Bupa Care Homes (AKW) Limited

Millfield Care Home

Inspection report

Bury New Road
Heywood
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Tel: 01706621222

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13 July 2017

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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 inspected Millfield Care Home on 12 and 13 July 2017. The first day of the inspection was unannounced. There were 61 people using the service at the time of the inspection. We last inspected Millfield Care Home on 12 December 2016 when we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breaches were in relation to the inaccurate recording of medicines and an unsatisfactory recruitment system. Following the inspection the provider sent us as action plan informing us of what action they had taken to put things right.

During this inspection we found the provider was meeting all the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Millfield Care Home is a purpose built home which is registered to provide accommodation for up to 92 people who require nursing and personal care. Millfield Care Home is situated on a main road in Heywood, close to public transport networks, local shops and facilities. The home operates with three units; On the ground floor there is the Wham Bar Unit that provides nursing care for younger adults. On the first floor there is Summit Unit that provides mainly general nursing care and Hopwood Unit that provides personal care. There is a fourth unit on the ground floor that is not in use.

The home had a manager registered with the Care Quality Commission (CQC) who was present on the day of the inspection. 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.

We found that suitable arrangements were in place to help safeguard people from abuse. Staff knew what to do if an allegation of abuse was made to them or if they suspected that abuse had occurred. Staff were able to demonstrate their understanding of the whistle blowing procedures (the reporting of unsafe and/or poor practice).

We found people were cared for by sufficient numbers of suitably skilled and experienced staff who were safely recruited. Staff received the essential training and support necessary to enable them to do their job effectively and care for people safely.

The medication system was safe and we saw how the staff worked in cooperation with other healthcare professionals to ensure that people received appropriate care and treatment.

Procedures were in place to prevent and control the spread of infection and risk assessments were in place for the safety of the premises. All areas of the home were secure, clean, well maintained and accessible for people with limited mobility; making it a safe environment for people to live and work in.

We saw that appropriate environmental risk assessments had been completed in order to promote the safety of people who used the service, members of staff and visitors. Systems were in place for carrying out regular health and safety checks and equipment was serviced and maintained regularly.

Procedures were in place to deal with any emergency that could affect the provision of care, such as a failure of the electricity and water supply.

People told us they received the care they needed when they needed it. They told us they considered staff were kind, had a caring attitude and felt they had the right skills and knowledge to care for them safely and properly. We saw that staff treated people with dignity, respect and patience.

Specialised training was provided to help ensure that staff were able to care for people who were very ill and needed end of life care.

We saw people looked well cared for and there was enough equipment available to ensure people's safety, comfort and independence were protected. People's care records contained enough information to guide staff on the care and support required. The records showed that risks to people's health and well-being had been identified and plans were in place to help reduce or eliminate the risk. We saw that people were involved and consulted about the development of their care plans.

Staff were also able to demonstrate their understanding of the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions.

People were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. Some people however, did comment that the meals were at times monotonous. The registered manager told us that this would be looked into. We saw that food stocks were good and there was always a choice of meal.

To help ensure that people received safe and effective care, systems were in place to monitor the quality of the service provided. Regular checks were undertaken on all aspects of the running of the home and there were opportunities, such as resident/relative meetings and satisfaction surveys for people to comment on the facilities of the service and the quality of the care provided.

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.

We found that sufficient numbers of staff were provided to meet the needs of the people who used the service. A safe system of staff recruitment was in place and suitable arrangements were in place to help safeguard people from abuse.

The system for the management of medicines was safe. The care records showed that risks to people's health and well-being had been identified and plans were in place to help reduce or eliminate the risk.

All areas of the home were clean and well maintained and procedures were in place to prevent and control the spread of infection.

Is the service effective?

Good

The service was effective.

Staff received training to allow them to do their jobs effectively and safely and systems were in place to ensure staff received regular support and supervision.

We found the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met.

The layout of the building ensured that all areas of the home were accessible for people whose mobility was limited.

Is the service caring?

Good

The service was caring.

People spoke positively of the kindness and caring attitude of the staff. We saw that staff treated people with dignity, respect and patience.

The staff showed they had a very good understanding of the needs of the people they were looking after.

Specialised training was provided to help ensure that staff were able to care for people who were very ill and needed end of life care.

Is the service responsive?

Good

The service was responsive.

The care records contained detailed information to guide staff on the care to be provided. The records were reviewed regularly to ensure the information contained within them was fully reflective of the person's current support needs.

The activities provided were varied and people who used the service told us they enjoyed taking part.

Suitable arrangements were in place for reporting and responding to any complaints or concerns.

Is the service well-led?

Good

The service was well–led.

The home had a manager registered with the Care Quality Commission.

Systems were in place to assess and monitor the quality of the service provided and arrangements were in place to seek feedback from people who used the service.

The registered manager had notified the CQC, as required by legislation, of any incidents that had occurred at the home.

Millfield Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 12 and 13 July 2017. The first day of the inspection was unannounced. The inspection team consisted of two adult care inspectors and on the second day of the inspection, 13 July 2017, a pharmacist inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of caring for elderly people and people who were living with dementia.

Prior to the inspection we looked at the previous inspection report and information we held about the service, including notifications the provider had sent to us. A notification is information about important events which the provider is required to send to us by law. We also contacted a number of professionals who were responsible for organising and commissioning the service on behalf of individuals and their families. The professionals told us they had no concerns about the service.

As some of the people living at Millfield Care Home were not able to tell us about their experiences, we undertook a Short Observation Framework for Inspection (SOFI) observation. A SOFI is a specific way of observing care to help us understand the experience of people who are not able to talk with us.

During the inspection we spoke with 18 people who used the service, three visitors, the regional director, the registered manager, the clinical services manager, four registered nurses, three care assistants, the administrator, the chef, the activities organiser and the domestic supervisor.

We looked around all the units in the home, looked at food provision, four people's care records,12 medicine administration records and the medicine management system, three staff recruitment files, training records and records about the management of the home.

Good

Is the service safe?

Our findings

Comments made to us showed that people felt safe. Their comments included; "We are very safe and I've never seen any of the things we hear about happening here," "It's a nice place and [relative] would tell me if there was anything wrong." Also, "I feel so reassured that [relative] is safe and well looked after" and, "We have nothing to worry about here, we are as safe as houses."

Policies and procedures for safeguarding people from harm were in place. These provided staff with guidance on identifying and responding to signs and allegations of abuse. The training records we looked at showed that staff received training in the protection of vulnerable adults as part of their induction programme. Staff we spoke with were able to tell us what action they would take if abuse was suspected or witnessed. One staff member told us, "I would report on a colleague if I had to."

We saw the home had a whistleblowing policy. This told staff how they would be supported if they reported poor practice or other issues of concern. Staff we spoke with were familiar with the policy and knew how to escalate concerns within the service. They also knew they could contact people outside the service if they felt their concerns would not be listened to. We saw posters displayed throughout the home about the 'Speak Up' help line. This was a direct contact number available for staff to use if they needed to report anything of concern.

The care records we looked at showed that risks to people's health and well-being had been identified, such as poor nutrition, falls, choking and the risk of developing pressure ulcers. We saw care plans had been put into place to help reduce or eliminate the identified risks.

We were told that the front door to the home was locked after office hours, normally 17.00 hours, and people had to ring the bell to gain entry to the home. This helped to keep people safe by ensuring the risk of entry into the building by unauthorised persons was reduced.

We looked at the environment on all the three units. The bedrooms, dining rooms, lounges and corridors were well lit, clean and bright and there were no unpleasant odours. The provider had taken steps to ensure the safety of people who used the service by ensuring the windows were fitted with restrictors, the radiators were suitably protected with covers and pipework was enclosed.

Records showed risk assessments were in place for all areas of the home environment. The records also showed that the equipment and services within the home were serviced and maintained in accordance with the manufacturers' instructions. This helped to ensure the safety and well-being of everybody living, working and visiting the home.

We looked to see what systems were in place in the event of an emergency. We saw personal emergency evacuation plans (PEEPs) had been developed for all the people who used the service. These were kept in the person's individual care plan and in a central file in the reception area; ensuring they were easily accessible in the event of an emergency. We also saw the procedures that were in place for dealing with any

emergencies that could arise, such as utility failures and other emergencies that could affect the provision of care.

We found that regular fire safety checks were carried out on fire alarms, emergency lighting, smoke detectors and fire extinguishers. We saw fire risk assessments were in place and records showed that staff had received training in fire safety awareness.

Records we looked at showed that accidents and incidents had been recorded and the registered manager reviewed them regularly. Monitoring accidents and incidents can assist management to recognise any recurring themes and then take appropriate action; helping to ensure people are kept safe.

On Summit, the nursing unit, an inspection of the staff rosters, discussions with people who used the service, relatives and staff showed there were sufficient suitably qualified and competent staff available at all times to meet people's needs. Staff told us there had been a big improvement in the staffing levels and that having two registered nurses on the unit each morning was very beneficial.

Staff on the residential unit, Hopwood, and the young disabled unit, Wham Bar, felt that at times, the staffing levels were not good enough to meet people's needs. We discussed the concerns with the registered manager and the clinical services manager. We were informed that a dependency assessment tool was used at least weekly to determine the amount of staff required and that at the time of the inspection, the outcome was that staffing was sufficient. We were made aware of a situation that had occurred during the inspection whereby, due to a misunderstanding, staff from one unit had not assisted staff from another unit when they should have done. We were told that the relevant staff had been spoken to about this and assurances had been given by them that this would not happen again. The registered manager told us they were reviewing the staffing levels for the evening shift on Wham Bar with a possible view to having an extra member of staff on duty until 22.00 hours.

People who used the service on all three units told us their call bells were answered promptly and that, "Staff were always around" and, "I don't have to wait long for anything; not really."

At the last inspection of December 2016 we found there was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to the unsafe recruitment of staff. During this inspection we found that the recruitment system was safe. We looked at three staff recruitment files .The staff files contained proof of identity, application forms that documented a full employment history, a medical questionnaire, a job description and at least two professional references. Checks had been carried out with the Disclosure and Barring Service (DBS).The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. The registered provider had checked that the registered nurses who worked at the home had a current registration with the Nursing and Midwifery Council (NMC).

At the previous inspection of December 2016 we found there was a breach of Regulation 17(2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the recording of medicines. At this inspection a pharmacist, medicines inspector, looked at medicines and records about medicines for 12 people who were living in the home. Improvements had been made in relation to the recording of the medicines and overall we found that medicines were now recorded and handled safely.

The registered manager and the clinical services manager had ensured the audits on medicines were done thoroughly and robustly. The audits showed that since our last inspection numerous shortfalls had been identified in the safe handling of medicines. The managers had produced clear action plans to address

those shortfalls and they monitored them to ensure that the concerns were addressed and improvements sustained.

Staff responsible for administering medicines completed a form after each medicine round to help ensure that medicines were handled safely. The sheets enabled staff to pick up any concerns they had at each round and we saw that they acted on them promptly. For example when it was identified that stock was running low, action was taken to order medication before it ran out.

During the inspection we saw that all 12 people whose medicines we looked at had an adequate supply of their medication which meant they were always able to be given their medicines as prescribed. This system of checking also picked up any minor discrepancies such as missed signatures, and stock balance checks were done immediately to ensure people had been given their medication properly.

During the inspection we made stock checks and found that all medicines could be accounted for and that medicines were all given as prescribed.

Good records were made when doses of medicines changed and when medicines were discontinued. This meant that people always received the correct doses of their medicines. Some people had complained that they were unhappy at being woken at night to be given their medicines. Each person was consulted about the time they would prefer to take their medicines, and then staff made suitable adjustments to the times some people took their medication. The staff told us that they had found that by making this adjustment one person had fewer falls because their night was undisturbed.

We saw there were good records made about the use of topical (skin) creams and thickening agents, prescribed to ensure people did not choke on their drinks. The records showed that the topical creams were applied properly and drinks were thickened appropriately.

Some people needed their medicines crushed before they took them and we saw that all the necessary permissions were in place to make sure this was done safely.

Some medicines needed to be given at a specific time with regard to food. We saw that most people prescribed medicines to be given in this way were given them at the correct time. During the inspection we saw that three people had not been given an antibiotic at the correct time with regard to food. We discussed this with the managers and they assured us that next time people were prescribed this antibiotic and any other medicines which must be given at specific times the information would be available to alert staff. One person took paracetamol four times a day and there must be a minimum interval of four hours between doses. The records did not record the time each dose was given. We discussed this with the managers and they explained to us the records that would be implemented immediately following the inspection to ensure that each dose was given safely. We received the amended records immediately after the inspection.

Good arrangements were in place to make sure people could have medicines when away from the home. This meant that people did not miss any medication when they went on an outing.

Most people in the home were prescribed medicines to be given "when required" or as a "variable dose." We saw that all medicines prescribed in this way had a protocol which ensured that people could be given their medicines safely and consistently. We did see that there was some missing information on some of the protocols however since the inspection the managers have shared with us some updated protocols which contained information about selecting the correct doses and other more personalised information. The protocols that had missing information belonged to people who could explain to staff when they needed

their medicines or how much they needed so people's health was not at risk.

We looked at the on-site laundry facilities. The laundry looked clean and well-organised. Hand-washing facilities and protective clothing of gloves and aprons were in place. We found there was sufficient laundry staff and sufficient equipment to ensure safe and effective laundering.

We saw infection prevention and control policies and procedures were in place, regular infection control audits were undertaken and infection prevention and control training was an essential part of the training programme for all staff. We were told there was a designated lead person who was responsible for the infection prevention and control management. We saw staff wore protective clothing of disposable gloves and aprons when carrying out personal care duties. Alcohol hand-gels and hand-wash sinks with liquid soap and paper towels were available throughout the home. Good hand hygiene helps prevent the spread of infection. We saw that appropriate arrangements were in place for the safe handling, storage and disposal of clinical waste.

Good

Is the service effective?

Our findings

People we spoke with told us they received the care they needed when they needed it. They told us they considered staff had the right attitude, skills and knowledge to care for them safely and properly. Comments made included; "They go the extra mile. It's like today, they have brought her fresh orange juice as she likes it and it helps her" and, "They do everything for me and they know what I need. They are smashing."

We spoke with one staff member who told us about a person who at times displayed behaviour that challenged. They told us how they had identified a style of music that calmed the person when they became agitated. We saw that this effective distraction technique was recorded in their care plan; this was to ensure that all staff were aware of what could be done to help allay the person's agitation.

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The 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. During a discussion with the registered manager it was evident that they had a good understanding of the MCA and DoLS and knew the procedures to follow if an authorisation was required. Records showed that all the staff had undertaken training in the MCA and DoLS.

The Care Quality Commission is required by law to monitor the operation of the DoLS and to report on what we find. Records showed that since the last inspection 12 people who used the service were subjected to a DoLS.

From our discussions with people, our observations and a review of people's care records we saw that people were consulted with and, if able, consented to their care and support. We saw how staff requested people's consent before attending to their needs. We heard staff asking people, "Where would you like to sit?", "Would you like to sit in the tea room?" and, "Is it ok if I move this chair so we can get past you?"

We looked to see how staff were supported to develop their knowledge and skills. We were shown the induction programme that newly appointed staff had to undertake on commencement of their employment. Induction programmes help staff understand what is expected of them and what needs to be done to ensure the safety of the people who use the service, staff and visitors. The induction covered all aspects of working in a care home from the policies and procedures in place to guide staff in their work, to

the training that had to be undertaken. We were told that staff worked under supervision until they felt confident and until senior staff assessed they were competent to do the job. Staff we spoke with confirmed that what we were told was correct.

We looked at the training plan that was in place for all the staff. It showed staff had received the essential training necessary to safely care and support people who used the service. Staff we spoke with confirmed their training was well organised and that the provider responded favourably to requests for additional specialist training.

The records we looked at showed systems were in place to ensure staff received regular supervision and appraisal. Supervision meetings help staff to discuss their progress and any learning and development needs they may have and also raise good practice ideas. The supervision records we looked at were centred around 'Goals, Development and Conversations'.

The registered manager told us there was no definitive time frame for the supervision sessions. We were told they were undertaken in accordance with the staff needs and performance. One staff member told us they had them usually every three months and that they were, "driven by you."

A discussion with the staff showed they had a good understanding of the needs of the people they were looking after. Staff told us they received a verbal and written report on each shift change. This was to ensure that any change in a person's condition and subsequent alterations to their care plan was properly communicated and understood. We were shown the written reports that were made available to staff on each shift. They were detailed and contained information that was relevant and up to date.

We spent time sitting with people on the units during lunch. We found the tables were nicely set with tablecloths, napkins and condiments. The menu for the day was displayed on each table. People were offered hot and/or cold drinks throughout the meal. We saw that people chatted to each other and it was quite a social occasion. People who required assistance with their meals and drinks were given support individually and discreetly. We saw that one person had refused their meal; however staff offered several choices and encouraged the person to 'try something'. Eventually the person agreed to eat some of the meal they had chosen.

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. We received mixed comments about the meals. Comments made included; "It's very nice", "Yes, the food's alright, plenty of it", "It's ok but a bit monotonous" and, "Good food but it's always the same things." We discussed the comments with the registered manager who told us the issues raised would be looked into.

We looked at the kitchen and food storage areas and saw good stocks of fresh, frozen and dry foods were available. We looked at the menus and saw they were on a four week cycle and a choice of meal was always available, including a 'light bite' choice.

A discussion with the chef showed they were knowledgeable about any special diets that people needed and were aware of how to fortify foods by the addition of butter and/or cream, and 'fruit smoothie' drinks were made daily to help improve a person's nutrition. We saw that adapted crockery and cutlery was available. This helps to maximise people's safety, independence and dignity.

We saw that, following a recent national food hygiene rating scheme inspection the home had been rated a '5'; the highest award.

The care records we looked at showed that people had an eating and drinking care plan and were assessed in relation to the risk of inadequate nutrition and hydration. Records we looked at showed that following each meal staff completed records for the people who required monitoring of their food and fluid intake. We saw action was taken, such as a referral to the dietician or to their GP, if a risk, such as an unexplained weight loss, was identified.

The care records also showed that people had access to external healthcare professionals, such as community nurses, speech and language therapists, opticians, chiropodists and dentists. This meant that the service was effective in promoting and protecting the health and well-being of people who used the service.

The layout of the building ensured that all areas of the home were accessible for people whose mobility was limited. The wide corridors helped to ensure safe movement around the home. We did see however that the signage on bedrooms, bathrooms and toilets was quite small. We had a discussion with the registered manager about improving the signage so that the rooms would be more easily identifiable for people living with dementia or with a visual impairment.

Access to the first floor was via a passenger lift. Each bedroom had an en-suite toilet and hand basin and there were enough accessible bathrooms and toilets that were equipped with aids and adaptations.

Staff told us that adequate equipment and adaptations were available to promote people's safety, independence and comfort. People with intensive nursing needs had a special type of bed that helped staff position them more easily and had a pressure relieving mattress in place to promote comfort and help prevent pressure ulcers developing.

We saw that the car parking areas were well laid out with very clear signage and clearly defined parking areas for disabled visitors and for ambulances.

Good

Is the service caring?

Our findings

We received positive comments about the kindness and attitude of the staff. Comments made included; " This is the best home ever. The girls are lovely and really good. I can't speak highly enough of their kindness", "The staff are brilliant. We can't fault them and we are really happy here," "They [staff] are really good with us," "The staff are very helpful" and, "It's a lovely place everybody is very friendly."

We asked people who used the service if they felt they had a choice about their daily routines and how they spent their day. People told us; "We go to bed when we want and we get up when we want", "I like to stay in my room so I can and I do", "Nobody makes me do anything I don't want to do" and, "It's up to me what I do and don't do and I am happy with that."

Staff we spoke with told us; "People can get up whenever they like, it's their own choice'', "If they want to have a lie in they can'' and, "People are also asked if they are ok with having a male carer, it's up to them."

As some of the people living at Millfield Care Home were not able to tell us about their experiences, we undertook a Short Observation Framework for Inspection (SOFI) observation. A SOFI is a specific way of observing how people are spoken to and supported by care staff. Staff interactions were seen to be frequent, gentle and polite.

We saw that the bedrooms had a 'No Entry Personal Care' notice on the doors to ensure the privacy and dignity of people was protected whilst personal care was provided. Bathrooms, toilets and bedrooms had overriding door locks and we saw that staff knocked and waited for an answer before entering. This was to ensure people had their privacy and dignity respected. We saw that people looked well cared for, were clean and appropriately dressed.

Staff told us that people's religious and cultural needs were always respected and that people could choose to have their own clergy visit them.

Staff we spoke with were able to speak knowledgeably about the people who used the service without referring to their care plans or notes. We were told about people's likes and dislikes and we observed conversations which were about people's families and matters other than their care.

One of the registered nurses told us about the links the home had with the Admiral Nurses. The Admiral Nurses are specialist dementia nurses who give expert practical, clinical and emotional support and guidance to families and to staff caring for people with dementia.

A discussion with the registered nurses showed they were aware of how to access advocates for people who had nobody to act on their behalf. An advocate is a person who represents people independently of any government body. They are able to assist people in many ways; such as, writing letters for them, acting on their behalf at meetings and/or accessing information for them.

We asked one of the registered nurses to tell us how staff cared for people who were very ill and at the end of their life. We were told about The Palliative Care Education Passport training that had been undertaken by three of the registered nurses and several of the care staff. The training had been developed by the education staff at the local hospice. The programme was developed to assist care homes within the region to deliver quality end of life care. The training accredits the actual care worker rather than the organisation they work for so when staff changed their employment they took their skills, knowledge and accreditation with them. The Palliative Care Education Passport training enables staff to recognise and meet the physical, emotional and spiritual needs of the dying person and their family.

Staff we spoke with were aware of their responsibility to ensure information about people who used the service was treated confidentially. We saw that care records were kept secure in the staff office or staff station. Other records in relation to the management of the home were kept secure in the registered manager's office or the administrator's office; both kept locked when not in use.

Good

Is the service responsive?

Our findings

We were told that staff responded well to people's needs. Comments made included; "If we have any problems they listen to us and it's sorted like that," "I asked if we could have lamb on the menu and we got lamb. We get what we ask for" and, "My [relative] is well looked after and is well cared for. I am always kept informed of any changes."

The care records we looked at showed that assessments were undertaken prior to the person being admitted to the home. This was to ensure their identified needs could be met. The care records showed that information gathered during the assessment was used to develop the person's care plan.

The care records contained detailed information to show how people were to be supported and cared for. It was clear from the information contained within the care plans that people had been involved in the planning of their care. The care plans were 'person- centred' as they contained lots of personal information such as details of people's preferred routines, their likes, dislikes, hobbies and interests. We saw that the care records were reviewed regularly by staff to ensure the information was fully reflective of the person's current support needs.

We saw that the social care delivered to people was also 'person- centred'. It was evident from speaking to the activities organiser that they were aware of people's previous hobbies and interests. We were told how there was a regular library delivery of crime novels for a person who had always enjoyed reading them. One person used to enjoy domestic work so they were given an apron, brush and dustpan and given small domestic tasks to do. Another person had been given a newspaper bag from the local newsagent and then was happily responsible for delivering the newspapers within the home.

We saw there were lots of activities available for people to take part in and people told us how they enjoyed them. Two activity organisers were employed by the home and they undertook group and individual activities. Activities included arts and crafts, theme nights such Indian and Chinese nights with the appropriate decorations and food. During our visit we saw people were making charms for the garden. We saw that outings to the local market and shops were arranged on a regular basis. On the first day of our visit several people had gone out for a pub lunch.

We also saw how people and their visitors were sitting in 'Milly's Tea Room'; situated on the first floor and decorated and furnished as an 'old fashioned' tea room. We could see that this was a popular fixture and was used daily from 11.00 hours where people and their visitors sat to chat and have refreshments.

We asked the registered manager to tell us how, in the event of a person being transferred to hospital, information about the person was relayed to the receiving service. We were told that, in addition to a copy of the person's MAR sheet, a transfer form that had the person's details on would be sent with them. This helps to ensure correct information is passed on and that continuity of care is maintained.

We saw people were provided with clear information about the procedure in place for handling complaints.

A copy of the complaints procedure was displayed in the entrance hall. It was also contained in the service user guide that was given out to people. The procedure explained to people how to complain, who to complain to, and the times it would take for a response.

The people we spoke with told us they had no concerns about the service they received and were confident they could speak to the staff if they had any concerns. We saw that the registered manager kept a log to record any complaints made and the action taken to remedy the issues.

Good

Is the service well-led?

Our findings

The home had a registered manager who was present on the day of the inspection. A discussion with the registered manager showed they were clear about their aims and objectives for the service. This was to ensure the service was run in a way that enabled the most effective high quality care possible to be delivered to people who used the service.

We asked the registered manager to tell us what systems were in place to monitor the quality of the service to ensure people received safe and effective care. We were shown the quality assurance system that was in place. This showed that regular checks were undertaken on all aspects of the running of the home such as; infection control, medication, care plans, pressure area care and the health and safety of the environment. Where it was identified that remedial action was required, plans had been put into place to rectify the issue.

We were told the registered manager and the clinical service manager walked around each unit of the home at least twice a day. The purpose of this was to look at the environment, speak with people who used the service and with the staff; enabling them to discuss any immediate issues.

We were also told about the '10 at 10' meetings that were undertaken daily. These meetings were held for the managers of each unit or department, and other staff if necessary, to disclose or receive any updates or information relevant to their work.

Some of the staff spoke positively about the registered manager. Comments made included; "He is supportive and pro-active," "He is a good manager" and, "I have a budget and if I need anything I just ask. Management is very supportive." One staff member told us they enjoyed coming to work as the staff worked well as a team.

Whilst walking around the home it was evident that people who used the service and their relatives knew who the registered manager was. One relative asked us if we would take them, "to have a quick word with the manager." They were clearly at ease talking with him.

We asked the registered manager to tell us how they sought feedback from people who used the service to enable them to comment on the service and facilities provided. We were told that feedback surveys were sent out every three months to people who used the service and to relatives. We were told there was a 100% response from the last batch sent out. We did not look at the responses on this inspection.

We were told that meetings were held every three months for people who used the service and their relatives. We were told that people were encouraged to become involved in the discussions about the home and the services provided. One visitor we spoke with told us they had attended a relatives meeting, "a few months ago."

Displayed in the entrance hall was a poster that said- 'You Asked- We Did'. It was in relation to people requesting to go out for a pub lunch; they asked and their request was granted.

Detailed policies and procedures were in place to inform and guide staff on their practice. We looked at a random sample and saw they reflected relevant current guidance.

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the registered manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.

From 01 April 2015 it has been a legal requirement of all services that have been inspected by the CQC and awarded a rating, to display the rating at the premises and on the service's website, if they have one. Ratings must be displayed legibly and conspicuously to enable the public and people who use the service to see them. We saw that the previously awarded rating was displayed on the BUPA website and displayed conspicuously in the reception area.