Care Quality Commission

Southfield Health Care Limited

Southfield Care Home

Inspection report

Belton Close
Great Horton
Bradford
West Yorkshire
BD7 3LF
Tel: 01274 521944
Website: N/A

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Ratings

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

Overall summary

We completed an unannounced inspection on 2 June 2015. This meant the provider and registered manager did not have notice that we would be inspecting the service on this date.

During our last inspection on 30 October 2014 we identified six breaches of legal requirements and made a recommendation that the provider and registered manager ensure they were fully aware of their requirements to notify the Commission of certain incidents which occurred at the home.

We found improvements had been made to meet all legal requirements and recommendations made by the Commission. However, there was still further work to be done to ensure these improvements could be sustained and to demonstrate that the new processes were fully embedded.

Southfield Care Home provides accommodation and personal care for older people living with dementia. The service is registered to accommodate up to 54 people. On the day of this inspection 40 people lived at the home; 30

Summary of findings

people were accommodated in the old side of the building and 10 people were accommodated in the newly built extension which opened in early October 2014. Accommodation is provided in single bedrooms, most with en-suite bathrooms. There is the ability for double rooms to be provided should there be a request for this. The service is situated in Great Horton on the outskirts of Bradford.

The service had a registered manager in post. 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.

Improvements had been made to the premises to help protect people from potential risks and the provider had an improvement plan in place which showed the refurbishment of the older part of the building would be completed by the end of 2015.

New systems had been introduced to manage safeguarding incidents and accidents. Staff had been trained and were confident in identifying and responding to safeguarding which helped ensure people were better protected from the risk of abuse.

Improvements had been made to the management of medicines so that people were protected against the risks associated with the administration, handling and recording of medicines.

Our observations and discussions with people concluded there were sufficient numbers of staff on duty to ensure people were safe and provided with personalised interaction. Recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. These procedures were not always being consistently followed, however the registered manager provided assurance they would address this as an immediate priority.

Improvements had been made to ensure staff received appropriate training to enable them to deliver safe and effective care. However, at the time of our inspection not all staff had regular supervision meetings, although this was something the registered manager planned to address.

Risk assessments were in place where areas of potential risk to people's general health and welfare had been identified. People were supported to access a range of health and social care professionals to assist with care, treatment and support where appropriate.

Staff had a good understanding of the Deprivation of Liberty Safeguards and the Mental Capacity Act 2005 and their role in protecting the rights of people with limited mental capacity.

We observed a calm and relaxed atmosphere in the home with lots of laughter and fun between people and staff. People appeared comfortable, well dressed and clean. Staff had a good knowledge of the people they supported. This included an understanding of potential triggers and effective strategies to help reduce the risk of behaviour that challenged. Care staff spent time interacting with people and encouraging them to join in a range of meaningful activities.

Improvements had been made to the way complaints were managed, monitored and responded to. People's feedback was obtained in a variety of ways such as surveys, meetings and questionnaires. This information was then used this to help adapt and improve the service. The feedback from people and relatives about the service, staff and standard of care provided was consistently positive. People told us the food was good and they confirmed there was always plenty of choice and variety of food on the menu.

Processes and systems to assess and monitor the quality of care provided had been introduced, such as audits of care plans and the environment. The feedback about the registered manager and senior care team was positive. We also saw evidence that they promoted and encouraged an open and honest culture.

The registered manager told us without a deputy manager and with only limited administrative hours they were having difficulty ensuring that all the policies, records and audits were up to date. The provider had plans in place to provide the registered manager with additional support as they recognised this was important to ensure improvements continued.

We recommend the provider ensures all window restrictors in the home conform to the most up to date health and safety guidance. We also

Summary of findings

recommend that a formal process be introduced to ensure all policies and procedures are consistently reviewed, updated to reflect current guidance on best practice.

The service was on a journey of improvement. However there was still further work to be done to ensure the improvements made since our last inspection could be sustained and to demonstrate that the new processes were fully embedded.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

Procedures were in place for the recruitment of staff, however these were not always being consistently followed. Our observations and discussions with people concluded there were sufficient numbers of staff on duty to ensure people were safe and provided with personalised interaction.

Improvements had been made to the premises to help protect people from potential risks.

New systems had been introduced to manage safeguarding incidents and accidents. Staff had been trained and were confident in identifying and responding to safeguarding which helped ensure people were protected from the risk of abuse.

Improvements had been made to the management of medicines so that people were protected against the risks associated with the administration, handling and recording of medicines.

Risk assessments were in place where areas of potential risk to people's general health and welfare had been identified. Some improvements were required to ensure risk assessments relating to people's call bells were comprehensive and clear.

Requires improvement

Is the service effective?
The service was not always effective.

Improvements had been made to ensure staff received the appropriate training to enable them to deliver safe and effective care. However, not all staff received a regular supervision.

Staff had a good understanding of the Deprivation of Liberty Safeguards and the Mental Capacity Act 2005 and their role in protecting the rights of people with limited mental capacity.

People told us the food was good and they confirmed there was always plenty of choice and variety of food available.

People were supported to access a range of health and social care professionals to assist with care, treatment and support where appropriate.

Requires improvement

Is the service caring?
The service was caring.

Good

Summary of findings

We observed a calm and relaxed atmosphere in the home, with lots of laughter and fun between people and staff. People appeared comfortable, well dressed and clean. Staff had a good knowledge of the people they supported. This included an understanding of potential triggers and effective strategies to help reduce the risk of challenging behaviour.

Our observations and discussions with people showed that care staff helped to maintain people's dignity, privacy and independence.

The feedback from people and relatives about the service, staff and standard of care provided was consistently positive.

Care records contained appropriate information to enable staff to deliver care which was focused on people's individual preferences and needs.

Is the service responsive?

Good

The service was responsive.

Improvements had been made so that complaints were appropriately managed, monitored and responded to.

The service asked for feedback from people and relatives in a variety of ways such as surveys, meetings and questionnaires. This information was then used this to help adapt and improve the service.

People and their relatives were involved in how their care was planned and delivered and their individual preferences and wishes were respected.

We observed a fun and spirited atmosphere in the home. Staff spent time interacting with people and people were regularly occupied in meaningful activities which were appropriate to their needs and preferences.

Is the service well-led?

Requires improvement

The service was not always well-led.

The service was on a journey of improvement. However there was still further work to be done to ensure the improvements made since our last inspection could be sustained and to demonstrate that the new processes were fully embedded.

Processes and systems to assess and monitor the quality of care provided had been introduced, such as audits of care plans and the environment. The registered manager had a plan to show these checks were structured throughout the year.

Systems were now in place to ensure accidents and incidents were consistently recorded, reviewed and acted upon.

The registered manager told us without a deputy manager and with only limited administrative hours they were having difficulty ensuring the all the policies, records and audits were up to date.

Summary of findings

The feedback about the registered manager and senior care team was positive. We also saw evidence that they promoted and encouraged an open and honest culture.

Southfield Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 2 June 2015 and was unannounced.

Before the inspection, we reviewed the information we held about the provider. We also spoke with the local authority commissioning team to ask them for their views on the service and if they had any concerns. Usually before an inspection we ask the provider to complete 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. On this occasion we did not ask the provider to complete a PIR.

The inspection team consisted of two adult social care inspectors and a pharmacy inspector. We used a variety of methods to help us to assess the quality of care provided and to understand the experience of people who used the service. We spoke with; five visiting relatives, four members of care staff, two senior carers, ten people who used the service, the provider, the registered manager and a visiting healthcare professional. We reviewed four people's care records, 14 people's medicine administration records (MARs) and other records relating to the management of the service such as policies, incident records, audits and staff files. We also spent time observing care and interactions between staff and people who used the service.

Requires improvement

Is the service safe?

Our findings

During our last inspection we found the service had not appropriately protected people from the risks associated with unsafe or unsuitable premises. During this inspection the registered manager showed us around the building and we found improvements had been made.

We saw the cracked glass window had been replaced and the areas of carpet which had previously posed potential trip hazards had been secured. There were locks on the sluice rooms and we found these were kept locked whilst not in use. We found the door to the laundry in the basement was locked. People could access the laundry by using the passenger lift or requesting that the door to the laundry be opened by staff. We saw keypads were now in place on the main staircases. The registered manager explained that most people who could move independently used the passenger lift or were provided with the codes to the doors if they wanted to use the stairs to move between floors. We saw people who were assessed as being safe to move independently were able to freely move around the building during our inspection. The registered manager explained that the keypads helped protect those people who needed assistance from care staff to safely move from the risk of falling on the stairs.

We saw window restrictors were in place on all of the upstairs windows we saw and most downstairs windows. **We recommend the provider consults relevant health and safety guidance to ensure all window restrictors in the home conform to the most up to date advice.**

The provider showed us their plans for ongoing improvements to the premises, which included redecorating all bedrooms and communal areas in the older part of the building on a rolling programme. This work was due to be completed by the end of 2015. We spoke with the maintenance person who explained they completed most health and safety checks in the home, such as water temperature testing. We saw documentation was in place to evidence these were completed and identified issues were dealt with. We saw a maintenance book was in place where staff documented areas for improvement, replacement or repair. The maintenance person signed the book to show these had been completed. The maintenance book showed these issues were addressed in a timely manner.

Periodic maintenance and checks of fire safety equipment were completed by an external contractor. The registered manager showed us evidence that the local fire safety officer visited the service on 2 May 2015 and did not identify any areas of concern. Following our inspection we checked the national fire protection register and found no enforcement notices were in place.

During our last inspection we found appropriate steps were not being taken to ensure people were fully protected from abuse or the risk of abuse. During this inspection we found improvements had been made.

The registered manager told us and records confirmed that following the concerns raised at the last inspection all staff had updated their safeguarding training and been made aware of their responsibilities to report safeguarding issues to the relevant authorities including the Commission. The registered manager had also put a tracking system in place to ensure staff always followed the correct procedures.

The care staff and senior care team told us they were aware of how to detect signs of abuse and were aware of external agencies they could contact. They told us they knew how to contact the local authority Adult Protection Unit and the Commission if they had any concerns. They also told us they were aware of the whistle blowing policy and felt able to raise any concerns with the registered manager knowing that they would be taken seriously.

Incident records did not reveal any concerning trends or themes and there was a low number of safety related incidents which indicated that effective systems were in place to help keep people safe. There was evidence to show the service learnt from accidents/incidents. We saw evidence the registered manager reviewed the accident and incident reports on a weekly basis and carried out a full audit on a monthly and three monthly basis. The registered manager explained they looked for themes and trends and we saw clear evidence that action was taken to address any concerns raised. For example, the accident reports showed that one person had been found on the floor at the side of their bed on several occasions. We saw the registered manager had, in consultation with other healthcare professionals, ordered a specialist bed to reduce the likelihood of this type of accident happening again and therefore reducing the risk of injury. We saw this had been effective in significantly reducing the number of falls for this person.

Requires improvement

Is the service safe?

There was a whistle blowing policy in place for staff to report matters of concern and the registered manager told us they operated an open door policy and people could contact them at any time if they had concerns. The provider had a policy in place for safeguarding people from abuse. This policy provided guidance for staff on how to detect different types of abuse and how to report abuse. However, this policy had not been reviewed since 2011. We spoke with the registered manager and registered provider about this and they said they would implement a formal process to ensure this policy was regularly reviewed. Following our inspection the registered manager sent the Commission an updated version of the safeguarding policy and said this would now be reviewed on an annual basis.

We saw the service held money in safekeeping for a number of people and transaction sheets had been completed showing any income, expenditure and a balance. However, we saw that in most instances there was only one staff signature on the transaction sheet instead of two. In addition, there was no evidence that the registered manager audited the money held in safekeeping on a regular basis. This was discussed with the registered manager who told us that to safeguard both people who used the service and staff they would in future make sure two staff always signed the transaction sheets and that they audited the system on a regular basis.

At our last inspection we found people were not protected against the risks associated with medicines. During this inspection we found improvements had been made and people were now protected against the risks associated with the administration, handling and recording of medicines.

Medicines were stored appropriately and were locked away securely to ensure that they were not misused. Medicines records were clear and accurate and a check of records and stocks showed people had been given their medicines correctly. When necessary, care staff had clearly recorded the reason why medicines had not been given. There was an effective system of stock control in place which reduced the risk of people running out of their medicines and minimised the amount of medication wasted.

Medicines were only handled by trained care workers who had been assessed as competent to administer medicines safely. Care staff supported people to take their medicines in a variety of ways and information was available for care workers to refer to. This helped to ensure people were given their medicines correctly, consistently and in a way that met their individual needs and preferences. We saw care staff were now more aware of the importance of giving medicines at the right time of day for example, before breakfast or after meals, and systems were in place to make sure these medicines were given correctly.

Regular audits were carried out to determine how well the service managed medicines. We saw evidence that where concerns had been identified, action had taken to address them. We discussed with the registered manager how these audits could be developed in order to further improve medicines management within the home.

We found sufficient numbers of staff were employed for operational purposes. The registered manager told us staffing levels were based on people's needs although no specific dependency tool was used at the time of the inspection. We observed care practices and concluded there were enough staff to ensure people were stimulated and provided with personalised interaction. The staff we spoke with told us there were always enough staff on duty to meet people's needs and provide the level of care and support they required.

The registered manager told us a total of seven care staff including two senior care assistants were on day duty. Night duty was covered by one senior care assistant and two care assistants. The registered manager told us in addition to the care staff the service also employed sufficient numbers of cleaning and catering staff. A senior care assistant also split the hours they worked between general administrative duties and providing 'hands on' care. The service did not employ a deputy manager.

The registered manager told us the service did not employ agency staff. However, two of the cleaning staff had experience in care work and covered some shifts if care staff rang in sick at short notice. They told us either they or a designated senior member of staff were on-call at all times and could be contacted day or night if an emergency situation arose.

Staff recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. However, the recruitment policy was dated 2004 although it had been reviewed annually since that date. The registered manager told us a Disclosure and Barring Service (DBS) check and at least two written references were always obtained before staff started work. The staff

Requires improvement

Is the service safe?

we spoke with and the three staff recruitment files we checked confirmed this was the case. However, we found the correct recruitment procedures had not always been followed. For example, the recruitment policy made it clear that all candidates applying for a post had to provide proof of identity and a copy had to be placed on file. The registered manager assured us they had seen proof of identity for all new staff. However, copies of this information was not in the three recruitment files we looked at. In addition, in two instances we found a letter had been sent to candidates offering them a position before a satisfactory DBS or references had been received. The letter did not make it clear that the job offer was subject to satisfactory references and DBS checks. Following our inspection, the registered manager provided a copy of a new recruitment policy and stated they had put new systems in place to ensure the recruitment procedures were followed at all times.

We saw there was a staff disciplinary procedure in place to ensure where poor practice was identified it was dealt with appropriately. The registered manager told us all new staff were initially employed for a probationary period prior to being offered a permanent position.

None of the people or relatives we spoke with raised any concerns about their safety and said there were always enough staff about to help them. One person told us; “I feel safe and secure living here which is more than I did living alone at home." Another person said; “I am really happy living here. My family can all get on with their lives knowing that I am safe and being well cared for.”

Risk assessments were in place where areas of potential risk to people's general health and welfare had been identified. These included assessments relating to people's mobility, nutrition, medication and the environment. Some people did not have call bells in their rooms because they were assessed as not having the capacity to be able to use one. We saw information in people’s care records to show that to ensure the safety of these people, staff should check them every 30 minutes when in their bedrooms. Staff recorded to show this was done within the daily activity notes. However, it was not always clear that these half hourly checks were necessary because people did not have a call bell in their room. We spoke with the registered manager about this and they said they would ensure a more comprehensive and clear risk assessment was developed for the people who did not have call bells in their rooms.

Requires improvement

Is the service effective?

Our findings

During our last inspection we found staff had not received the appropriate training, supervision and support to enable them to deliver safe and effective care. During this inspection we found improvements had been made.

The service had a training plan in place which enabled them to track what training was required and when updates were due. The plan showed that since our last inspection care staff had received training in key areas such as; fire safety, safeguarding vulnerable adults, infection control, moving and handling, first aid and person centred care. Some staff had also received training in different areas of dementia care to help them understand the specific needs of the people who used the service. The registered manager told us training on the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) was being completed by all staff following concerns raised at the last inspection. Our review of training records confirmed that staff who had not already completed this training would have completed it by the end of June 2015.

The registered manager told us the majority of mandatory training was done in-house by staff completing a workbook and assessment which was then sent to the external training provider for marking. The registered manager confirmed they had recently started to carry out competency assessment prior to the workbook being sent for external marking to ensure staff understood what they had learnt.

The registered manager also told us all new staff completed comprehensive induction training on employment and always shadowed a more experienced member of staff until they felt confident and competent to carry out their roles effectively and unsupervised.

We saw that individual staff training and personal development needs were identified during formal one to one supervision meetings. However, only 30% of care staff had attended a supervision meeting in recent months. The registered manager told us this was because they had not had time to meet with everyone and other senior members of staff were not trained to take on this role. Whilst care staff told us they felt able to approach the registered manager if they had a concern, formal supervision meetings are important as they support staff to carry out their roles effectively, plan for their future professional and personal development and give them the opportunity to discuss areas of concern. We discussed this with the provider and registered manager who agreed they would review the arrangements for completing supervisions to ensure care staff received more frequent formal supervisions. Following our inspection the registered manager contacted us to explain that from the end of June 2015 the senior care team would take over responsibility for completing supervisions for care staff and the registered manager would complete supervisions of the senior care team. They also provided a plan for the remainder of 2015 which showed that care staff would receive a supervision every other month.

People provided positive feedback about care staff's approach and knowledge of the people they supported. One relative said; "The staff are brilliant, nothing is too much trouble for them." Another person said; "Staff are friendly, when specific tasks are asked of them they are done."

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood when an application should be made and how to submit one and was aware of a Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. The registered manager confirmed at the time of our inspection one person who used the service had a DoLs in place. We saw the best interest's assessor had recommended that conditions be attached to the authorisation and action had been taken to ensure compliance with the conditions.

The registered manager told us they had also applied for DoLS for two other people and their care records demonstrated that all relevant documentation was securely and clearly filed. The staff we spoke with were aware of the person who had a DoLS in place and that the registered manager had applied for DoLS for two other people. They also had a general understanding of the MCA and DoLS and how the legislation might affect the care and support they provided.

We asked care staff what they did to make sure people were in agreement with any care they provided on a day to day basis. They told us they always asked people's consent before they provided any care or treatment and continued to talk to people while they assisted them so they

Requires improvement

Is the service effective?

understood what was happening. The staff told us they respected people's right to refuse care and treatment and never insisted they accepted assistance against their wishes. The people we spoke with confirmed this.

There was clear evidence within the care records we reviewed to show people had access to healthcare professionals such GPs, district nurses, dentists, chiropodists and the community matron. We spoke with one healthcare professional on the day of the inspection. They told us they had no concerns about the care provided and staff always followed their advice and guidance.

Nutritional risk assessments were completed on admission and people's weight was monitored. The staff we spoke with told us they monitored individual people's food and fluid intake if they had concerns and involved other healthcare professionals. We looked at the fluid chart for one person and found on the 27 May 2015 staff had only recorded they had drank 660mls of fluid in a 24 hour period. We also saw the amount of fluid being taken was not totalled up at the end of each day as required. This was discussed with the registered manager who told us they were confident the person had been offered and taken more to drink but acknowledged staff had failed to record this correctly. They confirmed they would address this matter through training and supervision.

We spoke with the cook and they had a good understanding of people's dietary needs and preferences. The cook confirmed the service used a mixture of fresh and frozen products and provided people with a varied and balanced diet. They told us people were offered choices at meal times and both they and the registered manager were always open to suggestion about how the menu could be improved.

People who used the service told us the food was good and they confirmed there was always plenty of choice. One person said; "The food is always well cooked hot and tasty." Another person told us; "I have no complaints at all about the food the cooks do a good job." A relative made the following comment; "The meals are wholesome and always plenty of vegetables and healthy food is included on the menu."

We observed the lunchtime meal and saw if people required assistance or prompting to eat their meal this was done discreetly and in a sensitive manner. However, we did hear three members of staff refer to people who required assistance to eat their meals as "feeders" which was not appropriate or respectful. This was discussed with the registered manager who confirmed they would address this with staff.

We found the home was decorated in a way which tried to promote the wellbeing of people who lived with dementia. The registered manager explained they had used advice and guidance provided by a leading university's dementia development centre in the design and decoration of the new section of the building and had tried to reflect this learning in the redecoration of the older section of the home. For example, we saw reminiscence memorabilia throughout the communal areas of the home and each corridor was decorated with a specific theme and colour to help orientate people to the area of the home they were in.

Good

Is the service caring?

Our findings

Staff were able to tell us how individuals preferred their care and support to be delivered. They also explained how they helped to maintain people's dignity, privacy and independence. For example, by addressing them by their preferred name and always asking for their consent when they offered support or help with personal care. Throughout the inspection we saw staff treated people with respect and dignity. For example, when in communal areas we saw staff were discrete when asking people if they wanted support with their personal cares. Our observations were supported by what people told us. For example, one relative said; "In my opinion the care is delivered with the respect and dignity of the resident at all times."

We also concluded that staff knew people well and had developed meaningful relationships with the people they supported. We saw that care staff approached people in a way which showed they knew the person well and knew how best to assist them. For example, we saw several examples where staff took prompt and effective action to keep people calm, reduce anxiety and provide reassurance where needed. This showed us staff knew potential triggers and effective strategies to help reduce the risk of challenging behaviour. We observed a calm and relaxed atmosphere in the home, with lots of laughter and fun between people and staff. We also saw that people who could not speak with us smiled and laughed which showed us they were happy in this environment and comfortable with the staff who supported them.

People appeared comfortable, well dressed and clean which demonstrated staff took time to assist them with their personal care needs. Following our inspection someone contacted the Commission to express concerns that they had seen some people dressed in their night clothes at 5pm and one person being supported to shave in the lounge. We raised these issues with the registered manager who investigated the concerns. They provided assurance that some people often chose to put their night clothes on after having a shower in the afternoon. They stressed this was the individual choice of each person and care staff did try to encourage people to wear appropriate clothing for the time of day. Some people we spoke with on the day of the inspection confirmed that they liked to go to bed early but this was their choice. One person said; "I like to go to bed really early because my medical condition means I can get very tired. Sometimes I am in bed as early as 6pm, but that is my choice, I have always been an early riser and my routine hasn't changed since moving here." The registered manager also confirmed that the person being supported to shave in the communal lounge was being assisted by their relative and had asked to remain in the lounge as they did not want to go back into their bedroom.

The feedback from people and relatives about the service, staff and standard of care provided was consistently positive. One person told us; "The staff here are wonderful and will do anything for you." Another person told us; "Staff are kind, caring and approachable, I could go to any of them if I have a problem. I get everything that I need living here and more." One relative told us; "If I had to choose somewhere for me in later life, it would be here. It doesn't look, feel or smell like a care home. It's warm and welcoming and feels like home." Whilst another relative made the following comment; "The care is without doubt the best thing about Southfield and that starts from the very top. The staff are professional, friendly, kind and thoughtful and regularly go above and beyond."

Relatives told us that they were able to visit their family members at any reasonable time. One relative explained that they visited their family member at different times of the day and they were always made to feel welcome and there was always a relaxed and friendly atmosphere in the home. Another relative told us the home had been recommended to them by a friend and they were very happy with the care and treatment provided. One relative said; "You can tell this is not just a job for the staff, they really care for people and it shows."

We looked at four people's care plans and found they contained information about people's past and current lives, their family and friends and their interests and hobbies. We saw specific information about people's dietary needs, their likes and dislikes, their lifestyle and the social and leisure activities they enjoyed participating in. This showed that people were able to express their views and were involved in making decisions about their care and treatment.

Good

Is the service responsive?

Our findings

During our last inspection we found the service did not have an effective process in place for identifying, receiving, handling and responding appropriately to complaints. We found improvements had been made to how complaints were managed, monitored and responded to.

The registered manager now completed an audit of all complaints every three months. This enabled them to identify and act on any themes or patterns in the complaints people made. In between this they completed a complaints tracker to enable them to monitor what complaints were ongoing. We reviewed the complaints file and saw evidence any concerns people raised had been logged, investigated and responded to in a prompt and effective manner. At the time of our inspection there were no outstanding complaints and no clear themes in the complaints people made. There was a notice in the entrance to the home which advised people how they could raise a complaint and what other organisations they could contact if they had concerns about the service. People we spoke with told us they knew how to raise a complaint but had never had cause to do so.

Staff asked for feedback from people and relatives in a variety of ways and then used this to help adapt and improve the service. People who used the service and their relatives were asked to complete an annual survey and the results of this were displayed in the entrance to the home. We reviewed the responses to the last survey completed in November 2014 and saw that the feedback provided was mostly positive. We saw that where people had raised issues or concerns these were followed up and addressed by the registered manager. One person made the following comment; “This care home is the best one I have been in and I have been in many care homes in Bradford. The staff treat everyone like family members and are always very helpful.”

Meetings for people who used the service and their relatives were held every two months. We saw the registered manager used these meetings to discuss important updates and changes in the home and to ask for input about people’s preferences for how the service was run. At the meeting held on 11 March 2015 the registered manager asked for people’s feedback about what was good about the service and what they would like to improve. Some of the comments people made included;

“The home needs very little improvement. Perhaps just a lick of paint here and there.”

“I would not even consider moving my mother to live anywhere else, unless it was to live with me.”

“We are more than happy with the level of care given at this home. There have been no safety issues or incidents and [my relative] is more than settled and happy.”

“Nothing to improve. Just keep doing what you are doing.”

“The willingness to involve families in home activities is reassuring.”

People who used the service or their relatives said they were encouraged to make choices and their choices were respected. We spoke with people and/or their relatives who had exercised their right to furnish their rooms with their own furniture or personal belongings. One relative said; “Moving mum out of her home of many years was not easy, but having her own things around her made it so much better.”

The registered manager told us at the point of admission information was gathered to ensure a meaningful care plan was constructed. Evidence we saw showed people who used the service and their relatives contributed to the initial care plan which was reviewed with staff on a regular basis. The registered manager told us these reviews were a minimum of every six months but would be sooner if there was a change to people’s needs or people requested a review.

The care plans we looked were person centred, with individual information on people's wishes in relation to how their care was provided. The care plans showed how people liked to spend their time and how they liked to be supported. People’s assessment of care needs covered such areas as nutrition, mobility, personal hygiene and socialising.

During our last inspection we noted there was not a formal activities program in place. The registered manager explained they had discussed this with people who used the service, relatives and staff and decided that due to most people at the home living with dementia a formal plan was not appropriate to their needs. However, they now dedicated one staff member each day to focus on encouraging people to participate in whatever activities people wanted to do each day. The registered manager told us the care staff member’s name was put on the notice

Good

Is the service responsive?

board at the beginning of the shift and they would not support people with care tasks unless there was an emergency. They said these activities usually took place in the older part of the building, whereas the new part of the building was designed to provide a more calm and relaxed atmosphere for people who preferred a quieter life.

We saw that the staff member assigned to activities on the day of our inspection spent their time encouraging people to join in a range of activities which people appeared to enjoy participating in. There was a fun and spirited atmosphere in the communal lounges. Care staff spent time dancing, singing, chatting to people and encouraging them to participate in meaningful activities such as reminiscence therapy, jigsaws and puzzles. Other care staff also spent time interacting with people and encouraging them to do activities. For example, one staff member encouraged someone to set the table prior to lunch. They spent time showing this person how to set the table and provided them with encouragement throughout. This person told us they liked to, “Keep busy” and smiled throughout this task which showed they enjoyed doing it. One person told us they enjoyed the activities that were offered but would prefer there to be more art based activities. We raised this with the registered manager and they said they would feed this back to staff.

Requires improvement

Is the service well-led?

Our findings

During our last inspection we found a lack of robust systems to assess and monitor the quality of care provided. The registered manager and provider were clear that the home was on a journey of improvement but that there was still further work to be done to ensure these improvements could be sustained and to demonstrate that the processes were fully embedded.

The registered manager provided us with a plan for the year which detailed what quality assurance checks were to be completed each month and who was responsible for them. This enabled them to track what had been completed and what work was outstanding so that they could plan their time more effectively. They explained that they had prioritised addressing the highest risk areas identified in the Commission's last inspection report. Our observations, conversations with people and assessment of records showed that improvements had been made to ensure a more formal and robust governance structure was implemented and that this had begun to improve the quality and safety of the service provided.

During our last visit we found there were no systems in place to ensure accidents and incidents were consistently recorded, reviewed and acted upon. During this inspection we saw that the registered manager had introduced processes to enable them to monitor accidents and incidents which occurred in the home. We saw evidence that this system enabled them to pick up on emerging trends and patterns and take appropriate action to make sure risks to people's health and wellbeing were reduced. The standard of information staff recorded on incident forms had also improved and it was now clear what action had been taken in response to each incident. The registered manager explained they were now clear about what incidents they had to report to other agencies such as the Commission and the local authority adult protection team. The information we hold about this service demonstrates that they notified the Commission about relevant incidents in a timely and appropriate manner. The senior carer had also been trained to make relevant alerts and referrals and explained that they completed these in the absence of the registered manager to ensure there was no delay in reporting.

The registered manager and senior care team audited complaints, completed annual surveys, involved people in a programme of care reviews and used relative's meetings to ask for opinions on what could be improved or how changes should be managed. This ensured they used a variety of channels to regularly seek feedback about how the service should be run from people and their relatives. We saw evidence that they then used this feedback to help drive improvements and ensure changes were appropriate to the needs of the people using the service.

The registered manager explained they had introduced a new system to audit care plans. They explained that the senior care team checked 10% of care plans each month to ensure that every file had a full audit at least once a year. We saw evidence of care plan audits in some of the care files we reviewed. We also saw that care records were reviewed and updated each month and as part of people's six monthly care review. This meant there were now several systems in place to check whether people's care records were fit for purpose and reflected people's current needs.

The registered manager told us the provider visited the service on a daily basis. However, we found no documentary evidence to show what was discussed during these visits or how they supported the registered manager. The registered manager said they would take this forward to ensure records were kept of the issues discussed with the provider and any required and completed actions. The provider completed monthly checks of the environment which were now being recorded. The records showed that this included an inspection of each bedroom and any required improvements were then transferred into the provider's refurbishment plan. We recommend that the provider refers to the Health and Safety Executive's guidance published in June 2014 'Health and safety in care homes' to ensure that these checks encompass a comprehensive health and safety check based on this best practice guidance.

The registered manager showed us they had developed an infection control audit and were in the process of training a senior carer to take on the infection control lead in the home. They said that their training would be completed by the end of June and their yearly plan showed that the infection control lead would complete three monthly infection control audits from then on. Prior to this the registered manager completed weekly checks of the cleanliness of the home, but had recognised that a more formal infection control audit was also required.

Requires improvement

Is the service well-led?

The majority of policies and procedures we looked at had not been reviewed since 2011 and some had been initially written in 2005. For example the physical intervention and restraint policy had been written in 2005 and was last updated in 2010. The provider could therefore not be sure the policies and procedures in place provided staff with accurate and up to date information or were fit for purpose. Our discussions with care staff demonstrated that they were aware of current best practice due to the training they had completed. **We recommend the provider ensures a formal process is introduced to ensure all policies and procedures are consistently reviewed, updated and reflect current guidance on best practice.**

The registered manager told us without a deputy manager and with only limited administrative hours they were having difficulty ensuring all policies, records and audits were up to date. They also felt that they needed more protected time without interruption to carry out their role effectively and to ensure that they could dedicate time to ensure improvements continued. This was discussed with the provider who confirmed they were looking to employ a consultant to support the registered manager, provide an independent check of the quality of care provided and ensure compliance. The provider also said they would look at the allocation of the senior carer's hours to ensure they had sufficient time to complete the duties assigned to them, such as staff supervisions and infection control audits, to ensure these could be handed over from the registered manager.

The staff we spoke with told us that the registered manager and senior care team were very approachable. One staff member said; "The manager and senior carers have an open door and they don't judge". Another staff member told us, "I had a concern which I raised in the past with a senior carer and they dealt with it very quickly." They were also confident that any concerns they raised would be dealt with promptly.

The people we spoke with also provided positive feedback about the registered manager and senior care team. We also saw evidence that the registered manager promoted and encouraged an open and honest culture. For example, they had discussed the Commissions last inspection report with people and relatives and had been clear about where there had been failings and what action they planned to take to put things right. We saw they used relatives meetings to provide updates on what improvements had been made and what were planned for the future. They also encouraged people and relatives involvement in shaping what the future direction of the service would be so that it improved for the benefit of the people who used it.

We also found the registered manager was open and honest with the inspectors about where they recognised improvements were still required. For example, whilst shift handovers were used to communicate changes and key messages between care staff, they explained that staff meetings were not held in the home and they felt this was a missed opportunity to convey messages and ensure a positive morale amongst care staff. They said the provider did not allow them to have staff meetings. We discussed this with the provider who explained that they had found staff had not turned up when meetings in the past. The provider said they would look to reintroduce staff meetings and would explore different ways they could ensure staff attended them.