City of Bradford Metropolitan District Council

Beckfield

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Our unannounced inspection took place on 9 and 10 November 2017. At our last inspection 21 September 2016 we rated the service as 'requires improvement' and identified breaches of regulation related to safe care and treatment, need to consent and care planning documentation. Following the last inspection, we asked the provider to complete an action plan to show what they would do and the timescales involved to improve the key questions regarding being 'safe' 'effective' and 'well-led'. At this inspection we found the provider had made some improvement. However more improvements are required to ensure the service is fully 'safe' and 'responsive'.

Beckfield is registered to provide accommodation and personal care to a maximum of 35 older people. Accommodation is provided on four floors and is split into four separate units. The home provides long term care, intermediate care and respite (short term) care. People living at Beckfield also have access to a day centre, which is attached. The home is on the outskirts of Bradford City Centre.

At the time of our inspection the service had a manager who was going through the registered manager's process. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People who used the service felt safe and we found staff knew how to recognise and report concerns about people's safety and welfare. Safeguarding policies and procedures were in place and risk was well assessed. We saw guidance in place to ensure risks were minimised with as little impact as possible on people's independence.

Staff were recruited safely as we found the necessary checks were carried out in line with the provider's policy. Staff were on duty in sufficient numbers to provide timely care and support; including ensuring people could maintain their independence as much as possible.

Staff told us training was good and gave them the required skills to offer safe and effective support. Staff received effective support in the form of an induction programme, on-going training and appraisals.

The home was clean and the environment was well maintained. Gloves and aprons were readily available and seen to be used by staff when providing personal care.

Overall, we found medicines were safely managed. Medicines administration charts were well completed. However, the time taken for staff to respond to requests for medicines needed improving. Also the manager needs to ensure staff members remind people to take their medication when they are away from the home so that people are getting their medication when required.

People were happy with the food. People received a nutritionally balanced diet and were offered sufficient fluids to keep them hydrated. Culturally appropriate diets were supported.

People's health care needs were supported with access to a range of professionals including GPs, district nurses and physiotherapists. Appropriate equipment was in place to meet people's health care needs.

The service was working in line with the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) which helped to make sure people's rights were protected and promoted. People's rights to choose and make decisions were supported in accordance with good practice and legislation. Staff asked people's consent before any care or support was given.

People were treated with kindness and compassion. There was a clear emphasis on people's individuality, dignity and independence. There was a lively and homely atmosphere and we saw people and staff knew each other well. People's cultural and communication needs were well met.

Care plans were regularly reviewed, however some information was missing from some people's care plans. They also need to record clearly who is involved in the care reviews. The manager acknowledged more work is required with care records. We have made a recommendation about care records not kept up to date and accurately reflecting the care given.

There was a good approach to planning and supporting activities which people wanted to participate in.

People were provided with information about how to make complaints. Complaints were documented and evidenced actions taken as a result.

There was a clear vision for the service, and we saw records and practice that it was embedded in the service. Staff told us the manager and senior team were approachable, and we saw people who used the service felt free to go into the office at any time.

People, their relatives and staff were consulted on the running and operation of the home. Regular residents' meetings were held and actions seen to be taken as a result of concerns raised. There was a good approach to measuring and improving quality in the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People were generally supported with their medicines in a safe way by staff. However, we found staff did not always respond to people's need for medicines in a timely manner.

Systems were in place to help keep people safe, which included safeguarding them from abuse.

Recruitment records demonstrated there were systems in place to employ staff who were suitable to work with vulnerable people.

Is the service effective?

Good

The service was effective.

The service was working in accordance with the requirements of the Mental Capacity Act which helps to make sure people's rights are protected and promoted.

People were supported to have an adequate dietary intake and their preferences were catered for.

We found staff supervision and appraisals had been undertaken on a planned and regular basis.

Is the service caring?

Good

The service was caring.

People were supported by staff that were caring and compassionate.

Staff knew about people's individual likes, dislikes and preferences.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Some information was missing from people's care plans and it was not clearly recorded who was involved in the care reviews.

People were supported to take part in a range of activities in the home.

People knew how to complain and said they would raise issues if this was necessary. Complaints had been responded to appropriately and in a timely manner.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The manager needs to ensure staff members remind people to take their medication when they are away from the home so that people are getting their medication when required. The manager also needs to maintain up-to-date care records that accurately reflect the care given to people.

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The manager at the home was going through the CQC registration process. People, relatives and staff told us the management team was approachable and supportive.

There were systems in place to monitor the quality of the service which included feedback from people living in the home and their relatives. Staff and residents' meetings were held and actions taken as a result of these.

Beckfield

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.

Our inspection took place on 9 and 10 November 2017. The first day was unannounced and the second announced. The first day the inspection team consisted of an inspector and an expert-by-experience with a background in supporting people to use this type of service. The second day the inspection team consisted of one inspector.

Before the inspection we reviewed all the information we held about the service, including past inspection reports and notifications sent by the provider about key incidents and events, which they are required to tell us about by law. We contacted people who commission services from the provider, safeguarding teams and other bodies such as Healthwatch to ask if they had any significant information to share. Healthwatch is an independent consumer champion that represents the views of people who use health and social care services in England. We did not receive any information of concern.

The provider sent us 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.

During the inspection, we used a variety of methods to find out about the experiences of people who used the service. We spoke with the manager, deputy manager and seven care staff. We also spoke with 12 people who used the service and three relatives. As it was evident people were able to speak with us and share their experiences, we observed care and support but did not carry out a Short Observational Framework (SOFI) on this occasion. We looked at records relating to care and support including five people's care plans, medicines records for five people and a sample of information about the running of the home including audits, maintenance records and four staff files.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at Beckfield. People said, "I like it here and I feel safe with the staff." "I like living here and I do feel very safe." "I do feel safe yes, the doors are locked and there are always lots of people around, I know I am well looked after, If I press my buzzer I know I'm not left, they answer the buzzer quickly."

We saw there were safe recruitment practices in operation at the home. Staff files we looked at contained evidence of background checks being made, including requesting references and making checks with the Disclosure and Barring Service (DBS). The DBS is a national agency which holds information about people who may be barred from working with vulnerable people.

We asked people if they thought there was enough staff and the feedback was mixed. One person told us they thought staff worked hard and did a good job, they said, "Very hard working at times I am very impressed." "I don't need much help, but when I do the response is good." Other positive comments included, "Yes they come when I need them." "Yes, plenty of staff cannot fault them."

However, one person told us, "Sometimes I have to wait whilst they attend to other people." Another person said, "I have been kept waiting, not long though."

The manager told us sufficient staff were employed and staffing levels were based on people's needs. The staff we spoke with confirmed there were enough staff on duty to ensure people received safe and appropriate care. During the inspection we saw staff responded to call bells and people were not waiting for long periods. We looked at the staff rotas for two months and concluded staff levels were sufficient to provide safe care and support to people who used the service.

Staff we spoke with understood how to recognise signs of potential abuse, and how to report any concerns. They told us they had confidence the manager would act on any concerns raised with them, and knew they could also make reports to other bodies such as the local authority and CQC. We saw training in this area was kept up to date, which meant the provider was ensuring staff had annual reminders of the importance of protecting people and the systems in place to ensure policies were followed at all times. The provider's approach to care ensured people were not discriminated against and care plans showed how people received care and support which met their individual needs. Staff told us the provider had a whistleblowing procedure which they had seen. We also saw evidence of this. 'Whistleblowing' is when a worker reports suspected wrongdoing at work.

We saw written evidence the provider had notified the local authority and the CQC of safeguarding incidents. The service had taken immediate action when incidents occurred in order to protect people and minimize the risk of further incidents.

Accidents and incidents were reported in a timely way, and we saw the provider had a "lessons learnt" culture which involved discussions of any incidents in staff meetings and sharing of information during

monthly governance meetings for registered managers of all the provider's services.

At the last inspection there were some issues with risk assessment and the service breached Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had undertaken assessments of risks associated with the premises and taken appropriate action to ensure these had been minimised. Care plans we looked at contained a number of risk assessments which were detailed, personalised and showed how people should be supported in ways which minimised risk and restrictions on people's freedom. A member of staff told us about the balance of risk and independence. They said, "[Name of person] likes to walk [to places in the local community] by themselves and this is supported".

We saw personal emergency evacuation plans (PEEPS) were in place for people who used the service. PEEPS provide staff with information about how they could ensure an individual's safe evacuation from the premises in the event of an emergency. We saw evidence of PEEPS based on people's physical abilities, ability to understand verbal instructions and willingness to follow instruction.

At the last inspection there were some issues with medication and the service breached Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found there was an overall improvement made. For example, we found medicines were not left unattended and staff ensured people swallowed their medicines before walking away from staff.

We looked at how medicines were managed and observed senior staff during the lunch time medicines round. The staff member was calm and efficient and followed good practices to ensure medicines were administered safely. Some medicines were prescribed with special instructions about how they should be taken in relation to food. We saw there were arrangements in place to make sure these instructions were followed.

We looked at five random medication administration records (MARs). The MAR sheets were checked and administration was found to be accurate in terms of stock held. All MARs had a photograph of the individual person for identification purposes. Any incidents of non-administration or refusals of medicines were noted on the MAR sheets.

As and when required, (PRN) drugs were in place at the home. It was noted that there were protocol sheets with the MAR records indicating the rationale as to when they could be given and why. This meant there was guidance in place for staff to follow.

Some prescription medicines contain drugs which are controlled under the Misuse of Drugs legislation. These medicines are called control drugs (CDs). We saw records of CDs were accurately maintained. The giving of the medicine and the balance remaining was checked by two appropriately trained staff.

Where medicines errors had occurred previously, we saw these had been investigated and action taken to prevent a re-occurrence. A low number of medicines errors had occurred within the service.

We looked at medication storage and saw the medicines required for all persons were well stored and secure. Daily temperature records confirmed that medicines were stored within the recommended temperature ranges to guarantee their safety and effectiveness. The storage of CDs which are medicines which require extra security was managed safely.

Arrangements were in place to ensure timely deliveries were made. This meant people were not put at risk

by medicines not being available when they needed them. Stock control systems were in place, such as regular audits and running counts of medicines as they were administered, which meant errors could be identified in a timely way. We saw staff had received appropriate medicine training and had on going competency checks to ensure medicines were being administered safely.

Most people told us they received their medicines when they needed them, and appropriate consent had been obtained for staff to administer these to people. However one person and their relatives told us they had to go to hospital and their appointment was at 3pm; the time when they should have taken their medication but the service didn't send it with them, so they didn't get their medicine until 4.30pm when they got back. We discussed this with the manager who told us they would remind staff to ensure people take with them their medication when they are going to be away from the home.

We saw one person in the home on respite who needed pain medication. Their relative told us the person gets bad headaches. The person's relative usually sends (a painkiller) with them but had not on this occasion. During our inspection their relative told us they asked a member of care staff to check the person's medication as they felt the person required some pain relief. After 10 minutes they hadn't heard anything back from the staff member. During this time the person was becoming increasingly distressed. At 1.10pm we asked a care staff member to find the person who was administering the medications to determine how long they would be and explained the person was in extreme pain and the person and their relative was getting very anxious. The care staff member reported back to us that the person administering medication was on the top floor and would be down in a few minutes. It was actually 20 minutes later at 1.30pm, (we stayed with the person and their relative because they were both very distraught); the person was then administered their medicines. The person's relative thanked us and said they "were ok now". This showed us people may not be getting their medication when required. This was discussed with the manager who ensured us this would be addressed with the member of staff.

Some people were prescribed topical medicines such as creams. We saw body maps were in place which provided guidance to staff on how to apply these medicines. Topical medicine administration records were well completed indicating people regularly received their prescribed creams. We saw creams and eye drops contained the date of opening to ensure these did not pass their safe 'use by' date.

Medicines for return to the pharmacy were sent through as required. This medication was recorded in a specific book for this purpose. Any unused medication and clinical waste was collected and signed for by external specialists as required.

The manager told us money was held in safekeeping for several people and transactions were dealt with by care staff. We checked the money and records of five people and found monies were managed safely. However, we found staff were not following the provider's policy which is ensuring two signers when any transaction takes place. The manager agreed to remind staff of the provider's policy.

We looked around the premises including people's private bedroom accommodation and communal areas. We found all areas of the home to be well maintained, suitably furnished and free from offensive odours. We saw there was a continuous maintenance plan in place which showed scheduled improvements. The manager told us the provider acted quickly to address any maintenance issues and ensured the home was maintained to a high standard.

We saw units contained gloves and aprons and hand gel in several locations throughout the home. We also saw staff wore protective aprons and gloves when carrying out care and support duties. This meant the service had taken appropriate actions to prevent and control infection.

We inspected maintenance and service records for the lift, gas safety, electrical installations, water quality, fire detection systems and found all to be correctly inspected by a competent person. We saw all portable electrical equipment had been tested as required and equipment such as hoists was regularly serviced and kept in good condition.

Good

Is the service effective?

Our findings

We looked at records relating to staff support. We saw staff completed a comprehensive induction. As a part of their induction we saw new staff spent time shadowing more experienced members of staff, to help them understand how care and support was delivered. New staff did not begin working without this oversight until they and senior staff were confident in their ability to do so effectively.

We looked at staff records and the training matrix. We saw training was either completed, booked, or in the process of being signed off as completed. Staff were required to complete a number of courses including fire safety, moving and handling, infection control, safeguarding, health and safety, nutrition, dignity and respect. Staff we spoke with told us the training was good and equipped them to carry out their role. Systems and processes were seen to be in place which provided staff with regularly planned supervision and appraisals. Staff we spoke with reported they felt supported.

Care plans evidenced people had access to health and social care professionals when necessary, and people told us this was the case. One person said, "The staff are good, and when I needed the Doctor, he was sent for quickly." We saw people accessed a range of health care professionals including GPs, psychiatrists, opticians and dentists. Where advice had been given as a result of any appointments we saw this was incorporated into people's care plans. Staff told us if they had any concerns the senior staff were quick to respond and would arrange for GPs or other relevant healthcare professionals to visit. We saw information displayed around the home about advocates. An advocate is a person who puts forward a case on someone else's behalf.

We saw 'Do Not Attempt Cardio-Pulmonary Resuscitation' (DNACPR) forms were completed appropriately and had been discussed with people who used the service and/or their relatives and signed by relevant professionals.

We saw equipment such as mobility aids were available following appropriate risk assessment and discussions with health care professionals such as district nurses and tissue viability nurses. People told us they are able to bring things from their home to make their bedroom more personalised.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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.

At the last inspection there were some issues with consent and the service breached Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Overall, we found improvement made since our last inspection. We saw evidence of consent and best interest processes in peoples' care plans. For example, people had signed consent for information sharing, photographs to be used and care to be provided.

We observed staff giving people choices and asking for consent before providing any support or care and people we spoke with confirmed they made decisions which were respected. Care plans we looked at contained detailed, decision specific assessments of people's capacity which showed how people, their relatives and advocates had been involved. Where people were assessed as lacking in capacity to make decisions, we saw there was a record to show how appropriate decisions had been made which were in the person's best interests.

Care plan documentation related to the MCA also contained an assessment of all best interests' decisions to determine whether making decisions in this way had put in place restrictions which meant the person should have a DoLS in place. We saw records which showed the provider had applied for DoLS when this was appropriate, and where conditions had been placed; these were being met. Where necessary people's care plans referred to the presence of a DoLS, and included guidance for staff to ensure conditions were met.

We found that an assessment of people's nutritional needs and food preferences had been completed as part of an assessment of their care needs. The manager told us if they had any concerns about people's fluid and food intake or if someone had experienced significant weight loss they were put on a 'food and fluid' chart.

We observed the lunchtime meal and saw the tables were set with cloths, placemats, serviettes, condiments, cutlery and flowers. Hot and/or cold drinks were also served. We witnessed a member of care staff assisting someone to the table via a standing plus seat aid. The care staff spoke to the person and let them know what they were doing; in a very kind and caring way.

The food was served from an electric hot cabinet by two care staff that were quick and efficient. We saw people were given time to eat their meals. People told us the meals were good and they were always offered a choice if they did not like what was on the menu. We saw when people required assistance or prompting to eat their meals staff sat with them and encouraged them to take an adequate diet. People's comments included: "The food we have is very good now, but there is not much choice and no menu, I have to choose the night before what I want the next day, if I don't like what there is they will try and get me something else that I do like". "Food is getting better, the choice has improved, we have to choose the day before, we are told what the food is and if I don't like it I can usually choose something I do like." Staff told us people are shown the menu the day before and reminded of their choice on the day.

The service had two kitchens, one of which was dedicated to the preparation of Halal food. Halal means the food is permissible according to Islamic law. A dedicated chef was employed to prepare the food. This ensured Muslim people who used the service were provided with food which would meet their religious and cultural needs. This meant everyone who used the service had access to a choice of meals.

We spoke with both cooks and our discussions confirmed their knowledge of people's dietary requirements. They kept information about people's dietary needs in a file in the kitchens. The cook explained all meals

were freshly cooked and fortified meals were prepared for those who required this. The cooks told us the manager and senior staff informed them of any changes needed to people's food/diet requirements. People's weight was monitored and any changes discussed with the GP or district nursing team.

Good

Is the service caring?

Our findings

We saw people were treated with kindness and compassion, and people confirmed this was always the case. One person told us, "The staff are kind and I do think they care for us." Another person said, "I think the staff respect me and they chat with me a lot."

Care and support is provided based on people's needs in order for them to maintain or increase their independence; whatever is their preference. For example, risk assessments focused on how to support people to do things safely rather than imposing restrictions. Relatives we spoke with confirmed the service had a person-centred culture. One relative told us, "I have always found the service to be caring and compassionate. They have helped [name of person] be as independent as they can be."

Staff spoke with pride about people whose independence they had seen improve, expressing delight on behalf of people who they had seen become more independent since using the service and able to return home. One member of staff told us, "[Name of person] has changed so much. It's brilliant to see them getting on with things they want to do."

We saw people and staff had a lively rapport which contributed to a relaxed and homely atmosphere. We saw people made clear choices about how and where they spent their time. Relatives we spoke with confirmed this was the case.

The manager characterised their approach to the culture at Beckfield by telling us, "This may be our workplace, but it's people's home first and foremost." We saw people felt free to come to the office to ask questions or chat informally with the management team throughout the inspection.

People told us they were supported to maintain contact with families. One person told us they regularly went out with their family, and we saw arrangements had been made to ensure people could meet with visitors in private when they wanted. A relative told us, "There's never been any problem with visiting. I can call at any time."

People's personal, spiritual and cultural needs were embedded into care plans, which documented how much support people needed to maintain this part of their identity, including any impact on support such as diet and accessing places of worship.

There was a strong focus on people's privacy and dignity. Staff were discreet when talking to people about issues related to care and support. For example, we saw staff give gentle and supportive reminders to people about the need to be aware and respectful of other people's personal space. People told us they felt staff were always respectful of their privacy and dignity. One person said, "[Names of staff members] are nice to me, they ask me before giving help and knock on my door before coming into my room." We saw this occurred during our inspection. This demonstrated staff had a clear knowledge of the importance of dignity and respect when supporting people.

We saw a staff member speaking with a person whose first language was not English in their native language. The staff member's verbal, non-verbal communication and body language towards the person demonstrated consideration and respect. This also meant the person was included in the day to day life at the home. We saw information about how to communicate effectively with the person was included in their care records. This demonstrated the service was responsive to the diverse needs of people living at the service and working within the framework of the Equalities Act 2010. Other protected characteristics are age, disability, gender, marital status, religion and sexual orientation. We saw no evidence to suggest that anyone that used the service was discriminated against and no one told us anything to contradict this.

Care records and other confidential information was stored in locked offices. This showed the service took people's confidentiality seriously.

We saw evidence of people and/or relatives involved in the planning of their care. Advocacy information was displayed within the service to help those who lacked capacity and did not have someone to speak on their behalf to access an advocate.

Requires Improvement

Is the service responsive?

Our findings

Care plans contained an assessment of people's care and support needs carried out before they began to use the service. This meant the provider had checked to make sure they could meet people's needs. From this assessment risk was evaluated and a series of care plans written.

We looked at daily notes that recorded the care and support delivered to people. Overall these showed people's needs and preferences were being met. The care records we looked at contained some information about people's likes and preferences for care and support.

At the last inspection we found care plans contained contradictory information and consent for care had not been consistently recorded. This breached regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found some improvement made. Care plans we reviewed contained appropriate consent recorded, sufficient information to enable staff to provide appropriate care, treatment and support. We saw care plans contained detailed risk assessments relating to activities of daily living such as mobility, eating and drinking, continence and personal care. However we found some care plans lacked information such as date of admission; undated body maps, unrecorded activities and all people/professionals who were involved in people's reviews had not been documented. This was discussed with the manager who told us they were in the process of reviewing the care plans. We recommend that the service review all care records to ensure all care records are up to date and accurately reflect the care given.

We found end of life plans were not always recorded in people's care plans. The manager said not all people wanted to discuss this, but they will ensure this is recorded in people's care plan as well as evidenced when they have discussed with people and their relatives.

Staff told us that they valued people's care plans and felt the documentation was an essential tool in providing a good quality service which was responsive to people's individual preferences. They told us they could access people's care plans at any time for reference and guidance, and we found staff's knowledge of people's needs was reflective of the information within the care plans.

We found staff were responsive to people's needs. For example, where people were at increased risk when eating, we found documentation had been produced which provided staff with very detailed information on how to provide effective support. We also found staff were aware of the actions recorded in the documentation and said they were effective in managing this element of care. We observed this practice during lunch time and staff showed a clear knowledge of information in this person's care plan.

Staff told us the communication systems were good in the service. Staff had a daily communication sheet for information to be passed on at handover as well as a diary for any appointments made for people. One member of staff told us, "We have good communication in the team, we have meetings and things are discussed."

We saw people were provided with a range of activities and social opportunities. These included bingo,

games, arts and craft activities and chair exercises; designed to provide people with a stimulating environment. Staff told us if people did not want to join in group activities or remained in their room they engaged with them on a one to one basis so they did not become or feel isolated. Overall, people praised the activities available. One person showed us their entertainment programme and they were very pleased with it. The programme included a shopping trip, a singing afternoon, and a musician playing a Ukulele as well as external visits/activities such as a Donkey visit and going out for a Cream Tea. Another person said, "I like joining in the entertainment; we do all sorts."

A system was in place to log, investigate and respond to complaints. These were audited and analysed to look for any trends. We saw a low number of complaints had been received about the service and when complaints had been made, action had been taken to investigate and reduce the likelihood of a re-occurrence. A significant number of compliments had also been received, and these were logged so the service knew where it exceeded expectations. People and relatives said they were aware of how to raise any concerns appropriately. One relative said, "If I have any problem I would go to staff or the manager and I'm sure they would deal with it."

Requires Improvement

Is the service well-led?

Our findings

A registered manager was not in place, since September 2017. However, a manager had been recruited in September 2017 and was going through the process to be registered with the CQC. Staff told us the manager and other members of the management team were approachable, and had an 'open door' policy. A member of staff told us, "I do feel supported by [name of manager] and I do feel comfortable raising concerns. [The manager] doesn't just stay in the office, it's always an open door policy, and service users can wander in and out. It's just a really nice environment." Another member of staff told us, "I would recommend this as a place to work, staff put the residents first."

Although the manager had made improvement regarding medicines and ensuring people give written consent to their care; we found several areas during our inspection where improvements were still required. For example; the manager needs to ensure staff members remind people to take their medication with them when they are away from the home. The manager should also ensure people are getting their medication when required as well as maintaining up-to-date care records that accurately reflect the care given.

People and staff were consulted on the running/operation of the home. We saw there were regular resident meetings held by the manager where aspects of the service including service quality, activities and menus were discussed. There was an annual survey sent to people and their relatives in accessible formats. The most recent had been undertaken in January 2017, and we saw a high level of satisfaction had been recorded. Where people had not given the highest level of feedback in response to certain questions, the manager had prepared an action plan to ensure improvements were made. We saw all the actions identified had been completed.

The home had quality visitor's reports. This is where volunteers are recruited by the local authority to visit the service and speak with staff, relatives/visitors and people who used the service. They look at areas such as maintenance and cleanliness of the building, if people are treated with dignity and respect, standard of food and drinks and if people are given choices and is there a variety of activities provided. The quality visitors report showed people were very happy with the support they received.

There was also a programme of regular staff meetings to enable the manager to receive and act on feedback raised. Staff we spoke with said they were asked for items to include on the agenda of meetings and if they were unable to attend minutes were made available to them. We also saw copies of these minutes.

Incidents and accidents were logged, investigated and where appropriate, measures put in place to learn from them and improve the service. We saw a low number of incidents had occurred within the service.

The manager undertook a range of audits in the home to enable them to measure, monitor and improve quality. These covered areas including health and safety, medicines, risk assessments and infection control. There was a plan in place to show which quality monitoring activities needed to be completed on a daily, weekly and monthly basis. We looked at a range of audits and saw these were up to date, with actions identified and completed as necessary. For example the issues with care records, the manager had

identified this and it was being addressed. In addition to the above, the area manager undertook an unannounced three monthly audit of the service and there were regular meetings for registered managers in their various services to discuss quality including audit outcomes and 'lessons learnt', for example in response to any incidents which had occurred.

The service have established good working relationship with agencies involved in people's care. Providers are required by law to notify us of certain events in the service and records showed that we had received all the required notifications in a timely manner.