

Grange Healthcare Ltd

Birch Hall Care Centre

Inspection report

Birch Avenue
Darwen
Lancashire BB3 0JB
Tel: 01254762323
Website: www.birchhallcarecentre.co.uk

Date of inspection visit: 03 November 2015
Date of publication: 22/12/2015

Ratings

Overall rating for this service

Good 

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?

Good 

Overall summary

Birch Hall Care Centre is a detached building and registered to provide care for up to 84 people. The home is divided into different areas to care for people with nursing and personal care needs. There are two further 'units' which cater for older people with dementia and younger adults. People can be admitted for long or short term. There are communal areas and private bedrooms on each unit. The home is situated in Darwen within the Lancashire area.

We last inspected this service on 10 June 2015 when the service met all the regulations we looked at.

The service had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During this inspection we found one breach in the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014. You can see what action we have told the provider to take at the back of the full version of the report.

Summary of findings

Some areas of the home needed to be decorated and we found some furniture was broken and was unsafe to use. Other areas of the home had been redecorated.

There were no complaints from people who used the service or family members about staff shortages. Some staff had raised a concern that staffing was minimal. **It was recommended that the registered manager look for a best practice tool for staff to service user ratio's according to their dependency to ensure there are enough staff to meet people's needs.**

People who used the service said they felt safe at this care home. Staff had been trained in safeguarding topics and were aware of the need to report any suspected issues of abuse.

Recruitment procedures were robust and ensured new staff should be safe to work with vulnerable adults.

We found the ordering, storage, administration and disposal of medication was safe.

There were systems in place to prevent the spread of infection. Staff were trained in infection control and provided with the necessary equipment and hand washing facilities to help protect their health and welfare.

New staff received induction training to provide them with the skills to care for people. All staff were well trained and supervised regularly to check their competence. Supervision sessions also gave staff the opportunity to discuss their work and ask for any training they felt necessary.

The manager was aware of her responsibilities of how to apply for any best interest decisions under the Mental

Capacity Act (2005) and followed the correct procedures using independent professionals. From the records we hold we saw that we had been notified of any applications that had been made.

People were given a nutritious diet and had choices in the food they were offered.

Electrical and gas appliances were serviced regularly. Each person had an individual emergency evacuation plan and there was a business plan for any unforeseen emergencies.

We observed there was a good interaction between staff and people who used the service. We observed the good relationships staff had formed with people who used the service and how they responded well to any questions or advice people wanted.

We observed that staff were caring and protected people's privacy and dignity when they gave any care. We did not see any breaches in people's confidentiality on the day of the inspection.

We saw that the quality of care plans gave staff sufficient information to look after people accommodated at the care home and were regularly reviewed. People had been involved in developing the plans of care and had signed their agreement to show their wishes had been respected.

Staff were being trained in end of life care and we saw that people's wishes had been recorded to help ensure their wishes were met at this difficult time.

During the tour of the building we saw the dementia unit had been adapted for use for people with memory problems.

Summary of findings

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 not always safe. There were areas of the home that required decoration and we found broken furniture that could pose a hazard to people who used the service.

There were safeguarding policies and procedures to provide staff with sufficient information to protect people. The service also used the local authority safeguarding procedures to follow a local protocol. Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

Arrangements were in place to ensure medicines were safely administered. Staff had been trained in medicines administration and the manager audited the system and staff competence.

Staff had been recruited robustly and should be safe to work with vulnerable adults.

Requires improvement



Is the service effective?

The service was effective. Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff had been trained in the MCA and DoL's and should recognise what a deprivation of liberty is or how they must protect people's rights.

People who used the service were encouraged to cook and clean for themselves. Staff supported them to follow a healthy eating lifestyle.

Staff were well trained and supported to provide effective care. Training and supervision were provided regularly.

Good



Is the service caring?

The service was caring. People who used the service told us staff were helpful and kind.

We saw visitors were welcomed into the home and could see their family members in private if they wished.

We observed there was a good interaction between staff and people who used the service.

Good



Is the service responsive?

The service was responsive. There was a suitable complaints procedure for people to voice their concerns. The manager responded to any concerns or incidents in a timely manner and analysed them to try to improve the service.

People were able to join in activities suitable to their age, gender and ethnicity.

Good



Summary of findings

People who used the service were able to voice their opinions and tell staff what they wanted at meetings. Their families were included if they wished to attend and the manager responded to any issues raised.

Is the service well-led?

The service was well-led. There were systems in place to monitor the quality of care and service provision at this care home.

Policies, procedures and other relevant documents were reviewed regularly to help ensure staff had up to date information.

Staff told us they felt supported and could approach managers when they wished.

Good



Birch Hall Care Centre

Detailed findings

Background to this inspection

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

This was an unannounced inspection and was conducted by three inspectors and an Expert by Experience on 03 November 2015. 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 expert was experienced with people who were elderly and had dementia.

During the inspection we spoke with ten people who used the service, six visitors/family members, eight care staff, the cook, the laundry assistant and the person in charge.

Before our inspection visit we reviewed the information we held about the service. This included notifications the provider had made to us. We had also received some information of concern about the care of people on the dementia unit.

We did not request 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. This was because the provider would not have had sufficient time to complete the PIR.

During the inspection we carried out observations in the public areas of the home and undertook a Short Observation Framework for Inspection (SOFI) observation during the lunchtime period on the dementia unit. A SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

During our inspection we observed the support provided by staff in communal areas of the home. We looked at the care records for four people who used the service and medication administration records for 16 people. We also looked at the recruitment, training and supervision records for three members of staff, minutes of meetings and a variety of other records related to the management of the service.

Is the service safe?

Our findings

Registered nurses or members of staff who had received appropriate training were responsible for the management of medicines at the home.

We saw that medicines including controlled drugs were stored securely on each unit of the home which reduced the risk of mishandling. The temperature of the storage areas were checked and recorded daily in order to ensure medicines were stored according to the manufacturer's instructions.

We looked at the medicines administration records of 10 people who required nursing care and six people living on the dementia unit. These records included details of the receipt and administration of medicines. We saw that there were no unaccounted gaps or omissions in the records. There were also records of unwanted medicines disposed of correctly by a licensed waste carrier.

Some people were prescribed medicines to be taken when required for example pain killers. We saw that guidance for staff to follow about when people might need to take their when required medicine was kept with the medicine administration records.

Managers audited the system and checked staff competencies to ensure the administration of medicines was safe.

There was a photograph on the medicines records to avoid any confusion over similar names and identity of each person.

We saw that staff had policies, procedures and other documents such as the British National Formulary and medicines information leaflets to support the safe administration of medication. We observed the lunchtime medicines round and saw that the staff member followed the correct procedures. The member of staff also clearly explained to a person when she was giving eye drops.

Seven people who used the service said they felt safe. Comments included, "I'm happy here and definitely feel safe", "I feel very safe here", "I'm looked after and feel safe here", "I feel extremely safe. It's like home from home" and "I feel safe and secure here." Family members said, "She's very safe here, the carers look after her" and "It's very good. She's as safe as she can be here."

Seven members of staff we spoke with showed they had a good understanding of safeguarding procedures and were clear about the action they must take if abuse was suspected or witnessed.

The staff team had access to the 'Whistle Blowing' policy. This policy ensured that members of staff knew the procedure to follow and their legal rights if they reported any genuine issues of concern. The members of staff we asked told us they would report any concerns to the manager and were confident that appropriate action would be taken.

From looking at staff files and the training matrix we saw that staff had been trained in safeguarding topics. Staff we spoke with confirmed they had been trained in safeguarding procedures and were aware of their responsibility to protect people. The safeguarding policy informed staff of details such as what constituted abuse and reporting guidelines. The service had a copy of the Blackburn with Darwen safeguarding policies and procedures to follow a local protocol. This is now part of a Lancashire initiative involving professionals from local authorities and the police. This meant they had access to the local safeguarding team for advice and report any incidents to.

We looked at four plans of care. We saw that there were risk assessments for nutrition, falls, moving and handling and tissue viability (this is for the prevention and treatment of pressure sores). We saw the risk assessments were reviewed monthly or sooner if required to protect people's health and welfare.

During the tour of the building we noted some areas were in need of redecoration in communal areas and some bedrooms. We also saw that an armchair was broken and not safe to use and a small table needed repairing which could cause a hazard in the dementia unit. Some of the carpets were stained, including the conservatory. The person in charge said they were aware of the areas that needed to be decorated and the management team had brought this to the attention of the proprietors. We did not see a plan for any of this work.

These matters were a breach of Regulation 15 (1) (E) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. All premises and equipment used by the service provider must be properly maintained.

Is the service safe?

There was a maintenance man working on the day of the inspection who was undertaking repairs and decorating a bedroom. The registered manager has semi-retired (another member of staff has also applied to be registered) and comes into the home to conduct an audit. It would be good practice to undertake a full audit of the environment and provide the owners with a copy to devise a plan to improve the areas needing attention.

On the day of the inspection an area of the dementia unit contained an odour of urine. A member of the staff team responsible for keeping the home clean told us they had been provided with all the required equipment. We were also shown the work schedules which domestic staff were required to complete to state that housekeeping tasks had been carried out.

Some bedrooms had been recently decorated and we saw that people had personalised their rooms to their tastes.

There was a lift to access all areas of the home. There was a secure garden with seating for people to use in good weather.

There were mechanical aids in bathrooms and toilets. Hot water temperatures were checked and safe. Radiators did not pose a burns hazard and windows had restricted opening to prevent people from falling out.

We saw that the electrical installation, gas and electrical equipment was maintained, including the fire alarm, portable appliance testing

Each person had a personal evacuation plan (PEEP's) to help evacuate them in an emergency. We noted that there was a business continuity plan which provided information for staff about the action they should take in the event of an emergency or the failure of a service, for example the gas or electricity supply.

We looked at three staff files. We saw that there had been a robust recruitment procedure. Each file contained two written references, an application form, proof of the staff members address and identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults. Prospective staff were interviewed and when all documentation had been reviewed a decision taken to employ the person or not. This meant staff were suitably checked and should be safe to work with vulnerable adults.

We had received a complaint about staff numbers prior to the inspection. We received another complaint from the younger adults unit the day after the inspection saying there were often staff shortages. On the day of the inspection there were four care staff and the unit manager on the younger adults unit. The unit is spread over two floors which meant there were two staff members on each floor plus the team leader. Most people who used the service required two staff to help with their manual handling and this meant that when staff were assisting them other people had to wait for them to complete their task. The call alarm system could not be answered until the task was completed. It was noted on the day of the inspection that the alarm system was going continuously but this may have been because the system is for all areas of this large home. No people who used the service complained of staff shortages but two visitors said, "The staff are very good, although sometimes they are rushed off their feet" and "My only gripe is the length of time it takes to come when she presses the call button. She has to ring down on the phone to get them. They probably see the call button but they're doing other things."

Staff told us they did not have time to take anyone out and tended to buy toiletries on their days off. At the night staff meeting held on the 29 September 2015 staff said they were short on nights.

We did see that there were sufficient staff to feed people on the dementia unit.

The person in charge said an additional staff member had been brought in for the 7pm – 11pm shift to ensure there were enough staff to safely complete the medication round and extra staff could be brought in to cover escort duties.

It was recommended that the registered manager look for a best practice tool for staff to service user ratio's according to their dependency to ensure there are enough staff to meet people's needs.

There were policies and procedures for the control of infection. The training matrix showed us most staff had undertaken training in infection control topics. Staff we spoke with confirmed they had undertaken infection control training. The service used the Department of Health's guidelines for the control of infection in care homes to follow safe practice.

The laundry was sited away from any food preparation area and contained sufficient equipment to keep people's

Is the service safe?

clothes clean. There was a facility for sluicing soiled clothes and different coloured bags were used to separate contaminated waste and laundry. A person was employed specifically to do the laundry.

Staff had access to personal protective equipment such as gloves and aprons. There was hand washing facilities in

strategic areas to prevent the spread of infection.

Experienced staff had been identified as 'champions' for infection control issues. This meant they had extra training and were able to support other staff.

Is the service effective?

Our findings

People who used the service told us, "The dinners are lovely. They give you a choice the day before"; "The food is good apart from the puddings. The sponge pudding and custard is like being back at school", "The food is quite good, except on Sunday's, I don't like sandwiches", "You get a choice. It's the old Lancashire stuff and I like that", "The food is very good. We get a choice of two things every lunchtime", "They are always coming to me with drinks", "The food's smashing", "The food is good. If there is fish on the menu I ask for an alternative. It's not a problem", There is no food in here for me. They do not have Halal meals. They gave me ready meals but they were not very good. I have asked many times for them to sort it out for me, as I have no family in England. They don't give me chicken, lamb or lentils" and "The food is reasonable and it's wholesome. There is a lot of white bread and I prefer wholemeal myself. If you ask the chef to do some specials, she will do it for you." Family members said, "There's bags of choice with the food. You can ask for what you want" and "There is always a choice for dinner and tea with three main options."

We asked the cook and person in charge about catering for people from an ethnic minority. They told us they were trying various options and were being helped by a friend from one person to provide suitable meals.

The meal served at lunch time on the nursing unit looked wholesome and appetising. People using the service told us they enjoyed the meals. Their comments included, "Not bad at all.", "It's on a cold plate apart from that it's all right" and "Excellent, we have a choice." We saw that lunch time was an unhurried social occasion allowing people time to chat and enjoy their meal. We saw that care workers were attentive to people's needs and offered appropriate encouragement and assistance when necessary.

We undertook a Short Observation Framework for Inspection (SOFI) observation during the lunchtime period on the dementia unit. A SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We observed staff were kind and gentle, gave people time to eat their meal and gave people a choice of meal.

Discussion with the cook confirmed that she was aware of people's individual preferences and any special diets such

as diabetic. Menus were planned in advance and rotated on a four weekly basis. People were offered a choice of meal and special diets and people's individual preferences were catered for. The cook said that alternatives to the menu were always available if people wanted something else. Fresh fruit was also available in order to ensure that people received a varied and balanced diet. The cook also told us that menus were discussed at meetings for people who used the service and were changed when requested to suit people's needs and preferences.

We saw that people's weight was recorded and access to specialists such as dieticians or GP's were arranged if a person was nutritionally at risk.

The kitchen had achieved the 5 star good rating at their last environmental health visit which meant kitchen staff followed good practices.

New staff had to complete an induction. The new care certificate induction was being undertaken which is currently regarded as best practice for new staff. Staff undertake training and are assessed as to their competency for each new task. Staff are mentored until it is felt they are competent to work with vulnerable adults. Two members of staff were being trained as assessors for the care certificate which would provide trainees with better support. A recently appointed care worker told us she had shadowed an experienced care worker for three days and then worked with experienced staff until she was confident in her role. She said, "Everybody's been welcoming."

Eight members of staff told us about the training they had received. This included moving and handling, fire prevention, dementia, safeguarding adults, food safety, health and safety, medicines, infection control, first aid, wound care, nutrition, and nationally recognised vocational qualifications in health and social care. We looked at the training matrix and this confirmed staff were completing the training.

The residential unit manager showed us the training matrix for staff working on that unit. This matrix identified when members of staff had completed training and when refresher courses were due. This confirmed that a rolling programme of training was in place in order to ensure that all members of staff were kept up to date with current practice.

The deputy manager had completed a training and development plan for training and supervision and was an

Is the service effective?

assessor for the health and social care diploma. This also meant training was given for specific items such as acquired brain injury training for staff working on the younger adults unit.

Three staff told us they had regular supervision meetings and an annual appraisal with their line manager. The residential unit manager told us that each member of staff had a supervision meeting six times a year. We were shown a 'supervision tracker' which identified when supervision meetings had taken place and were next due.

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 procedures for this in care homes and hospitals 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 that staff had been trained in the MCA and DoL's. Staff we spoke with were aware of what mental capacity meant and how they were to let people make their own decisions if possible.

All the people living on the dementia unit had 'best interest' decisions for living at the home. We saw from our records that the service had reported any actions under the MCA and DoL's to us using the correct procedures and had used the relevant external professionals and family members. This should ensure decisions were made in the least restrictive way. There were thirteen applications under review and six new applications had been made to the relevant authorities.

The dementia unit had been designed for people with memory loss problems. The walls were decorated with old film posters, notice boards with memorabilia, a 'fiddle board', coloured doors with a notice to show what use they were for and personalised memory cabinets on the outside of people's doors to help them recognise their rooms. There was also a 1940's style lounge and the home also used doll therapy for people with dementia. The unit was designed for people with dementia.

We saw from looking at plans of care that people had access to professionals and specialists. This ensured their health and care needs were kept up to date. Each person had their own GP. Arrangements were made for people to attend routine appointments, for example, opticians, podiatrists and dentists.

Is the service caring?

Our findings

People who used the service told us, “I like it a lot. The staff are nice. They are very caring”, “They’ve been very good here. They’ve always treated me excellently”, “The staff are very caring, they are very nice”, “The staff have to feed me. They do it well”, “The carers are smashing” and “Staff are very friendly and helpful.” Family members said, “The staff are all good, some are better than others, personality wise” and “Since my mum went totally blind she doesn’t get enough stimulation.” People who used the service were satisfied with the staff employed at the home.

We observed staff interacting with people who used the service during the two days. Staff were polite and explained what they wanted the person to do before embarking on the task. We did not see any breaches of privacy when staff gave any personal care. Laughter was heard throughout the home on a regular basis throughout our inspection. Throughout our inspection we saw that members of staff spoke to people in a courteous and friendly manner.

We observed staff delivering personal care to people who used the service. We did not see any breaches of a person’s privacy which helped protect their dignity.

We saw that care records were stored in offices which were locked and only available to staff who needed to access them. This ensured that people’s personal information was stored confidentially.

Six staff members were undertaking end of life training and were identified as end of life ‘champions’. This would enable them to support other staff and families in times of bereavement. There was an end of life section within the plans of care and we saw people had made choices with or without family support to make sure their wishes were known at this difficult time.

We saw people had a ‘map of life’ and other documents which told staff about their personal preferences and choice around issues like food, routines, hobbies and interests. This should help staff treat people as individuals. We looked at various records throughout the service and found that staff wrote about people who used the service in a compassionate and respectful manner.

We noted that visitors were welcomed into the home at any time. People who used the service could choose to receive their visitors in communal areas or in the privacy of their own room. We were told visitors could come at any time and there was a bar area where people could meet and have a meal with their relatives if they wished.

Is the service responsive?

Our findings

People who used the service told us, “Yesterday it was very boring, because there was no-one doing the entertainment. We do arts and crafts”, “The one thing that I get really upset about is that I can't go out without permission. They said it was because of a shortage of staff. I'd like to be able to go out when I want to. No one can go on their own”, “They've taken us to Blackpool to see the lights. We go on holiday as well to Blackpool, to the Bond Hotel” “We've been to Southport and Witton Park in the minibus”, “We play dominoes a lot. I like dominoes” and “There is always something going on. Singers come in.” People had varied viewpoints on the activities on offer.

Family members said, “He goes out to things. He's going to a show at the Burnley Mechanics next week. They could do with going out a bit more”, “They do have lots of arts and crafts. They trim up for things like Halloween, Christmas and Valentines. They are having a firework show this week. They also have entertainers coming in”, I bring him a glass of Famous Grouse whiskey when I come to see him”, “There are plenty of activities if you want them but he doesn't want to do them”, “They get the residents involved in things like arts and crafts and karaoke. They have singers in regularly. They bring in birds of prey and creepy crawlies. They have access to a secure garden” and ““Every year they go on a barge trip from Colne to Skipton. They have dinner on the barge. They have trips to Knowsley Safari Park, Blackpool Lights, Winter Gardens and the Tower Ballrooms to listen to the organ.” Family members thought there were sufficient activities if people who used the service wanted to join in.

Two activities coordinators were responsible for organising activities within the home. The activities coordinator told us that he spent two days on the dementia unit and three days on the residential unit. Activities included arts and craft, ball games, dominoes, visits to the local park and supermarket. One care worker told us that people enjoyed watching old films such as musicals and westerns. Trips out to local attractions and Blackpool illuminations in the home's minibus were also arranged.

Local clergy regularly visited the home and offered Holy Communion for people who wished to practice their faith in that way.

We inspected four plans of care during the inspection. One from each of the four units. Plans of care provided staff with sufficient details to meet the needs of people who used the service. We saw that the plans of care had been signed by people who used the service or their families, if appropriate, to show they had been involved in and agreed to their care. We also saw that staff asked people for their consent prior to completing tasks. We saw that staff had taken account of people's personal preferences and choices in the care plans to ensure care was tailored to each individual. We saw that the daily records contained what people had done or how they had been during the day which could be passed on to staff taking over when their shift began. Plans of care contained details of care they had received from other professionals such as district nurses, GP's and dieticians.

Arrangements were in place for the registered manager or a senior member of staff to visit and assess people's personal and health care needs before they were admitted to the home. The person and/or their representatives were involved in the pre-admission assessment and provided information about the person's abilities and preferences. Information was also obtained from other health and social care professionals such as the person's social worker. Social services or the health authority also provided their own assessments to ensure the person was suitably placed. This process helped to ensure that people's individual needs could be met at the home.

A copy of the complaints procedure was displayed in the entrance vestibule near the front door of the home. Each person who used the service were given a copy of the complaints procedure when they were admitted. A family member said people were told how to complain at resident and family meetings. This procedure told people how to complain, who to complain to and the times it would take for a response.

The manager said she had an open door policy. She said she would talk to the unit managers if concerns were raised and would take action such as arrange supervisions sessions dependent upon the outcome.

The manager held meetings with people who used the service every three months but also said people could come and talk to her when she was on duty. One person told us “We have residents' meetings. We had one last Wednesday” and a family member said, They have residents and family meetings every three months. You can

Is the service responsive?

always bring things up.” The minutes of the last meeting showed complaints, menus, activities and three and six monthly care reviews had been discussed. People and their families had an opportunity to air their views at the meetings.

The manager produced a regular newsletter which was available for people to read. This gave information about new people admitted to the home, forthcoming activities, religious services, the dates of the next meeting and a copy of the complaints procedure. This provided people with useful information about the service.

Is the service well-led?

Our findings

People who used the service said, "It's very nice, it's alright here", "We haven't had many dealings with the manager yet", "I can't think of anything that I would change" and "I'm happy as I am. I wouldn't change anything." Family members told us, "I think it's lovely. I'm very surprised, I think it's quite nice", "It's good. It's one of the best ones in the area", "Any problems we have had have been dealt with quickly" and "I can't complain about the way they look after her." People and their families were satisfied with the care and support they received.

The home had a registered manager in post. The current registered manager has semi-retired and another member of staff had applied to be registered with the Care Quality Commission. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Members of staff told us they liked working at the home and the new manager was approachable and supportive. One staff member said, "I don't think the job could have gone to a better person, she's always time for people and will help out when needed. I've seen her giving dinners out." Another staff member said, "We all work well together as a team." There was a recognised management system that staff understood and felt confident they were supported at all times.

We saw that audits were completed regularly and included, health and safety, the environment infection control, falls, wound care, care plans, the kitchen and stocks of food and medication. We saw that the manager looked at the results of the audits and had, if necessary, contacted other professionals to improve care.

We looked at policies and procedures which included complaints, safeguarding, medicines, DoL's, mental capacity, the codes of practice for health and social care, health and safety and infection control in care homes. The policies we inspected had been reviewed to ensure they were up to date and provided staff with the correct information. Staff signed any policy that had been reviewed to ensure they were updated with any changes. Staff were also issued with a handbook which they could use to remind themselves of key policies and procedures, good practice and health and safety issues such as fire safety.

The manager held regular meetings with staff to obtain their views. The meetings were sometimes held for separate units to discuss their specific issues or general for all the staff. Staff were able to bring up topics they wanted to.

We saw that quality assurance questionnaires had been sent out annually to people who used the service and their families. Topics included did people feel safe, was privacy and dignity respected, were people happy with their care and food. Most of the responses were that people and their families were 100% satisfied. The manager responded to the lowest results of 84% and 90% by reminding people how to complain at a meeting. This showed the manager responded to people's views to improve the service.

A lot of staff had worked at the home for some time which meant they knew the people who used the service well.

We saw that the manager liaised well with other organisations and professions. This included Social Services and external professionals involved in the Deprivation of Liberties Safeguards.

Staff told us they attended a staff handover meeting each day to be kept up to date with any changes. This provided them with any current changes to people's care or support needs.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p>These matters were a breach of Regulation 15 (1) (E) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>All premises and equipment used by the service provider must be properly maintained.</p>