

Mr John Graham Haslam & Mrs Jennifer Mary
Bailey

Across The Bay

Inspection report

479 Marine Road East
Morecambe
Lancashire
LA4 6AF

Tel: 01524410625

Date of inspection visit:
05 September 2018
07 September 2018
17 September 2018

Date of publication:
27 September 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This unannounced inspection took place on 05, 07 and 17 September 2018.

Across the Bay is a four-storey building and has a passenger lift for people to access all the floors. Communal facilities include two lounges on the ground floor and a dining room on the lower ground floor.

Across the Bay 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. There were eighteen people residing at the home at the time of inspection.

We last carried out a comprehensive inspection at Across the Bay in February 2016. At the inspection in February 2016 we identified a breach to Regulation 18 of the Care Quality Commission (Registration) Regulations as the registered provider had not submitted all statutory notifications in a timely manner. We rated the key question as, 'requires improvement.' However, the service was rated good overall. Following the inspection visit, we asked the registered provider to complete an action plan to show us how they intended to make the required changes. The registered provider submitted an action plan and we used this inspection visit to ensure improvements had been made.

At this inspection visit carried out in September 2018, we found the registered provider had made the required improvements and was now meeting all the fundamental standards.

We found processes were in place to ensure medicines were stored and administered in line with good practice. However, processes were not consistently followed. We have made a recommendation about this.

We saw risk was addressed and managed. Risk assessments were in place to ensure staff were aware of risk to keep people safe from harm. Although risk assessments were in place, we found these did not always formally address all risk. We have made a recommendation about this.

People who lived at the home told us they felt safe and were aware of how to respond to any abusive practice. Staff could identify types of abuse and the associated responsibilities they had in reporting abuse. The registered manager understood the importance of raising awareness of safeguarding principles and ensured they were embedded in all aspects of practice.

People who lived at the home told us there were enough staff to meet their needs. Staff told us they were not rushed and had time to complete all tasks, as well as having time to talk to people. People and relatives told us staff responded in a timely manner when call bells were activated.

We reviewed infection prevention and control processes at the home. The registered provider employed a part time cleaner to carry out cleaning tasks. Although people told us they considered the home clean and

tidy we identified some areas where improvements could be made. Following the inspection, we made a referral to the local authority infection prevention and control team so they could support the registered manager to consistently implement good practice guidelines.

People and relatives told us they considered the staff to be appropriately trained. Staff praised the training provided and the supportive nature of the management team.

All the people who lived at the home praised the quality of the food provided. They told us they were consulted with about the menu choices. We observed lunch being served and noted people were not rushed and were offered food according to their preferences and dietary needs.

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.

We saw evidence of multi-agency working to promote effective care. A health professional praised the skills and knowledge of staff who worked at the home. Relatives told us the home was good at meeting the needs of people. Two relatives told us they had seen a marked improvement in their relative's health and well-being since they had moved into the home.

During the inspection we observed staff encouraging and supporting people to take part in activities. The registered manager told us they had made links with other community groups to increase and develop relationships for people who lived at the home.

People and relatives praised the caring and helpful nature of staff. From observations we saw staff were patient and respectful with people. We saw that person-centred care was considered and delivered to all people who lived at the home.

Records were comprehensive and person centred. Consent to care and treatment was routinely sought. When people lacked capacity to make their own decisions we saw good practice guidance was followed to ensure best interest decisions were made on behalf of people.

Staff who worked at the home described it as a good place to work. They praised the skills of the registered manager and said the home was well-led. People and their relatives told us they also considered the service to be well-led.

The registered provider liaised with health professionals when people required end of life care at the home to ensure people received care in line with good practice.

At the time of the inspection no one had any complaints about how the service was delivered. We were told by relatives the registered manager was approachable and would take time out to listen and act upon any concerns raised.

The registered manager had a good understanding of the need to promote autonomy and protect peoples Human Rights. The principles of the Human Rights Act were embedded throughout service delivery.

The registered manager was committed to ensuring the service was well-led. They understood the importance of networking with other similar groups and professionals to ensure good practice was shared and followed.

The management team implemented a range of assurance systems to monitor quality and effectiveness of the service provided. We saw audits were routinely carried out and action was taken when concerns were identified.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People who lived at the home and their relatives told us people were safe Staff understood how to keep people safe from abuse.

Recruitment procedures were in place to assess the suitability of staff.

Risks were managed and addressed.

Medicines were suitably managed and good practice guidelines implemented.

Processes for managing infection prevention and control were in place.

Is the service effective?

Good ●

The service was effective.

The registered provider assessed people's care needs and delivered effective care and support in line with good practice guidelines.

Staff were appropriately trained to meet the needs of people who lived at the home.

People's dietary needs and personal food preferences were considered and met.

The registered provider obtained people's consent to the care and support they received, when appropriate and did not restrict people unlawfully.

Is the service caring?

Good ●

The service was caring.

People and their relatives told us staff were kind, compassionate and caring.

We saw people were treated with patience, dignity and respect.

Visitors told us they were always made welcome.

The registered provider had systems to recognise the use of advocacy when people had no family and could not speak for themselves.

Systems were in place to ensure people's end of life care wishes were considered and met.

Is the service responsive?

Good ●

The service was responsive.

Care plans consistently reflected people's current needs. Staff placed people at the centre of their care.

There were a range of activities available for people to participate in.

The registered provider had a complaints process and complaints were actively dealt with in line with their policy.

End of life care was addressed to ensure people had pain free, dignified deaths.

Is the service well-led?

Good ●

The service was well led.

People and relatives considered the service well-led.

The registered manager was qualified, experienced and committed to providing high quality care and support to people using the service.

The management team involved people, their families and staff in reviewing and improving the service.

The registered provider had systems and processes to monitor

and make improvements.

Across The Bay

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.

Across the Bay provides personal care for 24 older people and is situated in Morecambe. The home is a four-storey building and a passenger lift is available to access all the floors. Communal facilities include two lounges on the ground floor and a dining room on the lower ground floor.

Before the inspection took place, we spoke with the Local Authority contracts teams, and Healthwatch. Healthwatch is a national independent champion for people who use healthcare services. We received no information of concern.

We looked at information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help us plan our inspection visit.

As part of the inspection process prior to our visit we reviewed information held upon our database regarding the service. This included notifications submitted by the registered provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people. We used this information provided to inform our inspection plan.

This comprehensive inspection took place on 05, 07 and 17 September 2018. The first day was unannounced. The inspection was carried out by an adult social care inspector.

Throughout the inspection visits we gathered information from a number of sources. We spoke with eight people who lived at the home, three relatives and one visiting health professional to seek their views on how the service was managed.

We also spoke with the registered provider, the registered manager, the cook, the housekeeper and three members of staff who were responsible for providing care and support to people who lived at the home.

To gather information, we looked at a variety of records. This included care plan records relating to four people who lived at the home and recruitment records of three staff members. We also looked at other information related to the management of the service. This included health and safety certification, policies and procedures, accidents and incidents records and maintenance schedules.

As part of the inspection process we walked around the building to carry out a visual check. We did this to ensure the home was clean, hygienic and a safe place for people to live.

Following the inspection visit we made a referral to the local authority infection prevention and control team.

Is the service safe?

Our findings

People who lived at Across the Bay told us they felt safe and secure living at the home. Feedback included, "We are absolutely, definitely safe and well looked after here." And, "I feel safe here."

We looked at how personal risk was managed and addressed to ensure people were safe. We saw the registered manager had a number of risk assessments in place including risk assessments for personal care, oral hygiene, tissue viability, safeguarding of vulnerable adults and management of behaviours which may challenge the service.

Good practice guidance had been considered and implemented to manage people at risk of falling. The registered manager had implemented a system whereby lounges and communal areas had constant oversight during the day. We observed staff communicating between each other to ensure this was achieved. One relative said, "[Relative] came into the home due to frequent falling. They have not had any falls since they moved in which is surprising really."

Although risk was addressed these were not always fully documented within care records. For example, one person who lived at the home had a specific medical condition which could at times require additional input from health professionals. Although staff were aware of the condition, this was not clearly documented within the care record to give staff guidance and direction. Additionally, one person who lived at the home used bed rails upon their bed to keep them safe. Whilst there was a risk assessment in place to ensure monthly checks took place of the bed rail, there was no specific risk assessment in place to make staff aware of the importance of checking the bed rail daily, prior to using the bed rail. We fed back these concerns to the registered manager. They agreed to take immediate action.

We recommend the registered manager reviews all individual risk assessments to ensure risk is consistently identified and documented to reflect good practice guidance.

We looked at how the service managed people's medicines. People told us they received their medicines on time and in accordance with how they were prescribed. We observed medicines being administered. Medicines were stored securely inside a locked trolley which was secured to a wall when not in use. Storing medicines safely helps prevent the mishandling and misuse of medicines.

PRN medicines were kept separate to medicines prescribed every day. PRN medicines are prescribed to be used on an 'as and when basis'. PRN protocols were in place which gave staff clear direction as to what the medicines were prescribed for, when to administer and the amount to be administered. This promoted safe usage of PRN medicines.

As part of the inspection we checked the stock of a controlled drug which was being stored and administered to a person who lived at the home. Controlled drugs have stricter legal controls to prevent them being misused and causing harm. We found the correct processes were being followed to monitor the controlled drug usage.

Staff told us they were unable to administer medicines unless they were trained to do so. This included regular training and competency checks to ensure staff had the suitable skills to carry out the task safely.

We observed staff administering medicines. Staff were patient and courteous and took their time with people when administering medicines. Although good practice was sometimes followed we noted this was not consistent. For example, staff left the medicines trolley open and unsupervised whilst medicines were being administered. Also, handwritten medicines administration records had been completed and these had not been double signed to show they had been checked by another staff member to ensure they were accurate. We highlighted these concerns with the registered manager. They agreed to take immediate action.

We recommend the registered manager consults with good practice guidance and reviews practice within the home to ensure good practice is consistently implemented.

As part of the inspection process we looked to check the premises and equipment were appropriately maintained. We noted all safety certification was in place to demonstrate that equipment had been tested to promote safety. Whilst carrying out a visual inspection of the home, we identified some minor maintenance issues. For example, paint in some areas of the home had cracked and peeled. We discussed this with the registered manager and registered provider. They told us these issues had already been identified and were being addressed. We saw from a management meeting this was the case.

We looked around the home and found it was sometimes, clean, tidy and maintained. People who lived at the home and relatives told us they were happy with the standard of cleanliness. However, during the inspection visit we saw good practice guidance was not always considered and implemented. For example, malodours were present in two bedrooms and we found a bed base which had significant staining upon it. After the inspection visits we made a referral to the infection prevention and control team. We did this so the registered manager could be supported to make improvements so good practice guidance could be considered and fully implemented throughout the home.

We looked at how safeguarding procedures were managed. We did this to ensure people were protected from abuse and harassment. People were aware of their rights and how to report any concerns. One person said, "I would feel confident in raising concerns. I would speak to [senior member of staff] if I needed to." Staff told us they had received safeguarding training. When asked, staff could describe how they protected people from potential abuse or poor practice.

The registered manager had developed and implemented a safeguarding policy which referenced the local authority good practice guidance in relation to reporting of abuse. When asked, the registered manager was able to make reference as to how to appropriately consider and act upon a safeguarding alert. We saw evidence alerts had been made in an appropriate manner.

Safeguarding of vulnerable adults' posters were placed around the home. These posters highlighted people's rights to report abuse and displayed the number to ring to report concerns. This showed us the registered provider was committed to ensuring any inappropriate practice was reported and responded to.

We looked at how the registered provider managed behaviours which sometimes challenged the service. Through discussions with the registered manager, we noted one person was identified as sometimes displaying behaviours which at times could test the service. We saw the registered manager had worked proactively to understand why these behaviours occurred and had tailored the person's support to minimise any potential triggers from causing the behaviours to occur. Additionally, they had identified a

training need for staff and organised training to help staff appropriately manage any risk associated with behaviours which may challenge the service. This demonstrated the registered manager understood the importance of appropriately managing behaviours which may challenge a service.

We discussed the importance of learning after things had gone wrong. The registered manager could reflect on incidents when things hadn't gone as well as expected and look at ways of learning from them. They described an example when they had asked staff to complete a task but had not been specific in their request, which led to the task being carried out incorrectly. The registered manager recognised the need to improve upon their own personal communication in the future.

We looked at staffing arrangements to ensure people received the support they required in a timely manner. Four staff were on duty on each day of our inspection visits. People and relatives told us they had no concerns about the numbers of staff available to meet their needs. One person said, "Staff are spread about. They are always there for us."

People told us emergency call bells were always responded to in a timely manner. Feedback included, "If we ring the call bell, straight away, they are there." And, "Last night I fell in my room. They came straight away, picked me up and got me going again."

On the days of the inspection visit we saw people's needs were met in a timely manner. We observed people requesting assistance. Staff responded immediately. Staff had time to sit and interact with people who lived at the home. There was a calm and relaxed atmosphere at the home. Staff told us they were happy with staffing levels.

We found suitable checks were in place to ensure staff employed were of suitable character to work with people who lived at the home. Staff told us they were subject to a number of checks prior to commencing work. This included ensuring they had a completed and satisfactory disclosure and barring service certificate prior to starting work. A valid DBS check is a statutory requirement for people providing a personal care service supporting vulnerable people.

We looked at how accidents and incidents were managed. Accidents and incidents were logged and documented. Action was taken accordingly to ensure risk was minimised to prevent further accidents from occurring.

Is the service effective?

Our findings

People and relatives told us care was effective. Feedback included, "They are lovely here. They look after me well. It's a super place to be in." And, "[Relative] is looking a lot better health wise."

We looked at how peoples' healthcare needs were met by the registered provider. All people we spoke with told us they had access to their GP when they needed it. Relatives told us they were informed when people's health needs had changed.

We looked at individual care records to look for evidence of partnership working with health professionals. We saw good practice guidance was referred to and used when providing people with care and support. We saw evidence of referrals being made to health professionals when people's health needs had changed. Care records seen confirmed visits to and from healthcare professionals had been recorded.

We spoke with a visiting health professional who told us they had no concerns about the support provided to maintain people's health. They praised the registered provider for their skills and abilities in meeting one individual's needs and commented upon how they had improved since they moved into the home.

We looked to ensure the registered provider was meeting people's dietary needs. People and relatives consistently praised the standard of food provided. Feedback included, "The food is excellent." And, "The food is very good. They know what they are doing when it comes to food." Also, "I get enough food to feel full."

On the first day of the inspection visit we observed lunch being served. Tables were pleasantly set and music was playing in the background to make the experience more pleasing. We overheard one person passing comment to their friend about the music playing. They said, "Oh I do like music, do you?" People were offered choices of what they would like to eat and individual dietary needs were met.

Staff were suitably deployed to support people if they required help over mealtimes. Additionally, we saw meal times were flexible. One person liked to have a lie in bed. Staff were aware of the importance of this for the person and it was confirmed the chef would cook the person a meal when they got up. This showed us the registered provider was flexible and accommodating to meet people's individual needs.

The current food hygiene rating was displayed advertising it's rating of five. Services are given their hygiene rating when a food safety officer inspects it. The top rating of five meant the home was found to have very good hygiene standards.

During our inspection visit we saw people were supported and encouraged to drink suitable amounts of fluid. Drinks were readily available in all communal areas and we observed staff reminding people about the importance of drinking fluids. People told us they were offered hot drinks and snacks in between meal times.

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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. Care records maintained by the provider addressed people's capacity and decision making. When people lacked capacity to make decisions documentation was suitably completed to highlight this.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The 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. The registered manager had a good understanding of the DoLS procedures and had followed process when people were being restricted of their liberty.

As part of the inspection process we reviewed the living environment to ensure it was suitable for people who lived at the home. Corridors were free from obstructions. Call bells were available so staff could be summoned in an emergency. We saw dementia friendly signage throughout the home that promoted comprehension for people living with dementia. Rooms were individualised with photographs and pictures of friends and relatives. On some occasions people had brought their own furniture from home. These homely comforts supported people to feel at home.

As part of the inspection process we looked at staff training. We did this to ensure people who lived at the home were supported by staff with appropriate up to date skills and knowledge. People who lived at the home and relatives spoken with told us they had no concerns about the skills and knowledge of staff working at the home.

Staff praised the training provided. We spoke with the registered manager about training. They showed us a training and development plan which was in place to ensure staff had the correct skills required to provide effective support. We looked at training certification and saw training was provided through a variety of means including e-learning and face to face training.

We looked to ensure staff were provided with a suitable induction at the outset of their employment. Staff spoken with confirmed they undertook an induction when they started working at the home. They said they were satisfied with this as it allowed them to get to know people and processes within the home before working unsupervised.

We spoke with staff about supervisions and appraisals. Both of these processes are aimed to support staff with their development. Supervision was a one-to-one support meeting between individual staff and their manager to review their role and responsibilities. The process consisted of a two-way discussion around professional issues, tasks associated with the staff role and individual training needs. Staff we spoke with told us they felt supported and had regular meetings with a member of management. Staff also said the management team were very supportive and they felt they could speak to anyone at any time should they need to.

Is the service caring?

Our findings

People and relatives told us the service was caring. Feedback included, "We are so lucky to have found this place. Everybody is so lovely here." And, "It's a super place to be in. We couldn't get better. They look after us extremely well." Also, "Staff are friendly, attentive and caring. I see a great improvement in [my relative] down to the fact they are being cared for."

One relative we spoke with said they had raised some concerns about their family member's care. Their relative was living with dementia and required additional support. The relative told us they were invited to join a team meeting so they could explain why their concerns mattered so much. They were able to talk about things that were important to their family member before their health condition progressed. The registered manager said it was important staff understood the perspective of the family member and why their concerns were important. This showed us the registered manager had empathy and was committed to ensuring relative's concerns were acted upon so person centred care could be provided.

Since the last inspection visit the service had participated in a research project with a university which was looking at gentleness within health and social care. The work involved researchers observing care and support provided by staff. The report concluded staff who worked at the home provided consistent gentle care in a number of different ways.

During the inspection visit we observed positive interactions between people who lived at the home and staff. Staff routinely enquired about people's welfare and took time out to spend time chatting with people. When people required emotional assurance, we observed staff effectively communicating with people and using appropriate body language to reduce anxieties.

People and relatives told us people receiving a service from Across The Bay were treated with dignity and respect. One relative said, "People are treated with kindness and compassion." Additionally, we were told privacy was respected. One person said, "They let us have privacy. We have our own bedrooms where we can spend time alone."

We spoke with staff about people who lived at the home. Staff were aware of people's life history and people's individual preferences. Relatives told us this information was taken into consideration by staff when supporting people. Relatives told us staff at the home promoted independence wherever possible.

We looked to see if people's human rights were promoted and upheld. During our inspection planning we noted the registered manager had introduced equality and diversity meetings which took place every month and both people who lived at the home and staff were invited to attend. The registered manager said the meetings were planned so people could come along to air any concerns if they felt they had been treated differently or unfairly. The registered manager said, "I believe staff and residents should be treated equally."

We spoke with the registered manager about supporting people's diverse needs. They told us diversity was also important. They told us people's individual needs were addressed at the pre-assessment stage so that

services could be developed around individual need. This was then monitored when people received a service.

We looked at how information was shared with people who lived at the home. We spoke with a member of staff responsible for providing care and support. They said when people had difficulty understanding information they took the time out to go through information and explain it to people. They said one person who lived at the home could not read. They said they made sure they sat with the person in privacy to read their correspondence. Additionally, they told us they had access to photos to support people with their communication.

Staff spoke fondly about people who lived at the home. They told us they were able to build positive relationships with people. One staff member said, "You can't help it. They become like family to us."

During the inspection visits we observed visitors at the home and noted they could access communal areas and family member's bedrooms. Visitors looked comfortable and at ease at the home. Relatives said they were always made welcome. One relative told us they could pop into the kitchen area to make themselves and their relative a drink if they ever required one. Additionally, they said they were often invited to eat with their family member if they visited at meal times.

We looked to see how people were supported to express their views. People told us they were encouraged to make decisions and express their views. When people did not have capacity, and did not have family to support them in making significant decisions the registered manager was aware of the importance of consulting with advocates. Advocates are independent people who provide support for those who may require some assistance to express their views.

Is the service responsive?

Our findings

People and relatives told us people received person centred care. One person said, "I get the choice when we go to bed, get a bath etc." Another person said, "We can do as we please."

We looked at care records related to three people who lived at the home. We saw evidence pre-assessment checks took place prior to a service being provided. People had been encouraged to complete a 'This is Me' document which contained detailed information surrounding people's likes, preferences and daily routines. We saw evidence of relatives also being consulted to support family members to complete this document. Care records incorporated the person-centred information collected through the 'This is Me' document.

Care plans were detailed, up to date and addressed a number of topics including managing physical and mental health conditions, personal care, mental capacity and personal safety. Care plans detailed people's own abilities to promote independence. Professionals were involved wherever appropriate, in developing the care plan. We saw evidence records were updated when people's needs changed.

People who lived at the home and their relatives told us they were actively involved in the developing and review of care plans. People and relatives were being encouraged to participate in a conversation monthly to discuss their plan of care. Care plans were overseen by a designated care planning lead. This showed us the registered provider was committed to working with people to develop their own plan of care.

We looked at activities at the home to ensure people were offered appropriate stimulus throughout the day. People told us the registered provider ensured regular activities were on offer and said they were happy with this. One person said, "People get offered the opportunity to do things. The music is good. One particular man is great. He came in with his accordion. A vicar has been in and someone has been in to read the bible."

During our inspection visit we observed activities taking place during the day. People were invited to join in quizzes and play bowling. Activities were on display around the home for people to access. For example, the home had a library where people could loan books and music CD's were on the side in the dining area.

We spoke with the registered manager about activities. They confirmed they had worked hard to increase community presence within the home. Since the last inspection they had built links with a nearby nursery who now visited the home on a regular basis. They said this had been "tremendous" and well received by both the people who lived at the home as well as the children who visited. Additionally, links had been made with the Gideon's who came to the home to carry out bible readings. This showed us the registered provider was providing meaningful activities to boost people's wellbeing and improve their quality of life.

We asked the registered manager about the use of technology at the home. They told us they had carried out some mobile phone training with people who lived at the home to build their skills so they could use a mobile phone to promote their independence. Additionally, they said they were hoping to purchase a piece of equipment which responds to voice requests. They said they were hoping to use this with a person so they could tell the equipment to play their music. The registered manager said they hoped to make further

improvements with technology in the future by purchasing an electronic care planning and recording system. This showed us the registered manager understood the importance of considering technology to improve care.

We reviewed systems for end of life care for people who lived at the home. The registered provider had a policy in place to ensure people's end of life wishes were discussed and explored. Training had been provided to increase staff awareness surrounding provision of end of life care. End of life care was included within people's plans of care and staff had a good understanding of people's needs and wishes. We were informed the service worked alongside other health professionals to coordinate end of life care. Staff understood the importance of providing high quality care at the end of people's lives. One staff member said, "We have discussions with people about end of life care and work with the district nursing teams to keep people at home. It's an honour to be with someone when they die."

People who lived at Across the Bay told us they had no concerns about the service provided. Feedback included, "I have never had to make a complaint. There is nothing here that I am unhappy with." And, "I would speak to [member of staff] if I needed to. I have never had to complain though."

At the time of the inspection relatives spoken with had no complaints about the service. One relative said, "I have not had any reason to complain." Another relative praised the way in which minor concerns were welcomed and dealt with.

The registered manager spoke with people who lived at the home on a regular basis to ensure people had no concerns. Additionally, people had the opportunity to discuss any complaints they may have within relative's meetings. This meant concerns were acted upon immediately before they became a complaint.

Is the service well-led?

Our findings

At the last inspection carried out in February 2016, we identified a breach to Regulation 18 of the Care Quality Commission Registration Regulations 2009 as the registered manager had failed to report notifiable events to the Commission in a timely manner. We used this inspection to check that improvements had been made. We found the registered manager had implemented a system for ensuring all statutory notifications were made in a timely manner.

People who lived at the home and relatives told us they considered Across The Bay to be well-led. Feedback included, "There is nothing they could do better." And, "[Registered manger] is a good manager. The home is well-led and the owner is lovely." Also, "I love it here. I wouldn't change a thing about it."

Staff also told us the home was well managed and said this contributed to the home being a good place to work. One staff member said, "The home is really good. It's a good place to work. [Registered manager] is spot on." Feedback from staff questionnaires confirmed staff were positive about their work place.

People who lived at the home were consulted with on a regular basis. The registered manager held resident's meetings for people to express their views on how the service was managed and organised. Feedback within these meetings included, "Staff do their best." And, "It's not home but the next best thing." We saw evidence that discussions held within resident's meetings were fed back to staff so changes could be implemented. For example, people had requested fish, chips and mushy peas were added to the menu. On the second day of the inspection we saw these were being served.

The registered manager was committed to seeking views about the quality of service provision to improve service delivery. Questionnaires had been given to people who lived at the home, relatives and staff to complete. We reviewed feedback from questionnaires and saw that feedback was positive.

There was regular communication between staff and managers. Daily handovers took place between staff teams. Formal team meetings had also taken place. We reviewed minutes from two team meetings and noted discussions had taken place between staff and management about people's individual needs, good practice guidance and suggestions for improvement which had been raised through quality assurance questionnaires.

The registered manager had a range of quality assurance systems in place. These included external audits of medicines, health and safety and the environment. Additionally, the registered manager undertook monthly audits including looking at accidents and incidents, falls and care plans. We saw that when areas of concern were highlighted action was taken to make the required improvements.

We saw evidence of partnership working. The registered managers consulted with another registered manager from another service for advice and guidance. Additionally, the registered manager attended various networking events to ensure their knowledge was up to date. This showed us the registered manager was committed to ensuring a high-quality service was delivered and maintained.

We saw there was a business continuity plan for emergencies. This clearly detailed action to take should any unforeseeable events occur including loss of power and fire.

As part of the inspection process we looked to ensure the registered provider had their performance assessment on view as set out in the 2008 Health and Social Care Act. We saw the performance assessment was on view as required.