

Accord Housing Association Limited

Bracken House

Inspection report

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Ratings

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

Summary of findings

Overall summary

We inspected this service on 1 March and 5 March 2018. The inspection was unannounced. At our last inspection on 21 January 2016 the provider was meeting the relevant requirements of their registration with us and was rated as good in all domains. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Bracken House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Bracken House is a two storey building within a residential area and is registered to provide personal care for up to 30 people who are living with dementia. There were 29 people living in the home at the time of our inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like 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.

There was a strong management team. Staff showed commitment and were keen to provide people and relatives with a care experience that met and exceeded their expectations. The registered manager encouraged staff to be collaborative and imaginative in the way they provided care which recognised that people were at the heart of their service.

People and their families contributed to their care planning and the elements which were most important to them were identified. Staff knew people well and reviewed their needs regularly to ensure the care they were provided with met their requirements.

People benefitted from activities provided by staff which were innovative and introduced people to new experiences, such as the use of information technology. Staff understood the importance of providing people living with dementia opportunities to reminisce and provided them with calming support when they felt unsettled. People's spiritual needs were identified and there were arrangements in place to support them with their chosen faith.

People were protected from harm. Staff knew how to recognise abuse and the actions they must take to ensure people remained safe. People's risks were identified. Their care plans and the support they received reflected the most appropriate management of them. Staffing levels were reviewed regularly as people's needs changed to ensure there were sufficient staff to care for them. Recruitment processes ensured that staff completed the necessary screening before they were able to work with people.

Medicines were managed safely. There were checks in place to monitor staff competency and the accuracy of medicines ordering, storage and administration. Staff followed infection control best practice and had training in food hygiene to protect people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff understood the importance of gaining consent from people and the actions they should take when people were unable to make decisions for themselves. Staff had access to training and support to improve their knowledge of care and enhance their skills. People were provided with a choice of nutritious food and plentiful drinks. Staff supported people to retain their independence and when support was required it was provided in a kind and reassuring manner which maintained people's privacy and dignity. Healthcare professionals were consulted when people needed additional support and staff implemented the recommendations they received.

The registered manager listened to people's opinions and took action to implement any improvements they highlighted. There was a complaints policy in place and people were encouraged to share their concerns. Audits and checks were in place to monitor the quality of the service and make improvements where needed. The registered manager was fulfilling the requirements of their registration with us.

Further information is in the detailed findings below.

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 remained Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Outstanding ☆

The service had improved to outstanding. People enjoyed a wide range of activities supported by staff who used innovation to provide people with new experiences. People were encouraged to identify what was important to them and staff worked with them to achieve their desired outcomes. Both people and their relatives felt empowered to raise any concerns and were confident they would be listened to.

Is the service well-led?

Good ●

The service remained Good.

Bracken House

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.

We inspected this service on 1 March and 5 March 2018. The inspection was unannounced. The inspection was carried out by one inspector, supported on the first day by an 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.

Whilst planning the inspection we looked at information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also looked at the information we held about the service and the provider, including notifications the provider is required to send us by law about significant events at the home. We reviewed this information when we planned the inspection.

We spoke with five people who used the service and five relatives. Some people were unable to converse with us so we observed care in the communal areas of the home to see how staff interacted and supported people. We also spoke with the registered manager, the deputy manager, four members of the care staff and a visiting health care professional. We looked at three care plans to see if they reflected the care people received. We also looked at records related to the management of the service including their audit process, minutes from meetings and complaints. We also looked at two recruitment files to check that a suitable employment process was in place.

Is the service safe?

Our findings

There were arrangements in place to protect people from avoidable harm and poor practice. One person told us, "If I oversleep or go for a nap in my room they come up and check – so I know I am being looked after and that makes me feel safe". Staff understood the responsibility of their roles and the actions they must take if they had concerns about people in their care. Staff were confident that any concerns they raised would be taken seriously and referrals would be made to the local safeguarding authority if appropriate. One member of staff told us, "I've had training in safeguarding and I know there are lots of ways people can be affected. If I saw anything I thought was wrong I would tell the manager straightaway". We saw that the registered manager took immediate action when incidents affected people's safety. For example, when a distressed person behaved in a way that challenged their safety and that of others. Staff were aware of the triggers which might upset people and cause them to act in a way that could be harmful or frightening to others. Staff used this knowledge to ensure they were able to limit the impact for people in their care. The provider had systems in place to review when things went wrong to ensure that lessons were learnt and that action was taken to minimise the re-occurrence. For example, there was some confusion over the number of medicines a person had brought in with them. The registered manager told us, "We investigated and realised the person was confused about the amount dispensed and the strength of the medicine. We have now implemented a system where we issue a receipt to people to avoid any confusion".

Risk assessments were completed to ensure people were supported safely. For example we saw that when people needed to be moved by staff using equipment, this was done safely and in line with their individual risk assessment. We heard staff constantly offering reassurance to the person to ensure they felt safe and secure during the manoeuvre. People's assessments were reviewed on a regular basis and lessons were learned after incidents had occurred. For example, if people had sustained a trip or fall their falls risk assessment was reviewed and if necessary further actions were taken to reduce their risk. Each person had a personal evacuation plan in place to be used when there was a need to evacuate the home quickly, for example during a fire. We saw that individual plans were reviewed regularly to ensure staff were provided with up to date and accurate information. Information was also provided to guide visitors to emergency exits to ensure they were also aware of safe egress.

There were a sufficient number of staff available to care for people. We saw that staff responded promptly when people requested assistance. One person told us, "Staff work together which makes it better. If one is occupied, another one will step in. They are always there when you need them". Another person said, "If a carer goes out of the lounge they will pull the cord to alert another carer to take their place, so we are never left in the lounge on our own". A member of staff said, "We're usually okay for staff unless someone calls in sick on the day. All of the managers help us out if we need it; they're always offering to step in". The registered manager confirmed this and said, "If anyone rings in sick we all get involved. The paperwork can wait". Staffing levels were reviewed regularly to ensure people's needs were met. We saw this information was revised when necessary to ensure the staffing levels were adequate to care for people safely.

People received their prescribed medicines safely. We saw staff stayed with people and waited patiently whilst they took their medicines before signing that they were given. People were asked if they had any pain

or discomfort. When people were unable to vocalise their feelings staff understood how they would demonstrate their distress. Staff received training in the administration of medicines and had their competency to do so safely reviewed annually. One member of staff told us, "I've done the medicine training but I still have to get my competency checked before I can do them". We saw that the medicine administration records were completed accurately. Staff had implemented daily checks to ensure each medicine administration had been completed properly and the quantity of the remaining medicines were correct. There were control measures in place to ensure the medicine stocks for people were sufficient and that they were stored in line with manufacturer's instructions. This meant there were processes in place to manage people's medicines safely.

There were recruitment checks in place. One member of staff told us, "I had an interview and had to provide information for my background checks as well as references. I couldn't start work until all that was done". We looked at two recruitment files which confirmed the recruitment processes were completed prior to staff starting work in the home to ensure they were suitable to work with people.

Staff followed infection control procedures to protect people. We saw that staff wore gloves and aprons whilst providing personal care. Additionally at mealtimes staff covered their hair and we saw when people were taking part in food related activities they also had hair protection in place. We spoke with the cook who confirmed they had received all necessary training to ensure the food they provided was prepared safely. They said, "The kitchen and care staff all have [nationally recognised] qualifications in food hygiene and health and safety". We also saw the provider had been rated five stars, the top rating, by the food standards agency. The food standards agency is responsible for protecting public health in relation to food.

Is the service effective?

Our findings

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 or 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw that the provider was working within the principles of the MCA. Staff understood the importance of supporting people who were unable to make decisions for themselves and ensuring they were happy with the care they provided. One member of staff explained, "If a person can't make decisions we have to make them for them to protect them from risks. The people here at the moment can answer for themselves even if it is by nodding or shaking their heads. We do have pictures we can use when we need them". We saw when people's movements were being restricted staff understood the need to apply for legal authorisation. For example, some people had sensor mats in place to alert staff that they were walking around their bedroom or leaving their chair. The mats were in place as a protective measure for people who were prone to falling. The decisions to use the mats had been considered in the people's best interest and the reasoning behind this had been discussed and recorded as required.

People were provided with food and drink choices which met their individual needs. The cook spoke with each person during the morning to discuss their lunch choice. We saw they had pictorial menus to illustrate the food they were offering. At lunchtime, staff confirmed that the person was still happy with their chosen meal. Some people were shown two small plates of food to make it easier for them to understand what was being offered. Some people decided they wanted an alternative such as a sandwich or soup. The cook told us, "As long as we have it, people can have whatever they want". There were drinks and fresh fruit available in each of the communal lounges. One person said, "I really like the fresh fruit". People were supported to retain their independence whilst they ate. Adapted cutlery and crockery were provided to make eating unassisted easier for people. When staff provided help, they did so by placing their hand over the persons and helping them guide the food to their mouth. This ensured the person retained some control. People's weight was monitored regularly and staff took appropriate action to support the person to gain or lose weight if necessary.

People were supported by other professionals to maintain their health and wellbeing. We spoke with a visiting healthcare professional who told us, "They do a very good job here, I can't fault them. If we ask them to do something there's never a problem". We saw people had regular visits from the optician and podiatrist. Whenever there were concerns about a decline in a person's mental or physical health staff took action straightaway to ensure they received the additional support they needed remain well.

We saw when needed, care plans and risk assessments were written and delivered in line with current legislation to ensure best practice care was embedded across the home. Desired outcomes for people were

included in their care plans and were reviewed regularly. For example we saw that for one person, maintaining their personal hygiene and presentation was important to them. Over time we saw the person had required more input from staff to achieve this and this was reflected in their care plan so that their wishes were delivered. Staff received training and support to develop the skills they needed to care for people effectively. One member of staff told us, "The training we have for dementia gives you more understanding and knowledge. It's important to give people time to speak and have choices. If they want to put their nightie on at five o'clock then we let them, it's their home".

New staff were provided with an induction and enrolled on the Care Certificate if they had no previous care qualifications. A member of staff told us, "I was really welcomed when I started here and given a lot of support". Staff were provided with one-to-one support through a regular supervision arrangement. One member of staff said, "We can speak in confidence about ourselves and check where we are with training and updates". We saw that new staff received more frequent supervisions to monitor how they were settling in and provide them with feedback on their progress.

The home was designed to support people living with dementia. Pictorial signage was in place for bathrooms and toilets. Information was provided to orientate people with the day and their surroundings. One person told us, "My family bought me some furniture for my bedroom. Everyone admires it". There were gardens attached to the home which had been landscaped, planted and maintained by staff. We saw there were plans in place, with the help of relatives, to tidy the garden in the spring ready for people's enjoyment during the summer.

Is the service caring?

Our findings

People and their relatives spoke highly of the staff and the positive impact their care had on their lives. One person told us, "They're lovely to me, all good girls". Relatives agreed and one said, "I didn't think my relative would settle but the quality of care here has been brilliant. I looked at several homes but the atmosphere here is so welcoming and friendly. It's homely". Another relative told us, "The staff are wonderful, they're lovely, all of them. My relative is happy here and I couldn't be happier". As some people were unable to tell us about their experience of care we observed the care provided in communal areas of the home. We saw there were good relationships between people and staff. Staff listened to people's views with patience and interest. We saw that staff offered kind endearments and gestures, for example holding their hands as they spoke together. One member of staff said, "Sometimes all people want is to sit and hold your hand and that's fine. We have some young carers and they really nurture people". We heard people laughing with staff and heard light hearted banter between them. Another member of staff told us, "I love to hear people laughing and see them smiling. It makes me feel great about my job here". Staff demonstrated a good understanding of people and knew what was important to them. A relative said, "They know my relation really well. It was always difficult to persuade them to have a bath but they have managed it. I was really impressed".

People received care which maintained their dignity and recognised their right to privacy. People's dignity was protected by staff who spoke with them discreetly when enquiring about their personal needs, and responded in a timely manner to ensure they remained comfortable. People were supported to maintain their appearance and we heard staff complimenting them on the way they looked. People could choose where they spent their time and if they asked to return to their bedroom staff assisted them if necessary, to enjoy their private space. Staff promoted people's independence. We saw staff offering support to people but encouraging them to do as much as they could for themselves. For example as people were getting up from their chairs we heard staff reminding them to push on the chair arms to help them control their move more easily.

Staff knew which relationships were important to people. We heard staff speaking with people and referring to their relatives in their conversations. One person told us, "Recently my relative passed away. I could have given in but the staff helped me through. They were kind and helpful and are always there for you". When relatives visited we saw that staff welcomed them and offered them a hot drink. One relative told us, "The staff go over and above for us. They even took my relation to a family wedding in their own time. It meant a lot to me to have them there". We saw that staff had considered the needs of younger visitors and had provided a box of toys to keep them occupied whilst they were visiting. This demonstrates that staff considered and supported people's families.

Is the service responsive?

Our findings

People were supported by the care staff to follow interests which were familiar to them and enjoy new experiences. We saw that staff were proactive at engaging with people to stimulate their minds and understood the importance of reminiscence for people living with dementia. One member of staff said, "Activities for people and developing relationships is at the forefront of what we do". Staff told us some relatives said that they found communication was difficult with their family members. In response to this, one member of staff took the initiative to setup a reminiscence room within the home, referred to as the 'show and tell' room. A person told us, "I bring my visitor's in here. They don't know what half the things are and I have to tell them". Relatives told us the room had been a great success and had improved their visits. One relative said, "This room is great. I bring my relation in here; we put records on the old record player and talk about what we can see in the room". We saw staff sitting with people and encouraging them to remember items from the past. One person said, "That's a ration book. We had them in the war and had to have coupons for food and clothes". Another person saw the gas mask and said they'd always had to take one to school with them. The room had an early model television which prompted a person to say, "We had one of those. I had to go up to move the aerial so my husband could watch the television, he didn't like heights". We saw that visitors who used the room were encouraged to share their views. We read, 'My relation has said more in this room than we thought they could, a lovely place to reminisce'. A visiting healthcare professional had written, 'What a discovery, someone has spent a lot of time making this room as it is a wonderful resource'.

Bracken House was involved in a pilot study using virtual reality technology to help them recreate familiar scenes for people, such as a beach. People wore special glasses and could see a 360 degree view of the beach with sand, sea, a donkey, seagulls and an ice cream van. They could hear the sea and join in with singing, 'Oh I do like to be beside the seaside'. The use of virtual reality tools is used for people living with dementia to provide them with opportunities to reminisce. It has been shown that peaceful scenes can have a calming effect on people who are feeling unsettled. We saw people were keen to use the equipment. Staff used props to make the experience more realistic for them. For example by putting their feet in warm water whilst they were 'at the beach'. One person was looking at the kitchen scene which showed food on a table. We heard the person say, "I like that kitchen, I'd like one like that. Look the cooker hobs are on they'll be hot". During the sessions we heard staff encouraging people to speak about what they could see and using the pictorial prompts to chat about their own life experiences. Risk assessments and consent was completed before people were able to take part in the study and their mood and behaviour were observed and recorded before and after the sessions. A member of staff told us, "We've had really good results. People have really enjoyed the experience. It gets people talking and we've found it has helped when people are becoming anxious. You only have to mention the glasses to [Name of person] and their face lights up".

We saw a member of staff pushing a decorated sweet trolley around the home. They rung the bell to announce their arrival and people looked up in anticipation of the treats they would be offered. The trolley had a cash register and a member of staff had made small fabric purses containing coins for people to purchase their sweets, if they wished. Some people had specific likes whilst others asked for a mixture. The sweets were presented to them in paper bags and we saw people enjoyed the whole experience which

created a buzz of conversation in the room between them and staff. A member of staff told us, "I set this up to try and introduce something different for people to break up their day. We do it at random times so it is a surprise".

Staff provided a variety of activities for people on a one-to-one or group basis. One person said, "I like living here, there's always something going on". We saw people making refrigerator cakes together and then eating them with their mid-morning drinks. At the same time, in another communal lounge people were engaged in a karaoke session, singing songs they were familiar with, egged on by enthusiastic staff and other people who clapped and sung with them. Other people were receiving one-to-one support to complete puzzles and adult colouring. Staff had access to computer tablets which they used for individual memory games such as bingo. From photographs displayed in the home we saw there were regular theme days and birthday celebrations provided following consultation with people. For example one person on reaching their 99th birthday said they'd like to eat a 99 ice cream and we saw that staff had arranged for a van to visit the home to fulfil their wishes. This demonstrated that people were supported by staff who recognised their diverse interests.

Relatives were involved in supporting people with crafts and were working with people to complete pictures depicting the four seasons. The corridors were decorated with tactile pictures containing beads, feathers and leaves which people could touch as they passed or photos from the eras they had grown up in. We saw people's personal photos, showing important events, such as their wedding day were displayed close to them in the lounge so that they could see them. We saw that one person enjoyed doing household chores and was supported by staff to help with the laundry, clean their own room and make their bed. The person told us, "I like doing that; it's what I've always done".

People were supported to maintain their diverse cultural, gender and spiritual choices. During people's initial assessment information regarding their lifestyle preferences were identified and when necessary incorporated into their care plan to maintain their wellbeing. We saw that there were regular services within the home for people to take part in as they wished. There were links with the local community. A member of staff told us, "We have visits from a local charity who run bingo sessions for people a couple of times a month. They bring prizes with them. We also have visits from local choirs who come in to sing to people. At Christmas we're invited to the school which is close to us to watch their nativity play. We wheel people around in their chairs, they love it. The community hall close to us lets us know what they have going on, for example craft shows so we can take people if they want to go". This demonstrated that the provider recognised the importance of supporting people and providing care tailored to their individual needs.

People's care plans reflected what was important to them. People and their families were consulted about their likes and dislikes and preferences for their care. Staff told us the care plan evolved and changed over time as they learnt more about people. A member of staff said, "Sometimes we don't have a lot of information at the beginning but as time goes on and we understand people more, we add to it". Everyone living in the home at the time of our inspection spoke English as their first language but people's cultural and communication needs were also assessed. Some people had visual impairments or found it easier to respond to questions using pictorial response cards. Large print and picture format information was available for everyone who needed them. We saw when people were being provided with choice, for example their meals staff ensured the information was presented in the most accessible form for them. Additionally staff recognised how people, who could not express themselves, would communicate their feelings. A member of staff told us, "We do know people really well and take time with them to make sure they get what they need".

People's care plans included information about their desired targets and outcomes. The importance for

people to retain their independence and manage their personal care was a priority. We saw during the regular care plan reviews that staff ensured people's outcomes were being met, with the introduction of increased support when necessary. Relatives told us they were invited to take part in reviews which they did either in person or over the telephone, whichever worked better for them. One relative told us, "During one review it was suggested that my relation moved to another lounge. The main reason was because they walk around for a lot of the day and don't always sit very long to eat. Staff thought a move to the lounge by the dining room might be better for them and it's worked well". We spoke with a visiting healthcare professional who told us, "People are provided with care which is centred on them as a person, an individual. The staff communicate well with families, even the smallest thing and include relatives who are living abroad. They do a good job".

There was a complaints procedure in place and people were encouraged to share their views of the service. Everyone we spoke with said they had no concerns. If they had any issues they would approach a carer or their key worker and things were always resolved without them having to complain. They said staff were always asking them if everything was all right. One person said, "I've got nothing to complain about. If I did they'd get it sorted out for me". We saw that people's knowledge of making a complaint or raising a concern was discussed with them during their meetings. Relatives said they would be happy to raise any issues with the registered manager. One relative told us, "I've never been unhappy with anything. I've never had to raise any concerns with them but if necessary I would be comfortable to do so. My relations key worker is really approachable and knows [Name of person] well. The registered manager's door is always open". We saw that when a complaint was raised an investigation took place and the complainant received a full and frank response in line with the provider's policy.

No one living in the home was receiving end of life care at the time of our inspection and therefore we have not included this in our report.

Is the service well-led?

Our findings

There was a well-defined management structure in place. The registered manager was supported by a deputy and their roles were clearly defined. For example the deputy manager was responsible for the overall management of medicines and staff told us they 'ran a tight ship'. People, relatives and staff told us they thought the home was well run. One person said, "I know who the [registered] manager is. She comes to see me and chats. She's lovely and the staff bought me a handbag for my birthday". A relative told us, "Everyone here does their job really well. They all work well as a team but it all comes from above. The registered manager and the deputy do a fantastic job". A member of staff agreed and said, "The registered manager encourages us, she a force-in a good way! So is the deputy manager, they work well together. People living here and the staff want to be here, it's a lovely place to be". Another member of staff told us, "It's really well organised. Everyone knows what they're doing but the atmosphere is really relaxed which is great for people and us. I think it's really well-led".

The registered manager empowered staff to make decisions and gave them the freedom to implement improvements for people living in the home. We have described the benefits of the reminisce room in the Responsive section of the report. The registered manager told us the member of staff who had the idea, had sourced all of the items for the room. Their efforts had brought about a measurable improvement for people's interactions with their family and visitors. The member of staff had been awarded a local authority Dignity in Care creativity award. The registered manager told us, "We are so lucky with our staff, they are wonderful. We are all passionate about what we do". A member of staff told us, "The registered manager has brought another aspect to the home, she has such positivity".

The opinions of people and their relatives were sought and listened to. We saw that feedback from the latest satisfaction survey was displayed in the reception area. This included a 'you said, we did' section which included, in response to comments, the implementation of name badges for staff. The registered manager explained that people and relatives had requested this when new staff had been employed. People were given regular opportunities to meet with staff to discuss what was going on in the home and any requests they had for the future. We saw at the last meeting opportunities for future activities were discussed including a planned canal boat outing. Relatives told us they also had meetings. One relative said, "We have regular meetings. The home has welcomed the involvement of relatives and we have a fundraising group, 'Comforts'. The registered manager is approachable and listens to us and their door is always open". The registered manager told us, "The relatives have been really helpful with fund raising. I don't want them to ever leave the home feeling unhappy so they will speak with me, my deputy or one of the senior staff if I'm not here. Then I'll ring them as well. It's the same with staff". We saw that relatives had asked if it was possible for them to have a training session on living with dementia and this was arranged for them. The registered manager told us, "We arranged for a three hour training session for relatives. It was really beneficial in helping them understand what's happening to their relative".

There were audit arrangements and systems in place at both a local and organisational level to monitor the quality and safety of care. Information from audits was shared with staff. The registered manager told us, "We keep logs of safeguarding referrals, complaints and incidents. We share this information with staff at

their meetings and when appropriate within the organisation. We find the logs useful, we all need to learn if things go wrong or have the potential to. We can share our local learning within the organisation if we feel it's appropriate". The registered manager told us the provider monitored the local audits and undertook additional quality checks throughout the year to ensure standards were upheld. For example checks were made to ensure the people living in Bracken House had access to information that met their needs.

Accidents and incidents were monitored and the information was used to identify if there were any trends so that action could be taken to reduce risks to people. For example we saw when falls numbers were analysed the location, time and orientation of people's bedrooms was recorded. The information collated then triggered a further review of the care calculator if appropriate or the layout of the person's bedroom. This was particularly pertinent for people receiving respite care whose bed might need to be positioned differently in the room to match what they were familiar with. An increasing trend in falls also prompted learning for staff. Staff were provided with a knowledge verification sheet to check they understood the illnesses which might increase the risk of people falling. Each policy within the home had an associated verification sheet to gauge staff understanding. The registered manager told us they had been asked to share their approach to trend analysis and actions with other managers for them to consider implementing. We saw that the interventions led to a reduction in people's propensity to fall.

The registered manager was meeting the requirements of their registration with us. Prior to our inspection they had completed a Provider Information Return detailing what the home did well and improvements they planned to make. There were contingency plans in place to ensure people's care could continue with minimal interruption when there were challenges such as adverse weather conditions which affected staff getting to work. The registered manager told us, "During the recent snow staff went over and above to make sure people were looked after. Staff walked to work, they came in early to make sure they got here and stayed late. We are very lucky". We saw that, as required a copy of the home's CQC rating was displayed prominently for visitors to see and was also on the provider's internet website.

Staff told us they enjoyed working in the home and felt supported. One member of staff said, "Every day is different here. It's interesting, can be challenging but everyone pulls together. The length of time staff have worked here speaks for itself. Staff want to go the extra mile for people". Since our last inspection two members of staff had received 'Great People' awards from the provider. One member of staff had been awarded a Dignity in Care award from the local authority. All of the staff we spoke with told us that the management team encouraged staff to be innovative and supported them to provide care which enhanced the lives of people living in Bracken House.