

Kent County Council

Broadmeadow

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

This inspection was carried out on 19 July 2018. The inspection was unannounced.

Broadmeadow is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Broadmeadow is a purpose built service and provides intermediate care, short term respite and dementia care. The centre has 43 en-suite bedrooms and 5 flats situated over two floors. People are admitted to Broadmeadow from a range of settings, including acute hospital beds, their own homes and temporary residential accommodation. The service is designed to prevent further admission to an acute hospital, facilitate a prompt return home and prevent admission to permanent residential care. At the time of the inspection there were 38 people living at the service.

We last inspected Broadmeadow in August 2017 when three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. We issued requirement notices in relation to unsuitable maintenance of the premises, care plans that were not personalised and auditing systems which had not been effective.

At our last inspection, the service was rated 'Requires Improvement' overall with effective and caring being rated as Good. At this inspection, improvements had been made and the three breaches of regulations were now met. However, a new breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 was identified and a recommendation was made regarding staff supervision. Therefore, this is the second consecutive time the service has been rated Requires Improvement.

There was a registered manager in post who had been in post since August 2016. 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. Following this inspection, we received some information of concern relating to the submission of statutory notifications. The registered manager had failed to notify CQC of a notifiable event in a timely manner.

At the time of our inspection medicines were observed to be administered safely. Systems were in place for the ordering, obtaining and returning of people's medicines. Staff had received training in the safe administration of medicines and their competency had been assessed by a member of the management team. Following our inspection, we received some information of concern relating to the safe administration of people's medicines, this concern was under investigation.

Staff did not always receive the support, supervision and guidance from the management team. The

registered manager told us they were aware of the shortfalls in supervision and had planned to resolve this. The registered manager used a variety of methods to ensure the care staff were kept up to date with people's needs. We have made a recommendation about this.

People felt safe and were protected from the potential risk of harm and abuse. Staff understood their responsibilities for safeguarding people and followed the provider's policy and procedure. People's personal belongings were protected from the potential risk of theft. Potential risks to people had been assessed and steps were taken to reduce any risks. The premises were well maintained and equipment had been regularly serviced to ensure it was in good working order.

There were enough staff deployed to keep people safe and meet their needs. Staff were recruited safely following the provider's policy and procedures. Staff received training to meet people's needs including their specialist needs.

People's safety in the event of an emergency had been assessed, with guidance to inform staff how to keep people safe. Accidents involving people were monitored with action taken to prevent the risk of reoccurrence. People were protected from the risk of infection with cleaning schedules in place to promote the prevention and control of infection.

People's needs were assessed prior to them receiving a service. People received a personalised, person centred service which was responsive to their needs. People were involved in the development and review of their care plan. Guidance was in place to inform staff of how to meet people's needs whilst encouraging and promoting their independence.

People were encouraged to make their own choices about their lives. 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.

Staff were kind and caring towards people. Staff respected people's privacy and dignity. Staff knew people well and had knowledge about people's histories, likes and dislikes. People's equality, diversity and human rights were promoted and respected.

People were supported to take part in a range of activities to meet their needs and interests.

People were supported to express their views and were involved in the development of the service they received. Complaints were investigated and responded to in line with the providers policy.

The registered manager worked in partnership with external organisations to promote best practice and to develop and promote a positive culture between the local community, staff and relatives supporting people that had dementia.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating on a notice board in the entrance hall and on their website.

You can see what action we have asked the provider to take at the end of the 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?

The service was safe.

People were protected from the risk of harm and abuse. Staff knew the action to take if they had any suspicions.

Risks to people in their everyday lives and environment had been assessed. Guidance was available to staff to reduce any potential risks.

There were enough staff to keep people safe and meet their needs. Staff were recruited safely following the provider's policy and procedure.

People received their medicines safely and as prescribed by the GP. However, following our inspection concerns were identified in relation to people's medicines.

People were protected by the prevention and control of infection procedures that were in place. The service was clean and odour free.

Good 

Is the service effective?

The service was not consistently effective.

Staff did not always receive the support and guidance they required to fulfil their role. Some staff had not received regular supervision with their line manager.

People had access to the food and drink they enjoyed. People's nutrition and hydration needs were assessed with action taken if additional support was required.

People were supported to maintain the health with support from health care professionals.

People's needs were assessed and recorded prior to receiving care and support. People's protected characteristics were promoted.

People were encouraged to make their own choices and

Requires Improvement 

decisions about everyday decisions.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness by staff who understood the importance of maintaining people's privacy and dignity.

People were asked for their feedback about the service and improvements were made as required.

People were encouraged to maintain as much independence as they were able to.

People were supported to maintain relationships with people that mattered to them.

People's personal information was stored securely.

Is the service responsive?

Good ●

The service was responsive.

People were involved in the writing and review of their care plan.

Care plans were person centred and outlined the support the person wanted as well as needed.

People were given the opportunity to access a range of activities to meet their needs and interests.

People felt confident to raise any concerns that they had. A complaints policy and procedure was available to people and their relatives.

Information was made accessible to people using the service.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Statutory notifications had not always been submitted without delay.

The registered manager promoted an open culture where staff were kept informed about people's care and support needs.

Systems were in place to monitor the quality of the service that

was provided to people. Action was taken when improvements were needed.

People were asked for feedback about the service they received.

The registered manager worked in partnership with other health care agencies and with the local community.

Broadmeadow

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 19 July 2018 and was unannounced. The inspection team consisted of two inspectors and two experts-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Both experts-by-experience for this inspection had experience in care for older people.

Before the inspection, we 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 plan to make. We looked at notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to plan our inspection.

We observed staff interactions with people and observed care and support in communal areas. We spoke with 29 people about the care and support they received. We spoke with six relatives about their experience of the service. We spoke with seven staff, which included four care assistants, a team leader, the chef and the registered manager.

We looked at the provider's records. These included four people's care records, which included care plans, health records, risk assessments, daily care records and medicines records. We looked at documentation that related to staff management and recruitment including five staff files. We also looked at a sample of audits, staff rotas, minutes of meetings and policies and procedures.

We asked the registered manager to send us information relating to complements and the transfer of care documentation. The information we requested was sent to us in a timely manner.

Is the service safe?

Our findings

People told us they felt safe with the staff supporting them, and they felt safe within the building of Broadmeadow. Comments from people included, "They (staff) make me feel so safe because they really listen and there is always someone on duty to help." "I feel so safe here; there is always someone around to help, day or night. If I can't see someone I just press my bell and they come ever so quickly." "I do feel very safe, especially because of the staff who are so reassuring." "I feel safe because staff are always popping into my room to check on me."

At our inspection on the 13 and 14 June 2017 we found a breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. The provider had failed to ensure suitable arrangements were in place for the maintenance and installation of equipment used to increase people's safety. For example, protecting people in the event of a fire, risks that had been identified during the fire risk assessment had not been completed in a timely manner. At this inspection we found that improvements had been made. A new fire risk assessment dated July 2018 showed that actions had been completed such as decluttering corridors and updating some fire doors. This breach has now been met.

Staff had received fire training and had a good knowledge of fire evacuation procedures. There were fire evacuation plans in place for each unit which were visible to people, staff and visitors. One person said, "I set the fire alarm off with my cooking skills and you wouldn't believe the military efficiency that went into action, so from that I knew that I was completely safe here." There were regular checks of the fire alarm system, checks of emergency firefighting equipment and check of the fire evacuation equipment. These actions ensured people's safety had been promoted with guidance for staff to follow in the event of an emergency.

Each person had a personal emergency evacuation plan (PEEP) in place which provided guidance to staff on how to support people in an emergency. These had been reviewed and updated since the last inspection and were kept in a fire box within the reception area. The fire box contained each person's PEEP and emergency items such as, space blankets to keep people warm.

Regular checks of the premises and equipment were carried out to ensure that the building was safe and equipment was in good working order. These checks enabled people to live in a safe and adequately maintained environment. Call bells were checked and audited on a monthly basis to ensure they were in good working order. The audit carried out in March 2018 identified that there were two call bells which were out of use and action was taken to repair these.

Accidents and incidents were recorded and monitored on a regular basis. Staff completed an accident form which was then transferred onto the provider's online system. A monthly analysis of all incidents and accidents were completed by the registered manager which highlighted any patterns or trends that had developed. The registered manager used this information to make changes and improvements when things went wrong.

At the time of our inspection people's medicines were managed and administered safely. People received their medicines as prescribed. People told us they received their medicines regularly. Comments included, "I get all my medication with precision and no hiccups." And, "I don't worry about my medication here because it is so organised, and all done for me and brought to me at the same time each day." However, following our inspection we received concerns relating to the management of people's medicines and as a result there is an ongoing investigation.

Systems were in place for the ordering, obtaining, storage and disposal of people's medicines. The team leader on each suite held responsibility for administering people's medicines. Senior staff received training in the administration of medicines and completed an observed competency before they were signed off as being competent to administer medicines. Medicines were observed to be administered in two of the suites, this was calm and in an unrushed manner, ensuring people received the support they required. People were asked if they required any pain relief, prior to its administration. There were suitable arrangements for the storage and recording of medicines which required additional safe storage. Medicine administration records (MAR) were accurately and fully completed, showing when people received their medicines. Some people were prescribed topical creams and records showed these had been used as prescribed.

Each person had detailed information and written guidance for staff in relation to 'as and when required' (PRN) medicines. The guidance included the reason for administration, the frequency, and the maximum dose that could be given over a set period of time. The senior staff ensured people always had a month's stock of medicines available, this was to ensure people that were staying for a shorter period of time returned home with a supply of their medicines.

People were protected from the risk of abuse. Staff told us and records confirmed staff had received training relating to the safeguarding of adults. Staff said they felt confident any concerns they raised would be taken seriously by the registered manager and management team. The registered manager was aware of their responsibility to report safeguarding concerns to the local authority and Care Quality Commission. People's personal precious items were protected from the potential risk of theft, with lockable cupboards available within their bedrooms. People's belongings were inventoried on admission to the service.

Staff had up to date information to meet people's needs and to reduce risks. Potential risks to people in their everyday lives had been assessed and recorded on an individual basis. For example, risks relating to personal care, skin integrity, mobility, management of medicines and nutrition and hydration. The risk assessment was linked to the care plan and measures were in place to reduce risks and guidance was in place for staff to follow about the action they needed to take to protect people from harm. If people required specific equipment a risk assessment had been completed, for example the use of a profiling bed and an air mattress. Risk assessments were kept under constant review by the management team and updated accordingly.

People told us they felt there were enough staff to keep them safe and meet their needs, and that their call bells were answered promptly. The registered manager used an assessment tool to identify the level of support each person required to meet their needs. Records showed staffing levels had increased due to a change in a person's level of need. Agency staff were used to cover shortfalls such as, staff sickness or annual leave. The registered manager used the same agency staff to provide consistency and continuity to people.

People were protected by safe recruitment procedures. We looked at five recruitment files of staff that had been recruited since the last inspection. Recruitment records included the required pre-employment checks to make sure staff were suitable, of good character and were legally entitled to work within the UK.

People were protected from the risk of infection, by the systems and processes that were in place, to prevent and control the risk of infection. The provider employed a team of domestic staff who ensured the environment remained clean. Information was displayed within each bathroom and toilet regarding the importance of hand washing. All staff received training regarding infection control and followed the providers' infection control policy. The service was clean and odour free. Staff were observed using personal protective equipment (PPE) such as gloves and aprons. Substances hazardous to health were kept securely within a locked cupboard in order to minimise the risk of people using them inappropriately.

Is the service effective?

Our findings

People spoke highly of the food and said they were regularly asked for their feedback regarding each meal. Comments from people included, "The food is marvellous. We get a choice of two on the menu and either a pudding or ice cream. I look forward to meal time in the dining room." "Lunch is not only tasty and nutritious but also sociable." "The food is excellent. All freshly cooked and very appetising. There is a good choice on the menu too." And, "The food is very good, very good quality and very fresh and tasty too."

Care staff told us they felt supported by their line manager. Records showed that senior staff were not always receiving supervision in line with the providers policy. We asked the registered manager about this and we were told that this was an area for development and they had a plan to ensure all staff received regular supervision with their line manager. Staff told us that they felt supported and did not feel that they missed out on support through the lack of one to one supervision. Staff received an annual appraisal with their line manager, this gave staff the opportunity to reflect on the previous year and set goals for the forth coming year.

We recommend that the registered manager ensures all staff receives supervision and support in line with the provider's policy.

We observed lunch to be relaxed with a sociable atmosphere within each suite. People were observed chatting and laughing with one another. People were offered a variety of hot and cold drinks with their meal, condiments were also available on each table.

People's nutritional needs had been assessed and recorded; these had been reviewed on a regular basis. People who had been assessed to be at a high risk of malnutrition or dehydration had a record of their food and fluid intake. People's weight had been monitored on a regular basis; this was completed in conjunction with a nutritional screening tool. If staff had any concerns appropriate referrals were made and records showed one person had been referred to a dietician.

A chef and kitchen assistant were available seven days a week. The provider used a four weekly seasonal menu with all meals freshly prepared each day. People were offered a choice of meals from the menu however; people were able to make additional food choices such as, soup. The kitchen team were aware of people's food preferences, allergies and specialist diets were catered for, such as diabetic or fortified. Records showed that people's cultural needs were catered for in relation to their nutrition. Additional spices, noodles and coconut milk were used for a person who recently stayed at the service for a period of respite. The kitchen had scored a five rating (5 is the highest) at the last environmental health visit in July 2017. Records showed that people had fed back they did not enjoy the pea and ham soup, as a result this was removed from the menu and replaced with another soup.

People's health was monitored and when it was necessary health care professionals were involved to make sure people remained as healthy as possible. Each person had a specific care plan which detailed the support they required to manage any specific health conditions. A physiotherapist and occupational

therapist were based within the service. They worked in conjunction with one another to ensure people received a holistic collaborative approach to their short term care, to enable people to go back to their home, and prevent a hospital admission or a permanent admission to a care home. People's oral health was monitored and maintained with regular dental check-ups.

People's needs were assessed prior to the receiving a service, either as a permanent admission or for a period of respite. Initial referrals came through social services or a fast track continuing health care assessment for people who were being discharged from hospital. A member of the management team then completed an assessment with people and their families. This information was transferred into a care plan for the person. People's protected characteristics, such as their race, religion or sexual orientation, were recorded during the initial assessment. Each person had an equalities care plan which outlined the specific support they required such as, specific cultural beliefs and the support required from staff to maintain this. There were equality and diversity policies in place for staff to follow, this helped staff promote people's equality, diversity and human rights.

People that used the service for a period of respite, rehabilitation or following a recent stay in hospital had a transfer of care document. This was used for people that were moving between services, as a way to promote consistency and continuity of care and support. The document stayed with the person to ensure that family members, care staff and health care professionals were working together to provide the correct care and support.

Staff had the skills and experience to deliver effective care and support. People told us they felt the staff were well trained and knew how to meet their needs. One person said when asked about the staff's knowledge, "It's the crème de la crème, cream of the crop here." Another person said, "The staff are wonderful and every single one of them has ample training and it is kept up to date as well I believe." The provider had a number of courses which they considered mandatory, the registered manager held responsibility for ensuring the staff were trained. The registered manager used a training matrix to ensure staff had received the training they required. There was an ongoing programme of training which included face to face training, mentoring, online learning and competency assessments. People could be assured that staff supporting them were trained and had the competency assessed.

New staff received an induction when they started working at the service. Inductions were role specific and covered an introduction to the service as well as an overview of the tasks that each member of staff was required to complete as part of that role. For example, administering medicines and admission and discharge processes. New staff worked alongside experienced staff and were supported to complete The Care Certificate. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Care staff were offered the opportunity to complete a formal qualification during their employment. For example, The Qualifications and Credit Framework (QCF) in Health and Social Care, which is an accredited qualification for staff working in the care sector.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Restrictions could include, for example, bed rails, lap belts, stair gates, restrictions about leaving the service and supervision inside and outside of the

service. 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.

The registered manager, management team and the care staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005, and the Deprivation of Liberty Safeguards (DoLS). All staff had been trained to understand and use these in practice. People told us they were asked for their consent prior to any care or support tasks, and they were offered choices throughout the day. One person said, "I make my own choices on a day to day basis aided and abetted by the staff." Another person said, "I can choose what time I get up and where I want my meals. I can choose to join in with activities or stay put in my room." The registered manager had carried out MCA assessments with people and/or their relatives for less complex decisions such as, personal care needs and medicine management. Records showed that when people lacked the capacity to make certain decisions about their lives, their relatives and the relevant health care professionals were involved to make sure decisions were made in their best interests.

The registered manager understood their responsibility for making applications to the local DoLS team, when a person was being deprived of their liberty. Records showed that both urgent and standard applications had been requested. A tracking system was used to monitor any authorisations and whether any conditions were in place.

People's needs were met by the design and decoration of the premises. We saw people moving freely throughout each suite and garden area during our inspection. People's bedrooms were personalised with their personal effects such as, ornaments and photographs. The channel suite had been designed for people living with dementia. The mirrors in the channel suite were removable and a picture was underneath, if looking in a mirror caused the person distress.

Is the service caring?

Our findings

People told us that they felt the staff were kind and compassionate and that they were treated with respect at all times. Comments included, "The staff are nothing but polite and courteous at all times, even during the night and the wee small hours of the morning.", "I have an incredibly high view of the staff here, all of them.", "They are angels, all of them. They do a sterling job in a gentle and kind, caring way." And, "The staff are great, hardworking but most of all very human and compassionate."

Relatives said they were welcomed when they visited and spoke highly of the staff. Comments included, "The one thing that we have noticed is that on each and every visit here the staff are extremely patient and very caring taking notice of each resident in turn and making sure they know they care about them all", "What I can say is that hand on heart they are the most caring, kind and generous bunch of staff you could ever have the pleasure of meeting." And, "They honestly do really care about each and every one of the residents and try to make their lives as comfortable and worth living as possible. Whether it be by doing a puzzle, having a chat and a reminisce or just holding a hand and a kind smile."

People told us that staff protected their privacy and dignity. One person said, "The staff are most respectful and always knock first before they enter my room." Another person said, "I keep my door open, but they always knock on the door first." Staff gave examples of how they protected people's privacy and dignity whilst offering them care and support. For example, closing doors and covering people up with a towel following personal care and closing the curtains.

People's emotional support was recorded within an emotional well-being care plan and a stress and distress care plan. This recorded how the person would inform you if they were in distress and the support they needed from staff to manage this. The emotional well-being care plan recorded the person's current mood and the emotional support the person required from staff.

People were supported to express their views and were involved in making decisions about their care and support. People told us they or their family members had been involved in the development of their care plan. One person said, "My husband and I were fully aware of and fully involved in making my care plan as a team." Another person said, "I have seen my care plan and I was consulted all the way through." People's care plans included clear information and guidance about their individual support needs, their preferences, likes, dislikes and interests.

People were supported and encouraged to maintain their independence. People told us staff supported them to do as much for themselves as they were able. One person said, "I try to do as much for myself as possible and the staff try to enable me to do this by keeping their distance but keeping a watchful eye on me at the same time, most respectful." Another person said, "I get all the support I need to help me do as much as I can for myself." People's care plans recorded what people were able to do for themselves, followed by the support they required from staff. People that were using the service for rehabilitation following a stay in hospital had set plans in place which detailed how to increase their skills. A breakfast club had been introduced for people whose aim was to return back to their own home. This was within a controlled

environment where people were given one to one support to develop the skills required to make their own breakfast. This supported people to develop and build on independent living skills.

People were supported to maintain as much contact with their friends and family as they wanted. Each suite within the service had a kitchenette area for people and visitors to access and use. People were able make drinks for their friends and relatives. We observed one person washing up their lunch plate which they had asked to do. Another person received a telephone call from their loved one during our inspection; staff ensured the person was able to speak freely and in private.

Information about people was treated confidentially. The registered manager and administrators were aware of the new General Data Protection Regulation (GDPR); this is the new law regulating how companies protect people's personal information. People's care records and files containing information about staff were held securely in locked cabinets.

Is the service responsive?

Our findings

People told us they enjoyed living at Broadmeadow and said the staff were responsive to their needs. Comments included, "They look after us very well and help me do all sorts of things that I thought I wouldn't be able to cope with any more, like washing and making a cup of tea or even doing a puzzle or crossword.", "I can't fault the staff and they contribute to making me feel happy and safe and I know that they have my best interest at heart." And, "Because I want to go home I am getting all the support and help that I require to re-introduce me to things such as boiling a kettle, doing my washing and being able to safely look after myself."

At our inspection on the 13 and 14 June 2017 we found a breach of Regulation 9 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. The provider had failed to ensure people's care plans were personalised to meet their needs. Care plans for some people lacked details about what was important to them and how they wanted staff to meet their needs. At this inspection we found that improvements had been made, people's care plans were individualised and person centred. This meant that the person's care and support needs were centred around them. This breach has now been met.

People received personalised care which placed them at the centre of their care and support. Care plans were person centred and contained information about how each person should be supported in all areas of their care and support. They included what people could do for themselves to aid their independence and what support was required from staff. This information guided staff to deliver the care the person needed and in a way the person wanted. Staff knew about people's needs and their backgrounds and the care and support they required. People's care plans provided consistent and up to date information about each individual. Care plans were reviewed on a regular basis to ensure the information was up to date and continued to inform staff how to meet their needs.

People were supported to take part in a wide range of activities to meet their needs and interests. The provider employed an activities co-ordinator whose responsibility was to ensure people were offered a range of activities. Each person had a care plan titled 'meaningful activities and occupation' this included information about past and present activities the person enjoyed. This information was then used to arrange various activities including fortnightly clubs such as, cooking, bingo and movie nights. Each suite had an activities trolley that was changed each week. The trolley included items such as, crafts, jigsaws, books and puzzles. We observed people accessing the trolley to sit and complete a jigsaw. A hairdresser was available on a weekly basis, and people were able to book an appointment. Records were kept within each suite detailing if people had chosen items to use from the trolley.

People told us they felt comfortable and confident to raise any concerns or complaints that they had. One person said, "If I was not happy or was worried I would speak to any member of staff on duty, not a problem." A relative said, "If I am the slightest bit concerned or worried about anything, anything at all I can approach any member of staff and they can help or find someone else who can immediately no hanging about." People had access to the provider's complaints policy and procedure. Records showed that this had been followed when any complaints had been raised. The registered manager had also kept any

compliments that the staff and service had received. These were in the form of cards and letters, from people that had used the service and from family members.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. Care plans confirmed the assessment of people's communication to identify any special communication needs. This was to ensure people who lived at the service had information in the most accessible format. Bathrooms and toilets were clearly identifiable for people to access independently.

No one living at the service was receiving end of life care at the time of our inspection, although the registered manager told us that people would be supported to receive compassionate support and their wishes would be respected. Some people had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) form in place. DNACPR forms indicate where a medical decision has been made by a doctor with the person or their representative that cardiopulmonary resuscitation would not be attempted if the person stopped breathing or their heart stopped beating.

Is the service well-led?

Our findings

People and their relatives told us the service was well run and they felt the management team were approachable. Comments included, "I absolutely believe this place is well-led" and "I met the manager when I first arrived, and she was very pleasant and very easy to speak with." Relatives commented, "The manager is very approachable and will always make time to listen and help" and "This place is well run, it does not feel like a care home, it is a nice place."

At the time of our inspection the registered manager and the management team had an understanding of their role and responsibility to provide quality care and support to people. They understood that they were required to submit information to the Care Quality Commission (CQC) when reportable incidents had occurred. For example, when a person had died or had an accident. All incidents had been reported correctly. However, following our inspection we received concerns that statutory notifications relating to a safeguarding concern regarding medicine management had not been submitted and as a result there is an ongoing investigation.

The registered manager had failed to notify CQC of a notifiable event in a timely manner. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

At our inspection on the 13 and 14 June 2017 we found a breach of Regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. The provider had failed to ensure effective systems were in place to monitor the quality of the service. For example, the inconsistency within people's care plans held within the different suites had not been identified. At this inspection we found that improvements had been made, systems were in place to monitor the quality of the service that was provided to people, and the documentation that was in place. This breach was now met.

The registered manager carried out regular audits to assess the quality of the service and identify areas for improvement. There was a schedule of audits which were carried out on a regular basis either bi-weekly, monthly or bi-monthly. They included audits of care documentation, handover audits and activity audits. Shortfalls were identified and action was taken to make improvements. For example, where it was identified that there was missing or out of date information in people's care plans, this was updated or included and recorded on the audit when it was completed. The registered manager kept an overall audit matrix which demonstrated which audits had been carried out and what actions were required as a result, giving an overview of what needed to be addressed. The provider's internal quality assurance department completed an annual audit over a three day period; this covered a complete systems audit.

People were asked for their feedback about the service they received. People were asked to complete a 'discharge questionnaire' when they left the service to give their opinion of their experience while they were at the service. These were also available in an easy read format. The results from between 1 March 2018 and 31 May 2018 had been collated and analysed. They had received mainly positive responses. The comments received were then used to inform the 'you said, we did' boards, that were displayed within each suite.

There was an open culture between staff and their line managers. The registered manager used staff meetings as a way to keep staff informed about any changes that were going on within the service. Meetings were split up into care staff and senior care staff to cover topics relevant to their roles. Notes and action logs were completed for each meeting to ensure that items were carried forward and action was taken. Topics covered included changes to falls risk assessments, safeguarding, feedback from service users, you said we did and success stories. Staff had made suggestions for improvements such as requesting larger kettles. The registered manager was in the process of providing these. Staff handovers between shifts and communication books highlighted any changes in people's health and care needs, this ensured staff were aware of any changes in people's health and care needs.

The registered manager was supported by a senior team leader. Each suite was managed by a team leader who managed the care staff. Staff understood the management structure and who they were accountable to. Staff said they understood their role and responsibilities and said this was also outlined in their job description and contract of employment. There were a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. Records showed the registered manager followed the disciplinary procedure when this was required.

The registered manager had developed links with the local community and worked in conjunction with external agencies such as, the local school. Some people attended a music concert which the school were performing. This was used as a way for people to develop and build relationships with others. Dignity day was celebrated within the reception area; this was a free event for people and their families. The registered manager had invited a local organisation that offered a free phone line service for people that felt isolated or wanted someone to talk to.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that those seeking information about the service can be informed of our judgements. The provider had conspicuously displayed their rating both on their website and in the service.