Bryony Lodge Limited

Bryony Lodge

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

The inspection took place on 5 September 2018 and was unannounced.

Bryony Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Bryony Lodge is a care home which provides accommodation for up to nine people who have a physical disability. At the time of our inspection, there were nine people living in the home.

There was a registered manager at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This was the first inspection of the service, which was registered with CQC under this provider in November 2017.

People felt safe living at Bryony Lodge. Staff knew how to keep people safe and how to identify, prevent and report abuse. They engaged appropriately with the local safeguarding authority.

Individual and environmental risks to people were managed effectively. Risk assessments identified risks to people and provided clear guidance to staff on how risks should be managed and mitigated.

There were appropriate arrangements in place for the safe handling, storage, administration and disposal of medicines.

Recruitment procedures were in place to ensure that suitable staff were employed by the service.

People received care and support from staff who were suitably qualified, skilled and knowledgeable to carry out their roles effectively.

New staff completed a comprehensive induction programme and all staff were suitably supported in their roles.

People praised the standard of care delivered and the quality of the meals. Dietary needs were met and people received appropriate support to eat and drink.

People were supported to access healthcare services when needed and to attend hospital appointments.

Staff interacted with people in a polite and positive way. They spoke about people warmly and demonstrated a detailed knowledge of them as individuals and what was important to them.

People were cared for with dignity and respect and were treated in a kind and caring way by staff. Staff know people well, encouraged people to remain as independent as possible.

Staff protected people's privacy and responded promptly when people's needs or preferences changed. They involved people in the care planning process and kept family members up to date with any changes to their relative's needs.

People received personalised care and support that met their needs. Care plans provided staff with detailed information about how they should support people in an individualised way.

People had the opportunity to access to a range of suitable activities within the service and in the local community. There was an appropriate complaints procedure in place and people knew how to make a complaint.

People, their relatives and visiting professionals felt the home was run well. The provider was actively involved in running the service and there was a clear management structure in place.

Staff were happy in their work and felt fully supported by the provider and the registered manager.

There was an open and transparent culture in the home. People's relatives and friends could visit at any time and were made welcome.

There was an appropriate quality assurance system in place and where issues were identified, action had been taken promptly.

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 felt safe and staff knew how to identify, report and prevent abuse.

Appropriate recruitment procedures were in place. There were enough staff to meet people's needs.

Procedures were in place to protect people from the risk of infection.

Individual and environmental risks had been identified and were managed safely.

Medicines were managed and administered safely. They were ordered, stored and disposed of correctly.

Is the service effective?

Good

The service was effective.

People were supported by staff who were knowledgeable, skilled and experienced to carry out their role effectively.

People had enough to eat and drink and were offered a choice at meal times.

The environment was supportive of people who lived there and people were involved in decisions around the decoration of the service.

Staff followed legislation designed to protect people rights in line with the Mental Capacity Act 2005.

People were supported to access healthcare services when they required them.

Is the service caring?

Good

The service was caring.

Staff had built positive relationship with people and knew what was important to them.

People were treated with dignity at all times and staff respected their privacy.

Staff encouraged people to stay as independent as possible in all areas of their care.

Staff supported people to meet their cultural and religious needs.

Is the service responsive?

Good

The service was responsive.

People received care and support in line with their personal preferences. Care files contained detailed information to enable staff to provide care and support in a personalised way.

Care and support was planned in partnership with people, their families and healthcare professionals where appropriate.

Staff responded promptly when people's needs or preferences changed.
Staff were kept up to date on people's changing needs.

People received appropriate mental and physical stimulation and had access to activities they enjoyed.

The provider had arrangements in place to deal with complaints.

Is the service well-led?

Good

The service was well-led.

People were happy living at Bryony Lodge and felt the service was well-led.

The provider was engaged in running the service and there was a positive and open culture.

Staff were organised, motivated and worked well as a team. They felt fully supported and valued by the registered manager.

There were robust auditing processes in place. The quality of the service was monitored and appropriate actions were taken when required.

Bryony Lodge

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 was completed by one inspector on 5 September 2018 and was unannounced. This was the first inspection of the service as it was a new service registered with CQC in November 2017.

Before the inspection, the provider completed 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 any improvements they plan to make. We reviewed the information in the PIR, along with other records we held about the service including previous inspection reports and notifications. A notification is information about important events which the provider is required to tell the Care Quality Commission about by law.

We spoke with four people living at Bryony Lodge. We also spoke with the provider, the registered manager, the secretary, four care staff and a domestic staff member. We looked at care plans and associated records for five people, staff duty records, four staff recruitment files, records of accidents and incidents, policies and procedures and quality assurance records. We also spent time observing the care and support people received in communal areas of the service.

Following the inspection, we received feedback from three relatives of people living at the service and three health care professionals who had regular contact with the service.

Good

Is the service safe?

Our findings

People told us they felt safe at Bryony Lodge. One person said, "It's always safe here" and two other people replied "Yes", when we asked them if they felt safe.

Staff had received training in safeguarding and knew how to identify signs of abuse. Staff understood their safeguarding responsibilities and were confident to report any concerns. One staff member said, "I'm not afraid to raise anything if I'm not happy with it." Staff had access to a list of contact numbers if they needed to contact relevant authorities in the event of a safeguarding incident.

There were robust staff recruitment procedures in place. Potential new staff were shown around the home and introduced to some of the people using the service as part of the interview process. The registered manager told us that where possible, feedback was sought from people to give their initial views of the potential new staff member. Appropriate arrangements were in place to ensure that staff were suitable to be employed at the service. Staff recruitment records for four members of staff showed that the registered manager had operated thorough recruitment checks in line with their policies and procedures to keep people safe. Relevant checks were carried out before a new member of staff started working at the service. These included the completion of Disclosure and Barring Service (DBS) checks, which would identify if prospective staff had a criminal record or were barred from working with vulnerable people. There was a formal approach to interviews with records kept demonstrating why applicants had been employed and staff files included application forms, references and health declarations.

There were enough staff deployed to meet people's needs and keep people safe. There was a duty roster in place which was completed by the registered manager. Absence and sickness was covered by existing staff working additional hours or by a member of 'on-call' management for each day. Agency care staff were also used by the service if there were no other resources to cover a shift.

There were appropriate systems in place to protect people by the prevention and control of infection. Staff had attended infection control training and confirmed they had access to personal protective equipment (PPE), including disposable gloves and aprons, which we saw they used when needed. The registered manager described how they processed soiled linen using special bags that could be put straight into the washing machine. We saw this process was followed and systems within the laundry room were well organised to keep clean and dirty laundry separate. All areas of the home were clean and cleaning schedules were in place to help ensure cleaning was done consistently, using appropriate products. Systems and checks were in place to ensure people were protected from the risks associated with water borne infections, such as Legionella. The registered manager was able to describe the actions they would take should there be an infectious outbreak at the home and infection control audits were undertaken at regular intervals as part of an overall quality monitoring process. The home had been awarded five stars (the maximum rating available), for food hygiene by the local environmental health department.

Individual risks to people were managed effectively. Risk assessments in place identified potential hazards to each person and detailed actions taken in order to reduce the risk of harm. For example, a risk

assessment was in place for a person who wished to self-medicate homely remedy medicines, which they kept in their bedroom. The risk assessment identified relevant professionals who had been involved in the assessment and detailed steps for staff and the person to take to minimise any risk. Where people had specific medical conditions, a risk assessment was in place which contained a full explanation of the risks associated with the medical condition. This included common signs and symptoms for staff to recognise and clear information on how to manage the risk. For example, one person was at risk of choking and had been assessed as needing to use a thickening powder in their drinks. A risk assessment was in place to highlight the risks to the person if the thickening powder was not made up in fluids to the correct consistency. Other potential risks to people had also been considered and recorded within their care plans, including moving and handling and accessing the community. People were involved in identifying and managing the risks in their day to day routines and care. We saw that positive risks had been assessed where relevant, to ensure people lived their lives as they wished. For example, one person who accessed the community regularly on their mobility scooter had a risk assessment in place to manage their safety on busy roads in the local area.

Environmental risk assessments had been completed appropriately to ensure each risk identified was managed effectively. Gas and electrical appliances were serviced routinely and there were plans in place to deal with foreseeable emergencies. This included an arrangement with another care service in the local area, as a place of temporary accommodation if needed. Fire safety systems were checked and audited regularly and staff received training in fire awareness. In addition, each person had a personal emergency evacuation plan (PEEP), detailing the individual support they would need if the building had to be evacuated. The service had an accident and incident reporting system in place. We reviewed records in people's care files which showed that where accidents or incidents had occurred, there was a process in place to investigate and document these appropriately.

People's medicines were stored in a locked cabinet in each person's bedroom and daily checks were completed to ensure medicines were stored safely and securely. Keys to people's medicine cabinets were held by the responsible staff member on duty. People were administered their medicines safely by staff members who had received appropriate training and had their competency to administer medicines checked, to ensure their practice was safe. Medicines administration records (MAR) were completed correctly and accurately. The MAR chart provides a record of which medicines are prescribed to a person and when they were given. People's care plans contained a list of their current prescribed medication and a description of what this was for, so that staff understood why the person needed to take each medication and how this would benefit their health.

There were suitable systems in place to ensure that medicines were ordered and disposed of safely and correctly. The registered manager completed regular stock checks of medicines to help ensure they were always available to people. Safe systems were in place for people who had been prescribed topical creams.

Good

Is the service effective?

Our findings

People received effective care from staff that were skilled, competent and suitably trained. One person told us, "I need someone to help keep an eye on me because I can't manage, they do that well." A relative said, "I am very happy with [family member's] welfare and how she is looked after, I've got no concerns."

New staff completed a structured induction programme before being allowed to work on their own. This included a period of shadowing a more experienced member of staff and the completion of essential training as required by the provider. Staff who were new to care were supported to complete training that followed the standards of the Care Certificate. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life. Experienced staff received regular refresher training in all key subjects and some staff were being supported to complete vocational qualifications in care. Staff we spoke with were complimentary about the training they received and told us they found training sessions beneficial to their role. One staff member said, "It's good and if we want to do more training areas, we can. [The provider] is always looking for extra training for us."

Staff received regular sessions of supervision with the registered manager to discuss their progress and any concerns they had. Staff confirmed that they received these and that they found them helpful. Practical supervisions were also completed in the form of observations around a specific area of care delivery, such as medicines or moving and handling. Staff were
given clear feedback from each observation, which allowed them to focus on specific areas of improvement in their role. Staff who had been employed with the service for longer than 12 months also received an annual appraisal where they discussed their performance and development needs. We saw records of supervisions and appraisals in staff files, which evidenced where staff needed to develop their skills and included an action plan if additional training was required.

People were complementary about the food provided and were offered alternative choices at mealtimes if they wanted something different. During the inspection, we overheard people talking positively of the food provided, their comments included, "Very nice" and "It's perfect." Staff encouraged people to have choice in what they ate. For example, at lunchtime, we observed a staff member showing people a tray with sweet items and snacks to have with their lunch, such as cakes, crisps, biscuits and fruit. This allowed the person to pick what they wanted to eat, including a range of healthy options. Mealtimes were a social experience and people were encouraged to sit in the dining room for lunch, however other people ate in their bedrooms if they preferred. Where people required assistance to eat or cut up their food, this was provided promptly in a patient and supportive way. Throughout the inspection, we saw that people were offered hot and cold drinks and staff prompted people to drink regularly. People were able to have drinks and snacks in the evening or night if they wished and were supported to express their views on the variety of the food and drink at the service. For example, we saw minutes of a meeting held with people living the service to discuss this topic and possible suggestions.

The environment of the home had been adapted to support people's individual needs. For example, one person had their bathroom furniture fitted to suit their specific capabilities and consequently made this

aspect of their daily routine easier and more comfortable. Many people living at the service used mobility chairs or wheelchairs and we saw the main lounge area was spacious and clear to allow for everyone to easily access this communal area together.

People had access to a pleasant garden patio area which had seating and tables available. People's bedrooms were decorated to their preference and contained personal possessions, pictures and pieces of furniture. The registered manager spoke with us about recent refurbishments including the redecoration of some people's bedrooms and the plan for this to be implemented in others.

Staff were knowledgeable about people's individual health care needs and people were supported to access appropriate healthcare services when required. For example, one person had a sore on their foot which was being treated regularly by a district nurse. The person's care plan also contained guidance for staff on how they could facilitate the treatment of the sore in partnership with the district nurse. We saw records in people's care plans which evidenced regular visits from other health and social care professionals, such as doctors, chiropodists and opticians. People's care plans contained a list entitled 'Medical services which may help me", so staff were aware of important professionals that should be considered to ensure people's health needs were met effectively. A family member commented, "[Family member] gets his flu jabs on a regular basis and they make sure he goes to the doctor when he needs to."

Staff were kept up to date about people's needs through written handover notes and verbal handover meetings, which were held at the start of every shift. Information provided to staff included details about people's emotional and physical health needs and meant that staff worked together to ensure that people's on-going needs were met. A staff member told us, "There is a communication book in the kitchen which we read every day before the shift starts. We always know about any changes, most definitely." Throughout the inspection, we noted that staff worked co-operatively together for the benefit of people and were attentive to ensuring that people's needs were addressed. One staff member commented, "We are finding our feet with [new person to the service] but we all talk a lot and work really well together." Staff spoke positively of staff morale and where new staff had begun working at Bryony Lodge, we saw they had been welcomed into the service by other existing staff members to ensure effective care and support was provided for people living at the service. A new staff member told us, "As a new member of staff, there is a lot to learn and if I have any questions, [staff] are very helpful."

Staff protected people's rights by following the principles of the Mental Capacity Act 2005 (MCA). 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. Records showed that where people lacked capacity, decisions made on their behalf were done so in their best interest and with the support of people who had the legal authority to make those decisions.

Staff understood their responsibilities regarding people's consent and choice. One staff member commented, "People make their own decisions, we let them do what they need to do." Another said, "It's about protecting their liberty and their choices and making sure we do not take over. Even if we don't personally agree, we should respect their choices and not enforce anything without involving them." Where people were able to, they had signed a relevant form to consent to different areas of their care, such as whether they were happy to receive personal care from both male and female staff. Clear information was available to ensure that staff respected people choices around how they were supported in their day to day lives. For example, people's care plans contained a list of people that people wished and did not wish to see without permission. One person's care plan stated, "Anybody who comes to the home not on list should be

asked to wait until somebody asks me whether I wish to see them." Staff promoted choice and respected people's autonomy by empowering them to make as many of their own decisions as possible. A relative commented, "[Family member] always has choice. When I'm there at lunchtime, they ask what he'd like and not like, there's not an issue at all." We heard people being offered choices throughout the inspection.

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the provider was following the necessary requirements. DoLS authorisation had been approved for one person and the registered manager was reviewing whether applications were needed for other people living at the home.

Good

Is the service caring?

Our findings

People were supported by kind, caring and compassionate staff. People spoke positively about the staff and told us they were looked after well, one person said, "Everyone's lovely. It's a wonderful place, I've got no problems." Another person said, "The carers are very helpful."

Without exception, all interactions we observed between people and staff were positive and supportive. Staff addressed people using their preferred name, knelt to their eye level and used touch appropriately to provide reassurance. Staff spoke with people in a polite manner and took time to engage with people on a personal level. For example, we observed one staff member helping a person with their meal and saw the staff member assisted the person patiently, did not rush them and spoke with the person about day to day topics. This meant the person enjoyed their meal in a sociable way.

Staff had developed positive relationships with people living at the service. Throughout the inspection, we overheard light hearted banter and conversations between staff and people about their interests, families and daily routines, which demonstrated that staff knew people well and showed interest towards what was important to them. For example, one person spoke to their family on their mobile phone, they told a member of staff about this and the staff member asked, "How are your family? What have they been doing today?" Where new people entered the service, staff were dedicated to ensuring that they understood people's backgrounds, preferences and what was significant in their lives. A staff member told us, "I think you learn a lot from reading people's care plan, they tell you what they like and dislike, but the best way to learn is talking to the service user themselves. They tell you what they need."

People's dignity was respected at all time. We saw that staff knocked on people's bedroom doors and waited for responses before entering. Staff were able to describe the practical steps they took to preserve people's dignity and privacy when providing personal care. This included ensuring doors and curtains were closed and making sure people were covered. One staff member told us, "If I undress someone, I put a towel straight over them, because I don't know how I would feel if it was me." Another said, "I ask them if they would like to wash certain areas if they can do it, I don't just do it for them. I ask their permission too." During lunchtime, we saw that staff considered people's dignity at all times, such as discreetly tucking them closer to the table to ensure they were able to eat in a safe and comfortable position and politely asking each person if they would like to wear a protective apron, rather than putting this on without the person's permission. A health professional told us, "I feel the staff treat the residents with respect." During the inspection, we saw that most people liked to sit in the main communal lounge with other people, watching television or doing an activity. Staff ensured that people's dignity was protected by talking to them discreetly and quietly when discussing their personal care needs.

Staff respected and promoted independence by encouraging people to do as much as possible for themselves. The registered manager told us about one person who wished to self-medicate, although they were not able to do this fully independent anymore. Staff had considered the importance of the person's independence in this area of their care and adapted the person's medicine support to make sure they were still involved in the administration process. One staff member told us, "It's about getting to know that

person and knowing what they can do" another said, "We get them to do bits themselves. One person takes a while to dry themselves, but we still encourage them to do it. For those who can't do so much, I give them a flannel and they do their hands, so it is something." Some people living at Bryony Lodge had their own telephone which they could use to contact friends, family and arrange appointments. Another person who wished to maintain their independence in the community, was supported to regularly go out by themselves on their mobility scooter. People's care plans highlighted to staff what people could do for themselves and when support may be needed. Comments included, "I am still very independent, I do my own shopping" and, "After I have cleaned my teeth I have an electric shaver, I can do this myself but may need help with parts I have missed."

People's cultural and diversity needs were explored during pre-admission assessments. These were further developed in people's care plans over time, with the person and their relative's involvement where appropriate. People's care plans contained a 'ethnicity and religion' section, which described people's needs, preferences and goals to follow their faith or culture. We saw that people had been supported by the service to maintain their faith. For example, one person who regularly attended church had expressed that they did not wish to do so anymore, however they still wanted to practice their faith. The registered manager explored this further and arranged for a member of the church to visit the person at Bryony Lodge instead. The registered manager said that if a person followed a particular faith that they or staff had a limited knowledge of, they would research this and arrange training for staff to ensure that people could be effectively supported.

The registered manager was aware of how to request the services of independent advocates if needed. Advocates can be used when people have been assessed to lack capacity under the Mental Capacity Act 2005 for a specific decision and have no-one else to act on their behalf. They are independent people who spend time getting to know the people they are supporting to help make decisions that they believe the person would want. The registered manager spoke with us about a person who had used an advocate to be involved in decisions about their care planning. Confidential information, such as care records, were kept in the registered manager's office and could only be accessed by staff authorised to view it.

Good

Is the service responsive?

Our findings

People received care that was personalised and staff demonstrated a good awareness and understanding of people's individual needs. One person said, "They [staff] know me, they are lovely to me." A family member said, "[Family member] was moved to another care home in [local area] and when she got offered to move back, we jumped at it, she wanted to go back."

Initial assessments of people's needs had been completed when they moved into the service and care plans were developed to help ensure that people's needs could be met appropriately. As part of the assessment process, relatives were involved where appropriate to ensure staff had an insight into people's personal history, their individual preferences and interests. Information of this type helps to ensure people receive consistent support and maintain their skills and independence levels.

People's care plans were well-organised, reflective of people's needs and provided comprehensive information to enable staff to deliver care and support in a personalised way. A staff member told us, "There is absolutely enough information [in the care plans.] If I saw something that shouldn't be in there or wasn't relevant anymore, I would let [the registered manager] know, although he is good at updating them." The care plans were centred on the needs of each person and took account of their medical history, their preferred daily routine and how people wished to receive care and support. For example, one section describing a person's washing needs stated, "I like to take a shower just before I go to bed, which is around 7pm." Another section said, "[Person's name] find it hard to lift a full mug of tea, so prefers his mug half filled." Information clearly highlighted where people were able to do things for themselves, or where they may need assistance from staff. For example, one person's care plan stated, "I like to go out shopping in my mobility scooter. I also use taxis to take me shopping which I arrange myself. I like to involve myself in the day to day activities at Bryony Lodge, to help out if I can." Another said, "I need staff to support me whilst talking a shower and help me wash my hair, but apart from that, I can manage by myself." These records helped to ensure that people received the care they required in line with their needs, wishes and preferences. Care plans were reviewed regularly by nominated key workers. A key worker is a staff member who takes a particular interest in a named person, ensures the person's care plan is up to date and acts as a point of contact with family members.

People were actively involved in their care planning where possible. For example, we saw a video version of one person's care plan, which was a recording of the person being asked about different aspects of their care and how they wanted to be supported by staff at Bryony Lodge. The registered manager told us they wanted to use this style of documenting people's care plans to "give them a voice" and planned to produce this format of care plan for all people living at the service. People's care plans contained a list of people who they wished to be involved in their care and where relevant, people's relatives also confirmed that they were kept up to date with changes in people care needs. One relative said, "If they think I should know something, they will contact me." Another said, "Yes I do [get invited to care reviews]. I go to every meeting with the social worker, she was also very pleased with home."

Staff were responsive to people's changing needs. Records showed that when people's health deteriorated,

they were referred to appropriate health care professionals. For example, we saw records of a person who complained of regularly being cold, so the registered manager responded by promptly contacting the person's doctor to carry out relevant health checks. People's care plans also contained detailed information for staff about what actions were required if people's needs changed. Healthcare professionals confirmed they were contacted appropriately, in a timely way and that the registered manager and staff always followed any recommendations they made. One healthcare professional said, "[The registered manager] takes on board any recommendations made by our team, but also knows his residents well and always acts within their best interests for quality of life. For example, he raised concerns about a gentleman's mood and behaviour, but rather than requesting medication, he wanted to see whether this improved as the weather improved." Another healthcare professional told us, "The staff are always happy to follow my recommendations to help maintain good [personal care] for the residents." Staff were kept up to date on people's changing needs and demonstrated an awareness of how to escalate people's medical conditions if required. One staff member said, "If [people] were unwell, we would have to monitor them and their symptoms and give the GP a ring if needed." Staff used daily communications to summarise and monitor people's presentation and mood throughout the day and to highlight any important appointments or visits. This helped staff to monitor how people's needs were being met and ensure that any potential deterioration in their health was identified promptly.

People were provided with a wide range of activities to ensure appropriate mental and physical stimulation. On the day of the inspection, we saw people doing arts and crafts in the communal lounge with a member of staff who came in each week to focus on activities with people. Another person went out to do some shopping with a member of staff. A volunteer, who regularly visited the service, was also sat with people, playing games and talking about their family and interests. People and their family members were complimentary about the activities available to people and commented that there was "always something to do." A relative commented, "I think it's lovely, there's lots of activities." Other activities that people regularly took part in within the service included, baking, bingo, movie nights and pet therapy. We saw posters for a Christmas pantomime which had been planned and the registered manager spoke about events and parties that were held throughout the year such as tea parties, BBQ's and sport events. The registered manager had also explored opportunities in the local community for people to be involved in activities, such as sailing with a local organisation for people with a disability.

Although the service had not received any complaints since it had been registered, the service had robust arrangements in place to deal with complaints and investigate them thoroughly. A complaints policy was available in the reception area of the service for people to use if required. People told us they felt able to raise concerns, one family member said, "I have always got on well with [the registered manager] he is very approachable and does his best to try and fix things." We saw records which showed that concerns and issues were discussed openly with people living at Bryony Lodge during regularly resident meetings. A staff member explained, "Every time there is a service user meeting, [the registered manager] always opens by asking if anyone has any problems and makes sure they know if they have a worry about him, he will tell them who else they can talk too."

At the time of the inspection, no one living at Bryony Lodge was receiving end of life care, however people's care plans contained basic information about their end of life wishes, such as who should be contacted in the event of a person becoming ill. Additionally, the registered manager provided us with assurances that should people's health deteriorate, their wishes and preferences would be discussed with appropriate people in the person's life and staff would be supported and trained to ensure people receive responsive end of life care.

Good

Is the service well-led?

Our findings

People told us they enjoyed living at Bryony Lodge and they felt the service was well-led. One person said, "I'm happy here" and another person said, "Yes, I like it." Visiting health professionals spoke positively of the service and were confident that people received good care and support. One health professional said, "When I visit Bryony Lodge to provide [care services], I often hear the residents in the lounge. They appear happy and relaxed." Another visiting professional commented, "I don't have anything negative to say about the home."

There was a clear and simplified structure of management, consisting of the provider and registered manager. The registered manager told us all other care staff were treated equally, which we saw worked well for the size and nature of the service. Staff were aware to raise concerns with the registered manager as a first point of contact, or speak with the provider if this was not appropriate. All people spoken with throughout the inspection were positive about the leadership of the service and spoke highly of the registered manager. A relative said, "I think [the registered manager] is very good with how he deals with things. I can't imagine anything happening that he wouldn't tell me about, we talk a lot." A health professional said, "I could not praise the manager enough. He is friendly, approachable and the bond he has built with the people living in Bryony Lodge is evident. [A colleague] recently stated to me that she would like to clone the manager so that he could manage all residential homes."

Staff were supported by the registered manager and were able to raise issues openly and confidently. Their comments included, "In my personal opinion, he is the best manager I have ever worked with", "I think he is great, he is really easy to talk to and he is really good with the service users too. Everyone is always really happy and he makes sure of that" and, "[The registered manager] has a very good balance of being strong and making sure no rules are broken so that everything is adhered to, but also being relaxed so people know if they do have a worry, he will be completely supportive." Staff told us they enjoyed their jobs and there was a good sense of team morale amongst their colleagues. One staff member said, "I really like it, it's a nice small home and very personal. We can get to know the clients very well." Another said, "It's become a second family." We observed a positive, open culture throughout the inspection and saw that staff spoke to each other and the registered manager with kindness and respect.

The registered manager had developed a strong working relationship with the provider, who was regularly involved with the day to day running of the service. For example, they commented on the maintenance requirements around the service, "I only have to ask once and it's done, [the provider] keeps on top of things." On the day of the inspection, the provider was providing direct support for people as a member of staff was out in the community with a service user. Staff commented on the noticeably positive relationship between the registered manager and the provider and described the beneficial impact this had for people living at the service. One staff member said, "They are very hands on. [The provider] quite regularly works the floor and she also takes several service users out on outings, she is very involved." Another said, "They are very visible, I see them every week. They are always around or at the end of the phone."

The registered manager and provider described the vision of the service as "always looking to improve" and

aiming to be an "outstanding" service. They commented, "We always want to be there for [people] and to help them with a personal touch." Staff were aware of the provider's vision and values and how this related to their work. Staff meetings provided the opportunity for the provider and registered manager to engage with staff and reinforce the vision and values.

People and their relatives were consulted in a range of ways about the way the service was run, such as through regular resident meetings, individual discussions and an annual survey. The responses from the survey were analysed to identify areas for improvement and suggestions. For example, one person had commented on the levels of communication within the service, which the registered manager responded to by introducing a regular newsletter. In addition, we saw a comments book and visitor questionnaire was available in the reception area to enable people to provide feedback anonymously if they wished, including staff members and visitors.

An appropriate quality assurance system was in place. This included auditing aspects of the service, such as infection control, medicines, care planning and fire equipment. The audits demonstrated that where concerns had been noted, actions were taken in a timely manner. Policies and procedures viewed were appropriate for the type of service and were accessible to people and staff members if required.

The service worked in partnership with the local authority, healthcare professionals and social services to help ensure that people received effective and safe care. Healthcare professionals described the positive relationships they had built with the registered manager and staff members for the benefit of the people living at the service. The registered manager also spoke with us about their involvement with the community, such as links with other care services in the area to share best practice and drive improvement. The registered manager understood their responsibilities and was aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the provider's registration.