

Borough Care Ltd

Silverdale

Inspection report

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Website: www.boroughcare.org.uk

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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

We carried out an inspection of Silverdale on 29 and 30 August 2018. The first day of the inspection was unannounced.

Silverdale is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is located in Bredbury, Stockport and can accommodate up to 47 older people, some of whom are living with dementia. At the time of our inspection there were 43 people living at the home.

The home was last inspected on 14, 15 and 16 March 2017 when we rated the service as 'requires improvement' overall and in the key questions safe, effective and well-led. We also identified four breaches in three of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to preventing and controlling the spread of infection, staff competency, supervision and training and the effectiveness of governance systems in place. We also made a recommendation about the deployment of staff around the home.

Following the last inspection, the provider sent us an action plan detailing what they would do and by when to address the breaches identified. At this inspection we found the provider had made the necessary improvements and was meeting all the requirements of the regulations.

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

The home had a clear management structure in place, with the registered manager being supported by two deputy managers. The home was further assisted by an area support manager, who spent at least one day per week in the home. Staff told us the management team were a visible presence in the home, were approachable and happy to help out when needed.

During the inspection we found the home was clean throughout and had appropriate infection control processes in place. Hand hygiene guidance and equipment was located in bathrooms and toilets and personal protective equipment (PPE) such as gloves and aprons were available for staff to use to help prevent the spread of infections.

People living at the home told us they felt safe and well cared for. Relatives we spoke with also had no concerns about the safety of their family members and spoke positively about the standard of care provided. The home had appropriate safeguarding policies and procedures in place, with instructions on how to report safeguarding concerns to the local authority. Staff had received training in safeguarding

vulnerable adults, which was refreshed and they demonstrated a good knowledge of how to identify and report any safeguarding or whistleblowing concerns.

People, their relatives and the staff we spoke with all told us enough staff were deployed to meet people's needs. Staffing levels were determined by the registered manager based on people's level of dependency and assessed needs. Our observations during inspection confirmed the home had sufficient numbers of staff to meet people's needs, with people's request for assistance responded to promptly.

We found medicines were stored, handled and administered safely and effectively. Staff who administered medicines had received training and had their competency assessed. Medication Administration Record (MAR) charts had been completed correctly, as had topical medicine charts, which are used to record the administration of creams and lotions. We found guidance for 'as required' (PRN) medicines such as paracetamol were in place, to ensure people were given these medicines safely and when needed.

The home had a comprehensive induction programme, with ongoing support and observation provided to staff during the first 12 weeks of employment. Staff spoke positively about the training provided, telling us this consisted of both e-learning and practical sessions, with staff able to request additional training in areas of interest. Training completion was monitored and promoted, to ensure staff's skills and knowledge remained up to date. Staff told us they received regular supervision and annual appraisals, which along with the completion of bi-monthly team meetings, ensured they were supported in their roles.

The staff we spoke with displayed a reasonable knowledge and understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), which is used when someone needs to be deprived of their liberty in their best interest. We found the home was adhering to the principles of the MCA. DoLS applications had been submitted appropriately for people deemed to lack capacity to consent to their care and treatment. We saw best interest meetings had been conducted to support decision making when people were deemed to lack capacity to make these decisions independently.

Throughout the inspection we saw positive interactions between staff and people living at the home. People and their relatives told us staff were extremely kind and caring, which was evidenced in the exchanges we observed. Staff had access to a range of personalised information about people, and clearly knew the people they supported, being able to recall background and personal information during conversations.

As part of the inspection, we looked at five care files which contained detailed information about the people who lived at the home and how they wished to be cared for. Each file contained informative, yet easy to read care plans and risk assessments, which helped ensure people's needs were being met and their safety maintained. Staff were able to tell us about the importance of ensuring care was person centred, and this approach was evidenced within people's care files.

The home had a comprehensive activity schedule in place, which included a variety of in house activities, along with community based outings and events. Five staff were in the process of being trained to facilitate armchair exercises, with the intention of running three sessions per week once qualified.

The home had a range of systems and procedures in place to monitor the quality and effectiveness of the service. Audits were completed both internally and at provider level, with action plans and checklists completed to ensure improvements were made.

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.

People we spoke with told us they felt safe living at Silverdale. Staff were trained in safeguarding procedures and knew how to report concerns.

Staffing levels were appropriate to meet people's needs.

Medicines were stored, handled and administered safely by trained staff who had their competency assessed regularly.

Is the service effective?

Good ●

The service was effective.

Staff reported sufficient and regular training was provided to enable them to carry out their roles successfully.

All staff spoken to had knowledge of the Mental Capacity Act (MCA 2005) and Deprivation of Liberty Safeguards (DoLS) and the application of these was evidenced in the care plans.

People's medical needs were supported and involvement of professionals clearly documented.

Is the service caring?

Good ●

The service was caring.

People living at the home were positive about the care and support provided, telling us that staff were kind, respectful and treated them with dignity.

Staff had a good understanding of the people they cared for and were actively involved in promoting people's independence.

People's preferences were captured within care files and care was provided in line with their wishes.

Is the service responsive?

Good ●

The service was responsive.

Care plans provided staff with the necessary information to help them support people in a person centred way.

A wide range of activities, events and outings were facilitated which catered for people's needs and interests.

People and their relatives told us they knew how to complain but had not had cause to do so.

Is the service well-led?

The service was well-led.

People living at the home, their relatives and staff said the home was well-led and managed and that they felt supported by the registered manager and deputy managers.

Team meetings were held regularly to ensure that all the staff had input into the running of the home and were made aware of all necessary information.

Meetings were held with people living at the home and their relatives, to capture people's views and update people with pertinent information.

Audits and monitoring tools were in place and used regularly to assess the quality of the service, with action points generated and completed.

Good ●

Silverdale

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.

The inspection took place on 29 and 30 August 2018. The first day of the inspection was unannounced.

The inspection team consisted of one adult social care inspector from the Care Quality Commission (CQC).

Before commencing the inspection we looked at any information we held about the service. This included any notifications that had been received, any complaints, whistleblowing or safeguarding information sent to CQC and the local authority. We also contacted the local authority for feedback.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the course of the inspection we spoke to the deputy manager; as the registered manager was on leave, area support manager, activities co-ordinator and four staff members. We also spoke to five people who lived at the home and three visiting relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is an observational tool used to help us collect evidence about the experience of people who use services, especially where people may not be able to fully describe this themselves because of cognitive or other impairment.

We looked around the home and viewed a variety of documentation and records. This included five care files, six staff files, six Medication Administration Record (MAR) charts, policies and procedures and audit documentation.

Is the service safe?

Our findings

We checked the progress the provider had made following our inspection in March 2017 when we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as the provider had failed to do all that was practicable to mitigate risk. This was because not all staff had been trained to use manual handling equipment, had the competency, skills and experience to carry out some care tasks safely or were mindful of infection control and cross contamination.

At this inspection we found the provider had made the necessary improvements and was now meeting this regulation. Staff had all completed training in manual handling which was evidenced via the training matrix. Personal protective equipment (PPE) such as disposable gloves and aprons were readily available in all bathrooms, to ensure all staff had access to these. We saw the cleaning of manual handling equipment was included on the night staff's cleaning checklist and had been completed weekly. A visual inspection of each piece of equipment confirmed these were clean and fit for purpose.

We asked people living at the home and their relatives for their views on staffing levels and whether enough staff were deployed. Each person we spoke with told us they had no concerns and there was always a staff member on hand when needed. Comments included, "Yes, they are okay [staffing levels]; we can always find someone when needed", "Yes, there is, never have to wait long" and "Yes, I think there's enough staff, there's always been one or more around when I have needed them."

We asked staff for their opinions and if they could meet people's needs both safely and timely. Each staff member confirmed they could, reporting they worked well together as a team. Comments included, "Yes, we do, no problems with staffing levels at all."

We saw staffing levels were determined by the registered manager, based on people's support needs and dependency levels. The home ran with six care assistants, one senior and an assistant manager between the hours of 8am and 8pm, with one additional care assistant working 8am to 2pm, to support with morning routines and the lunch time period. We saw four care staff and a senior had been deployed at night. Observations during the inspection showed these levels were sufficient to meet people's needs, with staff deployed appropriately to ensure all areas of the home had been covered.

All the people we spoke with said they felt safe living at Silverdale. Relatives also felt their loved ones were safe and well looked after. Comments included, "Oh yes, I'm safe living here. The staff are lovely, can't fault anything" and "Yes, definitely; big part of them coming here was the safety aspect and had no concerns at all."

We looked at the home's safeguarding systems and procedures. The home had a safeguarding file which contained a copy of the local authorities contact details and reporting guidance. 'Harm logs', which detail any issues or incidents which have occurred within the home, had been completed on a monthly basis and submitted to the local authority for review in line with procedure. The staff we spoke to confirmed they had received training in safeguarding, which was refreshed annually and they demonstrated they knew how to

report any concerns.

We found accidents and incidents had also been consistently documented. Falls analysis had been completed, which included details of any falls and action taken to mitigate further incidents. For any accident or fall hourly observations had been completed and documented for the following 24 hour period. This ensured people remained safe and any effects resulting from their accident or fall could be picked up and addressed promptly

We looked at six staff files to check if safe recruitment procedures were in place and saw evidence references, proof of identification and full work histories had been sought for all staff. We found Disclosure and Baring Service (DBS) checks had been completed, with this information stored centrally in the providers human resource (HR) department. DBS checks ensured staff were suitable to work with vulnerable people.

As part of the inspection we checked the systems in place to ensure safe infection control practices were maintained. Bathrooms and toilets contained hand washing guidance, along with liquid soap and paper towels. Each area of the home was clean and free from offensive odours.

The home had effective systems in place to ensure the premises and equipment was fit for purpose. Gas and electricity safety certificates were in place and up to date. Hoists, the lift and fire equipment had been serviced annually with records evidencing this. Call points, emergency lighting, fire doors and fire extinguishers were all checked regularly to ensure they were in working order. Regular fire drills had been completed, which included management standing in areas of the home, holding up 'there's a fire here' sign, to test staff response.

We looked at the home's management of medicines, which included reviewing documentation, checking stock levels and ensuring staff had the necessary guidance to ensure they administered medicines safely and when people needed them. We identified no concerns, with medicines being managed safely and effectively by staff who had been trained and had their competency assessed every six months.

Since the last inspection the home had commenced use of an electronic medication administration system, or EMAR. This meant that medicine administration records were stored and completed via computer. We observed a medicine round to see the system in action. Each person's page on the system included their photograph, medicine details and allergy information. Any medicines due to be administered during each particular time period, e.g. morning, lunch or evening, showed up in red font prior to dispensing and turned orange once dispensed and green after the staff had confirmed it had been taken. We noted that if staff attempted to log off a person's record before prescribed medicines had been confirmed as given, a warning message and prompt appeared. This helped to ensure medicines were administered consistently.

We saw 'as required' (PRN) protocols in place for people who took medicines, such as paracetamol. These provided staff with information about how much to give, when to administer and what signs to look out for to determine if it may be required. This is particularly useful when the person is unable to tell staff themselves. This ensured medicines had been administered safely and when needed.

Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs (CD). We found CD's had been administered as per guidance, with the register completed correctly and consistently.

Is the service effective?

Our findings

We checked the progress the provider had made following our inspection in March 2017 when we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as staff had not received consistent formal supervision and appraisal.

Staff we spoke with told us they now received regular supervision and an annual appraisal. Comments included, "We have a one to one with a senior or deputy every two to three months" and "Yes, we have supervision every month or so. Although we can sit and chat anytime we want one."

We saw supervision or one to one's had been scheduled every six to eight weeks and completion monitored via a matrix, to ensure completion. Each staff file we viewed contained completed supervision records, which confirmed the matrix was accurate. We saw all required staff had completed an annual appraisal.

We looked at both the induction training process for new staff and provision of refresher training for all employees. Induction training was held over four days and included familiarisation to the home, working practices and policies and procedures, alongside practical training sessions and e-learning courses in areas such as manual handling, safeguarding, dementia and infection control. We noted competency assessments had been carried out on new staff, as well as their progress within the role being reviewed formally every month for the first three months. Staff had also enrolled on and subsequently completed the care certificate. The Care Certificate was officially launched in March 2015 and employers are expected to implement the Care Certificate for any staff without a background or experience in care.

In terms of ongoing or refresher training, staff told us this was provided regularly. One told us, "Training is fantastic, they push everybody to do this, chase people to make sure they are up to date." The home monitored training via a matrix. Completion was also monitored at provider level. We saw the home had achieved 100% training compliance when last assessed in July 2018, with all staff up to date with all required courses.

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 authorisation 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. The home used a 'tracker' to monitor all DoLS applications. This included the date of application, date of authorisation and the expiry date. We saw 41 applications had been submitted, six DoLS had been granted and the remaining 35 applications were still awaiting assessment. The local authority rates applications as either low, medium or high as a means of prioritising which need to be done first. All but one of the outstanding assessments had

been rated as low, which is why they had not been prioritised for assessment.

We saw evidence within care files best interest meetings and decision making had taken place, where people lacked capacity to consent to aspects of their care and treatment. Examples included decisions around consent to care, being cared for in bed and monitoring of food and fluid. Where people did have capacity, we saw they had signed their own consent forms.

We saw the home worked closely with other professionals and agencies to meet people's health and welfare needs. The home had a separate file for recording involvement of professionals including general practitioners (GP). Following each visit, the reason for referral along with outcomes and feedback had been documented. We spoke with a healthcare professional who was visiting the home. They told us they had, "Developed a good working relationship with the home. If I ask staff to do anything, they always follow through, they are very reliable."

We looked at how the home managed people's pressure care. Although there was no specific pressure care or skin integrity sections in people's care files, we saw short term care plans had been introduced where people had any pressure care needs. Triggers which could result in skin breakdown, along with guidance on what would warrant a referral to district nurses was also present. A visiting professional told us, "For people with pressure areas or who need pressure relief, they are good at following guidance. Creams are applied and repositioning done. I have no concerns."

People we spoke with told us they received enough to eat and drink and had a choice of options at each meal time. Relatives also spoke positively, comments included, "We get plenty, no concerns", "The food is good, can't grumble" and "Food is very good, always a choice including a nice mix of vegetables. Get the stuff should be eating. Always smells nice and looks appetising." Daily menus were clearly displayed, which showed at least two options provided for each meal, including side dishes and desserts.

Where people required a modified diet, such as mashed or pureed food or thickened fluids, we saw clear guidance from professionals was in place, to ensure staff knew what to provide, why and how this should be done. We observed on both days of inspection, people received both foods and fluids in line with their assessed needs. Food a fluid charts had been used where necessary, which contained guidance for staff on the amount of fluid each different cup within the home held, to ensure accurate recording was completed.

A nutritional assessment tool had been used to monitor people's weight and nutritional needs. We saw people's weights had been checked in line with their nutritional assessment, for example those rated as low risk were weighed monthly. Whereas for people rated as medium to high risk, alongside more frequent weight checks, referrals had also been made to the GP for additional advice and guidance.

The home had been proactive in ensuring the environment was suitable to meet people's needs. Pictorial signage was in place and all bathrooms and toilets contained contrasting coloured hand rails and toilet seats which made them easier to identify. Memory boxes were located outside of people's bedrooms, which contained objects, items or pictures which meant something to them.

Corridors had been named and decorated based on specific themes, such as the London Corridor and Hollywood Boulevard, which helped people to navigate around the home. The home was in the process of setting up a Parisian tea room in one corridor, which would be open for people to visit during the day.

Is the service caring?

Our findings

People and their relatives spoke positively about the care provided at Silverdale. People told us staff were "great" and worked "really hard". Whilst relative's comments included, "The staff are very caring and exceptionally kind" and "The staff are very caring and always smiling." We were also told people were being cared for in a way they would like, with this information clearly documented in people's care files.

Each person we spoke with felt staff respected their dignity and privacy, for example, by knocking on bedroom doors before entering. One relative explained how their family member was not happy they now needed support with personal care, however the staff ensured they treated the person with the upmost dignity when doing so, which had made this much easier for their relative to deal with. We asked staff how they maintained people's dignity and respect. One told us, "I give them options and ensure their privacy by closing windows and doors and covering them up."

Staff were knowledgeable on the importance of promoting independence. One told us, "If someone is capable of doing something themselves, I encourage them to do so, before I will do it." Another stated, "I try to do this as much as possible. Such as when assisting with personal care, encourage them to wash themselves. I will pass them the flannel and talk them through what they need to do. If they can't manage, I will step in. Same with dressing, let people do as much as they can, so don't lose the skills."

Over the course of the inspection we spent time observing the care provided in all areas of the home. This included the use of the Short Observational Framework for Inspection (SOFI), which is an observational tool used to help collect evidence about the experiences of people, who may not be able to tell us themselves, for example due to living with dementia. We saw people appeared relaxed, settled and were well- groomed. Staff were attentive to people's needs, responding promptly to requests for assistance or when observing an intervention was required, when people were unable to verbalise this.

The atmosphere was relaxed and staff were seen to be polite and patient, whilst also having a laugh with people during interactions or when walking from one area to another. It was clear from observations, staff knew each person well and people felt comfortable in staff's presence. We observed appropriate physical contact between staff and people; for example, hugging, rubbing people's arms and holding hands. Each of these interactions was received warmly by the person involved.

There was a positive culture at the home and people were provided with care that was sensitive to their needs and non-discriminatory. Staff were mindful of the importance of catering for people's diverse needs, whether these be spiritual or cultural. Care files contained sections which captured people's needs, wishes, religious and cultural beliefs or requests. At the time of inspection nobody living at the home had any specific requirements, however staff told us these would be catered for. We were told a local priest came to the home to give communion, to those who wished to receive it and some people attended church on a weekly basis, supported by their family.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that

people with a disability or sensory loss are given information in a way they can understand. We found the service had met this standard. We saw people's care files contained information which explained how they communicated with others, including the use of body language and facial expressions for those with limited verbal communication skills. Care plans had been written using simple language along with the use of pictures and imagery, to make them easier for people to understand.

In regard to wider communication, we saw the home produced their own newsletter, which as well as providing information about different topics of relevance, such as dementia and dignity in care, also covered activities and events which people had participated in, including photographs of these, to act as a reminder to the person involved.

Is the service responsive?

Our findings

We saw the home provided care which was personalised and responsive to people's individual needs and preferences. Pre-admission assessments had been completed for all people living at the home, which captured key information about the person to ensure staff had an understanding of the person's needs prior to moving in and assisted with the initial writing of the care plan.

During the inspection we reviewed five care files. We found information was separated between two different files with people having a care file and separate 'yellow' file, which contained assessments, admission documentation, medical information, completed charts, care plan reviews and other miscellaneous documents. This ensured the care file was quick and easy to navigate and contained only relevant information the staff would need to provide each person's care.

The main care file contained 21 sections which covered a range of areas including background history and life stories through to dietary information, support plans and risk assessments. Each file contained detailed, personalised information such as people's likes, dislikes, what others admired about them, what was important to them and how staff could best support them. Each person had a 'map of life' which covered family, friends, pets, childhood memories, employment history, interests, favourite television programmes and places to visit. Special or significant dates had also been captured, to ensure these were acknowledged.

We found care plans clearly explained how people wished to be cared for and were written in a way that made them easy to read and accessible to all. For each area covered, the care plan listed what the person was able to do themselves and what they needed support with. This ensured people's independence was promoted. Information specific to each person's needs was also captured, for example, one person liked to care for a doll. The care plan listed the doll's name and what colour outfit it wore, to ensure staff could support the person in carrying out this role.

At the time of the inspection nobody using the service was in receipt of end of life care, however the staff members we spoke with told us they had received training in this area. One said, "Yes, we are doing this at the moment. I also did a course run by a college earlier this year." We saw the home followed the North West End of Life Six Steps programme and had received a certificate in January 2018, to confirm the home had 'implemented the principles and was committed to the improvement of end of life care'. An end of life register was in place which provided guidance for monitoring people on this pathway and ensured all required professionals were involved, documentation in place and support available. The home had created a family room for relatives to use when a loved one was nearing end of life, to enable them some privacy. Beds were available should relatives wish to remain at the home overnight.

People and their relatives we spoke with were complimentary about the activities available. Comments included, "There are lots of things for us to do" and "The level of activities is excellent, what they provide is very good." The home employed an activities coordinator. They told us an activities planner was created each month, based on people's interests, which was sent to head office for approval. They tried to include household type tasks within the weekly schedule, as people reported they enjoyed these, as well as

providing familiarity and supporting people in retaining skills.

The activities schedule was on display throughout the home. During the week of inspection, we noted plans included a smile session, park walk, reminiscence session, flower arranging, sing along and colour and crafts. We also saw it included options for people who may stay up late or have difficulty sleeping stating, 'night owls, we have board games, books and hot chocolate for you to enjoy'. Upcoming outings and events were also advertised, with September's including a church service, community tea dance, visiting singers and trip to a sensory farm.

The home had its own cinema room, which was open throughout the day with films being shown so people could just sit down and watch. Picture boards were on display throughout the home, which contained photographs taken on the various outings and activities completed. Formal records of activities completed and people's participation had also been kept consistently by the coordinator.

We looked at how complaints were managed. The complaints procedure was clearly displayed and people and their relatives we spoke with, confirmed they knew how to complain, although none had needed to do so. The home kept a complaints log which listed the date, complaint raised, outcome, response provided and whether it had been upheld. We noted seven minor complaints had been received, each of which had been actioned appropriately and resolved to people's satisfaction.

A compliments log was also located in the same file. We noted five had been submitted in July 2018, which included relatives thanking staff for the care provided, support given to relatives and outings provided.

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like the registered provider, they are Registered Persons. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. During the course of the inspection the registered manager was on annual leave. As a result, the inspection was supported by the deputy managers and area support manager.

We checked the progress the provider had made following our inspection in November 2016 when we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as the governance systems in place had not identified the shortfalls noted during that inspection.

At this inspection we found a clear audit and quality monitoring process was in place at the home. The provider's quality and compliance manager completed a quarterly audit. These assessed the service provision as a whole and rated the home using a red, amber and green (RAG) rating system, similar to that used by CQC. The area support manager then worked alongside the registered manager in implementing actions and addressing any issues noted. Detailed checklists were generated following the audit, which we saw had been updated upon completion of each task.

To supplement provider level audits, we noted a number of internal audits had also been completed in a range of areas, including nutrition, weight monitoring, medication, supervision and appraisals, infection control and care reviews. Daily manager's spot checks had also been completed, which looked at staffing, dress code, handwashing, activities, fire safety, medicines and the environment. Comments and actions had been documented, with the home's overall action plan and updated as necessary.

All the staff we spoke with told us they enjoyed working at the home and felt supported. One said, "Yes, I love it here, anytime you need help, one of them [management] is there." A second stated, "Yes, I do [enjoy working here], the managers are supportive and you can bring things up with them, they are approachable".

Staff also told us they had regular meetings, which enabled them to receive information about the home and their roles, as well as provide a forum for them to have their say. Meeting times varied to enable all staff to attend. Comments included, "We have meetings every one to two months, we have meetings at night for the night staff." and "Yes, we have meetings every month or so, more if needed." The home had a meetings file, which contained a schedule for the year. We noted separate bi-monthly meetings had been arranged and held with each designation of staff, from the deputy managers through to carers.

Separate residents and relative meetings had also been held bi-monthly, with the last one taking place on 15 August 2018. We looked at the last three meeting minutes and saw topics discussed included the home in general and people's views, request for any feedback or improvements required and if people were happy with their care. We noted responses had all been positive.

To supplement the views gathered during meetings, the home also completed annual surveys. Up until this year this had been done via an external company, however a new internal questionnaire had been designed which we were told was due to be launched in September 2018. This was to replace the external survey process.

The home promoted a positive working environment and wanted to acknowledge good practice. To support this an employee awards nomination box was located in the reception area, with people and other staff encouraged to nominate a staff member to receive an award based on something they had done well. We also saw the management had been recognised for their practice, with the registered manager receiving an award for dignity in care, whilst one of the deputy managers had been nominated for 'most inspiring leader' at the recent Stockport Star awards, a local award ceremony.

During the course of the inspection we noted a number of examples of partnership working. These included involvement in the local authorities 'Red Bag Pathway', which is designed to support improved transition between inpatient hospital settings and the community or care homes. Whenever a person living at the home required a transition to hospital or other service, the home ensured all required items were sent via a 'red bag', including a 'this is me' passport, wellbeing plan, medication and other required personal items. The home also worked in partnership with Oomph!, providing monthly trips out for people who may otherwise struggle to access the community. This had recently included health walks, a tea dance and trips to a safari park and Blackpool illuminations.

The home's policies and procedures were stored electronically and included key policies on medicines, safeguarding, MCA, DoLS, moving and handling and dementia care. Policies were updated at provider level; this meant that the most up to date copies were always available. We spoke with staff who were able to demonstrate a good understanding of the policies which underpinned their job role such as safeguarding people, health and safety and infection control.

The registered manager adhered to the requirements of their registration with the Care Quality Commission (CQC) and had submitted notifications about key events that occurred at the service. The CQC rating from the last inspection was displayed within the home and on the provider's website. This meant people living at home, visitors and health care professionals knew about the level of care provided at the home.