

Canterbury Care Homes Limited

Rowans Care Centre

Inspection report

Merriden Road
Macclesfield
Cheshire
SK10 3AN

Tel: 01625422284
Website: www.canterbury-care.com

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Ratings

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

Summary of findings

Overall summary

The inspection took place on the 10 February 2016 and was unannounced.

Rowans Care Centre Care Centre provides nursing and personal care for up to 36 people. It provides nursing and personal care, including care for people living with dementia. On the day of the inspection 34 people were living at the service, 33 of whom required nursing care.

Accommodation is provided on two floors, with lounges available on both floors. A passenger lift and stairs provide access to the first floor. The main dining area is on the ground floor. There is a small car park at the front. Assisted bathing facilities are provided.

At our last inspection we found that some of the more vulnerable people who lived at the home were at risk of their needs not being met because of a lack of management oversight and poor communication between staff. Risks were not being managed effectively and medicines were not always stored and administered safely. There were processes to monitor the quality of the service but these were not being used effectively so problems were not always identified or addressed in a timely manner. There was a lack of attention to nutrition and hydration for those who required assistance and care was not carried out in accordance with people's care plans. The provider had also failed to notify us of two significant events they were required to.

At this inspection we found that all these issues had been addressed.

The service had a registered manager in post who had worked at the home for about a year and a half. 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.

Prior to this inspection we received feedback from the local authority contract monitoring team, who said that the home had been subject to an improvement plan but the actions required were completed. We looked at the carehome.co.uk website and saw the following review from October 2016, left by a relative of someone who used the service: "There is an unhurried pace to The Rowans, not regimented, residents choose how to spend the day, not all placed in the lounge at 9.00am. The rooms, activities, garden, vegetable plot are all well kept and the staff are caring and fond of the residents in my experience."

We found that the service provided good care and support to people enabling them to live fulfilling and meaningful lives. People that were able to talk to us said they were happy in the home and with the people they lived with. The interactions we observed between people and staff were positive.

People told us they felt safe living at the home, staff were kind and compassionate and the care they received was good. Comments included: "I have no concerns at all, I am happy here"; "I have been here a

year and I find it fine"; "All X's needs are catered for and X is happy here"; "I get everything I need"; "This place is like a proper home to my Mum and when I come it's not like visiting a business it's like I am coming to her home".

The staff ensured people's privacy and dignity were respected. We saw that bedroom doors were always kept closed when people were being supported with personal care.

People remarked that the food was good and there was plenty of it.

People could choose how to spend their day and they took part in activities in the home. The home employed activity organisers who engaged people in activities in small groups and individually during the day. They also occasionally took people out in the local community.

People's needs were assessed and care plans were developed to identify what care and support people required.

People's health and well-being needs were well monitored. There were regular reviews of people's health and staff responded promptly to any concerns. People were referred to appropriate health and social care professionals when necessary to ensure they received treatment and support for their specific needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were sufficient numbers of suitably qualified, competent, skilled and experienced persons deployed within the service.

There were systems in place to help ensure staff employed at the home were suitable to work with vulnerable people.

People were safe because the provider had systems in place to make sure they were protected from abuse and avoidable harm.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Managers and staff were acting in accordance with the Mental Capacity Act 2005 to ensure that people were receiving the right level of support with their decision making.

Arrangements were in place to request support from other health and social care professionals to help keep people well.

People were provided with a choice of refreshments and were given support to eat and drink where this was needed.

Staff received regular training and supervision to support them in their roles.

Is the service caring?

Good ●

The service was caring.

People were provided with care that was with kind and compassionate. We asked the people living at Rowans Care Centre about the home and the staff members working there and received a number of positive comments about their caring attitudes.

People were treated with respect and the staff understood how

to provide care in a dignified manner and respected people's right to privacy.

Is the service responsive?

The service was responsive.

Information was recorded so that staff had easy access to the most up-to-date information about people's needs.

People were given choices throughout the day. People were given choice about activities, food and how they spent their day.

The provider had a complaints policy and processes in place to record any complaints received and to ensure that these were addressed.

Good ●

Is the service well-led?

The service was well led.

The registered provider had a quality assurance system in place to ensure that areas identified as requiring action to improve the quality of the service were addressed promptly.

There were systems in place to make sure the staff had reflected and learnt from events such as accidents and incidents and investigations. This helped to reduce the risks to the people who used the service and helped the service to continually improve and develop.

People were able to comment on the service in order to influence service delivery.

Good ●

Rowans Care Centre

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 10 February 2017 and was unannounced. The inspection was carried out by an adult social care inspector and an expert by experience. The expert by experience was a person who had personal experience of caring for someone who had used health and social care services.

Before the inspection, we checked information that we held about the service and the service provider. We looked at any notifications received and reviewed any other information held about the service prior to our visit. A notification is information about important events, which the provider is required to tell us about by law. We invited the local authority to provide us with any information they held about Rowans Care Centre. They advised us that the service had been subject to an improvement plan but this was almost completed.

During the inspection, we used a number of different methods to help us understand the experiences of people living in the home.

We spoke with a total of seven people living there, six visiting relatives and six members of staff members including the registered manager, the administrator, the chef, an activity coordinator, two nurses and a care assistant. Some of the people living in the home found it difficult to tell us what they thought of the care in home due to their health conditions, however, throughout the inspection we observed how staff supported people with their care during the day.

We looked around the service as well as checking records. We looked at a total of four care plans. We looked at other documents including policies and procedures, staffing rotas, risk assessments, staff supervision; training; maintenance records; minutes of meetings and audits.

Is the service safe?

Our findings

People who lived in the home told us they felt safe and they liked living there. Comments included: "I feel very safe here it's much better than the last place I was in"; "I have no concerns and if I did I would tell them but everything is okay with me"; "I'm alright here"; "They look after me well here, I feel safe, true enough they are there when I require them"; "I have been here a year and I find it fine"; "Yes I feel safe, there are always lots of people about and I have a buzzer which I can use and they look in at me at night time"; "I just trust them".

The visitors we spoke to also thought their relatives were safe. They said: "If X didn't feel safe he would tell me"; "We have no concerns about X staying here"; "At the previous home X was always falling but they haven't fallen here so I think X is safe, yes"; "X does feel safe because I would know if X was agitated or anxious about living here".

At our last inspection we found that some of the more vulnerable people who lived at the home were at risk of their needs not being met. Risks were not being managed effectively and medicines were not always stored and administered safely. There were poor risk assessments for pressure areas and mattresses were set on the wrong settings. Bedrails were in use but there were no risk assessments for them. At this inspection we found that these matters had been addressed.

We observed relaxed and friendly relationships between the people living in Rowans Care Centre and the staff members working there.

People said their needs were met, although one person said "sometimes they can be short staffed and rather than me getting up at 9.30 it's a bit later" and another said "I think there could be more staff sometimes". However, we observed that when delivering care, the staff were patient and took their time with individual people and did not rush them.

The registered manager regularly used a staffing tool to determine staffing levels required based on the dependency of the people living at the service. During the day of our visit there were two nurses on duty, one senior carer worker and five care workers between the hours of 8am and 8pm. After 2pm there was one less care worker. At night there was one nurse and three care workers between the hours of 8pm and 8am. The registered manager was in addition to these numbers. Other staff on duty included an administrator, two activity coordinators, a handy man, a chef, a kitchen assistant, and two laundry/domestic assistants.

The registered manager told us that she sometimes used agency staff to cover when necessary. She told us she used the same agency as much as possible to obtain staff that were familiar with the home and the people who lived there.

We saw that the provider had a policy for the administration of medicines, which included controlled drugs, the disposal and storage of medicines and for PRN medicines (these are medicines which are administered as needed). Medicines were administered by members of staff on each shift who had received the

appropriate training. People's preferred method of taking their medicines was recorded on their care files. We observed medication being administered appropriately and saw that people were asked if they needed any pain relief. When we asked people about their medicines they said they received them as prescribed by their doctor. Relatives commented: "X doesn't have much medication apart from the odd Panadol but they get it when it's needed"; "X is diabetic so gets meds on time and is on a special diet as well"; "X doesn't complain about not getting medication"; "X gets their medication on time".

We saw that the provider had a safeguarding policy in place. This was designed to ensure that any safeguarding concerns that arose were dealt with openly and people were protected from possible harm. The registered manager was aware of the relevant process to follow and the requirement to report any concerns to the local authority and to the Care Quality Commission (CQC). We checked our records and saw that any safeguarding or incidents requiring notification at the home since the previous inspection took place had been submitted to the CQC.

Staff members confirmed that they had received training in protecting vulnerable adults and that this was updated on a regular basis. The staff members we spoke with told us that they understood the process to follow if a safeguarding incident occurred and they were aware of their responsibilities for caring for vulnerable adults. Staff were aware they could report safeguarding incidents both within and outside of their organisation, and there were contact details available for CQC and Cheshire East Council. We saw that the provider had a whistleblowing policy in place. Staff were familiar with the term whistleblowing and said they would report any concerns regarding poor practice they had to senior staff or outside the organisation if their concerns were about the senior staff. This indicated that they were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to accurately record and report potential incidents of concern.

Risk assessments were carried out and kept under review so that people who lived at the home were safeguarded from unnecessary hazards. We could see that staff were working closely with people and, where appropriate, their representatives to keep people safe. This ensured that people were able to live a fulfilling lifestyle without unnecessary restriction. Relevant risk assessments regarding, for example, falls and use of bedrails were kept in the care file folder. Assessment of people's risk of pressure ulcers was good and nurses checked that people's mattresses were on the correct pressure settings twice a day. There were no pressure ulcers at this inspection.

The registered manager analysed all accidents, incidents and safeguarding issues to identify whether there were any trends and whether any lessons could be learned to reduce risk. We were able to view the records for the last year and could see that trends had been identified and actions taken to reduce the risk.

Staff members were kept up to date with any changes during the handovers that took place at every staff change. In addition to this staff were given a handover sheet that listed all the people living in the home and key information about them such as any assistance they needed with their mobility, nutritional and hydration needs and any allergies.

We looked at the files for two members of staff to check that effective recruitment procedures had been completed. We found that appropriate checks had been made to ensure that they were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Each file held suitable proof of identity, the application form with full employment history and references as well as the job description. The provider also had a system in place for checking with the Nursing and Midwifery Council (NMC) that the registration for any nurse working in the

home was still in date. Registered nurses in any care setting cannot practice unless they have been validated by the NMC.

We checked the equipment in the home including bath hoists and saw that it had been subject to recent safety checks.

We conducted a tour of the home and our observations were of a clean environment which was safe without restricting people's ability to move around freely. We observed that bathrooms had sufficient equipment to maintain hand hygiene and staff were wearing appropriate personal protective equipment when carrying out personal care or serving food. The provider had received a five star (very good) rating in food hygiene from Environmental Health.

However, we did observe that the sluices were very old and only allowed for washing of bedpans, commode pans and urinals, which then had to be sanitised separately with a hypochlorite solution. There was a build up of limescale on the chrome fittings of the sluices and some were beginning to corrode. We discussed this with the registered manager, who contacted the facilities director and obtained agreement for replacement of the sluices with sluicer/ disinfectors. A purchase order was raised for replacement of the first floor sluice before we left the home.

Is the service effective?

Our findings

People we spoke with commented that they liked living in Rowans Care Centre and the visitors we spoke with felt that their relative's needs were well met by staff who were caring and knew what they were doing. Comments included, "The staff know what they are doing, they are all marvellous with me" and "They seem to know what they are doing, I think they go for lessons upstairs".

At our last inspection we found that there was a lack of attention to nutrition and hydration for those who required assistance. At this inspection we found that people's nutrition and hydration needs were well met.

The provider employed a chef who prepared the food. Pictorial menus were supplied to help people living with dementia select their meals and people's food preferences were recorded in their care files and shared with the catering staff.. We saw staff sitting with people and talking to them about what they would like to eat and explaining what was available. Special diets such as soft, pureed and diabetic diets were provided. Staff members we spoke to confirmed that people could request an alternative option such as an omelette if they did not like the meal of the day.

People told us they enjoyed the food. Comments included: "There is a choice of food but I am diabetic so I watch what I eat and I am on the insulin, but the food is good"; "The meals are okay and we get a choice every day"; "The food is very good, it's presented well and very flavoursome and the right temperature"; "I get plenty to eat and if I don't like the two choices on the menu I will have something else like chicken nuggets"; "The cook is spot on". Relatives were also positive about the food provided. They told us: "There is plenty to eat and drink but X is a poor eater, so they watch what X eats and drinks"; "The food is amazing and the chef is great, if there is something X wants different the chef will go to the corner shop to get it if they've not got it in"; "X likes the food and there is a choice, as far as I know X has never complained about it"; "X eats like a horse, the food is fantastic and X can have more if they want"; "X has plenty to drink and some smoothies and it's all put down on the chart"; "The food is very good and X has to have it pureed but really enjoys it and it looks very good".

We observed the lunchtime meal being served and saw that the food looked tasty and was well-presented. No one was kept waiting to eat and there was nothing rushed about the service and atmosphere in the dining room. We observed that staff prompted and engaged with people to encourage them to eat. We saw that when people needed support, they were assisted by staff members in a patient and unhurried manner. One person told us "I can just take my time with my meal". We saw staff offer people drinks throughout the day and they were alert to individual people's preferences in this respect. Snacks were also available. A person living in the home said "I can have some fruit or a cup of tea when I want".

We saw that staff 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. People's dietary and hydration needs were recorded on their observation charts and their intake was monitored and weights recorded. For those at risk of malnutrition or dehydration, advice was sought from the GP or dietetic service.

From our observations and discussions we found that the staff knew the people they were supporting well.

Visits from other health care professionals such as doctors, dieticians, podiatrists, therapists and specialist nurses were recorded so staff members knew when these visits had taken place and why.

The provider had an induction programme and introduction to the workplace. This was designed to ensure that the newest members of staff had the skills they needed to do their job effectively and competently. We looked at the induction programme and saw that it included all that was required for staff to obtain the Care Certificate. (The Care Certificate is a set of standards that social care and health workers stick to in their daily working life.)

Staff members received regular training throughout the year. We checked the staff training records and saw that staff had undertaken a range of training relevant to their role including manual handling, first aid, safeguarding and dementia training. The provider had their own training company who provided a programme of regular training and additional 'one-off' courses. Staff were expected to undertake the training when required and their attendance was monitored. Staff members' competency was assessed through the supervision system and through the auditing of records such as medication.

Staff received on-going support and supervision approximately every two months. We checked records which confirmed that supervision sessions for each member of staff had been held regularly and there were annual appraisals of staff performance and training needs.

During our visit we saw that staff took time to ensure that they were fully engaged with each person and checked that they had understood before carrying out tasks with them. Staff explained what they needed or intended to do and asked if that was alright rather than assuming consent.

The provider had policies and procedures to provide guidance to staff on how to safeguard the care and welfare of people using the service. This included guidance on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

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 so that they can 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 checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that many people in the home were subject to DoLS applications and we were able to view the paperwork in relation to both standard and urgent DoLS applications. We checked and could see that mental capacity assessments and best interests decisions had been recorded on each file. We could see that the provider had a table for recording when applications had been made and the outcome as well as when this was due for renewal.

We spoke with staff who confirmed that they had received training on MCA and DoLS. Staff were aware who was subject to DoLS.

The information we looked at in the care plans was detailed, which meant that staff members were able to

respect people's wishes regarding their chosen lifestyle. People who were able to give consent told us they had been consulted about their care.

A tour of the premises was undertaken, which included all communal areas including the lounges and dining rooms and with people's consent a number of bedrooms as well. We saw that there was an on-going programme of refurbishment taking place. The home was decorated in a homely fashion. Bedroom doors were numbered and had been painted in different bright colours to help people find their rooms. There was directional signage in the home to further help people find their way round.

The home provided adaptations for use by people who needed additional assistance. These included bath and toilet aids, grab rails and other aids to help people maintain independence

Is the service caring?

Our findings

We asked the people living in and visiting Rowans Care Centre about the home and the staff who worked there. Some people living at the home struggled to tell us how they felt about the staff, but we observed warm relationships with smiles and people wanting to hold hands with staff. Other people told us: "Most of them are very nice with me because I can be a bit bossy and grumpy sometimes"; "I never feel rushed or bothered by them and if I did I would tell them"; "The staff treat me very well"; "I am never rushed by them and I have had no accidents"; "The care is of the highest quality from the manager to the laundry lady"; "The staff are brilliant"; "The staff make this place feel homely and it's not about it being a fancy building it's about the care they provide, it's great"; "I think the staff and are all lovely".

It was evident that family members were encouraged to visit the home when they wished. One person told us, "They treat Mum with great respect, they treat me the same and if I pop in to see Mum in a morning I can have breakfast with her, they are great". Another said "They also make me feel welcome here it's very homely and if I fancy a meal it's no problem and I put something in the charity box".

The staff members we spoke to showed that they had a good understanding of the people they were supporting and they were able to meet their various needs. They told us that they enjoyed working at the home and had positive relationships with the people living there.

We saw that the relationships between people living in the home and the staff supporting them were warm, respectful and dignified. Everyone in the service looked relaxed and comfortable with the staff and vice versa. During our inspection, we saw in general there was good communication and understanding between members of staff and the people who were receiving the care and support from them. Staff took their time with people and ensured that they understood what the person needed or wanted without rushing them and always sought their permission before undertaking a task.

We saw that staff members, even when they were busy, were speaking to people with respect and were very patient and not rushing whilst they were supporting people. We noted that, during mealtimes, they moved around the dining area encouraging people to eat and generally chatting.

We saw that the people living in the home looked clean and well cared for. Those people being nursed in bed also looked clean and comfortable.

The quality of the décor, furnishing and fittings provided people with a homely environment to live in. The bedrooms seen during the visit were personalised, comfortable, well-furnished and contained individual items belonging to the person. There were lounge and dining areas on each floor.

The provider had developed a range of information, including a service user guide for the people living in the home. This gave people detailed information on topics such as the type of care provided, the philosophy of care, meals and activities.

We saw that personal information was stored in staff offices on each floor of the home, so people could be confident that the information about them was kept confidentially.

Nursing staff had received training in end of life care. We found that appropriate 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) forms were in place if necessary. We saw that either the person, their relative or health professional had been involved in the decision making. We found that records were dated and had been reviewed appropriately and were signed by a General Practitioner. A DNACPR form is used if cardiac or respiratory arrest is a possibility and where CPR would not be successful. Making and recording an advance decision not to attempt CPR will help to ensure that the person dies in a dignified and peaceful manner.

Is the service responsive?

Our findings

At our last inspection we observed that people were waiting a long time to be attended to when they needed assistance.

At this inspection we observed that people were attended to in a timely manner, and people who used the service and relatives confirmed this. "They come as quickly as they can I'm okay with that"; "Sometimes when X has rung the bell the staff are busy but this has improved in the last 12 months and they are trying their best"; "The place is very good, my relative is well looked after and they look in all the time to see that X is alright"; "X has never complained to me about not being seen in time if they press the buzzer".

People said they had choices in relation to their personal care. One person said "I can have a bath when I want". A relative said: "X frequently has a bath because they don't like a shower".

The provider employed two activity coordinators. We saw a programme of activities for the week which included one to one time with people. Examples of activities included reminiscence, bingo, a quiz, a pampering day with hairdressing and manicures and pet therapy. The activity coordinators were planning to set up a gardening club for people who used the service and entertainers also visited the home occasionally. On the day of the visit the activity coordinators were busy all day playing board games and bingo, which people appeared to enjoy. One person was being helped to do a jigsaw puzzle and another, who could not play in the main game of bingo, was given her own board with red coloured tokens and a member of staff kept encouraging her during this time. There was plenty of good humour and chat between the staff and the people who used the service and visitors were also made to feel very welcome.

We talked to people about the activity programmes and one person said "I like to go and sit in the dining room area and meet my friends and we have a chat and play various games like draughts". Another said "I sit with my two friends for meals and I sit there during the day to play draughts and this afternoon it's bingo". A relative told us "X likes a paper so people can read to them and also has visits from people at the church".

We noted that there was a regular church service held in the home and some people went to the local church on Sunday if they wished.

A couple of people mentioned that there were no trips out and the registered manager said staff took people out if they wanted to go somewhere within walking distance, such as to the shops or pub, but the home did not have any transport. We discussed the possibility of exploring transport options available from local charitable organisations.

All the care plans that we viewed contained a pre-admission assessment to ascertain whether the person's needs could be met. The assessment identified the person's needs, their family details and their medical needs prior to their admission into the service.

We looked at care plans and risk assessments to see what support people needed and how this was recorded. We saw that care plans were personalised, well written and captured the needs of the individual. Reviews of risk assessments and care plans were completed in a meaningful and timely manner. We asked staff members about several people's choices and the staff we spoke to were knowledgeable about the people they were caring for. People said they were consulted about their care plans and one person told us "They have reviewed the plan once or twice since I've been here". One relative said "The care plan is reviewed from time to time" and another said "We went through the care plan yesterday with the staff and we are happy with it".

The service had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy. People said they felt confident that if they raised a concern it would be dealt with. Comments included: "They know how to treat me and what I like and if there was a problem I would tell them"; "Any problems I would go to the office"; "I would tell the carer or go to the office but I have no complaints"; "We have no complaints but if we did we would just speak to the manager"; "If I think something needs changing or I have a query I can just go into the office". There had been no complaints in the last six months.

Is the service well-led?

Our findings

At our last inspection we found there was no registered manager in post. The registered provider had failed to notify us of this and also failed to notify us of a serious injury to a person who used the service. We also found a lack of management oversight and poor communication between staff. There were processes to monitor the quality of the service but these were not being used effectively so problems were not always identified or addressed in a timely manner. At this inspection we found that these matters had been addressed.

There was a registered manager in place who had been in post full time at the home for about 18 months. People knew who she was and spoke positively about her. For example: "Kathy is very busy, she is always about and I can talk to her"; "I think the manager runs the home very well we are very happy with how she is looked after"; "The manager is lovely and if I need anything it is dealt with straightaway"; "Kathy is the manager, I don't have much to do with her but I feel I could go and speak to her if I needed to"; "The manager is very friendly and great with visitors"; "Kathy the manager is very approachable her office is open house I can go in whenever I want to speak to her".

The registered manager told us that information about the safety and quality of the service provided was gathered on a continuous and on-going basis from the people who used the service and the relatives who visited the service. People who lived at Rowans Care Centre knew who the manager was and told us that she spoke to them regularly and they felt confident to raise any concerns with her.

The provider had a corporate quality assurance system and the registered manager was required to carry out audits each month. These included infection control, medication, environment, catering, records and care audits. She also audited people's weights and any accidents or incidents. This helped to ensure any issues in these areas were identified and addressed in a timely manner. For example, the manager had identified from the audits that staff required further training in the prevention and management of behaviour that challenged the service and had arranged for staff to receive training from a specialist dementia nurse.

There were also a number of maintenance checks being carried out weekly and monthly. These included the fire alarm system and water temperatures. We saw that there were up to date certificates covering the gas and electrical installations as well as any lifting equipment such as hoists and the lift.

We saw that residents' and relatives' meetings were held and we were able to view the minutes from the last meeting held in November 2016. These were readily available for people to view and showed that people were involved and asked about what they may like in terms of food. They were also kept informed of staffing changes and had been invited to provide suggestions and feedback on all aspects of the running of the home.

The provider conducted regular surveys with the people living in the home, visitors and staff. We were able to view the survey from May 2016. People had raised some concerns and an action plan had been

developed. During the inspection people told us that the concerns had been addressed. The provider had carried out a further survey in October 2016, but the results hadn't been published at the time of the inspection. However, people told us they had made positive comments: "We filled in the questionnaire and all the responses were positive" and "We had a questionnaire about two months ago and we both gave good comments about the home".

Periodic monitoring of the standard of care provided to people funded via the local authority was also undertaken by Cheshire East Council's contract monitoring team. This was an external monitoring process to ensure the service met its contractual obligations to the council. We spoke to the contract monitoring team prior to our inspection and they informed us that the Rowans Care Centre had been subject to an improvement plan since the last inspection but this was now met.

Staff members we spoke with had a good understanding of their roles and responsibilities and throughout the inspection we observed them interacting with each other in a professional manner. We received good comments about how the home was being managed.

The staff members told us that regular staff meetings were being held and that these enabled managers and staff to share information and raise concerns. During our inspection we viewed minutes from the past staff meetings and saw that these were held on a regular basis. Staff had opportunity to discuss a variety of topics including training, health and safety around the home and any problems.