Acegold Limited

Begbrook House Care Home

Inspection report

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Bristol
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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 7 and 8 March 2018 and was unannounced. This was the first inspection of the service under its current provider. The service had previously been inspected with a different legal entity providing the service.

There was not 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.

A manager had been appointed but had not commenced at the time of the inspection. The regional support manager (interim manager) had been managing the service temporarily for eight weeks prior to the inspection to help support consistent leadership for the service. They would also be providing an induction for the new manager once they commenced in post.

Staff wanted to keep people safe and protect them from avoidable harm. The interim manager listened to people and staff to ensure there were enough staff to meet people's needs. They demonstrated their responsibilities in recognising changing circumstances within the service to help ensure that staffing levels and skill mix was effective. People were supported by the service's recruitment policy and practices to help ensure that staff were suitable. Medicines were managed safely and staff protected people by following the home's guidance on infection control.

Staff had the knowledge and skills they needed to carry out their roles effectively. They enjoyed attending training sessions and sharing what they had learnt with colleagues. The interim manager and deputy understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People were supported to enjoy a healthy, nutritious, balanced diet whilst promoting and respecting choice. However fluid and food intake charts were not consistently completed.

Staff had a good awareness of people's needs and treated them in a warm and respectful manner. The interim manager and staff were knowledgeable about people's lives before they started using the service. Every effort was made to enhance this knowledge so that their life experiences remained meaningful through activity and social stimulation. People received care that was person centred and based on their personal preferences.

Everyone involved in this inspection demonstrated a genuine commitment to the roles they performed and individual responsibilities. They wanted to ensure those living at the service felt safe and valued. Staff embraced new initiatives with the support of the provider, interim manager and colleagues. They continued to look at the needs of people who used the service and ways to improve these so people felt empowered to make positive changes.

The provider and interim manager had implemented a programme of improvements that was being well managed. The interim manager demonstrated a good understanding of the importance of effective quality assurance systems, however audits needed to improve to ensure food and fluid charts were completed consistently. There were processes in place to monitor quality and understand the experiences of people who used the service.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

Staff had received training in safeguarding so they would recognise abuse and know what to do if they had any concerns.

People received care from staff who took steps to protect them from unnecessary harm. Risks had been appropriately assessed and staff had been provided with clear guidance on the management of identified risks.

Measures were taken to ensure there were enough staff on duty. People were protected through the homes recruitment procedures. These procedures helped ensure staff were suitable to work with vulnerable people.

People were protected against the risks associated with unsafe use and management of medicines.

Appropriate health and safety checks were undertaken to reduce risk to people. The home was clean and staff followed the home's infection control policy and procedures.

Is the service effective?

Requires Improvement

The service was effective

People received good standards of care from staff who understood their needs and preferences. Staff were encouraged and keen to learn new skills and increase their knowledge and understanding

People made decisions and choices about their care. Staff were confident when supporting people unable to make choices themselves, to make decisions in their best interests in line with the Mental Capacity Act 2005.

People had access to a healthy diet which promoted their health and well-being, taking into account their nutritional requirements and personal preferences. However fluid and food intake charts were not consistently completed.

The service recognised the importance of seeking advice from community health and social care professionals so people's health and wellbeing was promoted and protected.

Is the service caring?

Good

The service was caring.

Staff were fully committed to providing people with good care.

Staff were kind and caring to people.

Staff treated people with dignity, respect and compassion.

Is the service responsive?

Good

The service was responsive

Staff identified how people wished to be supported so that it was meaningful and personalised.

People were encouraged to pursue personal interests and hobbies and to access activities in the service and community.

People were listened to and staff supported them if they had any concerns or were unhappy.

Is the service well-led?

Good

The appointment of an interim manager had helped improve consistent leadership of the service. There was not a registered manager in place.

Staff were proud to work for the service and were supported in understanding the values of the service.

There were effective quality monitoring systems in place, however audits for fluid chart documentation needed to improve. Audits were being completed to regularly assess the quality and safety of the services provided.

The service notified CQC of any events, as required by law.

Begbrook House 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

This inspection was conducted over two days by one adult social care inspector who was accompanied by an expert by experience. An expert by experience is a person who has used this type of service in the past.

Prior to the inspection we looked at information we had about the service. This information included the statutory notifications the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

Before the inspection, we had asked 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 planned to make. We reviewed the information included in the PIR and used it to assist in our planning of the inspection.

During our visits we spoke with 12 people individually in addition to observing people in communal areas. We had the opportunity to meet and speak with two family members. We spent time with the interim manager, deputy, two nurses, six care staff, the activity co-ordinator, head of housekeeping and the maintenance person.

We observed lunch and staff interaction with people, families and each other whilst providing care. We looked at people's care records, together with other records relating to their care and the running of the service. This included staff employment records, policies and procedures, audits and quality assurance reports.

Good

Is the service safe?

Our findings

People appeared to be happy, comfortable and safe in their surroundings. Comments included, "I feel safe here, there are people around me. I was not safe at home and realised I needed to live here", "I am now feeling safe because there seems to be more staff around", "I am safe here because they listen to you and do their best to make sure everything is alright for you". Relatives told us, "I visit six days a week and when I leave here I know my relative is safe and secure, I know they are in safe hands, there are staff on duty 24 hours a day, I cannot fault them" and "My relative is safe here, if I did not think so my relative would not be here. Since being here their life has improved, they are no longer having falls".

People and staff were protected by the homes policy for entering the home. The front door was secure and visitors had to ring a bell to gain entry. All visitors were required to sign a book and state the reason for their visit and who they had come to see. Health and social care professionals were asked to show an official form of identification before entering the premises. A staff member asked us for identification when we arrived.

We observed safe moving and handling practice, with staff giving clear instructions and reassurance throughout. Staff understood risks relating to people's health and well-being and how to respond to these. These included risks associated with weight loss, maintaining skin integrity and difficulty with swallowing and potential choking risks. People's records provided staff with detailed information about these risks and the actions staff should take to reduce these.

Staff understood what constituted abuse and the processes to follow in order to safeguard people in their care. Policies and procedures were available and training updates were attended to refresh their knowledge and understanding. The interim manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. Agencies they notified included the local authority, CQC and the police. Prior to the inspection the service had raised a safeguarding concern with the local authority and they also notified us. A thorough investigation had taken place by the interim manager and appropriate action had been taken to prevent further reoccurrence whilst this took place. Following the investigation and findings the provider took appropriate disciplinary action. We were also aware at the time of the inspection of a current safeguarding concern that was being investigated by the local authority.

The interim manager had considered daily routines and current staffing levels. They had identified certain times in the day where extra support was required and this had been addressed with extra staff, for example in the morning and night where people wanted to get up and go to bed at similar times. There appeared to be an adequate number of staff on duty, and we were not aware of call bells ringing for long periods of time. Staff told us the staffing levels were good, they agreed sometimes if people were unwell or staff went off sick it could have an impact, but overall they felt supported by the staffing levels. People told us, "There are enough staff most of the time, it's not so good at weekends, ideally we could do with a couple more carers at night when it is not so good because we have agency staff", "I feel there are enough staff, I do not have any worries". One person was unhappy about response times to call bells and we fed this back to the interim manager. Relatives told us, "I never see any staff problems, maybe they are a bit short of staff at Bank

Holidays, but I can always get two staff to come and see to my relative when it's needed" and "Two weeks ago I felt staff were undermanned, I spoke to the current manager who is extremely approachable; she listened and has since written outlining how this situation will be improved".

The service ensured staff had suitable skills, experience and competence to fulfil their roles. In addition they considered personal qualities to help provide assurances that they were honest, trustworthy and that they would treat people well. Staff files evidenced that safe recruitment procedures were followed at all times. Appropriate pre-employment checks had been completed and written references were validated. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people.

Nurses followed the policies and procedures for the safe handling, storage and administration of medicines. Medicines were securely stored and records of administration were kept. People received their medicines as prescribed. People told us staff stayed with them and checked that medication has been swallowed before leaving them. We overheard one person tell a nurse their cream had not been applied by the care staff and the nurse said they would 'chase this up straight away'.

The home was very clean and free from odour at the time of the inspection. The head of housekeeping was the infection control lead and took great pride in her role. We saw that she had recently been nominated for employee of the month because she addressed the cleaning of all the wheelchairs and liaised with maintenance when wheelchairs required repair for safety issues. In addition she had supported the interim manager with hand hygiene audits for every member of the team. One professional visitor to the home told us, "The home certainly always appears clean and well cared for, with the relevant equipment available for the individual requirements of the residents. Infection control measures are in place with clinical waste bags available and these are disposed of in the clinical waste bins within the home".

Policy and procedures to be followed in the event of an emergency were known and understood by staff. They had received training in fire safety and knew what to do in the event of an emergency. Reviewed personal emergency evacuation plans (PEEP) were in place for each person who lived at the home detailing the support they required to keep them safe in the event of a fire. In house health and safety checks were completed on emergency lights, fire control panel, fire extinguishers and smoke detectors. A fulltime maintenance person was employed to ensure regular upkeep of the home, and improved monitoring of health and safety checks.

Requires Improvement

Is the service effective?

Our findings

The service was effective in many ways but we could not be satisfied that staff would be alerted to a poor food and fluid intake. This was because charts were inconsistently completed. The fluid charts were not always totalled at the end of a 24 hour period so staff would not know if someone had received enough fluid and there were gaps in how often they were recorded. One person's fluid chart had not been totalled for nine days.

This was a breach of Regulation 14 of the Health and Social care Act 2008 (regulated Activities) Regulations 2014.

People felt they were being cared for by staff who were knowledgeable and who understood their needs. People told us, "I am very well looked after, the girls come in and ask me what I want and check on me, they work so hard; they help me to get up out of bed and talk to me; they make sure I am alright", "Excellent staff, very friendly, they know my likes and dislikes" and "They are lovely staff doing their best". Two relatives told us, "Staff are all up to scratch, they work hard, nothing is too much trouble, they know how to treat my relative and I have confidence in the way they look after them" and "Nursing staff are very good, they are all qualified and experienced".

The care home support team had worked intensely with Begbrook over the last two years on two different occasions for several weeks at a time. They wrote to us and said they felt that during their input they had 'seen dramatic improvements'. Other information they shared included the successful introduction of CHAPS (care home assistant practitioner's) these were senior care staff who had a supernumerary role to supervise and teach carers on the floor. The care home support team had provided resource materials in relation to relevant subjects such as fluids and hydration, skin integrity, mental capacity etc. which has been utilised during the induction of new staff and updating existing ones. In addition they wrote, "We have also briefed the nurses with relevant updates such as NEWS (national early warning score system) access to training provided by the CCG and our bi-annual care home conferences which they have fully engaged with".

Staff who were new to care had commenced the care certificate to assist them in having an appropriate induction within the home and around their roles and responsibilities. Each new member of staff was allocated a mentor to support them throughout their induction. One new member of staff told us they felt 'thoroughly supported through their induction' and that 'shadowing a senior staff member had helped consolidate their learning'.

Training and development opportunities were tailored to individual staff requirements. Staff felt encouraged and supported to increase their skills and gain vocational qualifications. All staff received core training which included; first aid, infection control, equality and diversity, food hygiene, administration of medicines and safeguarding vulnerable adults. Specific training to meet people's needs was also provided, for example, dementia, stroke awareness and diabetes. Staff confirmed training was effective, one carer told us, "I'm enjoying all the training, it has opened my eyes". Nurses were supported to update their skills and knowledge for the roles they performed. This included wound care management, palliative care,

resuscitation and syringe driver updates. Syringe drivers were used to administer medicines continuously through a needle just under the skin.

A programme of supervision was now in place and regular appraisals will be established over the coming year. All staff had received one supervision since the interim manager had been appointed so that they could get to know one another and discuss future supervision requirements. Supervision would be tailored to the individual and based on personal preferences of staff and professional experience so that they were meaningful and effective. Staff told us they felt supported by the interim manager, deputy, nurses and other colleagues and they were a good team. Despite recent management changes the staff group felt they continued to work as a team.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The 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. The DoLS provide a legal framework that allows a person who lacks capacity to be deprived of their liberty if done in the least restrictive way and it was in their best interests to do so.

The interim manager and deputy had a good understanding of the MCA and their responsibilities with respect to promoting people's rights. They were clear that when people had mental capacity to make their own decisions, these were respected. Staff understood how to implement the five principles of the MCA. They knew how they should care for someone assessed as not having capacity and how to support best interest decisions. This included those decisions that would require a discussion with family, and possibly other significant people, for example health and social care professionals.

People's legal rights were respected and restrictions were kept to a minimum using the least restrictive option. Where applications had been authorised to restrict people of their liberty under the Deprivation of Liberty Safeguards (DoLS) it was to keep them safe from possible harm. There was a clear account about why referrals had been made and how a person had been supported through the process and by whom. This included GP's, best interest assessors and/or independent advocates.

Every effort was made to make eating and drinking a pleasant experience. Tables and trays were attractively laid with flowers, napkins and condiments. People chose where they wished to receive their meals. The meals prepared and served to people had always been well received. Traditional freshly cooked meals were firm favourites and although there was a menu plan people were supported to choose whatever they wanted on the day. It was apparent that staff knew people's likes and dislikes, preferred portion size and they offered gravy and custard separately. Meals looked appetising, well served and portion sizes were appropriate. Where we saw people required support with their meal, this was offered in a dignified manner, staff taking their cue from the person in an unhurried way.

People told us they never 'felt hungry' and there was 'ample food to eat'. There were bowls of fresh fruit, and light snacks available for people to help themselves. There were positive comments about meals from both people and family members. Comments included, "Food is very nice and there is a good variety, they make an effort to give me what I like; it's good quality and I am never hungry", "There is a very good chef who likes to keep the residents happy. My relative enjoys the food, good variety, plenty of roasts and there is always an alternative", "They do not cook the vegetables long enough but the rest is fine" and "The food is top quality, it is brilliant, 50 times better than the previous home I lived in, we have a very good chef".

The chef understood their responsibilities to support any special dietary requirements that needed to be catered for. This included things such as diabetes, compromised swallow and fortified foods for those at risk of weight loss. People's body weights were checked monthly but frequency increased if people were considered at risk. Referrals had been made to specialist advisors when required. This included speech and language therapy when a person's swallow reflex was compromised and GP's and dieticians when there were concerns regarding people's food intake and weight loss.

Staff were available to support people to access healthcare appointments if needed and, liaised with health and social care professional's involved in their care if their health or support needs changed. People's care records included evidence that the service had supported them to access district nurses, occupational therapists, dieticians and other health and social care professionals based on their individual needs.

Communication systems were in place to help promote effective discussions between staff so that they were aware of any changes for people in their care. This included daily handovers, staff meetings and written daily records. These accounts also provided a good level of detail for all staff to read when they had been on leave so that were up to date about what had happened in their absence.

Good

Is the service caring?

Our findings

People felt staff were caring and respectful. They told us, "Care is very good, they are all nice here. We have a laugh and joke, there is never any embarrassment", "I need all personal care and I am treated with care and dignity, they respect my privacy, they close the door and pull the curtains, and keep me well covered", "Staff are lovely, very caring, they treat me well, I have no worries or concerns" and "The staff all care, they are kind and respectful and treat me with dignity". Relatives told us, "Staff are very kind to my relative, They treat them respectfully, and they tend to them nicely" and "Staff are kind and thoughtful, I am happy with the care and feel my relative is safe".

Other visitors spoke nicely about the staff and their observations when visiting were positive. Comments included, "My experience at Begbrook House has always been good. I am taken very good care of", "The residents seem content and well cared for and the care workers as far as I witness them at work are always kind and warm", "The staff are attentive and respectful with privacy and dignity maintained at all times" and "The staff have always been very welcoming".

We read written compliments that the service had received this year. These included, "Thank you to the whole care team for your kindness", "I couldn't be more happier with the placement, very relaxed", "Thank you for such a warm welcome, we had travelled a long way and staff showed a genuine interest" and "A truly phenomenal team who showed love to mum and the family which meant the world to us".

Staff were motivated and inspired to offer care that was kind and compassionate. They told us, "I enjoy coming in everyday, the positivity rubs off on each other", "It's brilliant here, I look forward to coming in, I leave home very early in the morning to get two buses to work, that's how much I like being here", "I feel appreciated and valued" and "I love working with the people who live here, my confidence and self-awareness has improved greatly and I feel I make a difference".

The service promoted/supported those relationships that were important to people. With people's permission, the interim manager always involved family in meetings and care plan reviews. They felt this was a good time to gather feedback and discuss people's care in detail and areas in which things could be done better or differently. Staff told us about friends and family members who remained important to people and how this was encouraged and supported. People kept in contact through telephone conversations and staff helped them send cards when celebrating special occasions. Visitors were welcome any time and spent time in the privacy of their own rooms or in communal areas. Family and friends were also invited to join in any celebrations or events at the home.

We spent time in various parts of the home, including communal areas and individual bedrooms so that we could observe the direct care, attention and support staff provided people. We saw staff demonstrating acts of patience and kindness. Staff were seen to interact with people in a kind and compassionate manner and were heard to refer to them by their preferred name, using appropriate volume and tone of voice. People appeared to have a good relationship with staff and they looked comfortable when approached by staff. We heard staff seeking consent before any intervention and waiting for a response before proceeding. People

confirmed staff always knocked or called out before entering their rooms. One person said, "The girls knock and wait to be asked to come in".

People looked well cared for and were supported with personal grooming. Staff had assisted with those things that were important to them, prior to moving in to the home. This included preferred style of clothes that were clean and ironed, shaving, manicures, helping people to fasten their jewellery and attending hairdressing appointments. We did see two people who required nail care and we reported this back to staff who had taken immediate action by the second day of our inspection. People who were being cared for in bed appeared to be clean, comfortable and well positioned, with a drink and call bell within reach.

Good

Is the service responsive?

Our findings

The service was responsive. One visiting professional told us, "The service is responsive and keen to embrace new concepts and ideas. The appointment of a deputy/clinical lead will no doubt further enhance the team and continue to move things forward". Another visitor told us, "I visit the home regularly each month, upon my arrival I am always given an up to date appraisal of the resident's health and current situation, this is given either by the manager or the nurse in charge. If I ask for assistance it is forthcoming within an appropriate timescale and at the end of my visit, I write in the individual care plans and always give a verbal handover to the nurse in charge so that any treatment plans are followed".

The service continued to complete thorough assessments for those people who were considering moving into the home. The information gathered was detailed and supported the interim manager and prospective 'resident' to make a decision as to whether the service was suitable and their needs could be met. There was a sensible, measured approach before taking any new admissions, ensuring the staff compliment, skills, current dependency levels of people living in the home and the environment were satisfactory.

During our visits we saw people being cared for and supported in accordance with their individual wishes. People said they made their likes and dislikes known and these were respected. One person was still in their nightclothes at 11.40 am, staff had asked them several times if they wished to get dressed and respected their decision when it was declined. During the inspection, the atmosphere was calm and staff did not appear to be rushed and they responded promptly to people's requests for support. We looked at care plans to see if they were person centred and provided staff with enough guidance on how people wished to be supported. We saw some good examples where the documentation was person centred and enabled staff to support people in the best way possible. One person had stated that when they went to bed they liked a small glass of cherry brandy on their bedside table. They stated that if the woke up this drink helped settle them back to sleep. Independence was always supported. One person who had recently received a new electric reclining chair wanted to be able to understand the controls and use these without the help of staff. The interim manager had enlarged photographs of the controller with instructions for the use of each button.

There was a newly appointed activity co-ordinator. Their role was developing positively and she had made significant changes to improve people's emotional and social stimulation. One visiting social care professional told us, "The current activities co-ordinator and programme is one of the best we have seen across Bristol, and residents previously, fairly isolated seem much more engaged". We read a nine page reflective account written by the activity coordinator about her philosophy on the importance of person centred activity, her aims and objectives, her progress to date and how all her work was based on research. They were excited about the recruitment of a second co-ordinator. She wrote, "The daily activities and workshops taking place at Begbrook House create situations in which the residents involved will develop a sense of self-confidence and inclusion. I am working on the basis of their own experiences, extending their understanding, discovering, satisfying their curiosity and gaining pleasure taking into account their ability and natural talents in the present time".

One new initiative was the introduction of a 'Wishing Well' scheme where each person was able to make a request to do something of their choice. To date this has included bringing small animals into the home for an animal loving person to pet and stroke, and arranging a Christmas dinner for one resident and all their family. There were plans to take three people who wanted to go to Weston Super Mare to have fish and chips on the seafront. In addition to the programme of activities, more work was being developed around a person centred approach, and 'clubs' were being created for men, women, gardening, baking and a host of other things.

The service had a complaints and comments policy in place. People and their families were given a copy of the procedure and policy on admission. People who required assistance to make a comment or complaint were supported by staff. The service encouraged and supported people to express concerns or anxieties so they could be dealt with promptly. This approach helped prevent concerns escalating to formal complaints and relieved any anxiety that people may be feeling. The interim manager and deputy spent time around the home and saw people every day to see how they were. Small things that people may be worried about or made them unhappy were documented in the daily records and provided information about how they had been dealt with. This information was also shared with staff in shift handovers. More formal concerns were documented in the complaints folder. There were clear robust records kept of any actions and investigations that were required.

People told us they were confident and happy to speak with all staff members if they had concerns. We were aware of one person in the home who had raised concerns because they were not happy. Discussions with them, their social worker and the interim manager confirmed that every effort was being made to try resolve these concerns wherever possible. One relative told us they had written to the CEO of the company regarding a complaint and was satisfied with the outcome. They had also made a complaint recently about poor response times to call bells and had been impressed with the way the interim manager was dealing with this.

Good

Is the service well-led?

Our findings

The registered manager left in in July 2017. The service had been unfortunate with consistency of a permanent manager since then. This was due to unforeseen circumstances and not a fault of the organisation. At the time of our inspection the most recent manager in post had left. Despite this the organisation had ensured a management presence in the home to lessen the risks associated with inconsistency of leadership. The interim manager and deputy had provided leadership over the last eight weeks prior to the inspection, and this would need be sustained until a new manager was in post and had completed their induction. Interviews for a replacement permanent manager had been completed at the time of our inspection and a successful candidate had been appointed.

There had been occasions where people's experiences living at the home had been influenced by recent change in management for example, poor response to call bells and lack of staff around busy times of the day, as detailed previously in the report staffing had been increased to help address this. Every effort was being made to address any issues when they were raised, improve communication and reassure people. People and their relatives commented on the changes and expressed their disappointment that the previous manager had left as they credited him with making positive improvements at the home. However relatives told us, "The atmosphere at the home is still good, staff seem much happier and I hope this will continue", and "The last manager was well liked by staff, but from what I have seen this has not changed and I can discuss anything, they are very open, and will get in touch with me if they have to".

We spoke with staff individually about management instability. They expressed, 'disappointment' and sadness' when the most recent appointed manager had left, as did people and their relatives. However staff remained buoyant, supported and motivated. Staff told us this was because of the consistent presence of the interim manager and deputy. Comments included, "She has been the buffer, thank goodness she's here", "I like her style, she has a handle on things and has made a huge difference", "They both make it a happy place and keep us positive", "The interim manager is absolutely a wonderful person, she has made me love my job again" and "Morale had dropped a little but they have pulled us through and I feel supported".

The provider was aware of where improvements were required within the service. In many ways they had made good progress in addressing these. It was clear that recent inconsistency in a permanent manager had meant that these improvements had been compromised at times, this included the auditing systems in place to check food and fluid charts. One visiting health professional told us, "As with any home requiring improvement Begbrook is a work in progress but progress is very apparent". Audits completed by the regional manager and interim manager demonstrated there had been positive changes in the past six months. Actions required had been based on risks and ensuring people's safety in addition to improving quality of the service provided. This included, an improved environment, smoother, streamlined business services and administration, increased staffing levels, improved continuity in care delivery and improved policy and procedures. Despite any setbacks the whole staff team remained motivated and committed to improvement.

Given the lack of a permanent consistent manager over the last eight months it was understandable that some people were confused as to who the manager was. However people did say when we pointed out who was overseeing the running of the home, that the current interim manager was 'on the ball, knows what she is doing and listens'. People also knew that a new permanent manager had been recruited. Those who had met the new deputy said they had found her to be 'very kind and listened to them'.

The interim manager had been proactive in ensuring everyone who used the service was kept up to date with changes in the home and plans for the future. This was achieved through regular group meetings, correspondence and individual meetings. There were regular residents' and relatives' meetings where residents had the opportunity to air their views and ask questions. One person told us, "I do go to the meetings and have my say and they listen to me". Both relatives we spoke with agreed they would recommend this home to others. One person commented, "I love it here, I wish I had come years ago".

Effective communication had been key in ensuring staff remained positive and supported. In addition to organised staff meetings, heads of department (HoD) meetings were held, this would include, the interim manager and/or deputy, a nurse, a senior care staff member, housekeeping, the chef and the maintenance person. These were held daily so that the team could discuss changes, issues within their department and any support required. Ad hock/flash meetings were held as necessary. Staff told us these had been a positive introduction, had improved consistency amongst all staff groups which in turn had a positive impact for everyone who used the service. We attended one of the meetings which demonstrated an enthusiastic sharing of information, ideas and news prior to each shift, staff were motivated and fully participant.

The interim manager, deputy and nurses knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received notifications from the provider in the 12 months prior to this inspection. These had all given sufficient detail and were all submitted promptly and appropriately. We used this information to monitor the service and ensure they responded appropriately to keep people safe and meet their responsibilities as a service provider.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs People's food and fluid intake was not always monitored and recorded consistently. This was a breach of Regulation 14