

Bramble Care Homes Limited

Bramble Cottage Retirement Home

Inspection report

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Patcham
Brighton
East Sussex
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected Bramble Cottage Retirement Home on 8 March 2017. Bramble Cottage Retirement Home is a care home registered to provide support for older people who require personal care. The service is registered to support a maximum of 28 people. The service specialises in providing both long and short stays as well as respite breaks for older people. There were 27 people living at the service on the day of our inspection. Bramble Cottage Retirement Home was last inspected in October 2014 and no concerns were identified.

A registered manager was in post. 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 and associated Regulations about how the service is run.

People's medicines were stored safely and in line with legal regulations and people received their medication on time. However, safe procedures for the administration of the medication were not routinely being followed, which placed people at potential risk of receiving their medicines incorrectly. We have identified this as an area of practice that needs improvement.

We have made a recommendation about the management of medicines.

People were happy and relaxed with staff. They said they felt safe and there were sufficient staff to support them. One person told us, "I feel 100% safe here". Another said, "There is always a member of staff nearby". When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work within the care sector. Staff were knowledgeable and trained in safeguarding adults and what action they should take if they suspected abuse was taking place.

People were being supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Accidents and incidents were recorded appropriately and steps taken to minimise the risk of similar events happening in the future. Risks associated with the environment and equipment had been identified and managed. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff.

Staff had received essential training and there were opportunities for additional training specific to the needs of the service, including caring for people with Parkinson's disease and palliative care (end of life). Staff had received both one to one and group supervision meetings with their manager, and formal personal development plans, such as annual appraisals were in place. One member of staff told us, "I get supervisions, it's useful, but I can speak up on a daily basis". Another said, "The training is very good and always available. We requested Parkinson's training and got it".

People were encouraged and supported to eat and drink well. There was a varied daily choice of meals and people were able to give feedback and have choice in what they ate and drank. One person told us, "The food is excellent, very good". Special dietary requirements were met, and people's weight was monitored, with their permission. Health care was accessible for people and appointments were made for regular check-ups as needed.

People chose how to spend their day and they took part in activities in the service and the community. People told us they enjoyed the activities, which included a popular weekly quiz, gentle exercises, recitals and themed events with external entertainers. One person told us, "I join in with whatever is going on. The quiz in particular is excellent, and we can do crosswords every night". People were also encouraged to stay in touch with their families and receive visitors.

People felt well looked after and supported. We observed friendly and genuine relationships had developed between people and staff. One person told us, "The staff are so hard working and conscientious and will come any time, day or night". Care plans described people's needs and preferences and they were encouraged to be as independent as possible.

People were encouraged to express their views and had completed surveys. Feedback received showed people were satisfied overall, and felt staff were friendly and helpful. People also said they felt listened to and any concerns or issues they raised were addressed. One person told us, "I would speak to [registered manager] if I needed to complain, but it's very unlikely I would need to, as they are too observant of everything that is happening".

Staff were asked for their opinions on the service and whether they were happy in their work. They felt supported within their roles, describing an 'open door' management approach, where managers were always available to discuss suggestions and address problems or concerns. The provider undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Medicines were stored appropriately, however, safe procedures for the administration of the medication were not routinely being followed.

Staff knew how to protect people from abuse and were aware what to do if they suspected it had taken place.

Staffing numbers were sufficient to ensure people received a safe level of care. Recruitment records demonstrated there were systems in place to ensure staff were suitable to work within the care sector.

Requires Improvement ●

Is the service effective?

The service was effective.

People spoke highly of members of staff and were supported by staff who received appropriate training and supervision.

People were supported to maintain their hydration and nutritional needs. Their health was monitored and staff responded when health needs changed.

Staff had a firm understanding of the Mental Capacity Act 2005 and the service was meeting the requirements of the Deprivation of Liberty Safeguards.

Good ●

Is the service caring?

The service was caring.

People were supported by kind and caring staff.

People were involved in the planning of their care and offered choices in relation to their care and treatment.

People's privacy and dignity were respected and their independence was promoted.

Good ●

Is the service responsive?

Good ●

The service was responsive.

Care plans accurately recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes.

People were supported to take part in meaningful activities. They were supported to maintain relationships with people important to them.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident they would be listened to and acted on.

Is the service well-led?

Good ●

The service was well-led.

People, relatives and staff spoke highly of the registered manager. The provider promoted an inclusive and open culture and recognised the importance of effective communication.

There were effective systems in place to assure quality and identify any potential improvements to the service being provided.

Forums were in place to gain feedback from staff and people. Feedback was regularly used to drive improvement.

Bramble Cottage Retirement 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.

The inspection took place on 8 March 2017. This visit was unannounced, which meant the provider and staff did not know we were coming. Bramble Cottage Retirement Home was previously inspected in October 2014 and no concerns were identified.

One inspector and an expert by experience in older people's care undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before our inspection we reviewed the information we held about the service and looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We observed care in the communal areas and over the three floors of the service. We spoke with people and staff, and observed how people were supported during their lunch. We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We spent time looking at records, including four people's care records, four staff files and other records relating to the management of the service, such as policies and procedures, accident/incident recording and audit documentation.

During our inspection, we spoke with nine people living at the service, two care staff, the registered manager, the deputy manager and the chef. We also 'pathway tracked' people living at the home. This is

when we followed the care and support a person's receives and obtained their views. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Is the service safe?

Our findings

People told us they considered themselves to be safe living at Bramble Cottage Retirement Home, the care was good and the environment was safe and suitable for their individual needs. One person told us, "I feel 100% safe here". Another person said, "I am never neglected, I only have to ring my bell and they come". Everybody we spoke with said that they had no concerns around safety. However, we found areas of practice that need improvement.

We looked at the management of medicines. Senior care staff were trained in the administration of medicines. We observed medicines being administered sensitively by the registered manager. They administered them to people in a discreet and respectful way. However, after giving people their medication, the registered manager did not stay with the person to ensure that they had taken their medication safely. The medication for two people was left on a side plate next to them whilst they were eating their lunch and was accessible to other people sitting at the communal tables. A third person's medication was given to them to put in a pot to take after their meal. Care home staff should administer medication to people at the point it should be taken and stay with the person to establish whether the medication has been taken or refused. This is in order to be able to complete an accurate record of a person's medication usage. Additionally, through our own observations and feedback from staff, it was evident that the recording of the medication administered for these people in their individual medication assessment records (MAR) was completed simultaneously at the end of the medication round, rather than individually after each specific administration. Care home staff should complete the MAR only when a person has taken their prescribed medicine, and the individual record should be completed before moving on to the next person. This is to reduce the risk of MAR's being recorded incorrectly. We raised this with the registered manager, who was aware that they were not following best practice guidelines, and the correct procedure for the administration of the medication as set out in the providers own policy and procedural documentation.

Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely. We also saw that regular auditing of medicine procedures had taken place. We checked the MAR charts of the six people and saw they were accurate. Nobody we spoke with expressed any concerns around their medicines. However, the above issues around medication administration and recording have been identified this as an area of practice that needs improvement.

We recommend the provider should take into account the National Institute of Clinical Excellence (NICE) guidance on 'Managing Medicines in Care Homes'. Additionally, we recommend the provider should take into account ongoing learning and development guides in adult social care by Skills for Care.

People were supported to be safe without undue restrictions on their freedom and choices about how they spent their time. Throughout the inspection, we regularly saw people moving freely around the service. The registered manager and staff adopted a positive approach to risk taking. Positive risk taking involves looking at measuring and balancing the risk and the positive benefits from taking risks against the negative effects of

attempting to avoid risk altogether. Risk assessments were in place which considered the identified risks and the measures required to minimise any harm whilst empowering the person to undertake the activity. For example, people were assessed to access the community and manage their own medication. The registered manager told us, "The ethos is that life is all about a certain amount of risk, people can do what they please. It's easy to let people make their own choices".

There were further systems to identify risks and protect people from harm. Risks to people's safety were assessed and reviewed. Each person's care plan had a number of risk assessments completed which were specific to their needs, such as mobility, risk of falls and medicines. The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk. We also saw safe care practices taking place, such as staff supporting people to mobilise around the service.

Staff had a good understanding of what to do if they suspected people were at risk of abuse or harm, or if they had any concerns about the care or treatment that people received in the home. They had a clear understanding of who to contact to report any safety concerns and all staff had received up to date safeguarding training. They told us this helped them to understand the importance of reporting if people were at risk, and they understood their responsibility for reporting concerns if they needed to do so. There was information displayed in the home so that people, visitors and staff would know who to contact to raise any concerns if they needed to. There were clear policies and procedures available for staff to refer to if needed.

Staffing levels were assessed daily, or when the needs of people changed, to ensure people's safety. The registered manager told us, "We have consistent staff who live locally. We've always had sufficient numbers. We've put on extra staff for example if somebody was receiving palliative care and wanted somebody to stay with them through the night". We were told that existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave. Feedback from people and staff indicated they felt the service had enough staff and our own observations supported this. One person told us, "There is always a member of staff nearby". A member of staff added, "This is the only home I know that is comfortable with staffing numbers". Another member of staff added, "There are enough staff here. If there were any more, there would be people hanging around".

Staff had been recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. The service had obtained employment references and employment histories. We saw evidence that staff had been interviewed following the submission of a completed application form.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm tests took place along with water temperature tests and regular fire drills were taking place to ensure that people and staff knew what action to take in the event of a fire. Gas, electrical, legionella and fire safety certificates were in place and renewed as required to ensure the premises remained safe. There was a business continuity plan. This instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property. People's ability to evacuate the building in the event of a fire had been considered and where required each person had an individual personal evacuation plan. Generic and individual health and safety risk assessments were in place to make sure staff worked in as safe a way as possible.

Is the service effective?

Our findings

People told us they received effective care and their individual needs were met. One person told us, "The staff are marvellous". Another person said, "The staff are competent and I feel that everyone knows their jobs and does them well". Another person added, "The food is excellent, very good".

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. Staff had knowledge of the principles of the MCA and gave us examples of how they would follow appropriate procedures in practice. Staff told us they explained the person's care to them and gained consent before carrying out care. Throughout the inspection, we saw staff speaking clearly and gently and waiting for responses. A member of staff told us, "We're very up to date with the MCA". Members of staff recognised that people had the right to refuse consent. The registered manager and staff understood the principles of DoLS and how to keep people safe from being restricted unlawfully. They also knew how to make an application for consideration to deprive a person of their liberty, and we saw appropriate paperwork that supported this.

Staff told us the training they received was thorough and they felt they had the skills they needed to carry out their roles effectively. Training schedules confirmed staff received essential training on areas such as, moving and handling, medication and infection control. Staff had also received training that was specific to the needs of the people living at the service, this included caring for people with Parkinson's disease and palliative care (end of life). Staff spoke highly of the opportunities for training. One member of staff told us, "The training is very good and we are always offered further training". Another member of staff added, "The training is very good and always available. We requested Parkinson's training and got it".

The provider operated an effective induction programme which allowed new members of staff to be introduced to the running of Bramble Cottage Retirement Home and the people living at the service. Staff told us they had received a good induction which equipped them to work with people. One member of staff told us, "The induction was very useful. I'd worked in care before, but no two homes are the same". The registered manager added, "The induction includes training, walk rounds and shadow shifts. New staff are put on the Care Certificate". The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

There was an on-going programme of supervision. Supervision is a formal meeting where training needs, objectives and progress for the year are discussed. Members of staff commented they found the forum of supervision useful and felt able to approach the registered manager with any concerns or queries. One

member of staff told us, "I get supervisions, it's useful, but I can speak up on a daily basis". Another member of staff added, "I get regular supervision, it's all ok".

People commented that their healthcare needs were effectively managed and met. They felt confident in the skills of the staff meeting their healthcare needs. One person told us how they had recently required a trip to hospital, they said, "The staff dealt with it very calmly, they were amazing. They all knew what to do and didn't panic". Staff were committed to providing high quality, effective care. One member of staff told us, "One person had not been well, I saw their deterioration and raised it with the deputy manager". Where required, people were supported to access routine medical support, for example, from an optician to check their eyesight. In addition, people had input into their care from healthcare professionals such as doctors and chiropodists whenever necessary. The registered manager added, "Staff would come to me with any concerns, no matter how small. We offer an escort service to take people to appointments".

People were complimentary about the food and drink. One person told us, "The food is tasty and of a good standard". Another person said, "The food is adequate and there is lots of it". People were involved in making their own decisions about the food they ate. Special diets were catered for, such as gluten free and culturally appropriate meals. For breakfast, lunch and supper, people were provided with options of what they would like to eat. The chef confirmed that alternative choices of meal were always available, and there were no restrictions on the amount or type of food people could order.

We observed lunch in the dining area. It was relaxed and people were considerably supported to move to the dining areas, or could choose to eat in their room. Tables were set with place mats, napkins and glasses. The cutlery and crockery were of a good standard, and condiments were available. The food was presented in an appetising manner and people spoke highly of the lunchtime meal. The atmosphere was enjoyable and relaxing for people. People were encouraged to be independent throughout the meal and staff were available if people wanted support, extra food or additional choices. Staff understood the importance of monitoring people's food and drink intake and monitored for any signs of dehydration or weight loss. People's weights were recorded monthly, with permission by the individual. Where people had lost weight, we saw that advice was sought from the GP.

Is the service caring?

Our findings

People were supported with kindness and compassion. They told us caring relationships had developed with staff who supported them. Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. One person told us, "The staff are so hard working and conscientious and will come any time, day or night". Another person said, "They [staff] are so kind". A further person added, "Nothing is too much trouble, they look after me very well indeed".

Positive relationships had developed with people. One person told us, "The staff are charming". Another person said of their regular care workers, "They are like best friends to me". Staff showed kindness when speaking with them. Staff took their time to talk with people and showed them that they were important. Staff always approached people face on and at eye level, they demonstrated empathy and compassion for the people they supported. Friendly conversations were taking place. Staff demonstrated a strong commitment to providing compassionate care. From talking to staff, they each had a firm understanding of how best to provide support. The registered manager told us that staff ensured that they read people's care plans in order to know more about them. We spoke with staff who confirmed this was the case and gave us examples of people's individual personalities and character traits.

Bramble Cottage Retirement Home had a calm and homely feel. Throughout the inspection, people were observed freely moving around the service and spending time in the communal areas. People's rooms were personalised with their belongings and memorabilia. People were supported to maintain their personal and physical appearance, and were dressed in the clothes they preferred and in the way they wanted.

The registered manager and staff recognised that dignity in care also involved providing people with choice and control. Throughout the inspection, we observed people being given a variety of choices of what they would like to do and where they would like to spend time. People were empowered to make their own decisions. They told us they that they were free to do very much what they wanted throughout the day. They said they could choose what time they got up, when they went to bed, how and where to spend their day, what they wanted to wear and how their care was delivered. One person told us, "They [staff] listen to you and always ask me if I'm ok and do I want anything". Staff were committed to ensuring people remained in control and received support that centred on them as an individual. One member of staff told us, "Nothing is set in stone, nothing is regimented, you can have a cup of tea when you want. If you want to have breakfast and go back to bed, that's fine, it's about what they want". Another member of staff said, "It's automatic to offer choice, it's about constantly asking questions" The registered manager said, "People's choices are recorded in care plans, what time you would like breakfast, how early you would like a cup of tea and choices around how people spend their day".

There were arrangements in place to protect and uphold people's confidentiality, privacy and dignity. Members of staff had a firm understanding of the principles of privacy and dignity. As part of staff's induction, privacy and dignity was covered and the registered manager undertook competency checks to ensure staff were adhering to these principles. They were able to describe how they worked in a way that protected people's privacy and dignity. One member of staff told us, "We always knock on doors, even if it's

with our elbows because we're carrying a tray". People confirmed this, and we saw doors were closed and staff knocking before entering anybody's room. One person told us, "The staff are very polite and pleasant". Care records were stored securely. Confidential information was kept secure and there were policies and procedures to protect people's confidentiality. Staff had a good understanding of privacy and confidentiality and had received training pertaining to this.

Staff supported people and encouraged them, where they were able, to be as independent as possible. One member of staff told us, "We always encourage people, for example to have bath. It's all about promoting what they can do". Another member of staff said, "I'm always asking, do you want help, or shall we do it? It definitely helps their independence". The registered manager added, "Staff know to encourage independence. It may take longer, but it's important to improve skills and better health".

People were able to maintain relationships with those who mattered to them. Visiting was not restricted and guests were welcome at any time. People could see their visitors in the communal areas or in their own room. The registered manager told us, "People can visit at any time and visitors can have lunch with us".

Is the service responsive?

Our findings

People told us they were listened to and the service responded to their needs and concerns. People had access to a range of activities and could choose what they wanted to do. One person told us "They always ask me if I'm happy and I reply that I couldn't be happier". Another person said, "I would speak to [registered manager] if I needed to complain, but it's very unlikely I would need to, as they are too observant of everything that is happening". A further person added, "The activities make a nice break".

There was regular involvement in activities. Activities on offer included a popular weekly quiz, gentle exercises, recitals and themed events with external entertainers. One person told us, "I join in with whatever is going on. The quiz in particular is excellent, and we can do crosswords every night". Meetings with residents were held to gather peoples' ideas, personal choices and preferences on how to spend their leisure time. On the day of the inspection, we saw activities taking place for people. We saw people being entertained by a visiting singer. People were clearly enjoying the activity and it engaged several other people in the room. Feedback from people who attended the activities was gathered, which enabled staff to provide activities that were meaningful and relevant to people. The service also supported people to maintain their hobbies and interests, for example one person had an interest in sports and planned their day around sporting events on a specific television station that had been installed for them to watch. Another person enjoyed accessing an exercise class and others had an interest in painting that was catered for. The service also published a newsletter called the 'Bramble Ramble' that contained details of local events, such as football reports and additionally informed people of when certain activities would be taking place.

We saw that people's needs were assessed and plans of care were developed to meet those needs, in a structured and consistent manner. Paperwork confirmed people or their relatives were involved in the formation of the initial care plans and were subsequently asked if they would like to be involved in any care plan reviews. Care plans contained personal information, which recorded details about people and their lives. Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person centred care.

Each section of the care plan was relevant to the person and their needs. Areas covered included; mobility, nutrition and personal care. Information was also clearly documented regarding people's healthcare needs and the support required meeting those needs. Care plans contained detailed information on the person's likes, dislikes and daily routine with clear guidance for staff on how best to support that individual. For example, one care plan stated that they did not want to eat green vegetables or complete a personal life history. Another care plan stated that a person preferred a male care worker when having a bath.

The registered manager told us that staff ensured that they read peoples care plans in order to know more about them. We spoke with staff who confirmed this and gave us examples of people's individual personalities and character traits that were reflected in peoples care plans. One member of staff told us, "I took the time to read the care plans. If they were missing any information, we'd say". Another said, "The care

plans are fine, you get to know people. I can tell you everything about what people like and dislike".

There were systems and processes in place to consult with people, relatives, staff and healthcare professionals. Satisfaction surveys were carried out, providing the registered manager with a mechanism for monitoring people's satisfaction with the service provided. Feedback from the surveys was on the whole positive, and changes were made in light of peoples' suggestions.

People and relatives were aware of how to make a complaint and all felt they would have no problem raising any issues. One person told us, "Oh yes [the complaints procedure] it's printed in the handbook, but I can't imagine ever needing to complain". The complaints procedure and policy were accessible and displayed around the service. Most people we spoke with told us they had not needed to complain and that any minor issues were dealt with informally.

Is the service well-led?

Our findings

People and staff all told us that they were satisfied with the service provided at the home and the way it was managed. Staff commented they felt supported and could approach the registered manager with any concerns or questions. One person told us, "She [registered manager] is excellent. Wonderful and very competent". Another person said, "[The registered manager] is very well organised and always has the time to listen". A further person added, "Everything is naturally open and it doesn't need to be formal".

We discussed the culture and ethos of the service with the registered manager and staff. The registered manager told us, "This is a homely home where people can have as many choices as they like. We provide everything we can that they would have in their own home. We have a good staff team, we are very good. They never cut corners and have good standards of work. They have been here a long time, but their standards stay the same, as mine do. You can't be complacent". One person supported this and told us, "You wouldn't get a better place than this". A member of staff added, "There should be more homes like this. I'd put my relatives here and come here myself. It's the resident's home, if they are happy then we are happy". In respect to staff, the registered manager added, "We have a stable management group. I'm fair and flexible and staff won't wait, they'll come and talk to me. They are well supported". Staff said they felt well supported within their roles and described an 'open door' management approach. One member of staff said, "I can approach [registered manager] at any time". Another said, "[The registered manager] always listens to us and has always got our backs. She will help out on the floor, it's comfy here".

People were actively involved in developing the service. We were told that people gave feedback about staff and the service. We saw that people had been involved in choosing specific foods for the weekly menu, such as having croissants for breakfast, and also in including details of the daily activities in the in-house newsletter. Staff were encouraged to ask questions, make suggestions about how the service is run and address problems or concerns with management. We were given an example whereby through feedback from staff, changes had been made to the size of documents used to record care procedures, in order to be able to record more information. The registered manager told us, "We are always looking for feedback. We ask staff all the time for ideas about improvements. They are not frightened of giving ideas". A member of staff said, "We get regular meetings and we all communicate. This is the best place I've ever worked". Staff were aware of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. We saw that policies, procedures and contact details were available for staff to do this.

Management was visible within the service and the registered manager worked alongside staff which gave them insight into their role and the challenges they faced. The registered manager told us, "We have good lines of communication. I'm completely happy for staff to involve me in their decision making". The service had a strong emphasis on team work and communication sharing. There were open and transparent methods of communication within the home. Staff attended daily handovers. This kept them informed of any developments or changes to people's needs. One member of staff told us, "The handover meeting is a good time to find out what I need to know for my shift". Another member of staff said, "We are definitely a good team and it's all about the communication". Staff commented that they all worked together and

approached concerns as a team. One member of staff said, "If anything comes up we all help each other".

The provider undertook quality assurance audits to ensure a good level of quality was maintained. We saw audit activity which included medication, care planning and infection control. The results of which were analysed in order to determine trends and introduce preventative measures. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered. Accidents and incidents were reported, monitored and patterns were analysed, so appropriate measures could be put in place when needed. Mechanisms were in place for the registered manager to keep up to date with changes in policy, legislation and best practice. The registered manager was supported by the provider and up to date sector specific information was also made available for staff.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The manager was also aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.