff who had the skills and knowledge, through training to enable them to support people living at the home.

We asked people about the food that was on offer at Cheshire Grange and were told “The food is very good,” “You can have a full breakfast, a three course lunch supper and drinks at any time,” and “Good choice of good food.” The dining experience was positive with tables set with table cloths, napkins and salt and pepper on the tables.

Staff were aware of what the individual is still able to do, not just what they cannot do or what they struggle with. We saw people helping to set tables before lunch as part of the “normalisation” of mealtimes to encourage and assist people living with dementia to identify with times that food is to be eaten. We saw that food is served from the lifestyle kitchens and is kept warm there so that the aroma of food is present to encourage people to eat. We were told by people and staff that the lifestyle kitchen is the hub of the

unit and most people were seen sat chatting and having coffee or tea and cakes during the day. We also saw people washing dishes here following drinks and meals as they would if they were living at home.

During our observation we saw that the staff at Cheshire Grange assisted people to eat independently and gave gentle prompts whilst sitting next to the person. The atmosphere was calm and unhurried and if people needed assistance this was done with dignity and respect. Staff took time to ensure people were able to make choices about the food they wanted to eat so that people were sure they had made the right choice of meal. We saw coloured crockery was used to enable people living with dementia to differentiate food on the plate and finger foods were available for those who did not wish to eat in a formal manner or were moving away from the tables during meal times. Staff ensured that they were aware of how much food people were eating to ensure that each person was receiving adequate nutrition and hydration.

We saw in care records that people’s choices with regard to food and drinks had been recorded and kitchen staff were aware of any special diets so that people were supported to have their nutritional needs met. We saw that the staff monitored people’s weights as part of the overall planning process on a monthly basis and used the Malnutrition Universal Screening Tool (MUST) to identify whether people were at nutritional risk. This was done to ensure that people were not losing or gaining weight inappropriately. This area was also monitored through the home’s on-going auditing systems. People were being weighed every two weeks to monitor for any weight loss and we saw that one person at risk was being given fortified food, drinks with supplements to help maintain their weight.

We were informed that the company had developed the Barchester Chef Academy, which offers continuing training and development to kitchen staff working in care homes. Chefs spend time talking to the care staff and people who live in the home about what they like and dislike, ensuring individual choice is met.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. (DoLS) are part of this legislation and ensures where someone may be deprived of their

## Is the service effective?

liberty, the least restrictive option is taken. We discussed the requirements of the (MCA) 2005 and the associated (DoLS), with the deputy manager and she was fully aware and had received training to ensure she was fully up to date with all requirements.

We spoke with staff and asked them to describe their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and how this related to the people living in the home. From our conversations it was clear that staff had an understanding of the processes in place regarding DoLS. All staff had received training with regard to MCA and DoLS.

At the time of our visit two people were subject to an authorised DoLS and that the provider was complying with the conditions. Records showed that people had either given consent to their care and treatment or a mental capacity assessment had been completed because the person did not have the mental capacity to consent. For people with a 'lasting power of attorney' for their care

records showed that their representatives such as relatives and health care professionals had made best interest decisions on their behalf. That showed that the principles of the MCA and Code of Practice were followed in relation to best interest decisions.

Staff received formal supervision and appraisal sessions on a regular basis and these sessions were recorded. Supervision is a regular meeting between an employee and their line manager to discuss any issues that may affect the staff member. This may include a discussion of the training undertaken, whether it had been effective and if the staff member had any on-going training needs.

Visits from other health care professionals, such as GPs, speech and language therapists, dieticians, chiropractors and opticians were recorded so staff members would know when these visits had taken place and why. Professionals spoken with felt the staff went "over and above" what was expected and knew the people they cared for very well and were always extremely enthusiastic and well motivated.

# Is the service caring?

## Our findings

People we spoke with at Cheshire Grange said they were very happy at the home. Comments were made such as “I am happy here people are very kind” and “I fell in love with the place as soon as I saw it”. We received an email following our visit as the family of this person wanted to share this with us :-“The . . . . . family would like to thank everyone at Cheshire Grange who took such good care of our mother in the final 2 years of her life. Not only that but also for taking the time to make our father so welcome and comfortable through that time on his daily lengthy visits to be with X. It is no small comfort to us to know that they both enjoyed the final years of their lives in comfort and safety surrounded by people who cared, and that was largely due to the staff at Cheshire Grange.”

Compliment cards and letters sent to the home were very positive and one read, “Everyone was so kind and helpful, friendly and efficient. You have created a wonderful informal happy atmosphere and I am sure my improvement in health was due to you all.” Another “My relative and I received such unfailing kindness from all members of staff. My wish would be that all elderly people could receive such gentle and compassionate care.”

Best practice NICE guidelines advises that where English is not the first language for the person living with dementia, it is noted that they may revert to using their mother tongue. It is advised that people be supported to understand people caring for them by using their own language if at all possible.

We spoke with staff and they had a good understanding of the needs of the people they were looking after. For example, we saw a list of typed phrases in a language that was not English. This was for staff to communicate with a person living with dementia. This person’s first language was not English and staff told us that if the person was having a day when they were more confused they would revert back to their native language. One staff member spoke their language and we heard other staff members communicating with this person, but not in English. This was an example of how staff supported people as individuals.

We also saw how staff respected people’s dignity and privacy by knocking on doors and waiting for an answer before entering bathrooms, toilets and people’s bedrooms. There were leaflets with information regarding advocacy services in the entrance to the home.

Alzheimer’s Europe and UK research states “Many people appreciate physical contact and it can be an effective means of communication for people with dementia. It has been noted that even in the most severe stages of dementia, people still tend to respond well to soft, familiar voices and touch. So, even when the person with dementia can no longer understand, you can still take hold of their hand or put your arm around them. This can communicate a great deal and provide reassurance.”

We saw very positive caring relationships with the people who live in the home and staff members. We saw laughter and warm hugs which people welcomed and showed that people were very comfortable and trusted the staff. The atmosphere at the home was warm, friendly and caring and staff knew people well enough to know if they would respond to hugs and touch or if they were not of a tactile nature. Staff were continually interacting with the people in their care, offering support and encouragement. One staff member said “On Memory Lane all of the staff understand the importance of creating a family atmosphere and there are lots of hugs given and received every day.”

Progress and evaluation notes recorded incidents where people had responded to massage. For example, “X often becomes restless and although it is evident that they have exhausted themselves they will continue to walk. X is encouraged to sit down and their hands and face are massaged and they will relax.” One person’s care plan recorded that they could become low in mood and get angry with staff or other people who lived at the home but they responded well to massage of their legs to ease pain and discomfort and it was recorded that the person commented how relaxing this felt, and “X often becomes restless and although it is evident that they have exhausted themselves as they become more unsteady on their feet they will still continue to walk. I have found that if they are encouraged to sit down beside me while their hands and face they will relax.”

We were told how some people woke at night and wished to get up when they had not been in bed for very long or were restless and thought it was day time. Night staff wore dressing gowns over their uniforms so that people living

## Is the service caring?

with dementia would be less confused about other people, (staff) being dressed when they were being told it was the middle of the night. This was always recorded in care plans. We saw that people looked well cared for and it was apparent that people were supported to maintain their personal appearance so as to ensure their self-esteem and sense of self-worth.

We saw in care plans that people's wishes for end of life were recorded. For example, some people had a do not attempt resuscitation (DNACPR) order document in place and an advanced care plan (a plan of their wishes at the end of life). We saw that the person concerned, their doctor and their family were involved in this decision.

Staff had completed the "Six Steps to Success" training to support people with care at the end of their lives. The aim is to ensure all people who live in the home receive high quality end of life care provided by a care home that

encompasses the philosophy of palliative care. It enables care home staff to deliver the best end of life care. We have already referred to how the staff supported a person to go on holiday with their family whilst they were at the end stage of their life in the safe section of this report. This shows how staff at Cheshire Grange display determination and creativity to overcome obstacles to care for people as they wish to be cared for and the importance of supporting the families of people.

One staff member had been referred for the National Care Award for their involvement in the end of life care for a person who lived at the home. The progress notes recording how staff had supported the person were very detailed and were written in a compassionate way. The staff member had recorded how staff had supported the person and their relatives in the last hours of their life with empathy and great feeling.



# Is the service responsive?

## Our findings

People and relatives we spoke with at Cheshire Grange said they were involved in the planning of their care. People said “You cannot get a better bunch of staff” and “This is good home.” One person said “My room is very personalised and they look after me very well.”

Pre-admission assessment to ascertain whether a person’s needs could be met by the home were carried out prior to anybody moving into Cheshire Grange. As part of this assessment process the home would ask the person’s family, social worker or other professionals, who may be involved to add to the assessment if it was necessary at the time. We looked at the pre-admission paperwork that had been completed for people currently living in the home and could see that the assessments had been completed for the people whose files we looked at.

We found that staff worked in a person-centered way with the people they support and they appreciated the history and experiences that people with dementia bring with them.

We looked at care records and these showed that plans of care were person centred and reflected the needs of the individual past histories and experience so that staff were aware of who the person is not just the care they required. Documents were completed within the care plans and individual sessions with the activities co-ordinator were held with each person to collect this information so an individual activity programme could be compiled. We spoke with staff who were aware of the person and what they liked to do before they were admitted to Cheshire Grange.

We saw that care plans were reviewed regularly and that relatives were invited to attend review meetings which sometimes involved health care professionals. That meant people could be confident that staff were provided with up to date information about people’s needs, so that care provided was current, person centred and responsive. Care plans were written in a style that would enable any staff member reading it to have a good idea of what help and assistance someone needed at a particular time. We saw that there was an emphasis placed on the person’s own decisions and attitudes where the staff felt they had capacity. Examples being the person who was communicated to in their own language, the person who

was deaf and wanted to write questions and answers on a notepad and people supported to go on holiday. This meant that people were cared for and supported in the way they would prefer.

Daily progress notes were very detailed and told a story of how the person had been that day or night. For example, “X does not settle easily, but we have found if we can steer the conversation to a game of bowls he soon cheers up. X is very fond of one carer X – who he thinks should be vice-captain – and you can often hear them chatting about and practising bowls along the corridor;”

“X is very religious and we have found that when they are anxious if they are encouraged to walk to the church with staff it really settles them down and they are happy for the day especially if they get to see their favourite priest;”

“X was always asking staff to stay with them which was difficult as we could not be sat with her all night. We made a bargain with them and explained that we would stay with them until they fell asleep then come away but going back to check on them. It took several nights to settle X fully but with lots of staff effort we found if we lay next to X for just 10 minutes, singing softly or reading X drifted off into a pleasant sleep and was not anxious or agitated all night.”

The home had activities co-ordinators who were responsible for the development and provision of activities for people using the service. There was a varied activities programme in place and copies were on the notice boards on all units and in the coffee shop in the entrance of the home.

We saw that all activities which people participated in were recorded. For example, music therapy, poetry afternoons, outside entertainers, such as singers and violinists, crafts such as making storage jars and friendship bracelets. There were jigsaws laid out on tables and people were seen to add to these as they were passing.

The home had links to the local community school and nursery and the children visited the home to chat and to give small concerts. A local pub had set up with the home a weekly luncheon club and a local hotel invited people for afternoon tea on a regular basis. The home has its own mini bus to enable people to be taken out to local garden centres and local beauty spot.



## Is the service responsive?

The entrance to the home contains a coffee shop where people and their families were seen enjoying coffee and cake whilst visiting their family members.

There were memory boxes outside each person's bedroom filled with items and photographs that people could recognise. Cupboards and chests of drawers were placed along corridors so that people could rummage and touch everyday objects and carry them from one place to another as research has shown that this may be comforting to people living with dementia.

The service also ensured that people on Memory Lane unit participated in activities that reflected their past preferences such as the reference to a person playing bowls with staff.

Records also showed that spontaneous activities took place for example care record progress notes stated: - "X had been reminiscing about a lady actress called Joan Blondell and a phrase she said in movies. It obviously held happy memories for X. So the following night staff took an iPad into X and downloaded a video of the actress. We had a good sing song and X giggled about it all night."

"Whilst chatting about times gone by we got onto the subject of teddy bears picnics and both staff and people who live in the home said how much they loved them so it was a great surprise when after lunch senior carer X set up a marvellous teddy bears picnic which we all enjoyed."

"We had been talking about where we used to holiday and lots of people who live in the home had fond memories of Wales and eating ice cream so we got out the cones, ice cream and flakes and made a make shift ice cream parlour which we all enjoyed.!"

We saw records of resident and relatives meetings took place and people and their relatives said they knew how to complain if they needed to. We looked at two formal complaints logged in the home over the last three months. We saw that they had all been dealt with promptly and an explanation of how they had been resolved retained so that occurrences were minimised.

# Is the service well-led?

## Our findings

Prior to our visit CQC had been informed that the deputy manager was in charge of the home whilst the registered manager was on a secondment within the company. Both the registered manager and deputy manager were trained nurses and were seen by staff to be positive role models. Staff told us they felt supported and listened to, comments from staff were “Great place to work;” Really work as a team;” and “Very well supported.” The registered manager was at the home for part of the inspection and was greeted warmly with hugs by people who lived in the home, relatives and staff alike. We found a positive inclusive team approach at Cheshire Grange.

We looked at some of the responses to the questionnaires from people who used the service and their relatives. Comments made were overall very positive about the service and facilities provided.-, “Can’t praise them enough,” “Lovely home with wonderful carers,” “Wonderful care, you gave X the dignity she deserved,” and ““wonderful care, so happy she was here.”

People, relatives and staff felt that the home was very well managed. We found that all the staff team were well led and highly motivated to provide quality individual person centered care and all spoken with said they felt proud to work at Cheshire Grange. The policies and procedures in place supported staff to carry out their roles and staff had a good understanding of how people wanted their care delivered. They told us that they followed the concept of providing real person centred care to ensure that each person who lived in Cheshire Grange was empowered to live a life of their choice.

We saw that the home strived to constantly improve through good practice and learning based on the experiences of people living with dementia and this has fed into staff training and development. For example the “SOKIND” training using individual people’s experiences to help staff to relate to how dementia affects people in everyday life.

We were told by the deputy manager that the home had set up links with a local animal rescue charity and people and visitors were involved in fundraising for this. We met the new rabbit that had been adopted by the home.

We saw that the staff had handovers at each shift change to ensure all information was passed to the new shift.

Information was also shared by heads of departments daily in an “11 at 11 meeting” which was held in one of the small sitting rooms. This meeting shared information, discussed what changes had taken place, any accidents and incidents that had happened and what actions needed to be taken.

As part of the quality monitoring system the registered manager stayed in the home overnight in order to experience what it was like to spend time as a resident. Staff in the home were unaware when this would take place. The registered manager would then report on the standard of bedroom, bed and mattress, how well they slept including how warm/cold, quiet/noisy the home was at night and sampled the breakfast on offer. We saw a copy of the last few overnight stays by the registered manager and the deputy visits. The reports were positive with no actions to be taken.

On speaking to staff they told us that regular staff meetings were being held and that these enabled managers and staff to share information and / or raise concerns. We looked at the minutes of the most recent meeting and could see that a variety of topics, including quality, health and safety, care issues, human resource issues and training expectations had been discussed.

Barchester used a company called Ipsos Mori to undertake surveys on their behalf in order to gather feedback about the service being provided as a yearly process. A report was produced called ‘Your Care Rating’. We saw the most recent findings from the survey taken in 2014 and the home rated an overall score of 926 for good quality of life out of a possible 1000. This result is based upon the survey findings from four key areas; staff and care, home comforts, choice and having a say and quality of life. Responses and comment showed that people were very happy with the care they received at Cheshire Grange.

The internal clinical governance system for Barchester requested that the deputy manager submit on monthly basis information based on the audits undertaken within the home to the company’s head office. This included, care plans, weight losses, accidents, incidents, safeguarding allegations, complaints, infection control and DoLS. In addition to the monthly return there was also a monthly Care and Quality Audit programme in place. There was a different topic each month and these included medication, health and safety and a professional practice/lived experience. The regional manager and head office staff ensured these were being completed appropriately.

## Is the service well-led?

This was only part of the quality assurance system in place and we saw records of visits made to the home by a clinical care specialist employed by the company who reviewed areas such as care plans, accidents and incidents, falls and nutrition. We saw and the deputy manager confirmed that this was part of the internal clinical governance system and happened regularly. The whole clinical governance system had an overall 'Action Plan Management Tool' for the home. The deputy manager explained that anyone could add to this; this included the visits referred to above as well as external visits, for example an environmental health officer employed by the local authority. We looked at the plan for the home and could see that it was in effect a running 'log' of areas that were being worked upon at any point in time.

We contacted Warrington Borough Council who purchased care for some of the people living at Cheshire Grange. They had found no issues following a recent visit to the home and the home had received a Good rating.

As part of the company auditing system a record for checking that the registration (Personal Identification Numbers) for any nurses working in the home were still in date was maintained. This is an annual process and registered nurses in any care setting cannot practice unless their registration is up to date.

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.

During and following our inspection visit, we were repeatedly requesting folders, files and documentation for examination. These were all produced quickly and contained the information that we expected. This meant that the provider was keeping and storing records effectively.