Broughton House - Home for Ex-Service Men and Women

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out an unannounced inspection at Broughton House on the 18 April 2017.

Broughton House provides nursing, personal care and accommodation for a maximum of 50 ex-service men and women and is a registered charity. The home is situated in a residential area of Salford. There are car parking facilities to the front and side of the building. The home has an array of military memorabilia on display with a military museum on the first floor. There are easily accessible spacious, well-kept garden areas with a private cenotaph surrounding the building and a separate entrance that had full ramp access for wheelchair users.

At the time of this inspection there was a manager who had been in post since December 2016. The manager had submitted the relevant paperwork to progress to registered manager status 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager was supported in her role by the home's deputy manager.

The service was last inspected on 11 December 2015. We found the service to be in breach of three regulations applicable at that time. These were in relation to the safe management of people's medicines, not taking reasonably practicable steps to mitigate any identified risks to the people using the service and failing to maintain accurate and complete contemporaneous records.

During this inspection, we found the service was now meeting the current regulations and was no longer in breach of the above.

People told us they considered themselves safe whilst living at Broughton house. They also indicated that the care they received was delivered in a professional and caring way and that staff had the correct skills to undertake their role effectively.

People were provided with a personalised care and support pathway which was tailored to their individual needs and requirements. The service also ensured it maintained a satisfactory staffing level to support the safe and effective operation of the service. Comments from people supported that there were enough staff to safely meet their needs and people told us they never felt rushed with their routine. The provider offered a variety of training to its staff which ensured the staff team were skilled and experienced to safely and effectively support each person using the service.

Care files contained person centred assessments and care plans to support the development of the care planning process and support the delivery of care. Effective systems were implemented to maintain independence, by providing a detailed plan covering essential information care staff needed to follow. This

ensured clear information about people's needs wishes, feelings and health conditions. These were kept under regular review. People's consent was also sought during this process.

The service ensured practices were in place to maintain and uphold a suitable and safe environment for all people using the service and their visitors. Recognised training was offered to staff to ensure they were able to confidently identify the signs of abuse and positively respond to any safeguarding concerns by notifying relevant individuals and authorities when required.

Robust recruitment systems were applied. Appropriate steps were taken to verify new employee's character and fitness to work. Following successful appointment to the role the provider ensured a detailed induction plan was offered. This ensured staff were equipped with the correct skills and knowledge to effectively support people in an informed, confident and self-assured manner.

Staff interacted in a positive way with people. Their demeanour was that of a caring, respectful and understanding nature. The promotion of people's dignity and rights were supported which ensured people maintained control over their lives. People were given information about their care and the service to help them make informed decisions. Their opinions were routinely sought and acted upon by means of questionnaires enabling them to influence the service they received. Comments were received from people during the inspection which supported these observations.

Safeguards were in place to take immediate action against staff in the event of any misconduct or failure to follow company policies and procedures.

Fire audits were completed and relevant checks were carried out to fire equipment and lighting. People using the service had personal evacuation risk assessments in place and the provider had an additional contingency plan which provided direction on who to contact and how to act in the event of an emergency or failure in utility services or equipment.

Appropriate processes were in place for the safe administration of medicines in line with best practice guidance from the National Institute for Health and Care Excellence. Nurses had received training in medicines management and all medicines were stored securely and safely.

People's dietary requirements and preferences had been sought and we saw choice was given at every mealtime. Adequate hydration stations were available and offered hot and cold drinks throughout the day along with fruit and other snacks. Referrals had been made to health professionals when appropriate and instructions were followed in cases where people had known dietary requirements.

Staff displayed an awareness of the Mental Capacity Act 2005 and had completed appropriate training. Referrals had been submitted to the local authority by the registered manager when appropriate.

All people spoken with including relatives and staff were complimentary about the management structure. People described the manager and deputy manager as helpful and professional. Staff informed us they felt well supported and that they could approach either manager with any concerns.

It was evident that both the manager and deputy manager had implemented positive change to the service which had ensured that the service was now fully compliant with the Regulations as set out by Health and Social Care Act 2008 and associated Regulations about how the service is run.

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 told us they felt safe. Staff demonstrated an understanding around their roles and responsibilities to protect people from harm. Personal and environmental risk assessments were in place to ensure the safety of people using the service, visitors and staff.

Safe recruitment procedures were implemented to ensure suitable staff were employed at the service. Staffing levels were sufficient on the day of the inspection to meet the requirements of the people who lived at the service.

Processes were in place for the safe administration of medicines and medicines were stored away securely and safely. Discrepancies in stock counts of medicines were resolved by the registered manager following an investigation.

Is the service effective?

Good

The service was effective.

Staff were required to attend a mandatory induction process and complete a probationary period. Staff received frequent supervision meetings in line with the provider's procedural guidance.

Staff actively sought people's consent prior to providing direct care and a training schedule was in place to ensure all staff completed the right amount of training required for them to competently carry out their caring role.

The provider ensured formal processes were followed and people's rights under Mental Health Act and Mental Capacity legislation were understood and protected.

Is the service caring?

Good

The service was caring.

We observed staff interaction which was caring and patient.

People's independence and inclusion was a key factor in the ethos of the service.

People were involved in day to day decisions and felt able to express their views and opinions.

People referred to the service as their home and had built meaningful relationships with each other and staff.

Is the service responsive?

Good

The service was responsive.

Each person had a detailed care pathway, an assessment of possible risks and a description of their needs for support and treatment.

The home had procedures in place to receive and respond to formal complaints and following the inspection were committed to implementing an audit trail of everyday minor complaints.

People expressed confidence in the manager to address their concerns appropriately. People knew the process to follow should they wish to make a complaint.

Is the service well-led?

Good

The service was well-led.

The service did not have a manager employed who was registered with the Care Quality Commission. However the newly appointed manager had submitted the relevant application to the Commission to become registered.

Staff told us they felt well supported in their role by the manager and felt able to approach them with any issues.

Audit systems were in place to monitor the service's standards and develop identified areas of improvement.

Surveys were carried out and information was used to improve the quality of service.

Broughton House - Home for Ex-Service Men and Women

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.

This inspection took place on the 18 April 2017 and was unannounced. The inspection was carried out by two adult social care inspectors. At the time of our inspection there were 29 people receiving care at the service.

Before the inspection we reviewed information we held about the service, including statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. We also reviewed other information we held such as safeguarding information and previous inspection reports.

We used a number of different methods to help us understand the experiences of people who used the service. This included spending time in the company of the people living in the home. We observed how people were cared for and supported. We spoke with eight people who used the service and three relatives. We spoke with four members of staff, the manager and deputy manager.

We looked around the premises. We looked at a sample of records, including five care files and other related documentation, seven staff recruitment records, medicines records, meeting records and monitoring and checking audits. We also looked at a range of policies, procedures and information about the service. We looked at the results from a recent customer satisfaction survey.

Good

Is the service safe?

Our findings

People told us they were safe. One person said, "I have lived here years and have never come to any harm. I consider myself to be very safe living here." A second person said, "Staff are always looking out for me and ensuring I am safe." Similarly comments from relatives supported people's views. One relative told us, "I spend an awful lot of time here but I am content in knowing when I go home [my relative] is safe here." Another relative stated, "I could not wish for [my relative] to be in a better place, I know he is very safe here."

Throughout the inspection we did not observe anything that gave us cause for concern around how people were treated. We observed positive staff interaction which was caring and patient. We noted care and support which was delivered in a safe way and considered the individual requirements of each person. Staff we spoke with gave suitable examples of how to safely support a person with their day to day living requirements. People appeared comfortable, content and happy in staff presence.

At the last inspection we found the service to be in breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. This was because the service had failed in some instances to demonstrate they had taken all reasonably practicable steps to mitigate risks identified to people living at the service.

During this inspection we found that processes were now in place to identify and mitigate individualised risks posed to people. We looked at six people's risk assessments in their individual care files. We noted risks to people's individual safety and well-being were assessed and managed by means of effective risk management strategies. This helped ensure guidance was in place for staff on minimising risks to people using the service. All people now had individualised risk assessments and consideration was given to areas such as, mobility, non-compliance with staff intervention, moving and handling and mental health. Each risk assessment offered an overview of the risk, any triggers and the level of assistance required.

Risk assessments and audits were also in place to maintain a safe environment and ensure the protection of people using the service, their visitors and staff from injury. Risk assessments gave consideration to areas such as the internal and external environment, storage of controlled substances (COSHH), stairs and lift, electrical safety and smoking. Equipment such as kitchen and bathroom aids were also examined by an external agency.

Fire procedures were in place and each person had a personal emergency evacuation plan (PEEP) which considered areas such as level of mobility, responsiveness to an alarm and prescribed medication. Risk assessments were evident along with a record of fire systems, emergency lighting and fire alarm checks. Contingency plans were in place detailing steps to follow in the event of emergencies and failures of utility services and equipment.

The service employed a maintenance person on a full time basis who completed jobs around the service within their remit and for larger jobs the service would employ external agencies.

The provider had a 'Business Continuity' management plan. This plan identified a process to be employed by the service as a response to any major emergency affecting the infrastructure such as fire, severe weather conditions, bomb threats and contamination. The plan provided a response for such incidents detailing aims, objectives and responses for all staff to follow.

We looked at what protection measures the provider had implemented to protect people from abuse. Safeguarding procedures were in place detailing relevant information about the various signs and indicators of abuse and how to report any concerns. Staff were aware of these indicators and were clear about what action they would take if they witnessed or suspected any abusive practice. Staff expressed confidence that any issues of concern at the service would be appropriately dealt with. Safeguarding training was completed at induction and refreshed annually.

We looked at the services records in relation to accidents and incidents. An accident/ incident record book was completed with relevant information and appropriate action. The Commission had been informed of any notifiable incidents.

At the last inspection we found the service to be in breach of Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment. This was because the service had failed to ensure the safe management of medicines.

During this inspection we found the service was no longer in breach of this regulation.

The home had a detailed up-to-date medicines policy which included information for staff about ordering, administration, storage, disposal and record keeping. We observed two nurses administering people's lunch time medicine and noted this was done in line with best practice guidance.

Risk assessments were in place to cover the event of accidental administration of incorrect medicines or dosages. These risk assessment's provided staff with relevant information and guidance to follow in the event of any such medicines errors. Training on medicines management had been completed by nurses.

We looked at a sample number of MARs which were used for regular prescribed medicines and noted these had been completed in full with no missed signatures or errors present.
We carried out a sample stock check of the medicines trolley. We looked at medicines which were not blister packed such as antibiotics, beta blockers and pain relief for six separate people. We did this with a nurse present. All stock was accounted for as per medicine records.

We looked at how the provider managed staffing levels and the deployment of its staff. We requested a month's staffing rotas including the week of inspection. We noted very little staff sickness and staff we spoke with felt there was enough staff on duty each day, however did acknowledge that at times it could be very busy.

The manager informed us that during the day there were a total of six care staff and two nurses. In addition to this there was a maintenance person, gardener, chef, assistant chef and domestics. In the evening this number reduced to five carers and during the night four carers and one nurse. People we spoke with told us there was always staff around both day and night to assist whenever required. One person told us, "The staff are very good, there is always somebody to help me. They never rush me and let me take my time." The manager told us the service was currently fully staffed apart from a nurse position which at the time of inspection was being recruited for.

The provider had robust recruitment procedures designed to protect all people who used the service and

ensured staff had the necessary skills and experience to meet people's needs. The recruitment process included candidates completing a written application and attending a face to face interview. We looked at the recruitment records of seven staff members, two of which had been recently employed at the service. We found references were obtained along with a police check from the disclosure and barring service (DBS). This meant the manager only employed staff after all the required and essential recruitment checks had been completed. We noted the provider had a recruitment and selection policy and procedure which reflected the current regulations.

We noted contractual arrangements were in place for staff, which included disciplinary procedures to support the organisation in taking immediate action against staff in the event of any misconduct or failure to follow company policies and procedures. This meant staff performance was being monitored effectively.

Good

Is the service effective?

Our findings

People living at the service and their relatives told us staff supporting them had a clear understanding of their needs and requirements. People commented that staff carried out their support role in a professional and understanding way. People's comments included, "The staff look after me very well. They are all so very respectful." A second person told us, "The staff are good, I am very happy here. I love it, staff definitely know my needs well and I trust them." A relative told us, "I have definitely seen a better staff awareness recently, they do lots more training and I know they know [my relative] extremely well. He is very happy here." A second relative told us, "[My relatives] care file is excellent, they have a very good picture of his needs and I know this is followed."

The service had developed an induction programme to train and support its new staff. This included the completion of an induction checklist which looked at areas such as policies and risk assessments. Staff were also required to familiarise themselves with people using the service by reading care plans and spending time in their company, whilst 'shadowing' experienced staff. We saw completed induction plans in the staff files we looked at. Staff we spoke with told us that they felt the induction process equipped them to confidently carry out their caring role. One member of staff said, "All staff have to go through detailed induction training before they can do the job." A second member of staff said, "Induction training was good, covered quite a bit, definitely enough to do the job." A third staff member said, "We did manual handling, safeguarding and all the basics. Was everything I needed to do the job."

The service had a training matrix which detailed all training completed. Staff indicated they had received a suitable amount of training and this was valued for their own professional development. All mandatory training had been completed and was in date and additional training such as, equality and diversity, challenging behaviour and dementia awareness had also been completed.

Staff supervision sessions were completed and staff comments confirmed this. One newly recruited staff member said, "Yes, we have supervisions. I have had two since I have been here." Staff added that they felt they were a useful arena to discuss any concerns or areas of improvement. Additional training would be discussed as part of the supervision meeting. Actions were documented and followed up at the following supervision meeting.

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. The manager demonstrated effective systems to manage DoLS applications. Applications which had been made were followed up by the manager with the DoLS team.

In instances where people were deemed not to have capacity to consent to living at the home, the manager had completed standard authorisation forms which had been submitted to the local authority. There was a current policy in place detailing the procedures to follow. Staff we spoke with had an understanding of MCA and DoLS and confirmed they had received training. Comments included, "This was designed to support people who can't make their own decisions. The home provides training in this" and "Yes, I have done training in this. DoLS stands for deprivation of liberty; MCA is about a person's capacity to make decisions."

Equally staff we spoke with demonstrated a good understanding around the importance of people being supported in their day to day decision making. Comments included, "Everyone here has their own mind and all know what they want. I ask people for their consent." A second staff member commented, "I will ask them if they would like, or is it okay if I do this or that. I also make sure I explain what I am doing." A third person told us, "We have forms for people to sign. I ask people each day for their consent. If they say no, then they mean no. I will ask again but you have to respect their wishes." We also noted that people's care files contained consent forms. This was either signed by the person or the person's family member. The care plans we saw also stated they had been discussed and created with the involvement of the person.

People's nutritional requirements were met. Meal times were relaxed and people appeared to enjoy their meal experience. Tables were set with table cloths, napkins, condiments and appropriate cutlery. We observed people conversing with one another and laughing whilst enjoying their food. Cold drinks were readily available on trays in the communal areas throughout the day and hot drinks were also offered on a regular basis. Positive comments from people using the service supported our observations. People who required support in this area were assisted by staff in a dignified manner.

We noted adequate hydration stations in the communal rooms. These stations had a constant supply of tea, coffee, juice, fruit and cakes. In addition to this, the assistant cook told us that tea trolleys were also taken around by staff on numerous occasions throughout the day.

We spoke to the assistant cook and observed him obtaining people's meal choices. Whilst doing this he engaged people in conversation. The assistant cook told us the service used different methods to help people choose their meals; this was by means of picture menus or verbally. The assistant cook demonstrated a thorough understanding of people's dietary requirements and confidently explained the dietary monitoring system which was in place in the kitchen.

People's dietary needs had been considered and were managed effectively. Processes were in place to assess and monitor people's nutritional and hydration needs. Nutritional screening assessments had been carried out when appropriate. People's weight was checked at regular intervals which helped staff to monitor risks of malnutrition and support people with their diet and food intake. When additional input was assessed as required due to issues such as swallowing difficulty or weight loss, the service ensured appropriate referrals had been made to outside agencies such as dieticians and speech and language therapists.

Good

Is the service caring?

Our findings

We observed a delivery of care which was both compassionate and caring. People who used the service were complimentary about the staff that cared for them. People's comments included, "All the staff are lovely, I can tell they genuinely care about me. We have our little chats." A second person told us, "It's very good living here I consider the staff and other people here as my extended family. It's grand." A family member commented, "There is good interaction between staff and people living here. They are all so caring, it's lovely to see." Another relative commented, "Staff are brilliant with [my relative] they are like family. I am always made to feel welcome whenever I come."

There was a "'homely feel' about the service and we observed that people knew each another by name and staff were not looked upon as a figure of authority or job role. We observed people sitting together conversing and watching television. A visiting relative commented that in the unfortunate event of losing a person a guard of honour was presented as the person left the building and the flags would be flown at half-mast as a sign of respect.

Staff routinely spent time with people and supported them effectively when required, we saw examples of staff offering choices and involving people in routine decisions. Staff displayed a clear knowledge and understanding of the needs and vulnerabilities of the people they cared for and were knowledgeable about people's individual needs, backgrounds and personalities. We found staff were familiar with the content of people's support plans. We saw examples of the best approaches to take in order to uphold people's right to dignity and respect and staff understood their role in providing people with person centred care and support.

We observed people were free to walk around the building. One person told us, "I can walk about freely; I go to my room whenever I want." We saw people accessing the outside grounds independently. The manager also informed that a person living at the service still went to work every day to help at their family business. A visiting relative also told us that he took his father home on most days and this was something his father enjoyed.

Confidentiality was a key feature in staff contractual arrangements. Staff induction covered the principles of care such as independence, privacy and dignity, choice and rights. This ensured information shared about people was on a need to know basis and people's right to privacy was safeguarded. The service also had policies and procedures to support the delivery of care around these key aspects.

People told us they felt able to express their views about the service on an on-going basis by having conversations with the staff, managers and completing satisfaction questionnaires. Resident's meetings were also held periodically. This provided an arena for people to discuss any concerns or ideas they may have.

Our observations supported that people were encouraged to take pride in their appearance. This would help promote independence and boost self-esteem. Visitors/relatives we spoke with confirmed people

always appeared well groomed. Staff spoke to us about how they ensured people were encouraged to maintain their independence. One staff member said, "With one person here, I encourage them to walk with their frame each day, to aid mobility and ensure they don't become reliant on a wheelchair." A second staff member told us, "If the person can still shave, I don't take over; I get the stuff ready for them but let them do as much as they can. I let people wash themselves, or as much as they can manage." A third person told us, "I always offer the face cloth, let people do what they can for themselves, there's loads of ways, I just ask what they can do and encourage them."

Good

Is the service responsive?

Our findings

Staff were respectful and friendly towards the people using the service. Comments we received from people supported our observations. People told us that staff were, "kind," "respectful," and amenable. People also told us they never felt rushed with their daily routine. Similarly relative's comments were also very positive about staff attitude, each relative we spoke with said very confidently that they have, "Never had cause for concern." People talked about the service as their home and it was evident from our observations that people were relaxed in each other company. One person said, "I have many friends here."

At the last inspection we found the service to be in breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. This was because the service had failed to maintain accurate and complete contemporaneous records for people who used the service.

Staff were respectful and friendly towards people using the service. Comments we received from people supported our observations. People told us staff were, "kind," "respectful," and "amenable". Similarly relative's comments were also very positive about staff attitude, each relative we spoke with said very confidently they have, "Never had cause for concern." People talked about the service as their home and it was evident from our observations that people were relaxed in each other's company. One person said, "I have many friends here."

At the last inspection we found the service to be in breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. This was because the service had failed to maintain accurate and complete contemporaneous records for people who used the service.

During this inspection we found the service was no longer in breach of this regulation.

Since the previous inspection the service had fully transferred to the use of electronic care files and as part of this inspection we viewed six care files. We noted the provider had considered and implemented adequate documentation to support the development of the care planning process and support the delivery of care for each person. Each plan was personalised and responsive to the person's individual needs and preferences.

Prior to any new admission a pre-assessment was carried out with the person and their relative(s). People's support needs and wishes were documented on their care plans so that staff knew exactly how each person wanted to be cared for. These plans captured essential information required for the person to maintain their independence and provided a detailed breakdown on how this was to be achieved. The plans had been agreed with people wherever possible.

Each care file we viewed contained an introductory page which included basic information about the person, including name, date of birth, preferred or used name, room number, key worker, NHS number and brief information about their background, such as place of birth, marital status, former occupation/s, ethnicity and service number. A notes section was also present which captured additional information, such

as type of serviced completed for example, Army, Royal Navy and the Air force.

We asked staff how they knew what was important to the people they cared for. One told us, "By asking them and this is also recorded in care files." A second staff member said, "Reading care plans, getting to know them and finding out about their life." A third stated, "It's whatever they like and want, what they tell you when we chat to them."

Each person's electronic care file contained an 'about me' section, which consisted of a range of questions which the person had either answered themselves or had been completed by a close relative. These covered an assortment of areas including my life so far, current and past interests, things that worry or upset me, what makes me feel better and things I would like you to know. Each person had also provided personalised information relating to their mobility, sleep and personal care needs along with how staff could best communicate with them. This ensured staff knew how to care for each person and meet their needs.

Each person had a number of care plans in place, the amount being related to their individual needs and level of assessed risk. For example one person only had 11 care plans, whereas another person had 26 due to the complex nature of their programme. Care plans provided detailed information for staff to follow to ensure they knew how best to care for each person. The care plan was split into three sections, problem/goal or need, aims of care and action plan. People's ability or level of risk was also rated on a scale of low, medium or high. This helped to identify key areas where support was needed.

Additionally care files included a likes and dislikes section, which covered areas such as activities and nutrition, with each person indicating how they would like to spend their time and what they liked to eat and drink.

We asked staff how they ensured care provided was person centred. One told us, "By reading the care plan, this tells you everything about the person." Another said, "Showing each person respect and that it's about that person at that time." A third stated, "Make it individualised for each person." We saw a number of examples within care files and daily notes, where the service had been responsive to people's needs and provided person centred care. For example one person had a hearing impairment but was reluctant to wear their hearing aids. Rather than just insist the person wore their hearing aid, the staff had tried different ways to help communicate effectively including the use of written prompts and notes.

We looked at how frequently each person's care was reviewed and who was involved in this process. We saw that care plans were reviewed monthly by a member of staff and although it was documented that the person, or their representative, had been involved in discussing the care plan, their signatures to confirm this had not been captured.

As part of the inspection we looked at the activity programme provided by the home. We asked people for their views on what was available. One told person told us, "Oh there is always something going on." A second person said, "The lady is great she has lots of ideas to get us all involved." Similarly one relative told us the activities programme was, "Fantastic." Another relative stated, "There are some good activities. You should have been here the other week they had a dog show outside, it was great fun."

We asked staff if people had enough to do during the day. One said, "Oh yes, the activities here are brilliant, they do stuff daily." Another told us, "I think they do, there is quite a bit on." We spoke to the activity co-ordinator who stated, "My focus from getting here at 8.00am until I leave is the people here and ensuring they have things to do."

The service had an activity board on display by the entrance to the lounge / dining area. This showed activities were scheduled seven days per week, with up to two choices scheduled in both the morning and afternoon during weekdays and at least one per time period at weekend. The service also advertised outings and events and we noted that over the next four weeks four musicians / singers were scheduled to visit the service as well as the completion of a 'music for health workshop'. The activities offered in the home reflected what people had indicated in their care files as being of interest such as dominoes, card games, bingo and either sport of films on the television. The service also had its own bar which was open four evenings a week and proved to be a popular attraction. The activity coordinator told us some people chose not to engage in many activities during the week, but would always spend time in the lounge when the bar was open.

Photographs of previous activities and outings were displayed on the notice board, including Remembrance Sunday and Armistice Day, which had a special significance to the people using the service.

The service had an activities room, which was also used by the hairdresser and podiatrist. An activity file had been set up which contained a list of all activities completed each month, copies of posters advertising events along with daily activity records detailing the activity or event, who had attended and any comments regarding level of engagement or issues. We also saw this information was documented on each person's care file. It was also recorded if the person had declined any activities.

We looked at how complaints were handled. The service had effective systems in place for people to use if they had a concern or were not happy with the service provided to them. A complaints file was in place which contained the last four months information, as the service archived information at the start of each year. Each complaint received was documented on a concerns and complaints log which included date received, who raised the complaint details of the complaint or concern, action taken and whether the matter was closed or had been escalated, for example to the local authority. We saw that all complaints had been responded to in writing with copies kept on file along with the outcomes of each complaint.

We asked people and their relatives about making complaints. One person told us, "The staff are great and so are the managers. They are very approachable and would feel able to complain to them if needed." Another person said, "Things get sorted if you tell someone." Relatives also commented they felt able to approach the management with any concerns. One person said, "The managers are pretty new to the service but I feel able to speak to them about any issues I have. Previous to them starting I wasn't as certain that things would be sorted but now I am."

Good

Is the service well-led?

Our findings

At the time of our inspection there was no registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like the registered provider, 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. The home manager had been in post for four months and had completed the application process to become the registered manager but was still awaiting an interview.

People we spoke with and their relatives were very complimentary about the new manager. People told us they felt able to speak with them and they were visible around the service. Relatives also commented they felt the service was now, "Better managed." One relative told us, "The manager interacts well with staff. I have seen this on numerous occasions." Another relative stated, "I see that things are definitely on the up. I think this is due to the new manager. I can see people living here and staff now have a voice."

The home had a clear management structure in place, with the home manager being supported by a deputy manager and nurse in charge. Both the manager and deputy manager were supernumery to the rota, which provided them with the autonomy to ensure the home was being run appropriately and care provided to required standards. The manager told us, "I like to be out on the floor and watching what is happening. I have also ensured I have based my office and that of the deputy in the heart of the building then I can hear and absorb everything that is happening. I do not want to be based on the top floor where I am away from everything."

The staff we spoke with felt that the home was well-led and managed well and they felt supported. One member of staff said, "I feel supported now. I have noticed such a difference since [manager's name] came here, I can't tell you how much." Another said, "It's like the place has been given a new lease of life, it's really good." Staff also told us that management team were a visible presence within the home. One stated, "They are on the floor a lot and they speak to us, which didn't happen before with last manager." Another told us, "They are very visible, always up and down the floor."

We asked staff if they felt listened to. One told us, "Oh yes, you can come and speak to them anytime, whatever is discussed remains confidential and you are never made to feel like you are burdening them." Another said, "Yes, I find them very approachable." However a third stated, "I do and I don't, I raised some points at a recent team meeting but felt as though I wasn't listened to."

We asked people living at the home and their relatives if they would recommend the home to other people requiring the level of care provided. One person told us, "Oh yes definitely. I am used to going into different homes with my job and this is possibly the best I have been into. That is why [my relative] is here. I know they are looked after 100%."

Staff told us they enjoyed their jobs and there was a positive culture within the home. One said, "Its lovely here, always has been." Another said, "The majority of the time the atmosphere is very good." A third stated,

"There are days when it is good and others when it's a bit stressful, but that's the nature of the job."

We saw that team meetings were completed on a regular basis and were held for each designation of staff for example, general staff, night staff and nursing staff. The content of the meetings covered all areas of service provision, including areas for improvement as well as provided a forum to share information about plans and developments. Group supervision meetings were also held as another method of information sharing.

Staff confirmed regular meetings were held and they could contribute to these. One staff member said, "Yes, we have these regularly. We can contribute to what's discussed." A second told us, "We have these every six to eight weeks I think, we can bring any things up we want to."

Although completed, resident and relative meetings were less frequent. We saw that normally these were held separately, although a joint meeting was facilitated in January 2017 in order to introduce the new management team and discuss plans for the new build. A new home is being built on the grounds of Broughton House, after which the current home will be demolished to make way for a new development. Three resident meetings had been held since September 2016. We viewed the minutes and saw these captured the main issues or points raised and if answers could not be provided at the time to people's questions, it was agreed to get back to people as soon as possible. We saw evidence this had occurred.

The home also used satisfaction questionnaires to capture the views of people using the service. Questions included whether people were satisfied with support to make choices, the activities on offer, offsite opportunities, accommodation, care and support and the complaints procedure, along with a section for improvements and suggestions. We saw the last questionnaires had been circulated in November 2016, with five people choosing to complete these. Each person had been complimentary about the service provided with no issues documented.

The home had a comprehensive policy and procedures file in place which included key policies on medicines, safeguarding, MCA, DoLS, moving and handling and dementia care. Policies were updated regularly, with date of review included on each policy.

We saw systems in place to monitor the quality of the service. Audits of pressure care, medication and nutrition were completed on a monthly basis, with infection control processes audited quarterly. All of these audits included a section for action plans and dates for completion. We noted the audits had been effective in identifying any areas of poor practice, for example the nutrition audit in March 2017 had highlighted issues with recording of fluids after 5.00pm, we saw this had been addressed in the next staff meeting.

A 72 hour care plan checklist was utilised for all new admissions to ensure all files and documentation had been completed and contained the required information. Action plans and dates for completion were generated if any issues were identified. We checked three files and noted the action points had been addressed by the dates indicated.

The service also completed an infection evidence log, which was updated monthly to detail any infections that had occurred within the home along with what treatment was provided and any updates.

Regular inspections of the home were carried out by two different members of the board of trustees who produced a detailed report. The inspection was a comprehensive audit of service provision as a whole including care and treatment, premises and equipment and documentation. The trustees spent time observing care, spoke to people to get their views, asked relatives for their opinions, reviewed care plans,

safety documentation, menus, incident and accident reports amongst other paperwork and looked at the décor and cleanliness of the premises. The report included action points along with who was responsible for completion. These were reviewed at the next inspection to ensure compliance.

We also saw the home had created a new audit document entitled 'monthly home review reports'. These were a 26 point audit covering all areas of the service. The manager told us it was planned to implement these from May 2017.

Throughout the inspection it was evident that processes had been either introduced or developed further by the manager and the deputy. We spoke with both managers about some of the difficulties they had faced following being successfully appointed to their roles. The manager told us they focussed on, "Defining staffing and management roles more clearly in the home to ensure responsibility and accountability" and following this a full quality assurance and compliance system was introduced from January 2017. This was linked closely to the current Care Quality Commission's (CQC) regulations. It also focussed on identified areas of concern following the previous inspection. The manager told us as a result of this, "Falls have reduced by 50% and medication errors have reduced to one per month, on average. Care plans are more detailed and staff more knowledgeable about the content and detail required." We saw evidence which demonstrated this information was valid during the inspection.

It was evident that the new management structure had brought about constructive change to the service and although some of the processes were still in their infancy they had already begun to introduce positive changes which had been observed by the people using the service and their relatives.