

Boroughbridge Manor Limited

# Boroughbridge Manor and Lodge Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 29 and 30 January 2018. We made an unannounced visit on 23 January 2018. However as our inspection commenced we were advised the service needed to close due to an outbreak of infection. We therefore announced further visits.

Boroughbridge Manor and Lodge is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service supports older people some of whom may be living with dementia and can accommodate up to 77 people.

At the time of our inspection 75 people were living at the service. The service is a large building and people are accommodated over three floors. Each floor is a named unit which has a unit manager who reports to the deputy and registered manager. Each floor had a dining room, seating area and kitchen facilities.

There was a registered manager in post who assisted us throughout the inspection. The registered manager began managing the service in October 2017. 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.

Night staffing levels had not consistently met the provider's own assessment of minimum numbers required. Staffing levels have been reviewed since our inspection to provide the minimum number of night staff together with a redeployment of staff during the day to ensure people with the most complex needs received the support they required.

A fire risk assessment had highlighted actions required to ensure the people who used the service were safe in the event of a fire. Not all of the high risk actions had been completed within the specified timeframe. Since our visits the registered manager has informed us of the progress they have made towards the completion of this work.

Audits were being undertaken by both the registered manager and provider. We identified that timescales for actions required as a result of the audits had not been consistently completed.

The registered manager was in the process of embedding quality assurance processes and was aware of areas to focus on first.

Medicines arrangements were managed safely and health and safety checks were completed.

Staff appropriately recorded and monitored accidents and incidents. We spoke with the registered manager about considering individual patterns and trends in order to address and reduce any potential risks.

Staff understood how to safeguard people from abuse. They received safeguarding training and were aware of signs of abuse and the process to report concerns. The provider had a safeguarding procedure in place and had taken appropriate steps when there were concerns for the safety or welfare of a person who used the service.

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 place in the service supported this practice.

We received mainly positive feedback about the quality of the food and the registered manager listened and responded to people's feedback. We observed people's mealtime experience and found while there were some areas for further development overall this was a positive experience.

People were supported to access medical professionals and their health needs were monitored and responded to. We received very positive feedback from healthcare professionals about the service who reported a joint working approach to supporting people.

The needs of people living with dementia had been considered in the design and decoration of the environment.

We observed staff were caring in their interactions with people. They discreetly offered people assistance and were patient in their approach.

Activities were available and the registered manager had recently employed a new activities coordinator to further develop person centred activities.

The registered manager responded appropriately to complaints.

Assessments, care plans and reviews were completed. Care plans were not consistently updated when there had been a change in a person's needs although staff understood how to support people and delivered person centred care. The registered manager was aware care plans required further development.

We received positive feedback from staff about the support provided by the registered and deputy managers. We observed the management team worked well together and were able to demonstrate how they intended to continuously improve the service. They were responsive and engaging with us throughout our inspection.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not consistently safe.

Minimum numbers of night staff had not always been provided.

Actions identified during a fire risk assessment had not been fully completed within the defined timeframe. All other health and safety checks were completed.

People felt safe and staff understood signs of abuse and how to report any concerns.

Staff safely administered and recorded people's medicines and took appropriate actions following accidents or incidents.

### Is the service effective?

**Good** 

The service was effective

Staff received training and support to enable them to be knowledgeable and skilled in their roles.

People received appropriate support from healthcare professionals. Good links with professionals were in place.

Staff promoted people's choice.

The needs of people living with dementia had been considered in the design and decoration of the environment.

### Is the service caring?

**Good** 

The service was caring.

People told us staff were kind.

Staff had developed positive relationships with the people they supported and were able to describe people's likes, needs and preferences.

People received dignified care and staff ensured people's privacy was maintained.

### Is the service responsive?

Good 

The service was responsive.

People received person centred care.

People enjoyed the activities on offer and plans were in place to improve the activities provision.

The registered manager had responded appropriately to complaints and people were aware of how to report any concerns.

### Is the service well-led?

Requires Improvement 

The service was not consistently well-led.

Management actions to ensure the safety of the service were not consistently completed within an agreed timeframe.

The registered manager was working to embed the quality assurance systems to monitor the safety and effectiveness of the service.

Feedback about the registered manager from people who used the service was positive and staff described feeling well supported.

# Boroughbridge Manor and Lodge 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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 23, 29 and 30 January. The first day of the inspection was unannounced. The inspection was carried out by three inspectors, a specialist advisor with a background in nursing care for people living with dementia 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. The experts by experience who supported this inspection both have experience of supporting people living with dementia.

Before our inspection we reviewed information we held about the service, which included information shared with the CQC and statutory notifications sent to us since our last inspection. The provider is legally required to send notifications about events, incidents or changes that occur and which affect their service or the people who use it. We also considered the Provider Information Return. This is information we require providers send us at least once annually to give key information about the service, what the service does well and any improvements they plan to make. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer group who share the views and experiences of people using health and social care services in England. We used all of this information to plan our inspection.

During the inspection we spoke with seven people who used the service and 13 relatives. We spoke with 13 members of staff which included the registered manager, deputy manager, governance and compliance manager, domestic assistants and care workers. We received feedback from four visiting professionals.

We had a tour of the building and looked into people's bedrooms, with their permission. We spent time

observing interactions in communal areas which included observing the lunchtime experience.

We reviewed four staff files, which contained information about training, supervisions and appraisals. We looked at documentation for nine of the people who used the service, which included care plans, risk assessments and daily records. We looked at the systems in place in relation to the management of medicines. We also viewed a variety of documentation relating to the running of the service and the provider's policies and procedures.

# Is the service safe?

## Our findings

A dependency tool was used by the provider to assess the minimum staffing levels required to safely meet the needs of the people who used the service. We found night times were not consistently staffed at the minimum levels as determined by the provider's own tool. We looked at staffing rotas for the three weeks prior to inspection and saw on 12 separate occasions there were seven members of staff recorded as being on duty when the dependency tool identified eight people were required.

During the day the minimum amount of staff were on shift. Overall we found staffing levels were safe but, where people with more complex needs were supported, staffing levels led staff to work in a task orientated approach. Staff expressed concern to us about staffing levels. They felt people were safe but described being very busy and having limited time to spend with them. We observed staff responded to call bells and emergency buzzers in a timely manner. Staff talked with people whilst they were providing support as opposed to having time to sit together or engage in stimulating activities outside of the planned activities organised.

The people who used the service and their relatives provided mainly positive feedback about the staffing levels with comments such as, "There is always enough staff. [Person] sits up in the evening with the carers. They really enjoy this." Three of the people we spoke with described staffing levels as variable with one person noting, "It's not the quality but the number of staff is variable." We discussed staffing levels with the registered manager and the governance and compliance manager during our inspection. The registered manager informed us, following our inspection, that staffing levels had been reviewed. She told us night shifts were now staffed in accordance with the dependency tool and during the day staff were deployed differently. The registered manager advised more staff were now available for people with the most complex needs during mealtimes and to assist with activities. They had noted the positive effect this has had for people who used the service. They added that the needs of people who used the service and the dependency tool would be regularly reviewed to ensure sufficient numbers of staff.

A fire risk assessment, completed in July 2017, identified actions required to ensure the people who used the service were safe in the event of a fire. Actions were deemed to be low, medium or high risk. Training for staff evacuation techniques was noted as a high risk action and the target date for completion was 31 October 2017. This had not been completed at the time of our inspection. Since our inspection the registered manager had arranged monthly evacuation procedures training for all staff with the first session completed in February 2018. The registered manager confirmed staff received training in evacuation techniques during their induction to the service and fire drills were being completed. All other actions identified on the fire risk assessment were completed or in progress.

Personal Emergency Evacuation Plans (PEEPS) were completed which detailed the support a person required to evacuate the building in the event of a fire. PEEPS were recorded on two separate forms but the information contained within the two did not consistently match. This meant the correct risk levels for people were not recorded within the service's 'grab bag'. A grab bag contains important information about people who use the service in the event of a fire. When we shared this with the registered manager they were



very responsive; all PEEPS were reviewed between the first and second day of our inspection.

Records relating to the checks of the building and equipment used were in place and ensured the safety of the people who lived at the service.

There had been a high turnover of staff over the 12 months prior to our inspection. The registered manager told us they were recruiting and some vacancies had recently been filled. There were no agency staff working on the days we inspected but they had been used previously. The registered manager advised us they tried to ensure the same agency staff were used so the people who used the service had consistency.

The service received agency profiles which contained a picture of the worker, details of training and checks completed to ensure they were safe to work with people. The service did not complete an induction with the agency staff. This was discussed with the registered manager and, following our inspection, induction paperwork was devised and we were advised this would now be used with all new agency staff.

Staff had been recruited in a safe manner with the necessary pre-employment checks completed. There was an induction record within staff's records which noted the training completed prior to commencing in their role. This included moving and handling, infection control and safeguarding. The registered manager advised new members of staff shadowed more experienced workers before working alone. Staff described receiving very close supervision when they started in their role.

People who used the service told us they felt safe. Comments included, "Yes we are well looked after here" and "I do feel very safe here, people can't just come and go as there is a receptionist on duty." A relative told us, "[Person's name] is so well looked after – I just trust them."

Staff recorded information about accidents and incidents and noted the outcomes and any lessons learnt. Staff understood their responsibility in relation to responding to and recording of accidents and incidents.

Staff received safeguarding training and understood the signs of abuse and how to report their concerns. Both the deputy and registered manager were confident in their knowledge of safeguarding procedures and had taken appropriate steps when there were concerns for the safety or welfare of a person who used the service.

The service stored, administered and recorded medicines safely. Topical medicine charts were used to clearly show staff where to administer creams. Protocols for 'as and when required' medication were in place. We discussed with the registered manager how some of these would benefit from further detail, in particular where people exhibited signs of anxiety and medicines were required to support them with this. We found when a medication administration error was noted this was recorded and investigations completed. Medication audits were completed on a monthly basis. The provider had a detailed medication policy in place and staff told us their competency to administer medication was regularly assessed.

We found the service was clean with no malodours and was furnished to a high standard. A person who used the service told us, "You can't fault the cleanliness." Rooms which contained hazardous materials or chemicals were locked as required. Personal Protective Equipment (PPE) such as gloves and aprons were available to help prevent and control the spread of infection.

## Is the service effective?

### Our findings

People received effective care from staff who had received appropriate training and support. Staff knew the people they supported well and we received positive feedback about the skills of staff. A relative noted, "When I draw attention to anything staff know what to do. This gives you confidence in staff."

Supervision is a process, usually a meeting, by which an organisation provides guidance and support to their staff. Staff confirmed they received on-going supervisions and one staff member commented, "I can't get enough support here." Another member of staff told us the best thing about working for the service was the amount of training and opportunity for development. This demonstrated the provider wanted to ensure staff were sufficiently supported and knowledgeable within their roles. Appraisals of staff performance and supervisions were underway and the registered manager had a schedule for the rest of the year.

Training was completed in areas the provider considered to be mandatory. This included moving and handling, equality and diversity and nutrition and food hygiene. Staff also received 'refresher' courses to ensure their knowledge was up to date.

The registered manager and staff team had formed positive links with healthcare professionals. A professional told us, "Boroughbridge Manor is caring and responsive to people's needs. They refer to professionals appropriately and have already instigated tests when we get involved. I have no concerns about people." The people we spoke with confirmed they had access to healthcare professionals and we saw evidence of this within people's daily records. This demonstrated the service had a clear commitment to working with other organisations to promote people's health.

Hospital passports were completed in an 'easy read' format to enable all people to fully understand their content. These are documents which contain important information about a person should their care transfer to a different service such as a hospital. A healthcare professional had recently provided positive feedback to the service about the detail provided within the hospital passports.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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 procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

The staff understood the principles of the MCA and DoLS. A staff member confidently explained to us, "We (the staff) have to act in the people's best interest when they don't have capacity." We heard staff continually offering people choice and seeking consent before assisting people with their personal care. MCA

assessments were completed when there were concerns around a person's understanding. The management team advised us at the beginning of the inspection that MCA paperwork required further development within the service and they were working with the team around this.

Applications to deprive people of their liberty had been sent appropriately to the local authority. The management team had a clear understanding of when these would be required.

The environment for people living with dementia had been considered and was based on people's needs. On the first floor we saw toilet seats and handrails were in contrasting colours to support people to orientate themselves. Memory boxes were outside people's bedrooms to guide them. We did not see people who were lost or unable to find their way so the efforts to support people with signage worked. We saw one person had their old address on the front of their bedroom door so they could easily identify their room and helped to make them feel more at home. The service used sensors in people's bedrooms to automatically alert when they may require assistance without restricting their movements. This demonstrated the service provided personalised support to promote people's independence.

People's rooms were personalised to their own tastes and were decorated with pictures and photographs. One person had decorated their room with the colours of their favourite football team. This demonstrated people were included in decisions about their rooms and the service wanted to ensure they felt comfortable and at home.

We received mainly positive feedback about the quality of the food and comments included, "Myself I have always been used to good food and we get that here." Of the people we spoke with one person described the food as variable whilst another stated it had deteriorated. The registered manager had listened to people's feedback about the food and had carried out a 'Food engagement programme'. People had been invited to try different foods and choose what they would like on the menu as part of this initiative.

We observed the mealtime experience on each floor of the service at several points throughout our inspection and found the quality was variable. Some people had to wait for assistance and we observed two staff members stood over people whilst they were supporting them to eat their meal. When we raised how this may feel for the person this was fully acknowledged by the registered manager and they agreed to address this. We also observed some very positive interactions during the mealtime. This included a member of staff sat with people talking about their day and asking what they thought of the entertainment. The same staff member provided discreet assistance for a person to eat and patiently waited for them to be ready for their next bite of food. We heard a staff member apologise when they left the table to assist another person.

People were regularly weighed and staff completed a Malnutrition Screening Tool (MUST) to identify anyone who may be at risk of malnutrition. Staff completed food and fluid charts to monitor people's intake and responded appropriately should their intake not be sufficient. A relative told us, "[Person's name] was underweight when they came here. They have put on weight and have access to plenty of drinks and snacks throughout the day."

Each unit had a daily handover. This provided an opportunity to discuss any changes in people's needs and important information for the staff to be aware of. This system worked effectively as staff were aware of people's needs.

# Is the service caring?

## Our findings

People and relatives, without exception, gave very positive feedback about the staff and how caring they were. One person who used the service told us, "Staff make every day good. I would be happy to give them a reference" and "All the staff are so caring and nothing is too much." Another person described how staff always said good morning and spoke with them kindly. A relative told us, "Staff go above and beyond their normal duties. They make my family member happy."

A healthcare professional commented, "I am impressed by how patient and caring they (the staff) are." Another professional noted how dedicated the team were.

We observed meaningful interactions between staff and the people they supported. For example, we saw a staff member spontaneously dance with a person in the lounge area as they sang the person's favourite song. The person told us, "How lovely". We observed another staff member assist a person to stand from the dining room table. They talked the person through the transfer, advising them to place their hands on the chair and push through their knees, and they then walked together arm in arm. As the person's head was slightly lowered the staff member explained to the person what direction they needed to walk and continually offered reassurance.

People talked openly with staff and we saw them laugh and joke together. This showed us people felt at ease in their company and staff had established a rapport with them. We heard staff speaking with people in a polite and courteous manner; they always said please and thank-you and addressed them with the name of their choosing. We observed staff talking with a recently bereaved relative. Their interaction was gentle and showed genuine compassion and concern.

We saw that staff promoted people's independence through their interactions, which included encouraging people to stand, walk or feed themselves when they were able to.

People who used the service told us they were treated with dignity and respect. A person explained staff always closed the door and curtains when they provided personal care support to ensure their privacy was maintained. We heard staff discreetly ask people whether they wanted assistance to use the toilet and knock before entering people's bedrooms. When we asked a member of staff to explain how they provided people with dignified care they said they were open and honest with people and simply respected their wishes. They went on to explain that some people did not like 'banter' whilst others enjoyed a joke. They described another person who liked their bedroom door slightly ajar whilst they were being assisted with personal care. This demonstrated an understanding of providing dignified care.

Relatives told us they always felt welcomed when they visited. A person who used the service told us their relative was always invited to eat a meal with them. When we asked one relative for their thoughts on the service, they responded, "I have always been happy about her care. This place is fantastic. I have no issues. If I have to go away for a month they are looked after. So for me I get peace of mind."

Our conversations with the management and staff showed us they were aware of issues relating to equality and diversity and were proactive in ensuring people were not discriminated against due to their religion or sexual preferences. Communication plans were created to enable staff to understand people's different forms of communication to address any barriers which may affect a person's ability to express their needs or wishes.

When we asked a member of staff what was the best thing about the service they stated, "Very good team, we get on like a family. We're good at our jobs and try to deliver the best care."

## Is the service responsive?

### Our findings

People received personalised care from a staff team who were aware of and responded to their needs. An example of this was where a person, who had received medals in World War II, had been supported to have their medals cleaned. They had them presented again to them by the Mayor and local army squadron as part of their birthday celebrations. When the scheduled event could not take place at the service the staff supported the family to make alternative arrangements so this special event could still go ahead. We observed a person moving freely around the service using their mobility scooter and another person was supported by an administrative worker to have a walk around the garden. This person told us how important it was, for their own well-being, to have fresh air each day.

People had benefited from the 'Wishing Well' programme. This was an initiative where a wish was written down by the person or on their behalf with an explanation as to why this was meaningful to them. The staff then supported people to fulfil their wish. One person had wanted to grow tomatoes to make soup and had been supported to do that. Another person wished to be around animals and it was arranged for animals to visit the service. This was a very person centred programme and had a positive impact.

We received mixed feedback about activities from the people who used the service and their relatives. A relative told us, "At home [the person] stayed in their chair, but here they are stimulated and get involved." One person noted improvements could be made with activities and a staff member told us their concern that people were not stimulated due to the limited activities available. A visiting professional noted the amount of activities had improved but this could be developed further. They noted the service had acted on their suggestions about meaningful activities and ways of interacting with people.

The registered manager had recognised activities required further development and had employed a team of activities co-coordinators. The registered manager advised activities were being developed as staff became more familiar with people's likes and preferences. A timetable of activities was scheduled which included pamper sessions, watching films and playing games such as skittles and ground netball. Church services were also available for people to attend should they wish to.

Entertainers performed at the service on both days of our inspection. The people who used the service really enjoyed this. We saw them clapping, tapping their feet and singing. The entertainers and staff encouraged people to dance with them. We saw one person sat with their eyes closed, smiling whilst a member of staff sat next to them and had placed a hand on top of theirs. This let the person know somebody was with them sharing their experience and they looked content. For the remainder of the afternoon we heard staff and people who used the service singing or humming songs they had heard.

A healthcare professional advised us of how impressed they were with the personalised admission a person had received and said, "They have settled really well because of the work done during admission." A relative told us, "I found when [the person] came here, it was very traumatic for us as a family. They made us feel comfortable and reassured us they would help [the person] settle and would look after them. They kept their word and keep us informed."

Pre-admission assessments were completed to ensure the service could meet the needs of the person. Assessments, care plans and regular reviews were documented. We found although changes in people's needs were documented within reviews, care plans were not consistently updated to describe the current level of support a person required. For example, one person's documentation referred to their alcohol consumption and how this may affect them. When this was discussed with the deputy manager they advised alcohol consumption was no longer an issue for this person and agreed to update the care plan.

A complaints policy was in place and displayed in the service. The registered manager had responded to two complaints and had done so appropriately. The registered manager also documented informal complaints which described the actions taken to address any issues or concerns. The people we spoke with were aware of their right to complain and were confident issues would be addressed.

Staff understood the need to advocate for people when they did not have the capacity to do this themselves. One example of this was when staff were involved in a best interest discussion about support they felt a person required to promote their emotional well-being. This demonstrated the staff responded proactively to ensure people received the support they needed.

The service provided end of life care. We received positive feedback about the care provided. A healthcare professional stated, "It is very difficult to support people through end of life. Staff and the manager are very keen to keep people living here in order to provide continuity." A relative had also written to the service thanking them for the kind care they provided to their relative during their final days.

## Is the service well-led?

### Our findings

There was a registered manager in post which is a requirement of the provider's registration. The registered manager and deputy manager were present for both days of our inspection. Throughout the inspection the management team were open and honest with the inspectors and demonstrated a competent knowledge of the service and the people who lived there.

The registered manager began managing the service in October 2017. Prior to this they worked as the deputy manager. As a result, the deputy manager was also new in their role. We received positive feedback about the management team and people noted improvements had been made. One person told us, "It is under new management but they [the registered manager] have been on the team before and is just getting into it". Another person simply told us, "They [the registered manager] know what they are doing." Professionals we spoke with also commended the management of the service, "The manager and deputy are very skilled and on the ball."

We looked at procedures in place for quality assurance and governance. These enable registered managers and providers to monitor the quality and safety of the service and to drive improvement.

We noted actions from audits were not consistently completed in a timely manner. For example, in mid-January 2018 it had been identified that an "urgent re-write" of several care plans for one person was required. These actions remained outstanding at the time of our inspection. We highlighted this to the registered manager and discussed our observations around care plans not consistently describing people's current needs. The registered manager advised us of a timetable of care plan audits to be completed and how actions required would be monitored.

The registered manager had completed audits in relation to the night time experience where staff described feeling well supported and positive observations of practice were noted. This demonstrated the registered manager wanted to ensure the safety of the service over a 24 hour period. The registered manager also planned to audit falls monitoring and safeguarding and had devised an action plan for the service.

The registered manager told us they felt supported by the provider, who completed monthly quality assurance visits. Their most recent audit highlighted the same issues as we found during our inspection. These included the incomplete actions on the fire risk assessment and actions required in relation to people's care plans and mental capacity assessment documentation. Although actions required had been recognised by the provider the timescales for actions to be completed were not consistently recorded.

Staff told us they enjoyed their role and felt well supported. One member of staff stated, "They [the registered manager] are not like a manager, they are part of the team. If we need them they're there. I have a lot of respect for the manager and deputy manager." Another member of staff noted how supportive management were during a particularly difficult time and noted the support had significantly improved under the new management. When we asked a member of staff what were the most positive things about working for the service they told us, "Happy place, happy people; we work as part of a team."



The registered manager held a number of staff meetings in addition to separate department and management meetings, referred to as 'clinical meetings'. Clinical meetings were held twice weekly and enabled the unit managers and senior care workers to relay any concerns to the registered manager. The meeting minutes showed open discussion around any issues which included actions required or lessons learnt from accidents or incidents.

We noted the registered manager did not monitor the long-term analysis of patterns or trends of incidents to ensure risks were identified and responded to. During our inspection the registered manager was provided with guidance from the quality manager about how to use the system to produce this information. We reviewed a trend analysis for a person who was at high risk of falls and found appropriate actions had been taken.

The registered manager had appropriately notified the CQC of any incidences within the home which may have affected people who used the service.

The provider completed a quality assurance survey of all their services to seek people's view on the support they received. The survey was open from May 2017 until June 2017. Boroughbridge Manor had a response rate of 64.4%. They scored 8.8, out of a possible score of 10, for the cleanliness of the service and 9.1 as to whether staff were approachable and friendly.

Residents and relative meetings were held on a monthly basis and provided an opportunity for people to express their views about the service, including what the service did well and how it could improve. The meetings were chaired by a person who used the service. We saw a repeat area of discussion was the quality of the food and that the registered manager was attempting to address this. We noted the meeting minutes from October 2017 ended with the following, "The management and staff were complimented on the wonderful job they are doing and the residents admitted that they will not always get it right to please everybody, as they are all different people with different tastes in food and ways of living".