

Spiral Health C.I.C

# Bispham Gardens

## Inspection report

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06 September 2018

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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

This inspection visit took place on 03 and 06 September 2018 and was unannounced on the first day.

Bispham gardens is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Bispham Gardens Nursing Home is registered to provide accommodation for persons who require nursing or personal care and treatment of disease, disorder or injury for up to 28 people. Accommodation is on the ground floor. There are several communal areas including a quiet lounge, conservatory and dining area. At the time of our inspection visit there were 23 people who lived at the home.

There was a registered manager in place. 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.

At the last inspection in December 2017, we found four breaches of regulation. We found breaches in the regulations related to Safe care and treatment, good governance, safeguarding and person-centred care. We issued requirement notices for these breaches in regulation. In addition to the requirement notices we made recommendations related to dignity, consent, decision making, staff deployment, management of complaints and supervision

Following the inspection in December 2017 we asked the registered provider to act to make improvements in the areas we had noted. The registered provider was required to send the CQC an action plan, outlining how they intended to make improvements. We used this inspection process carried out in September 2018 to check the action plan had been followed and improvements made.

At this inspection, we looked at the storage, administration and documentation around medicines and found these followed best practice guidance. However, we noted best practice was not consistently followed around medicine administration. The registered manager told us this would be addressed using supervision and retraining.

The service had systems to record safeguarding concerns, accidents and incidents and acted as required to make improvements and minimise future risks. The service monitored and analysed such events to learn from them and improve the service. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices. The registered provider had reported incidents to the Care Quality Commission when required.

The registered manager had robust systems to ensure people's care, treatment and support was delivered

in accordance with best practice guidance and current legislation. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Policies and systems in the service supported this practice.

Care plans held information that guided staff on people's likes dislikes and health conditions. People told us they had access to healthcare professionals and their healthcare needs were met. Documentation we viewed showed people were supported to access further healthcare advice if this was appropriate.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care.

Staff deployment was organised with staff being allocated daily tasks. However, there was mixed feedback on staffing levels.

We observed positive interactions between staff and people at Bispham Gardens. Staff used humour and appropriate touch and treated people with respect and patience.

Staff we spoke with told us they felt supported by the management team and were encouraged with their personal development.

Staff we spoke with confirmed they did not commence in post until the registered manager completed relevant checks. We checked staff records and noted employees received induction and ongoing training appropriate to their roles.

There was a complaints procedure which was made available to people and visible within the home. People we spoke with, and visiting relatives, told us any concerns raised had been addressed by the registered manager.

The management team used a variety of methods to assess and monitor the quality of the service. These included regular audits, staff meetings and daily discussions with people who lived at the home to seek their views about the service provided. People told us the management team were approachable and the registered manager took regular walks around the home to assess the environment.

We looked around the building and it was clean and safe place for people to live. We found equipment and the environment had been serviced and maintained as required.

Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection. We found supplies were available for staff to use when required.

Staff delivered end of life support that promoted people's preferred priorities of care.

We observed interactions over lunch time and noted people had their meal in the dining room or in their bedroom. We received mixed feedback on the food available.

People told us there were a range of activities provided to take part in if they wished to do so. There was a comprehensive daily and weekly activities schedule at the home. We observed activities taking place and saw these were enjoyed by people who participated.

## 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 safe.

Staff understood how to keep people safe from abuse.

People who lived at the home and their relatives told us people were safe. Recruitment procedures were in place to assess the suitability of staff.

Risks to people were considered and care plans developed to maximise their independence taking the risks into account.

Medicines were stored, and recorded safely.

The home was clean and well maintained. We observed staff use personal protective equipment to protect people from infection.

Good ●

### Is the service effective?

The service was effective.

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

Care staff had the training they needed to support people effectively.

People ate a balanced diet, had enough to eat and drink and could access the healthcare services they needed.

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

Good ●

### Is the service caring?

The service was caring.

We saw staff were kind to people and people we spoke with confirmed this was the case. Staff respected people's privacy and dignity. We observed staff knocking on people's doors before

Good ●

entering and doors were closed before support was offered.

People were supported to maintain relationships with family and friends.

Care records promoted people's uniqueness, and people told us they were involved in planning and making decisions about their care.

People's end of life care wishes were discussed and documented.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Care plans consistently reflected people's current needs.

The registered manager and care staff placed people at the centre of their care.

There were a range of daily and weekly group and one to one activities for people to participate in.

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

### **Is the service well-led?**

**Good** ●

The service was well led.

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

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

The registered provider had systems and processes to monitor and make improvements.

# Bispham Gardens

## Detailed findings

### Background to this inspection

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

Prior to the inspection taking place, information from a variety of sources was gathered and analysed. This included speaking with the commissioning groups responsible for commissioning care, health professionals and Healthwatch. Healthwatch is a national independent champion for people who use healthcare services. We used the information provided to inform our inspection plan.

We reviewed information held upon our database about the service. This included notifications submitted by the registered provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people.

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

This comprehensive inspection took place on 03 and 06 September 2018. The first day of the inspection was unannounced. The inspection was carried out by one adult social care inspector, a specialist advisor who was a nurse and an expert-by-experience. The 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 a background supporting older people.

Throughout the inspection process we gathered information from a number of sources. We spoke with four people who lived at the home and eight relatives of people who lived at the home to seek their views on how the service was managed. We also spoke with the registered manager, deputy manager and three members of the senior management team. We spoke with five members of staff responsible for providing direct care, one chef, the kitchen assistant and the head of maintenance. We activated the call bell three times during

our visit to assess staff availability and response times.

As part of the inspection process we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

To gather information, we looked at a variety of records. This included care plan files related to nine people who lived at the home. We observed the administration of medicines and looked at administration and recording forms related to the administration of medicines and topical creams. We also looked at other information which was related to the service. This included health and safety certification, training records, team meeting minutes, policies and procedures, accidents and incidents records and maintenance procedures.

We viewed recruitment files relating to five staff members and other documentation which was relevant to recruitment including Disclosure and Barring Service (DBS) information. We looked around the home in both communal and private areas to assess the environment and check the suitability of the premises.

# Is the service safe?

## Our findings

At the last inspection carried out in December 2017 we found the registered provider had failed to manage and administer medicines safely. They had also failed to assess and do all that was reasonably practicable to lessen identified risks. These findings demonstrated a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014 (Safe care and treatment).

During this September 2018 inspection we looked at the storage and administration of medicines. Each person had an individual medication assessment. We observed medicines being administered on both days of our inspection. Whilst good practice was sometimes considered this was not consistent. For example, recording of the administration of medicines did not always follow good practice guidance. We spoke with the registered manager who identified a training need for the staff member concerned.

The clinic room where medicines were stored, medications and relevant documentation were checked. The room was well organised and all medications were clearly labelled for each person. There was a controlled drugs book and this was used to monitor their administration as per good practice guidelines. Controlled drugs have stricter legal controls to prevent them being misused and causing harm. Recording sheets, we looked at clearly identified the person requiring medicines, how and when to administer the medicine.

We looked at staffing levels and staff deployment to make sure there were sufficient numbers of staff to meet people's needs and keep them safe. At the last inspection we recommended the registered provider review staffing levels and staff deployment. At this inspection the registered manager showed us how they had introduced an allocation of tasks sheet that guided staff on where they were working and what they were doing. They told us, "I don't like to micro – manage, it is not a blame culture but this gives me a trail of what staff have done."

Feedback on staffing levels was mixed from people and relatives. One person told us, "Can't grumble about staffing levels, they are good and the staff are courteous." A second person said, "Staffing levels have improved." However, a third person commented, "They are short staffed but the ones they have are very good." A fourth person said, "There should be at least another two (staff)." A relative commented, "Yes, but there has been the odd occasion when they have been let down but it never gets to a situation where we think it is dangerous." On the days we visited there were five care staff available to support 23 people. Staff we spoke with told us when the shifts are fully staffed they felt there was enough staff to support people safely. We shared the mixed feedback with the registered provider as part of our inspection process. They told us staffing levels were regularly reviewed. They also shared their reliance on agency staff had been significantly reduced and most of care was provided by contracted staff.

At this inspection we monitored response times when people used the call bell. We pressed the call bell three times and noted staff responded in a timely manner. One person and two relatives told us response times had improved. A second person commented, "I pulled the on call by mistake and staff came running." We noted there was ongoing audits of response times by a member of management and any concerns raised were investigated.



We looked at how the registered provider managed risk so people's safety was monitored and managed.

We looked at how risks are assessed and monitored and if people were protected by the prevention and control of infection. We observed staff wore personal protective equipment such as gloves and aprons when appropriate.

Two people required support to manage their continence needs and we looked at daily records to see what monitoring was in place to guard against infection and dehydration. The nurse had information and pictures in the clinic room they used to highlight good continence care and what staff should look out for and monitor. The records were updated by the staff on each shift with good systems for monitoring and staff could discuss what things they would look for to highlight any concerns. Care plans also contained assessments on skin and nutrition care.

The chef we spoke with about risk management could share who required blended meals and who had any food allergies. The kitchen assistant instructed us on who had thickened drinks, how they should be made and where the thickening powders should be stored. However, we did note the communal kitchen was unlocked at the beginning of day one of our inspection and thickening powders were stored there and accessible in an unlocked cupboard. We spoke with the registered manager who told us this had been identified as a risk and they had requested a lock on the cupboard door and the kitchen door should have been closed and locked. We noted the kitchen was secured during the rest of our visit and we received information after our visit that a lock had been installed on the cupboard to keep people safe.

We looked at how the registered provider managed risk in relation to emergency situations. We noted people living at Bispham Gardens had personal emergency evacuation plans (PEEPs). A PEEP is a personalised 'escape plan' for individuals who may not be able to reach an ultimate place of safety unaided, or within a satisfactory period in the event of any emergency. There was a fire plan and routine fire safety checks took place and were recorded appropriately. This showed the registered provider had systems to manage risk and were responsive in taking action to keep people safe when things go wrong.

We looked at recruitment to ensure staff had been recruited safely. We spoke with three staff members and they were complimentary about the recruitment process. They all confirmed they had undertaken all necessary checks as part of their employment process. They all confirmed they had not delivered any support to people before appropriate DBS clearance had been received. A valid DBS check is a statutory requirement for all people providing personal care within health and social care. This showed us procedures reflected good practice guidance. However, an internal audit by the registered provider had highlighted their recruitment process had not been fully implemented. They had found, and we noted on inspection, gaps were found within some employment histories and not all recruitment records held evidence related to second references.

We spoke with the human resources manager who told us a new recruitment team was in place and action was being taken to fill all employment gaps. The registered provider had put in place a robust new starter checklist that would ensure all required evidence is in place and verified prior to new employees starting work. This showed the registered provider had made changes to promote improvement and learn from what had gone wrong.

Every person we spoke with told us they felt safe living at Bispham Gardens. One person told us, "Very safe and the staff are wonderful, very good." One relative told us, "[Relative] is 100% safe." A second relative told us, "[Relative] is always turned safely, by two staff."

We asked what practices were in place to keep people safe and ensure staff knew what abuse and poor practice was. We did this to ensure people were protected from abuse and harassment. Staff told us they had received safeguarding training and were able to explain what they would do if they believed someone was at risk or receiving care and support that was abusive. Staff told us they received training on how to safeguard people who may be vulnerable. We spoke with staff about safeguarding people from abuse. They could tell us what action they would take should they suspect or witness any poor practice taking place. One staff member told us, "I would talk with [deputy manager] they are easy to go to and they listen." This indicated the registered provider had systems to educate staff on processes and practices to safeguard people who may be vulnerable.

## Is the service effective?

### Our findings

At the last inspection in December 2017 we found the registered provider had not consistently acted in accordance with the requirements of the Mental Capacity Act 2005 (MCA) and associated code of practice. These findings demonstrated a breach of Regulation 13 of the Health and Social Care Act (Regulated Activities) Regulations 2014 (Safeguarding).

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 interest and legally authorised under the MCA 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA 2005.

At this inspection we noted the registered manager had received up to date MCA training and had forecast training for other members of the management team. We noted ongoing communication had taken place with lead practitioners within the local authority and the registered provider was working lawfully in accordance with legislation. Where applications to implement restrictions had been submitted the registered manager had a system to seek updates on their progress.

Staff had access to an easy read guide to DoLS which included contact telephone numbers should they wish to seek additional information. The registered manager also had a 'thought for the day' which had included picture guidance to staff that everyone should be presumed to have capacity. We noted care plans had been reviewed and people receiving support and or their relative had met with the registered manager or a nurse to review and agree the care being offered. One relative commented, "They are pretty good [staff], they always ask before they do anything." This showed the registered manager had systems to promote staff awareness and ensure consent to care is sought in line with legislation.

At the last inspection we raised concerns staff were not consistently supported to keep their professional practice updated. At this inspection we noted there was a framework to ensure staff had regular one to one supervision meetings with a member of the management team. Supervision was a one-to-one support meeting between individual staff and their manager to review their role and responsibilities. The process consisted of a two-way discussion around professional issues, personal care and training needs. Staff we spoke with told us they felt supported and had regular meetings with a member of management. Staff also said the management team were very supportive and they felt they could speak to anyone at any time should they need to. About the registered manager one staff member told us, "We have a manager that listens." This indicated the registered provider had systems to support staff to deliver effective care.

To assess if staff had the skills and knowledge to support people effectively we looked at how they received

formal and informal training to complete their role successfully. Staff told us they received induction training before they worked supporting people. They also said they worked alongside experienced staff to gain knowledge on the role and the people they would be supporting. One staff member told us, "My training is up to date, there is a lot of training." A second staff member told us, "In my last supervision we spoke about me completing a diploma in health and social care."

All the people we spoke with said staff were extremely knowledgeable about all their needs. One person told us, "They are very good, I have no problems with any of them." A relative said, "They [staff] are very good." A second relative commented, "They [staff] have all had fantastic training." This indicated the registered manager had systems to ensure staff received training to meet people's needs.

As part of the inspection, we observed people receiving their meals and visited the kitchen. We noted the kitchen was clean, tidy and well stocked with fresh food. We were told all meals were home cooked and freshly prepared. The chef was aware of food preferences and which people were on special diets or soft foods. We saw one note stating one person 'does not like anything from the sea.'

There were cleaning schedules to guide staff to ensure people were protected against the risks of poor food hygiene. The current food hygiene rating was displayed advertising it's rating of five. Services are given their hygiene rating when a food safety officer inspects it. The top rating of five meant the home was found to have very good hygiene standards.

We observed lunch in the dining room. The dining room was clean and spacious. The tables were neatly laid out. People could choose where to eat, either in their rooms or the dining room. All the meals were produced in the kitchen and served from hot plates in the dining room by the chef.

The atmosphere was relaxed and nobody was rushed. The staff were very encouraging and polite always. People were offered alternative meals if they did not want what was on the menu and a variety of drinks were available throughout the mealtime.

We spoke with people and relatives about the food at Bispham Gardens. One person told us, "It's very good the food and reasonable portions." A second person commented, "The meals are very good. The chef always comes and gives you a choice." A third person said, "They have been very good with my food, I have [two ongoing health conditions] but I have put on two and a half stone since I have been here." One relative commented about the food, "My [family member] has slowly put on weight since she came here, and they weigh her once a week." A second relative commented, "I am always here at lunch time and the meals are fantastic. [Family member] really enjoys them." However, one relative told us, "The food used to be hit and miss but has improved under the new manager." A second relative told us the food options at times were not suitable, for example burgers and fish fingers. We shared the feedback we received with the registered manager who told us menus were regularly reviewed.

We saw evidence of health and social care professionals being consulted with to promote people's health. This included GP's, dietitians and specialist nursing teams. Individual care records showed health care needs were monitored and action taken to ensure timely action was taken to meet people's needs. For example, one person had chosen to act against medical advice. We noted evidence of consultation with health practitioners and family involvement. A second person required medicines administered outside of the normal procedure. We saw documentation from the GP showing this had been discussed. All the people we spoke with said the staff would notice if they were unwell and they were supported to see a doctor if they needed one. One relative told us, "They are very good at that [seeking medical advice]." This showed the registered provider had systems to access healthcare professionals when required and support people to lead healthier lives in line with current best practice.

We had a look around Bispham Gardens to see if the design and décor of the building was suitable for people living there. There was keypad secured access from reception into the main part of the home. The rooms that contained medicines and hazardous materials were locked when not in use. Corridors were free from obstructions allowing people who wanted to walk independently the freedom to do so with minimal risk. Call bells were near to hand when people were in their rooms both which promoted independence and managed risk for people. We saw dementia friendly signage throughout the home that promoted comprehension for people living with dementia and guided them around the home. The home was very clean, bright and well maintained. Rooms were individualised with photographs and pictures from relatives and supported people's wellbeing and sense of belonging. One person told us, "This is my home so I have what I want on the walls, I love it."

## Is the service caring?

### Our findings

At the last inspection in December 2017 we raised concerns that language used by staff did not consistently promote people's dignity. At this inspection we saw no evidence of any concerns. On the contrary we observed positive interactions between people and staff and the language used by staff was respectful and caring.

Everyone we spoke with said staff were caring and kind. One person told us, "They do listen and they are friendly as well." A second person commented, "They never lose their patience with anyone." One relative said, "They [staff] are really good." A second relative stated, "I don't think the manager would have them if they were not caring. Since she came they all have smiles on their faces."

The ethics and values that underpin good practice in social care, such as autonomy, privacy and dignity, are at the core of human rights legislation. We noted several supportive interactions took place so people felt valued, supported and respected. People were encouraged to be independent. One person told us, "I am an independent person." A relative confirmed, "They let [family member] walk where she can."

Everyone we spoke with said the people's privacy and dignity were respected at all times. We observed that staff always knock on residents' doors and looked round the door before entering. We saw staff had an appreciation of people's individual needs around privacy and dignity. We observed bathroom doors were closed before support was offered. One person told us, "They are very good with my privacy." A relative confirmed, "They always take [family member] to her room and close the door and draw the curtains [regarding personal care]."

We observed people being offered choices around meals and where they wished to be within the home. Humour was used by both staff and people living at Bispham Gardens to cement their relationships. One person showed us a gift they had received from a member of staff. They shared their happiness that the staff member had thought about them and brought a gift that reflected the person's interests.

People were appropriately dressed and looked well cared for; indicating staff had taken time to support people to project a positive image. We observed staff made good use of touch and eye contact when they spoke with people, we saw this helped them to relax. People were called by their preferred names and it was evident staff knew people well.

Care plans seen and discussion with people and their family members confirmed they had been involved in the care planning process. One person said, "They have given me a copy and my daughter is going through it." A relative commented, "They printed it out for me and we signed it off." And a second relative told us, "Yes we have agreed it." The plans contained information about people's needs as well as their wishes and preferences. This ensured staff had up to date information about people's needs. We saw people were having, 'My life story' folders created to share with staff. These included significant life events, photographs of family and friends and information related to people's life, their likes and past hobbies. A staff member told us, "It is good to get people and their relatives involved and shows staff another side to people."

We discussed advocacy services with the registered provider. They confirmed should advocacy support be required they would support people to access this.

## Is the service responsive?

### Our findings

At the last inspection in December 2017 we noted the registered provider had failed to ensure people's written plans of care included personalised treatment plans which were available to all staff who provided care. These findings demonstrated a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014 (Person centred care).

At this inspection we noted improvements had been made. Everyone living at Bispham Gardens had met with a member of the management or nursing team and had their plan reviewed. One nurse who took part in the care plan reviews told us, "We sit with the person and their family and collect the bare bones of the plan. We draft it, and give it back to the family and person to review and then they get back to me to personalise it. The plan has the information in it staff need to know to care." People and relatives confirmed they had participated in the completion of their care plan.

Each care plan we looked at was structured and gave a good oversight of the person and their history. There were comprehensive assessments and these were personalised to the individuals' choices and wishes. One person who was returning home after a short stay told us, "They visited me and did a pre-assessment before I came. Felt like I was given the red carpet treatment. Nothing was too much trouble."

Staff we spoke with knew people well which enabled them to provide care that took account of people's personal routines and their likes and dislikes. For example, one person disliked hospitals and this was impacting on treatment they required. The registered manager arranged for the small surgical procedure required to be carried out within the person's bedroom. This showed the registered provider took a responsive approach to ensure the person had their care needs met.

The registered provider looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

We noted one person had been provided with communication cards in an attempt to enhance their communication. A second person had care notes making staff aware of their emotional wellbeing. To promote positive communication we read, 'Hi my name is [person's name] I have Alzheimers which makes me scared. Please explain to me what you are going to do before you do it.' A third person was identified as living with anxiety and staff were guided to use short sentences and give time and wait for a response and then to evaluate the response to ensure the person had understood what was said. This indicated the registered provider had taken steps to ensure people received information in a way they could understand, and staff were responsive to their communication needs.

The service had a complaints procedure which was made available to people supported and their family members. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. The complaints procedure was advertised in the communal



area of the home. It advertised the contact details of alternate organisations should people not wish to deal directly with the provider. We saw the service had a system for recording incidents and complaints. This included recording the nature of the complaint and the action taken by the service. We saw evidence the registered provider was dealing with complaints in a structured and timely manner. People and their relatives told us they knew how to make a complaint if they were unhappy about anything. One person told us, "Everything I have said has been acted upon." A second person said, "We have a manager that listens and takes action."

We looked at activities at the home to ensure people were offered appropriate stimulus throughout the day. Bispham Gardens employed a member of staff whose role was to co-ordinate activities for people. They told us they worked with people in group activities and visited people in their rooms for one to one time. On the days we visited we saw craft activities taking place and a keyboard player visited in the morning. The keyboard player also took part in the afternoon activity based in the reception café area. This was 'singing for the brain' which was a local community activity for people living with Alzheimer's and their families and friends. 'Singing for the brain' uses singing to bring people together in a friendly social environment. We noted one person who lived at Bispham Gardens accompanied by a member of the management team took part in the karaoke.

We asked about activities at Bispham Gardens and received mixed feedback from people and their relatives. One person told us, "There is a very good lady who does activities with us and takes us on day trips." One relative commented, "They do need more activities and what they have are not brilliant." A second relative stated, "[Family member] cannot do much but they did take us to the zoo." We saw one person with their families' support had planted flowers in a raised bed in the grounds. A second person had a window box attached to their bedroom window to watch birds feeding and a relative had provided an electronic bingo machine to play bingo (which was advertised on the monthly activity timetable). We also saw photographs of trips out to the local towns and cinema and activities around reminiscence related to people's background and upbringing. We noted forthcoming trips were planned to visit shows and travel through Blackpool illuminations. This showed the registered provider was providing meaningful activities to boost people's wellbeing and improve their quality of life.

We asked about end of life care and how people were supported sensitively during their final weeks and days. The registered manager told us they had previously worked at the hospice and would be sharing their knowledge and experience with staff. They stated they would be liaising with the local hospice to access appropriate training. We saw the registered provider had a 'Future wishes' form for people to complete. The document was to be used to gather information on people's preferences on their end of life care. Questions included, 'where would you liked to be cared for? And what is important to you?'

We also noted people had the opportunity to document what they would not like to happen when their health deteriorates. The registered provider also recorded if people had a Do Not Attend Cardio-Pulmonary Resuscitation decision (DNACPR) in place. The purpose of a DNACPR decision is to provide immediate guidance on the best action to take (or not take) should the person suffer cardiac arrest or die suddenly. This indicated the registered provider included end of life care, incorporating people's wishes within the personalised care they delivered to people who lived at Bispham Gardens.

## Is the service well-led?

### Our findings

The last inspection of Bispham Gardens in December 2017 occurred in part due to the clinical concerns and safeguarding notifications received. As part of our regulatory role we inspected to see if the leadership, management and governance within the home delivered high quality care and support within an open fair and transparent culture.

We found at that time the registered provider did not have processes to consistently assess, monitor and improve the quality and safety of the services provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014 (Good governance).

At this inspection the service had developed and implemented procedures to monitor the quality of the service provided. Regular audits had been completed. There was a new care planning system that held up to date information. The care documentation within the system was reviewed and audited by the nurses. The deputy manager was responsible for the oversight of medicines and there was call bell monitoring overseen by the business support manager. The maintenance person had a schedule of checks including temperature checks and emergency lighting.

Records showed and discussions with the registered manager confirmed, where areas for improvement were identified, these were analysed and addressed accordingly. The registered manager told us, "There is no point in completing audits if you are not going to use the information. I use the information as a teaching tool with staff." This showed the registered provider had identified clear roles and responsibilities to ensure sustainability and safety within the service.

At the last inspection there was no registered manager in post. At this inspection there was a registered manager at the home. About the manager and management one person told us, "The manager comes around regularly." A second person said, "If she [registered manager] says she will do something, she does it." A relative commented, "It is a heck of a difference in the last 12 months, there is more of a team spirit."

About the management team one staff member commented, "[Registered manager] knows what she is doing, and [deputy manager] is brilliant." A second staff member said, "[Registered manager] knows what she is doing as a nurse and a manager. She always listens and I am lucky to have her on my side." A third staff member said, "[Registered manager] has made a positive difference to the home and staff want to stay here."

We saw records of meetings where residents and relatives were encouraged to share their views and experiences of the service and make suggestions about how the service was delivered. This also gave a platform for the registered manager to share important information about goings on at the home and any planned changes. Bispham Gardens had plans to extend the home and increase the amount of people they cared for. This showed the service continually sought feedback and was open to making changes and improvements to the service provided.

Staff were communicated with on a regular basis. Daily handovers took place each day so that individual needs and concerns could be addressed and discussed in a timely manner. Team meetings also took place. We reviewed minutes from two team meetings and saw staff were consulted with for their views and opinions on how the service could improve. One staff member told us, "We talk about what we can do to improve." A second staff member commented, "You get to know first hand what is going on."

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including GPs and district nurses. The registered manager told us they were attending training related to nurse leaders in social care. We asked what impact that would have on the care and support people received. They told us they would be kept up to date on relevant social care legislation and best practice and it would make them a better leader.

We found the registered manager knew and understood the requirements for notifying CQC of all incidents of concern and safeguarding alerts as is required within the law. We noted the provider had complied with the legal requirement to provide up to date liability insurance. There was a business continuity plan to demonstrate how the provider planned to operate in emergency situations. The intention of this document was to ensure people continued to be supported safely under urgent circumstances, such as the outbreak of a fire.

The management was open, transparent and co-operative throughout the inspection process. The service had on display in the reception area of their premises their last CQC rating, where people could see it.