Bondcare (Bromford) Limited

Bromford Lane Care Centre

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

At our last inspection on the 08 and 09 August 2017, we found the service required improvement under the key questions, is the service responsive and well-led with an overall rating of requires improvement for the service. At this inspection we found there had been sufficient improvement to now rate this service as good.

The unannounced inspection took place on the 12 December 2018 with a second announced visit on the 13 December 2018. Bromford Lane Care Centre provides accommodation over three floors comprising five separate units offering support for up to 116 adults with nursing care needs. Two units catering for the needs of people living with dementia, nursing care. Units A and G catering for the requirements of people living with complex needs including alcohol/drug dependency and/or other mental health conditions. The home also provides short stay interim beds (EAB unit) for people discharged from hospital, who may require further assessment of their care and support needs before returning to their own home or another form of care placement. At the time of our inspection there were 114 people living at the home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

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 and associated Regulations about how the service is run.

People were kept safe. Staff understood how to protect people from risk of harm. People's risks were assessed, monitored and managed to ensure they remained safe. Processes were in place to keep people safe in the event of an emergency such as a fire. People were protected by safe recruitment procedures to ensure suitable staff were recruited. People received their prescribed medicines when required by trained staff. Staff understood their responsibilities in relation to hygiene and infection control.

People told us they received support from staff they felt had the skills required to support them safely. 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 supported this practice. People were encouraged to eat healthily. People had access to healthcare professionals when needed in order to maintain their health and wellbeing.

Staff encouraged people's independence where practicably possible. People received a service that was caring and respected their privacy. People were supported by staff who knew them well.

People received a service that was responsive to their individual needs. Care plans were personalised and contained details about people's preferences and their routines. People were supported to pursue hobbies

and activities that interested them and processes were in place to respond to any issues or complaints. Where people's faith was important to them, they were supported to continue with following their beliefs. This included their end of life (EOL) wishes.

The registered manager understood their role and responsibilities and staff felt supported and listened to. People and staff were encouraged to give feedback and their views were acted on to enhance the quality of the service provided to people. People and staff were complimentary about the leadership and management of the. The provider worked in conjunction with other agencies to provide people with effective care.

Quality assurance systems were in place to identify where improvements could be made and when needed implement these changes. The provider notified us of significant events that occurred within the home. Feedback was sought from people and their relatives and this was used to improve the service for people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

People were protected from the risk of abuse and avoidable harm because staff knew how to report concerns and processes were in place to support safe practice.

People were supported by sufficient numbers of staff that had been safely recruited.

People received their medicines safely from trained staff. People were protected from the risk of cross contamination because control measures were in place to safeguard people.

Is the service effective?

Good

The service was effective

People were supported by staff that had the skills and knowledge to deliver effective care and support.

People's needs and choices were assessed and personalised to meet their individual requirements. People were supported to maintain a healthy and balanced diet. People were supported to access healthcare services to ensure they received effective care and treatment.

People's consent was sought by staff and they were involved in making decisions about their care. Staff understood when it was appropriate to
make best interests decisions that were made in line with the Mental Capacity Act.

Is the service caring?

Good

The service was caring

Staff treated people with kindness and respect.

People were involved in making decisions about their care and support wherever possible and felt they could express their views.

People were supported to be as independent as much as possible by staff that respected people's privacy.

Is the service responsive?

Good

The service was responsive

People received personalised care that was regularly assessed to include their interests, hobbies, cultural and religious needs.

People knew how to complain and processes were in place to learn and make improvements where required.

People's preferences and choices were discussed to ensure the service supported people at the end of their life.

Is the service well-led?

Good

The service was well led

There were effective quality assurances processes in place to monitor the service and ensure its continued improvement.

Staff were supported by a management team that had the skills and knowledge to encourage and motivate.

The provider worked in partnership with local community services and agencies.

Bromford Lane Care Centre

Detailed findings

Background to this inspection

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

This inspection took place on the 12 December 2018 and was unannounced with a return announced visit on the 13 December 2018. The inspection team consisted of four inspectors, two assistance inspectors, two experts by experience and two specialist advisors on the first day and one inspector on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The specialist advisors were registered nurses with professional skills, knowledge and clinical experience in supporting people with complex nursing and dementia care needs.

This service was also selected to be part of our national review, looking at the quality of oral health care support for people living in care homes. The inspection team included a dental inspector who looked in detail at how well the service supported people with their oral health. This includes support with oral hygiene and access to dentists. We will publish our national report of our findings and recommendations in 2019.

The comprehensive inspection was scheduled and as part of the inspection process we looked at information we already held about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences that put people at risk of harm. We refer to these as notifications. We checked if the provider had sent us notifications in order to plan the areas we wanted to focus on during our inspection. We reviewed regular quality reports sent to us by the local authority to see what information they held about the service. These are reports that tell us if the local authority commissioners have concerns about the service they purchase on behalf of people. There were no additional concerns raised. This helped us to plan the inspection.

We used a number of different methods to help us understand the experiences of people who lived at the service. We spoke with 19 people, 15 relatives, five health and social care professionals, 25 staff members

that included seniors, care and domestic staff, five nurses, one unit manager, the clinical lead, the deputy manager and the registered manager. We also spent time observing the daily life in the units including the care and support being delivered. As there were a number of people living at the service who could not tell us about their experience, we undertook a Short Observational Framework for Inspection (SOFI) observations. (SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.)

We sampled 20 people's care records to see how their support was planned and delivered and nine medication records to see how their medicine was managed. We looked at three recruitment files to check suitable staff members were recruited. The provider's training records were also looked at to check staff were appropriately trained and supported to deliver care that met people's individual needs. We also looked at records relating to the management of the service to ensure people received a good quality service.

Good

Is the service safe?

Our findings

At the last inspection in August 2017, we rated the service as 'good' under the key question, is the service safe? We found at this inspection the service has remained 'good'.

Everyone we spoke with told us the service was safe. One person said, "I feel safe here (Bromford) 10 out of 10." Another person said, "I have an alarm in my room and there is always someone around to help me if I need it." A relative we spoke with said, "Yes [person's name] is safe, they (staff) can't do enough for them." Another relative told us, "Yes it is lovely (and safe) here I go home and don't have to worry knowing [person's name] is here." Staff on all the units we spoke with were able to explain what they would do if they suspected anyone was at risk of being abused and were knowledgeable on the signs to look out for. For example one staff member said, "If I had any concerns about someone's changing mood, or if they were showing bruises I would talk to the senior or the nurse, they would always act to protect people." We saw that the provider had worked with the local safeguarding teams; where appropriate investigations had taken place and action plans were introduced to reduce risk of any reoccurrence. The provider had systems in place to safeguard people from the risk of abuse and avoidable harm.

We saw that people received support to keep them safe from risk of injury. People that required to be moved with a hoist were supported safely. We reviewed the incidents and accidents that had occurred since the last inspection and we could see there had been appropriate action taken. We saw risk assessments had been completed for people that were at risk, for example, of sore skin, choking, falls, epilepsy and diabetes. Nurses spoken with were knowledgeable of the people under their care. We saw that people who were unable to call for assistance and people cared for in bed, had the correct pressure relieving equipment in place and were checked by staff every 15 minutes and repositioned in line with their risk assessment. People that received their fluids, nutrition and medicine through their stomach had the appropriate protocols in place to support nurses and care staff to care for people in a safe manner. People that required one to one support to keep them safe were observed from a short distance so as not to upset the person and in line with their risk assessment. Staff we spoke with were very knowledgeable about the people they supported.

Throughout our time on site, we saw that people were supported by sufficient numbers of staff on each unit. One professional told us, "The staff on the floor are consistent and regular we have good support." Staff we spoke with told us there were sufficient staff working at the home. One staff member said, "We definitely have enough staff." A relative explained, "There are enough staff. They (staff) always get to [person's name] in time and give them some one to one time." Another relative told us, "Yes, there is plenty of staff and always staff in the lounge." We found alarm activations were promptly attended to and people that requested assistance received support in a timely manner. One nurse we spoke with told us the number of staff on duty was regularly reviewed and would increase if there were any changes in people's support needs, for example, anyone requiring one to one support.

The provider's recruitment processes ensured relevant checks had been completed before staff started to work with people. These checks included two professional references with additional character references

sought, where appropriate and a Disclosure and Barring Service (DBS) check. The DBS check helps providers reduce the risk of employing unsuitable staff. We found the appropriate checks for nursing staff had also been made with the Nursing and Midwifery Council (NMC). The NMC is the regulator for nursing and midwifery professions in the UK.

People we spoke with told us they received their medicines when they needed them. One person said, "There has never been a problem with getting my medicines." Another person told us, "I always get my medicines on time." We saw nursing staff explained to people what there medicines were and waited while they took them. Medicines that were to be administered 'as required' had protocols in place that informed staff when people who may not always be able to tell staff if they were in pain. Medication care plans detailed the side effects of medicines and where appropriate, additional safety checks, for example pulses being taken for the medicine Digoxin was regularly monitored. Medicines that required refrigeration were stored safely and temperatures checked daily. Medicine trollies were clean and securely fastened to a wall when not in use. There were effective stock rotation processes in place on all the units and medicines that were no longer required were promptly and safely returned to the pharmacist. Where there were medicines in use that required additional checks, we found these were conducted regularly and records we audited balanced with the unit's stock levels. Medicine administration records were completed and regularly checked.

Staff had access to personal protection equipment (PPE) as required. Systems were in place to manage emergency situations such as fire. The provider had systems and processes in place for ongoing maintenance and routine repairs to the building. On the first day of our inspection there was a routine fire alarm check. On one unit we noted when the fire alarm went off senior staff delegated one staff member to remain in the lounge whist other staff checked the environment. The staff member in the lounge chatted with people and explained to them it was nothing to worry about and it was just a practice. We saw records to indicate regular safety checks were carried out at the home for example, fire alarms, beds and bed rails, hoists, bathing equipment, wheelchairs.

Good

Is the service effective?

Our findings

At the last inspection in August 2017, we rated the service as 'good' under the key question, is the service effective? We found at this inspection the service has remained 'good'.

People's needs, treatment and support were delivered in line with evidence-based guidance to achieve effective outcomes. Nationally recognised assessment tools were used to help staff identify what risks people had and to plan how to reduce those risks. One person told us, "They (staff) do ask me if I am happy how my needs are being met." Care plans we looked at showed as much as possible, people's choices were supported and contained information about people's likes and dislikes and these were followed by staff. Staff were knowledgeable about the people they supported and explained in detail to us people's routines. One staff member said, "I have read the care plans and understand the care needs of people."

People and relatives we spoke with on all the units told us they thought the staff were sufficiently skilled to support them. One person said, "They (staff) do their job very well." Another person told us, "I have a lot of breathing problems and they (staff) know exactly what to do and how to handle me with care. I feel they (staff) are very well trained." One relative we spoke with told us, "I am pleased with the way all the staff who care for my dad." Another relative said, "We are very pleased how the staff care for [person's name] they treat them like a friend." Overall the nurses and care staff we spoke with told us they thought the training was good and that it gave them enough information to carry out their duties safely. One staff member told us how they had been supported to complete their NVQ training. Another staff member said, "I had three days shadowing other staff, on-line training, moving and handling and safeguarding it was a good start." Some of the staff we spoke with said they would like to have more face to face training. One staff member said, "I haven't had formal training on de-escalation techniques, it would be very useful to do this as a group." The registered manager explained they did provide face to face de-escalation training and they would check all staff had received it. We saw staff putting their training into practice, for example safely transferring people from their wheelchairs to their lounge chairs and being able to explain to us what would happen in the event of an emergency. Nurses had received additional training in catheter care and PEG feeding. A visiting healthcare professional told us they thought staff were knowledgeable about people's healthcare needs and competent to carry out their role.

Staff we spoke with all confirmed they received one to one supervision on a regular basis. One staff member said, "Yes they (supervisions) are good if you have any questions or something not right you can say." Staff we spoke with also told us that they were kept up to date about people on their respective units through handovers and staff meetings so that they had the up to date information required to support each person.

People we spoke with were generally satisfied with the quality of the food they received. One person said, "The food is good, if I want something different to eat they (staff) make it special in the kitchen; there is always plenty of food and drink for us." Another person told us, "The food is very good." A relative we spoke with said, "My dad enjoys the food." On each of the units we saw there was a small cold drinks station in the lounge areas for people and visitors to use and the staff would take a trolley round all the units with a choice of hot or cold drinks and snacks for people. The meal time experience on all the units was positive with

particular challenges facing staff supporting people living with dementia. For example, we saw one staff member patiently support one person as the moved to three different tables as the person was unable to sit still for any length of time. We noted the person had eaten half their dinner and all their pudding. We also saw on the dementia unit staff enabled people to eat independently as much as possible and only intervening when necessary. There were choices of different meals for people including a vegetarian option. People with specific cultural needs received appropriate meal choices. On all units, we saw people received food which met their dietary requirements and where people had changed their minds or did not like what was offered to them, alternatives were provided promptly. The food looked and smelt appetising. People that chose to eat in their rooms received their meals at the same time as those seated in the dining areas. Records we looked at showed appropriate referrals had been made to dieticians or Speech and Language Therapists (SALT) and people's weights were regularly monitored. The service had a current food hygiene rating of five which is the highest that can be achieved.

People we spoke with confirmed they received care and support from healthcare professionals. One person said, "The doctor visits every week but is called straight away if I needed." A relative told us, "The standards are high here (at Bromford) they (staff) respond quickly and bring in a doctor when there is a doctor needed." We saw a number of visiting healthcare professionals and spoke with some two of them who spoke highly of the home and the staff. We saw people's care plans had documented visits from professionals such as mental health professionals, district nurses, tissue viability nurses, dentists, opticians and podiatrist. Where people's needs had changed referrals and support to access additional health care services were made promptly. This meant people were supported to access services to receive ongoing support to ensure their healthcare needs were being met.

There was good signage to help people know where the bathroom, toilets and communal rooms were. To discourage people from trying to leave the units; the doors on some of the units resembled a brick wall with flowers and butterflies next to it. The en-suite bedrooms we were invited into were clean, bright and a good size and people told us they like their bedrooms. There were safe, enclosed gardens for people and their visitors to relax in and enjoy. Corridors were wide and clear of any equipment, this meant people could be moved safely if they required equipment to hoist them from one position to another. On the dementia unit, we saw evidence there had been an effort to try and make the environment more dementia friendly. However, one person had become anxious and wanted a 'pint' after standing outside the lounge door that had a 'pub' sign on it. Staff were able to distract the person but it was not unreasonable to conclude that seeing the sign may have prompted their response and resulting frustration. It was also noted the clocks in the dining area and lounge area did not state the correct time with the clock in the lounge being difficult to read. However, overall we found the units were adapted to support people living with dementia.

People told us staff would seek their consent before supporting them with their care needs. One person said, "Staff always ask for my permission before they do anything." Throughout the two days we were on site, we saw staff sought people's consent and offered and respected people's choices. For example, people that chose to remain in their room, whilst encouraged to join other people in the lounge or dining areas, had their choice respected by staff. One staff member told us, "Some people are not able to verbally give consent but looking at their body language and expressions helps me to gain understanding on what they like." We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. 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. We found that comprehensive, decision specific, mental capacity assessments had been carried

out for those people that lacked the mental capacity to make specific decisions about their healthcare and support needs. Where these assessments had been appropriately completed, we could see a clear best interests process had been followed.

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). Appropriate applications had been submitted and at the time of our inspection the provider had acted in accordance with the law.

Good

Is the service caring?

Our findings

At the last inspection in August 2017, we rated the service as 'good' under the key question, is the service caring? We found at this inspection the service has remained 'good'.

People we spoke with told us that staff were kind to them. One person said "Staff are very caring, they look after me very well, I've never seen any shouting from the staff." Another person told us, "The staff are very kind to me in every way, they help me with washing me and dressing me." A relative told us, "I know when I am not here, my wife is well looked after. You can't feign care, the staff are really caring." A staff member explained, "We (staff) make sure that everyone is spoken to with respect and in a kind way, we go out of our way to make sure we meet peoples' needs." We saw some lovely examples where staff would come down to the level of the person they were speaking with, their tone of voice was quiet and calm and there were lots of reassurances given to people touching their hands, arms and shoulders to offer reassurance and comfort which people clearly enjoyed. When people appeared disorientated, anxious or upset staff were close by to support them appropriately. Staff we spoke with told us they enjoyed working on their units and spending time with the people who lived there. One staff member said, "I have had my ups and downs but as a rule I do I love it I feel it is a part of me."

People that could, told us they felt involved in day to day decisions about how and where they spent their time. Care plans we looked at stated where some people had requested an female or male staff member only, this had been adhered to as much as possible. One staff member told us, "[Person's name] only likes male carers and mostly we can do that but sometimes there aren't any male staff on duty but we explain this to [person's name] and they will let us help but sometimes they can get a little upset." There were areas throughout the units where people could choose to relax, for example, in the lounge and dining areas, in the garden area or quiet time on their own in their rooms. All of the people living in the home resided in individual bedrooms with en-suite facilities which gave them privacy. Everyone we spoke with told us they could contact friends and family when they wished. People we spoke with confirmed they were supported to be independent. One staff member told us, "We encourage them (people) to do as much as they can like eat on their own; we also encourage them to wash themselves with our support." We saw at lunch time efforts were made to maintain people's individual levels of independence, but staff members intervened when and where necessary with supporting people to eat. People were actively encouraged to be independently mobile around the units and, where appropriate, had their walking frames close by to support them to walk.

We saw staff respected people's privacy and ensured they asked people's permission before supporting them. One person said, "The staff always keep my dignity." One relative told us, "They (staff) show respect and dignity when attending to [person's name] personal care and always ask if its ok to come in (to the bedroom)." People told us that staff treated them with dignity and were respectful of people's cultural and spiritual needs. One staff member told us, "I explain to people what I'm going to do and give them choice, make sure they are covered, the curtains are close and the door is shut." Information regarding people was kept securely locked away so that people were assured their personal information was not viewed by others.

Staff were aware of the individual wishes of people living at the home that related to their culture and faith and respected people's individuality and diversity. We were told representatives from a local church would visit and people prayed in the privacy of their own room. The management team explained how they created an inclusive environment and people encouraged to be open and comfortable within a safe and supportive environment. We found that people were given choices and were asked whether they had any special dietary requirements in association with their spiritual, religious or cultural beliefs and whether they joined in with any religious ceremonies or celebrations.

Good

Is the service responsive?

Our findings

At the last inspection in August 2017, the service was rated as 'requires improvement under the key question, is the service responsive. This was because people and relatives did not always feel involved in the planning of their support and care needs and staff had not always been responsive to people's changing needs. At this inspection, we found the service had made improvements and was now rated as 'good' under this key question.

People who could, told us they had been involved in the planning and review of their care and felt the support they received was tailored to meet their individual needs. One person told us, "I did my (care) plan and am involved in reviews". A relative said, "I feel quite involved with my dad's care and therefore he has a voice through me." Another relative told us, "Yes I have had plenty of discussions with the manager about my [person's name] care, the Unit lead manager is very hot on everything, she checks everything and makes sure everything is the way it should be she is excellent." The provider was in the process of transferring paper files over to an electronic version, therefore some of the care plan reviews completed had not yet been transferred over. However, we saw that care plans had been reviewed, were detailed, personalised and had improved meaningfully since the last inspection. The care plans contained information about people's likes, dislikes, preferences, social history and family relationships. Staff we spoke with were knowledgeable about people and knew what was important to them.

Bromford also provide a temporary setting for people that are being discharged from hospital and to aid this process a small team of social workers are based at the home to ensure the transition from hospital to the home is completed as quickly and effectively as possible. Their role is to be involved in the placement and assessment of people living with dementia. We were told people had physio and OT assessments, the social work team work jointly with staff and had weekly meetings to give an update and discuss the needs of people. A social care professional told us they also had daily discussions and if there were any concerns they could speak with the staff and felt the communication was good.

We looked to see how the service ensured that people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded bodies to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager explained that people's communication needs were assessed and if there was a requirement for large print, Braille, specific colours or easy read documents, these would be provided.

We saw organised activities take place during the morning and afternoon when the activity coordinators came onto the units. The morning events consisted of singing and dressing up in bright wigs. The afternoon was a mixture of dancing, skittles and ball throwing. We did speak with the registered manager about the speed in which some of these events took place. For example, on the dementia unit activity staff came onto the unit with a cassette player, the music was loud (whilst the television was left on) and within 15 minutes the cassette was switched off and the staff had moved to the next unit. This had left some people confused

and disorientated. The registered manager explained the staff had changed their planned activities day because of our inspection and were trying to ensure they visited all the units with some activities whilst we were on site and that this would not be their usual pattern of supporting people. Whilst not everybody joined in with the activities, we saw some people whose faces lit up and smiled when the activities were being undertaken. One person told us, "They (staff) do have activities going on all the time, there was a Caribbean night about 2 weeks ago." Another person told us, "There are lots of activities going on, skittles, bingo and quizzes." A relative told us, "Residents were involved with doing the Christmas trimmings and decorations." A staff member explained to us, "We have two slots (of activities) 30 minutes each morning and each afternoon and people seem to really enjoy it. It gives people something to look forward to and to talk about, especially when they (staff) dress up. We have our own activities cupboard too, with craft materials and games and nail care stuff in." We were also told how everyone in the home was taken out shopping at least once a month. People were also given opportunities to maintain their religious beliefs. One person told us, "Someone comes every week to see me from the local church."

It was not always clear how many individualised activities there were for people which reflected the interests and hobbies identified in their care plans, particularly for those people that were cared for in bed or chose to remain in their rooms. One person told us, "I get bored sometimes, there is very little to do whilst sitting in my room." Although we noted that all the staff who passed the room would stop and talk to the person. Another person said, "I spend all day on my own, I feel really lonely." A staff member told us, "We do try to spend time with people, we also try to encourage them to come out and join in but sometimes they just don't want to and we can't force them." Another staff member said, "We do spend time with people but sadly they don't always remember when we have and think no-one has been to see them."

The units had dolls for doll therapy. Doll therapy is a recognised approach in dementia care which can help a person reminisce, provide a sense of purpose to a person, and help them feel loved. However, whilst there were dolls and soft toys available, there was no other equipment such as prams or cots that a person could put their doll (or baby) in to, and no clothes they could change them into, to support them in their caring activities. The registered manager explained there were prams available and they would ensure staff made these available for people to use.

People we spoke with told us that the registered manager, unit managers and staff were approachable and they felt confident to speak with them if they had any concerns or issues. Two people we spoke with told us, "I have no complaints at all," and "The standards here are very high, no complaints." One relative we spoke with told us, "If I ever had any concerns, which I haven't I'd talk to [registered manager name]. I get on well with all of the management." Where written complaints had been raised, we saw the provider had processes in place centrally that recorded and investigated concerns and monitored for trends. Concerns that were raised verbally by people were recorded in a separate book and we could see how the complaints had been dealt with and monitored for trends.

We saw from people's care plans discussions had taken place about their personal preferences in the event of their health deteriorating. This included their end of life (EOL) wishes. Where people were identified as EOL, the provider had ensured the correct medicines were in stock to support the person with a comfortable, dignified and pain free death.

Good

Is the service well-led?

Our findings

At the last inspection in August 2017, the service was found to be 'requires improvement' under the key question is the service well-led. This was because the provider's audits had not identified where improvements to information within care plans, medication records, food and fluid charts were to be made had been completed consistently. At this inspection, we found the service had made some improvements and was now rated as 'good' under this key question.

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. The provider had a history of meeting legal requirements and had notified us about events that they were required to by law, including the submission of statutory notifications. Statutory notifications are the forms that providers are legally obliged to send to us, to notify the CQC of certain incidents, events and changes that affect a service or the people using it.

People, relatives and staff were overall happy with the way the service was led and managed by the provider and registered manager. One person said, "Yes I'm happy in the home, I know the manager well and she speaks to us all, I know all the staff they are very good." Another person told us, "I am very happy with the home and how it is led." A relative said, "First class management [registered manager name] is great and while visiting the home I told [registered manager name] how well trained her staff are she told me, I'm very impressed with the home." The registered manager had created a strong culture of feeling valued which the staff team had bought into. One staff member said, "I like the management in this home, they are there to help support me, if I need something they will help me. I cannot say anything bad about them." Another staff member told us, "We have team meetings that are good to find out what is happening on other units. [Registered manager name] is really good, she has been very supporting and they (management team) are always there for you." All the staff we spoke with said they would not hesitate in recommending the home. The staff were keen to share with us the improvements that had been made and told us they were 'glad' to see CQC. One staff member said, "The home is in a better place now, the changes being implemented over the last 12 months, have improved the service offered to residents." Another staff member told us, "If I had a wand, there is nothing here I would change."

People, their relatives and visitors to the home, told us they were given opportunities to share information with the provider. We saw there were 'resident and relative' meetings. Feedback about the provision of care at Bromford Care Centre was available to read through feedback surveys available on line through Healthwatch and Carehome. Some of the comments included, 'Our relative was admitted to the unit and from day one the staff have been really welcoming. They have listened to and responded to our requests.' 'Thank you so much for your caring and love shown to my mom'. I find Bromford Lane Care Centre very good and caring. They always listen to you the manager and staff. I would recommend it to anyone it is like home from home. The food is good as is the care.'

We saw there were a range of audits in place to ensure any gaps and issues were identified promptly. These included checks on risk assessments, medication, care plans, infection control, health and safety of the home which were all completed regularly and were overseen by the provider. Records showed that action was taken as a result of these audits when required. For example, people's progress and behaviour was discussed at team meetings and care plans had been updated as agreed following these meetings.

The registered manager explained how they worked closely with partner organisations to develop the service they provided. They told us how they attended meetings with other service providers and healthcare professionals to identify areas for improvement and drive forward social care provision in the future. For example, on the EAB unit, the staff had continued to develop the partnership working with the social work team to ensure the transition from hospital to the home went smoothly. One social care professional told us, "[Registered manager and deputy manager names] are always upstairs checking on the staff and they are good at raising any concerns with us as well, we find we work well together there is good communication."

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The registered manager explained how they operated in an open and transparent way and we saw evidence of how they reflected this within their practice. Registered providers are also required by law to display the ratings awarded to their service. We saw that the rating for Bromford Lane Care Centre was on display.

The management team had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively with clarification sought where necessary.