Indigo Care Services Limited

Three Bridges Nursing & Residential Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was unannounced and took place on the 2 and 8 May 2017.

This was the first inspection of Three Bridges following a change of service provider.

Three Bridges Nursing and Residential Home provides accommodation, personal and nursing care for up to 53 older people, some of whom have dementia care needs. It is located in Latchford, a suburb of Warrington in Cheshire. The service is provided by Indigo Care Services Limited. At the time of our inspection the service was accommodating 43 people.

Three Bridges Nursing and Residential Home is a two-storey building with all resident accommodation on the ground floor. The home has 53 single rooms (four of which have en-suite facilities), four lounges (two of which lead onto a patio), a central conservatory that overlooks the garden), two dining rooms and accessible bathroom and toilet facilities throughout the home. The home has car parking to the front and large gardens to the sides and rear.

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

The registered manager was present during the two days of our inspection and was supported by her line manager for the first day of our inspection. The registered manager was open and transparent throughout the inspection process and was seen to interact with people using the service and staff in a caring and helpful manner.

We spent time talking with people and undertaking observations within the home and noted that people received care and support in a timely manner, which was also responsive to their individual needs. We noted that staff communicated and engaged with people in a kind, friendly and compassionate manner and that people were encouraged to maintain their independence and to follow their preferred daily routines and lifestyle.

The provider had developed a corporate care planning system and each resident had been provided with a 'resident care profile' file which contained information on each person. The needs of people using the service had been assessed and planned for so that staff understood how to provide person centred care and to keep people safe from harm.

A programme of induction and on-going training had been developed for staff to access via e-learning and face to face learning methods. Staff also had access to recognised qualifications in health and social care.

This helped to ensure people using the service were supported by competent staff. Additional systems of support such as supervisions, daily handovers and team meetings were also in place.

Corporate policies had been developed relating to the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. Staff had received training in relation to this protective legislation and those spoken with understood their duty of care.

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

Recruitment practices were safe and relevant checks had been completed before staff commenced work.

The provider had a complaints procedure and where complaints had been reported, these were responded to appropriately and action had been taken to resolve them promptly.

Policies and systems were in place to manage risks and safeguard people from abuse.

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

Medicines were ordered, stored, administered and disposed of safely.

People using the service had access to a range of individualised and group activities and a choice of wholesome and nutritious meals.

Records showed that people also had access to GPs, chiropodists and other health care professionals (subject to individual need).

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.

Staff had received training in regard to safeguarding vulnerable adults at risk and were aware of the procedures to follow if abuse was suspected.

Risk assessments had been updated regularly so that staff were aware of current risks for people using the service and the action they should take to manage them.

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

People were protected from the risks associated with unsafe medicines management.

Is the service effective?

Good

The service was effective.

Staff received supervision and had access to induction, mandatory and other training that was relevant to their roles and responsibilities.

Policies and procedures relating to the Mental Capacity Act and Deprivation of Liberty Safeguards had been developed to provide guidance to staff on this protective legislation and the need to protect the rights of people who may lack capacity.

People's nutritional needs had been assessed and people had access to wholesome and nutritious meals.

Systems were in place to involve GPs and other health care professionals when necessary.

Is the service caring?

Good

The service was caring.

We observed that people using the service were calm and relaxed in their home environment and that staff interactions were appropriate, warm and caring.

People using the service were treated with dignity and respect and their privacy was safeguarded.

Is the service responsive?

Good

The service was responsive.

Systems were in place to ensure the needs of people using the service were assessed, planned for and reviewed.

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

Is the service well-led?

Good

The service was well led.

The home had a registered manager who provided leadership and direction.

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

Three Bridges Nursing & Residential Home

Detailed findings

Background to this inspection

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

The inspection took place on 2 and 8 May 2017 and was unannounced.

The inspection was undertaken by one adult social care inspector and one by expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service, in this case of older people requiring residential or nursing care.

It should be noted that the provider was not requested to complete a provider information return (PIR) prior to the inspection. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at all of the information which the Care Quality Commission already held on the provider. This included previous inspections and any information the provider had to notify us about. Furthermore, we invited the local authority and clinical commissioning group to provide us with any information they held about Three Bridges Nursing and Residential Home. We took any information they provided into account.

During the site visit we talked with 18 people who used the service and three visitors. We also spoke in detail with the interim head of regional operations; registered manager; two nurses; one senior care assistant; one care assistant; a chef and an activity coordinator.

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

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

Good

Is the service safe?

Our findings

We asked people who used the service if they found the service provided at Three Bridges Nursing and Residential Home to be safe. People spoken with confirmed they felt safe and secure at the home and told us they were well-supported by staff who had the necessary skills to help them with their individual needs.

Comments received from people using the service included: "I didn't feel safe but I do here"; "Definitely feel safe yes. I don't fall half as much"; "Staff give me my tablets and come round regularly" and "There are lots of staff on duty. Just ask and they help".

We looked at four 'resident care profile' records for people who were living at Three Bridges Nursing and Residential Home. We noted that each person had undergone a holistic assessment of their needs and that care plans and risk management plans were in place to ensure potential risks were identified and controlled. A fire risk assessment, personal emergency evacuation plans and a business continuity plan were also in place to ensure an appropriate response in the event of a fire or major incident. This information helped staff to be aware of current risks for people using the service and the action they should take to minimise and control potential or actual risks.

Additionally, the registered manager maintained an on-going record of any falls, accidents and incidents that had occurred in the home together with monthly accident statistic forms. This enabled the service to maintain an overview of the type, cause and frequency of any incidents and to take appropriate action where necessary.

At the time of the visit there were 43 people being accommodated at Three Bridges Nursing and Residential Home who required different levels of care and support.

The service employed a registered manager on a full time basis who worked flexibly subject to the needs of the service. A deputy manager was also in post that had supernumerary hours to support and work alongside staff. Ancillary staff were employed for activities; domestic; laundry; catering and maintenance roles.

We looked at the staffing rotas with the registered manager in order to review how the home was being staffed. Examination of the rotas highlighted that the general (residential / nursing) unit was staffed with one registered nurse and four care staff from 8:00 am to 8:00 pm each day. During the night this unit was staffed with one registered nurse and two care staff.

Likewise, the unit providing support to people living with dementia was staffed with one registered nurse and four care staff from 8:00 am to 8:00 pm. One person was also receiving one to one support from an additional member of staff. During the night this unit was staffed with one registered nurse and two care staff.

A staffing tool was in use by the provider and systems were in place to monitor the dependency levels of the

people using the service and to deploy staffing resources accordingly.

Overall, feedback received from staff confirmed there were sufficient staff on duty to meet the needs of the people using the service. We were informed that interviews were due to take place to recruit a night nurse and two care staff.

We looked at a sample of four staff personnel files. 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 four files we found that there were: application forms; two references; interview notes; health questionnaires; disclosure and barring service (DBS) checks and proofs of identity including photographs. In appropriate instances there was evidence that Nursing and Midwifery Council personal identification numbers had been checked to ensure valid nursing registration. All the staff files we reviewed provided evidence that the checks had been completed before people were employed to work at Three Bridges Nursing and Residential Home. This helped protect people against the risks of unsuitable staff gaining access to work with vulnerable adults.

A corporate policy on 'safeguarding adults' had been developed by the provider to offer guidance and clarity for staff on their safeguarding duties and responsibilities. Additionally, separate guidance on how to whistle blow was available for staff to reference. A copy of the local authority's adult protection procedure was also available for management and staff to view.

Training records viewed confirmed that the majority of the staff team had completed e-learning training entitled 'safeguarding adults at risk' and systems were in place to highlight when refresher training was due. The registered manager and staff spoken with during our inspection demonstrated a good understanding of the different types of abuse, their duty of care to protect the welfare of vulnerable people and how to whistle blow.

We looked at the safeguarding records for the service. The safeguarding log highlighted that there had been five safeguarding incidents in the last 12 months. Two whistle-blower concerns had also been received by the Care Quality Commission (CQC) in the same period. Records viewed confirmed that any safeguarding incidents had been discussed with and / or referred to the local authority safeguarding team in accordance with local policies and procedures.

We checked the arrangements for the management of medicines in the residential and nursing area of Three Bridges Nursing and Residential Home with a care manager. We were informed that only senior staff were responsible for administering medication and that they had completed appropriate training to help them understand how to manage medication safely.

We checked that there were appropriate and up-to-date policies and procedures in place around the administration of medicines and found that the provider had developed an operational policy and procedure to provide guidance for staff responsible for the management of medicines. A copy of guidance produced by the National Institute for Health and Care Excellence (NICE) and the local authority was also in place for staff to reference. Patient information leaflets had also been retained and filed for designated staff to view.

The home used a blister pack system that was dispensed by a local pharmacist and medication was securely stored in a dedicated room. Separate storage facilities were available for medication requiring cold storage and controlled drugs. Daily checks of the room and fridge temperatures had been recorded to ensure temperatures remained within the required ranges.

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

We checked the arrangements for the ordering, storage, recording, administration and disposal of medication at Three Bridges Nursing and Residential Home and found that this was satisfactory. We saw that a record of administration was completed following the administration of any medication. We also checked the arrangements for the storage, recording and administration of controlled drugs and found that this was in order.

Medication audits were routinely undertaken by senior staff to monitor the management of medication and to ensure the safety and welfare of people using the service was safeguarded.

Areas viewed during the inspection appeared clean. Staff had access to personal protective equipment and policies and procedures for infection control were in place. We noted that infection control audits were completed as part of the home's quality assurance system. An infection control audit was also undertaken periodically by an infection control nurse.

The last external infection control audit was undertaken on 9/06/2016. The overall score was 97%. An action plan was developed in response to the findings of the audit to further improve practice.

Good

Is the service effective?

Our findings

We asked people who used the service or their representatives if they found the service provided at Three Bridges Nursing and Residential Home to be effective. People spoken with told us that their care needs were met by the provider.

Comments received from people using the service included: "The food is good, I'm a fussy devil"; "The food is fine we get a good variety. We have two choices to choose from. If you don't like it you can ask for something else"; "I collapsed recently. I was off to hospital straight away. If I need a doctor they get one straight away" and "My bedroom is lovely. I have my own things around me."

Three Bridges Nursing and Residential Home is a two-storey building with all resident accommodation on the ground floor. The home has 53 single rooms (four of which have en-suite facilities), four lounges (two of which lead onto a patio), a central conservatory that overlooks the garden), two dining rooms and accessible bathroom and toilet facilities throughout the home. The home has car parking to the front and large gardens to the sides and rear.

Rooms viewed contained people's personal possessions and belongings and were homely and comfortable. The registered manager told us that bedrooms were usually redecorated and refurbished when they became vacant or sooner should the need arise.

We noted that the unit accommodating people living with dementia had been decorated with 'dementia strategy' themed wallpaper such as: seaside; motoring; hats and scarves; sport and garden subjects. Signage and memory boxes were also in use to help people orientate around the unit and to locate their bedrooms and toilets more easily. Pictorial menu boards and other resources had also been purchased to help make the environment more dementia friendly.

Communal areas viewed during the inspection appeared generally homely and comfortable however some areas viewed were in need of maintenance and redecoration. For example, a number of doors and the architrave and skirting viewed was damaged and in need of re-painting. The registered manager assured us that action would be taken to address these matters.

A programme of induction, mandatory, qualifications, service specific and specialist training had been developed by the provider for staff to access. This was delivered via a range of methods including e-learning and face-to-face training.

Systems had been developed to monitor training completion rates and to compare the performance of Three Bridges Nursing and Residential Home against other homes owned by the provider within a local geographical area. Systems were also in place to monitor the outstanding training needs of staff and when refresher training was required.

We noted that Three Bridges Nursing and Residential Home had achieved the highest overall completion

rate which was 95% at the time of our inspection.

Discussion with staff and examination of training records confirmed staff had access to a range of training such as: induction; fire safety; food safety; infection control; health and safety; moving and handling; Mental Capacity Act and Deprivation of Liberty Safeguards; dementia awareness and safeguarding. Competency based training had also been completed by nursing staff and other specialist training was available to access as and when required.

Records detailed that 14 out of 31 care staff had completed a National Vocational Qualification at level 2 or above in health and social care. Records confirmed that a further six staff had been nominated to complete this training during March 2017.

Staff spoken with confirmed they had had attended team meetings periodically and received supervision and appraisal sessions throughout the year. Daily flash meetings were also coordinated to enable senior staff to discuss and share information relating to key operational issues.

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).

The Care Quality Commission (CQC) is required by law to monitor the operation of DoLS. We discussed the requirements of the MCA 2005 and the associated DoLS with the registered manager.

We noted that policies on the Mental Capacity Act and Deprivation of Liberty Safeguards had been developed by the provider to offer guidance for staff on the core principles of the Act.

We saw that mental capacity assessments were undertaken if necessary and if applicable DoLS applications were completed. These were only completed if a person was deemed to be at risk and it was in their best interests to restrict an element of liberty. Applications were submitted to the local social services department who were responsible for arranging any best interests meetings or agreeing to any DoLS imposed and for ensuring they were kept under review. The registered manager maintained a record of people with authorised DoLS in place and the expiry dates. Information on applications awaiting authorisation and people with a Lasting Power of Attorney had also been recorded. A Lasting Power of Attorney (LPA) is a way of giving someone you trust, the legal authority to make decisions on your behalf if you lose mental capacity at some point in the future, or if you no longer want to make decisions for yourself.

We talked to staff to ascertain their understanding of who had a DoLS in place and what this meant. Staff spoken with confirmed they had completed training in the MCA and DoLS and demonstrated an awareness of their duty of care in respect of this protective legislation.

A four week rolling menu plan had been produced which was reviewed periodically in consultation with the people using the service. The menus offered a daily choice of wholesome and nutritious meals and alternative choices were available upon request. We saw that the menus were displayed in the dining areas of each unit and pictorial menu boards were also used to help people to understand the meal choices on offer.

We noted that information on each person's diet, weight and dietary preferences had been recorded within each person's 'resident care profile'. This included key information for staff to reference such as required positioning, texture modifications and fluid consistency and was kept under regular review. Staff spoken with were knowledgeable about each person's needs.

We spoke with the head chef on duty and looked at the kitchen. The kitchen area appeared clean and well managed. We saw that information on the dietary needs of people using the service had been obtained and was recorded on a wipe board in the kitchen for staff to reference.

The chef showed us how he recorded key information relevant to the operation of the kitchen using a system which had been developed by the provider. We noted that the most recent food hygiene inspection was completed in January 2016. Three Bridges Nursing and Residential Home was awarded a rating of 5 stars which is the highest award that can be given.

The chef told us that the service had offered people the opportunity to order meals in advance of meals being prepared and served however this had not been effective as many people had changed their mind by the time the meal was served. Consequently, the kitchen staff produced additional meals each day to provide flexibility for people should they decide to opt for a different meal.

We discreetly observed a lunch time meal being served on two units over the two days of our inspection. Meals were attractively presented and portion sizes were good. People were encouraged to eat in the dining room but we saw that some people preferred to eat their meals in their own rooms or in the lounge. Individual wishes were respected.

Staff were seen to be on hand to offer assistance to people who required support with eating and drinking and were observed to provide appropriate attention and support to people with a diverse range of needs in an unhurried and relaxed manner. Staff spoken with told us that they had sufficient staff on duty to meet the needs of all people who required individual support at meal times.

People were observed to have a choice of meals. Tables were appropriately laid with tablecloths; tablemats; napkins; condiments and vases of flowers (in the main lounge only). We saw that people also had a drink of their choice and additional refreshments and snacks were provided throughout the day. People spoken with were generally complimentary of the standard of catering,

We noted that staff had developed working relationships with a range of social care and health professionals to help ensure positive outcomes for people's health and well-being. We could see from records that staff made referrals to appropriate health professionals where they had concerns about someone's health.

Discussion with people using the service and care profile records viewed provided evidence that people using the service had accessed a range of health care professionals such as: GPs; chiropodists; dieticians; speech and language therapists and opticians subject to individual needs.

We spoke with the registered manager regarding oral examinations and dental appointments for people as some records viewed did not provide evidence of dental appointments. We noted that the service had experienced difficulties in accessing domiciliary dental services for some people. We received confirmation following our inspection that referrals had been made to the community dental service where necessary.

Good

Is the service caring?

Our findings

We asked people who used the service or their representatives if they found the service provided at Three Bridges Nursing and Residential Home to be caring. People spoken with confirmed they were well cared for and treated with respect and dignity by the staff who worked in the home.

Comments received from people using the service included: "Staff are lovely here. I can't fault it"; "My family can visit when they want to"; "It's a good home, I like it"; "They [the staff] are magic"; "If I want a shower I can, if not I don't. I'm looked after like a queen" and "Cracking set of girls [staff]. They look after me".

We spent time talking with people and undertaking observations within the home and noted that overall people received care and support in a timely manner, which was also responsive to their individual needs. We noted that staff communicated and engaged with people in a kind, friendly and compassionate manner and that people were encouraged to maintain their independence and to follow their preferred daily routines and lifestyle.

Staff spoken with told us that they had been given opportunities to read people's care profiles and that this had helped them to understand the needs of the people they cared for. Staff also told us that they had received induction, on-going training and opportunities to work alongside experienced colleagues which had helped them to get to know people.

We saw that people living in the home presented as clean, appropriately dressed and happy in their appearance. Staff spoken with were able to give examples of how they provided personalised care and support to people and demonstrated an understanding of the need to safeguard people's dignity, individuality and human rights.

We undertook a Short Observational Framework for Inspection (SOFI) during our inspection of Three Bridges Nursing and Residential Home as a means to assess the standard of care provided to people living with dementia during a lunch time meal.

We observed that people using the service were calm and relaxed in their home environment and that staff interactions were appropriate, warm and caring. People using the service were treated with dignity and respect and their privacy was safeguarded.

Staff were seen to be attentive and responsive to the needs of people with a diverse range of needs and were noted to take time to sit, talk and engage with people using the service whilst offering encouragement and support. It was evident that staff recognised and valued people's individuality and that they had a good awareness of the needs and preferences of the people they cared for.

Information about people living at Three Bridges Nursing and Residential Home was kept securely. Likewise, electronic records were password protected to ensure confidentiality. An information pack and brochure on Three Bridges Nursing and Residential Home had been developed to provide current and prospective

service users and /or their representatives with key information on the provider and the service. The information pack contained a range of information such as: a statement of purpose; service user guide; home brochure and examples of a menu plan and activity programme.

Good

Is the service responsive?

Our findings

We asked people who used the service or their representatives if they found the service provided at Three Bridges Nursing and Residential Home to be responsive. People spoken with confirmed the service was responsive to their individual needs.

Comments received from people using the service included: "I'm treated like an individual"; "I'd complain to the manageress if I had a problem"; "I am asked my views. I feel involved"; "If you ask for something they do come back if they can't do it right away" and "There are different activities for us but I prefer my own space and that is respected."

We looked at the records of four people who were living at Three Bridges Nursing and Residential Home. We noted that the provider had developed a corporate care planning system and each resident had been provided with a 'resident care profile' file which contained information relevant on each person.

Files viewed were well organised, person centred and outlined identified needs, support requirements and expected outcomes and goals. Staff spoken with told us that care profile records were updated immediately in the event a person's needs changed and monthly care plan evaluation records were in place.

Supporting documentation such as: mental capacity assessments; best interest decision assessments; consent forms; life history; weights; health care appointments; risk assessments; family involvement; personal hygiene records and daily communication records also formed an integral part of the care profile model.

Records viewed provided evidence that people using the service or their representatives had been involved in care planning wherever possible. We noted that the deputy manager had also completed care plan audits periodically. Staff spoken with reported that they had opportunities to read the information contained within care plans and that this had helped them to understand people's needs, preferences and expectations.

The registered provider had developed a complaints procedure to offer guidance to people using the service and / or their representatives on how to make a complaint. Information on how to complain had been displayed on a notice and was also included in the home's statement of purpose and service user guide which were available in the reception area of the home for people to view.

A complaints log had been established by the manager to record any concerns or complaints. This outlined the complaint reference number; date of complaint; details of the complaint; outcome and date resolved and any further action required. Additional information had also been recorded on separate complaint records together with supporting documentation.

The complaint log detailed that there had been nine complaints in the last twelve months. Records confirmed that issues had been acted upon promptly by the service.

The provider employed two part-time activity coordinators who were responsible for the planning and provision of a range of activities for people using the service six days per week. A monthly programme of activities was displayed in the reception area for people to view and a record of people's birthdays was also in place so that they could be celebrated by everyone.

On the first day of our inspection we noted that the activity coordinator had spent time reading to two people and then supported another person on an external activity. On the second day of the inspection, we observed a group of residents watching a movie during the morning. Following this an Elvis Presley impersonator attended the home to entertain a large group of residents in the main lounge. We spoke with the activities coordinator who told us that activities staff also spent time on the unit accommodating people living with dementia to spend allocated time with individual people.

People spoken with told us that they were happy with the activities on offer and records of activities were maintained and available for reference. Records highlighted that people had participated in a range of other activities such as: bingo; reminiscence; board and table games; sing-a-longs; karaoke sessions; quizzes; arts and crafts; pets as therapy; coffee mornings; gentle exercises; baking; pamper sessions; nail manicures; organ playing and external entertainment.

Good

Is the service well-led?

Our findings

We asked people who used the service or their representatives if they found the service provided at Three Bridges Nursing and Residential Home to be well led. People spoken with confirmed they were happy with the way the service was managed.

Comments received from people using the service included: "We have meetings our relatives go as well. We can say anything, so does our family. We can say what we want"; "I see the manager every day. Her office is behind me. All staff are approachable"; "I know the manager she's Val. She's here every day"; "The manager and staff do listen to us" and "It's like a big family here."

Likewise, comments received from relatives included: "The manager is visual. I attend meetings" and "Brilliant home. If my brother is happy so am I".

Three Bridges Nursing and Residential had a manager in place that was registered with the Care Quality Commission. The registered manager was present throughout our inspection and was supported by an interim head of regional operations for the first day of our inspection.

The management team were supportive, open and transparent throughout the inspection process and we saw that they interacted with people using the service and staff in a caring and supportive manner.

We noted that the provider had developed a 'quality assurance and compliance programme'. This detailed that the quality assurance cycles for Orchard Care homes consisted of a series of monthly pre-determined statistical audits and required standards audits, plus customer satisfaction surveys that were compiled in a quality assurance file.

The interim head of regional operations told us that the provider had introduced a new monthly visit report template to be completed from May 2017. We were told that the provider had temporarily stopped the completion of monthly 'operational quality review visit' forms (previously completed by the operations manager) to enable senior managers to focus on more practical support for home managers.

We noted that a 'Quality Monitoring Report' had been completed by a compliance officer during April 2017. This review process is undertaken every six months (or more sooner if required) and may be announced or unannounced. The review was based upon the five domains used by CQC and provided an in-depth analysis of key operational areas including opportunities to obtain feedback from people using the service, their representatives and staff. An action plan had been produced to address any key findings.

The registered manager told us that the organisation's head office last distributed customer satisfaction questionnaires to people during January 2017. A summary report of the findings and an action plan had been produced for people to reference. This was displayed in the reception area of the home and outlined: "What you told us we do well"; "What you told us we can do better" and "Our promise to you" which outlined the action that would be taken in response to feedback.

Areas for development included: raising awareness of keyworkers and more involvement in care planning; the provision of more social opportunities in the activities programme; increasing the range of food options and improving the maintenance of the gardens. We noted that action had been taken in response to the feedback.

The results had also been discussed and shared with people during a 'residents and relatives' meeting in February. These meetings were coordinated throughout the year to share and receive information. Monthly newsletters were also produced to share news and events with people using the service and their representatives.

Other themed audits were also distributed to people each month to obtain on-going feedback on the standard of care provided. Action plans were developed in response to each survey type to ensure any short falls were acted upon.

A range of other key audit tools had also been completed for areas such as medication; infection control; care plans; accidents; complaints; tissue viability and weight monitoring. This helped to verify that important areas were subject to on-going scrutiny and review.

Periodic monitoring of the standard of care provided to residents funded via the local authority was also undertaken by Warrington Borough Council's Contracts and Commissioning Team. This is an external monitoring process to ensure the service meets its contractual obligations. The contracts monitoring team last undertook a full monitoring visit to Three Bridges Nursing and Residential Home during July 2016. Upon completion of the monitoring visit the service was rated overall as 'good'.

We noted that the provider employed one maintenance person who worked between Three Bridges Nursing and Residential Home and another home within the organisation. The registered manager told us that any work required by the maintenance person was requested via email or phone.

We checked a number of test and / or maintenance records relating to: the fire alarm system; fire extinguishers; emergency lighting; electrical installation; gas safety; water cleanliness; portable appliances and hoisting equipment and slings and found all to be in order.

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