

Reason Care (UK) Limited

Brailsford House

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 17 and 18 December 2015 and was unannounced.

Brailsford House residential home is situated in the village of Harworth and is registered to provide accommodation for up to 20 people persons who require nursing or personal care. At the time of inspection 16 people were using the service.

The service had a registered manager. 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

People who used the service and staff at Brailsford House knew who to report any concerns to if they felt they or others had been the victim of abuse. People's care records showed that any risk to their safety had been identified and measures were put in place to reduce these risks. There were enough staff with the right skills and experience to meet people's needs. We found that medicines were stored, administered and handled safely.

Summary of findings

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The DoLS are part of the MCA. They aim to make sure that people are looked after in a way that does not restrict their freedom. The safeguards should ensure that a person is only deprived of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them. The registered manager had applied the principles of the MCA and DoLS appropriately

People were supported by staff who had received the training and supervision they needed to support people effectively. People had consented to the care that they received. People spoke positively about the food they received and were able to have choice in what they ate at each meal. People had regular access to their GP and also other health care professionals when required.

People were supported by staff who were caring and treated them with kindness, respect and dignity. Staff encouraged people to remain independent wherever

possible and where people showed signs of distress or discomfort, staff responded to them quickly. There were no restrictions on friends and relatives visiting their family members.

Staff were always on hand to respond to people's needs and a range of activities were available to those that wished to join in. Care plans were written with the involvement of each person and their family. They were reviewed regularly to ensure staff responded appropriately to any change in need a person may have. A complaints procedure was in place and people felt comfortable in making a complaint if needed.

The atmosphere within the home was warm and friendly. People living in the home were asked for their opinions with regard to the service that they received, which meant that their views informed decisions to improve the service. Staff understood the values and aims of the service and spoke highly of the registered manager. The registered manager had clear processes in place to check on the quality of the service and to ensure that any improvements identified were made and sustained

Summary of findings

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.

People were supported by staff who could identify the different types of abuse and knew who to report concerns to.

Risks to people's safety were identified and assessed. Measures were put in place to reduce these risks.

People were supported by a sufficient number of staff who had been appropriately recruited.

People's medicines were stored, managed and handled safely.

Good



Is the service effective?

The service was effective.

People received support from staff who had the appropriate skills, training and experience to support them well

People spoke highly of the food and were able to choose what they wanted to eat at each meal.

Staff applied the principles of the Mental Capacity Act 2005 appropriately when providing care for people.

People were able to see their GP and supported to access other healthcare professionals when needed.

Good



Is the service caring?

The service was caring.

People were supported by staff in a respectful, kind and caring way.

People's dignity was maintained and staff responded quickly when people showed signs of distress or discomfort.

There were no restrictions on people's friends and family visiting them.

People could have privacy when needed.

Good



Is the service responsive?

The service was responsive.

People experienced support from staff which responded to their changing needs and were able to participate in a range of activities which they enjoyed.

A complaints procedure was in place. People felt confident in making a complaint and felt it would be acted on.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

There was a positive, friendly atmosphere at the home and there were good links with the local community.

People were supported by a registered manager and staff who had a clear understanding of their role.

There was a process in place to check on the quality of the service and also to check that any improvements made were sustained.

Brailsford House

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.

This inspection took place on 17 and 18 December 2015 and was unannounced. The inspection team consisted of one inspector.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with nine people who were using the service, six relatives and two visitors. We also spoke with seven members of the staff team, the registered manager and observed the way staff cared for people in the communal areas of the building.

We looked at the care records of three people who used the service, as well as a range of records relating to the running of the service including three staff files, medication records and quality audits carried out at the service.

Is the service safe?

Our findings

The people we spoke with told us they felt safe living at Brailsford House. We spoke with one person who told us, “We are all happy and safe here.” This was confirmed by another person who said, “Yes, we are safe; why would we not be when the staff look after us so well?” Relatives also told us that they felt people living at Brailsford House were safe. One relative said, “I have no doubt [my family member] is safe here.” Another relative told us, “Staff know even the smallest details, that is what keeps people safe here.”

Staff explained to us how they ensured people were protected from bullying, harassment, avoidable harm and abuse that may breach their human rights. They told us, “We have had training about safeguarding and are always checking to make sure that everything is as it should be, like in the policy and procedure.” Another staff member said, “We would always record if we saw any bruising and try to think about how it happened to stop it happening again. We would tell [the registered manager] about it too.” Staff could describe the different types of abuse which may occur and told us how they would act to protect people if they suspected any abuse had occurred.

Throughout our inspection, the atmosphere in the home was calm and relaxed. People were interacting confidently with one another and with staff. Care records contained information about how to support people to reduce the risk of harm to themselves and others. Staff were aware of this information and explained to us how they had used it to keep people safe. Information about safeguarding was available in the home and a safeguarding adults’ policy was in place.

People were protected and their freedom was supported and respected because risks were appropriately assessed and well managed. Those living at the service had discussed risk at a recent residents meeting. They had said that they felt the service was safe and there was nothing that could be done to make them feel safer. Relatives were also confident that their family members were protected and their freedom was respected. They told us, “People can pootle about the home – they are very safe here.” Another relative told us, “You can see that the staff know the details and that is what keeps my [relative] safe.”

The staff we spoke with told us the things that they did to ensure that risks were managed. For example, one staff member said, “We make sure that people can always reach their walking frame and that nothing is left around for them to trip on.” The cleaner told us that they were always mindful of trailing cables when using the vacuum cleaner as people might trip on it.

The staff team had a clear understanding of the risk assessments that were in people’s care records. One member of staff told us, “It’s important to use the risk assessments, know your limits and ask for help if you need to.” The care records that we looked at showed that risks to people had been reduced because any risk identified had been assessed. Plans had been put in place for staff to follow to assist them in maintaining people’s safety, which we saw staff following during our inspection.

People’s safety was protected because checks were carried out to ensure that the premises and equipment were well maintained. Our observations of the equipment used within the home supported this. Records showed that external contractors were used when checks on equipment such as fire detectors or gas appliances were needed.

People told us that they felt there were enough staff to keep them safe. One person told us, “There is always someone around to make sure we are okay.” Another person confirmed this saying, “The staff always have time to talk to me, they are never rushing away.” Relatives were also confident that there were sufficient staff. One relative told us, “There’s always enough staff – plenty.” Another relative agreed saying, “It’s wonderful here – there are lots of staff”

The staff we spoke with told us they thought there were enough staff available to keep people safe. Staff we spoke with told us, “We have enough staff to make sure people are safe and checked when they should be.” The registered manager told us that they planned the duty rota around the activities and appointments which people had so there were always staff available. People’s needs were regularly reviewed to ensure that there continued to be sufficient staff. The registered manager told us they were proud of never needing to use agency staff to cover shifts as the employed staff always volunteered to cover any additional shifts if needed. This ensured people received support from a consistent staffing team and reduced the risk to their safety.

Is the service safe?

We looked at the recruitment files for three members of staff. These files had the appropriate records in place including, references, details of previous employment and proof of identity documents. The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

People's medicines were stored and handled safely. The people we spoke with told us they received their medicines as prescribed and in a timely fashion. One person we spoke with told us, "They give me my tablets when I need them." Another person said, "Staff give medicines to one person at a time, and if you are not ready when they come to you they will come back later." Relatives confirmed that they were confident that medicines were given correctly. One relative told us, "[My relative] has their medicines, no problem." Another relative confirmed this saying, "I've seen them do the medicines – it's all done by the book."

We observed staff support people to take their medicines. Two people were present so that one person could focus on administering the medicines, while the other person could attend to any other requests that people were

making at the time. This meant that the person handling medicines was not distracted. Staff were patient when required. They ensured people had the time they needed to take all of their medicines, staying with each person to be sure that they had taken their medicines after being given them. We saw people being reminded about how they had to take their medicines where needed; for example, being reminded to suck and not chew a tablet. The staff we spoke with told us, "People's medicines are a big responsibility – they must be right." Staff explained to us how they received training and support from the registered manager and a pharmacist to ensure that medicines were handled in a safe way.

There were processes in place to protect people when 'as needed' medicines were administered. 'As needed' medicines are not administered as part of a regular daily dose or at specific times but are given when they are needed. Medication administration records (MARs) were used by staff to record when people took or declined their medicines and showed that the arrangements for administering medicines were working reliably. Medicines were stored securely and kept at an appropriate temperature. There were appropriate arrangements in place for the storage of any controlled medicines.

Is the service effective?

Our findings

The people we spoke with felt that staff were competent and provided effective care. One person told us, “The staff look after us well, we are very lucky.” Another person commented on the stability of the staff team saying, “The staff come and they stay – they get to know us.” Relatives also felt that the staff had the knowledge and skills they needed to carry out their roles and responsibilities. A relative we spoke with told us, “The staff know everything they need to know,” while another relative said, “I can’t fault the care that is given here.”

We spoke with staff who told us they had excellent support and training. One staff member told us, “I have had plenty of training.” We spoke with a newer member of the staff team who told us about the training they had received in their first few months at work and said, “We are a supportive team, there is always someone to ask for advice who has the time to show you if there is something you are not sure about.” The records we looked at confirmed that the staff team had received training needed to equip them with the skills to support people effectively.

People were supported by staff who received regular supervision and an annual appraisal of their work. The staff we spoke with told us they felt supported by the registered manager and their deputy. The records we saw confirmed this. In turn the registered manager also told us that they felt well supported by their line manager, also receiving regular supervision and appraisal.

During our inspection, we saw staff ask for a person’s consent each time before providing care and support for them. The people we spoke with confirmed they had also agreed to the content of their care plans which guide the staff in how care is to be provided. One person said, “My care plan is in the office, I don’t know what I would do without it. My daughter knows all about it and checks with the staff to make sure it is all okay.” We spoke with a relative who told us, “All the family were involved in writing the care plan when [my relative] moved in here.” Another relative described how they were involved in regularly updating the care records and said, “We are always invited to [my relative’s] review” The care planning records confirmed what people had told us and we saw that people had signed their consent to receiving care.

Records showed that the principles of the Mental Capacity Act 2005 (MCA) had been considered when determining a person’s ability to consent to decisions about their care. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. People were not unlawfully restricted as authorisations under DoLS were being applied for by the registered manager when needed. Records showed that staff had received training in DoLS, so that they understood the requirements of these arrangements.

People were supported to eat and drink enough to keep them healthy. One person told us, “They do feed you well here, and you can ask for whatever you want,” and went on to describe how their favourite foods were incorporated into the menu plan for them. Another person described the support they needed from staff to eat, saying with a smile, “The food is good and you’ll never go hungry here.” We spoke with a relative who confirmed, “The food is lovely – it’s very good”, [my relative] is putting weight back on and looking far better now (than they did living in their own home).”

We spoke with the cook on the day of our inspection. They also told us how they cooked the food to ensure it was tender, appetising and easy for people to eat, taking account of people’s preferences and dietary needs. A menu for the week was on display in the dining room, with pictures available to assist people to make choices. This showed a range of different foods and choices for each day – including fish and chips from a local fish and chip shop. The cook told us how they checked with each person what they would like for lunch at breakfast time so that the

Is the service effective?

menu could be adapted to take account of their choices. We were also told how several people enjoyed a cooked breakfast, and they were able to have this each morning if they wished.

At lunchtime food was presented in an appetising way. People were able to choose who they sat with, or could eat in their room if they preferred. Suitable crockery and cutlery were available to people where this was needed. Staff were present in the dining room throughout the meal, supporting people as required and promoting good banter in the dining room. As people finished their lunch, they were able to make choices as to what they wanted to eat at teatime. This meant that people had the food they wanted which was freshly prepared. Drinks were offered during the meal and throughout the day. Records were kept to ensure that each person had enough to eat and drink.

People had access to the healthcare professionals they needed at the right time. One person told us how they were supported to attend a specialist at a hospital close to their family home because that was what they preferred. We also spoke with someone who told us how staff ensured that their complex healthcare needs were met. Relatives were confident that people had access to any support they needed to maintain their health. One relative we spoke

with told us, "The doctor is called whenever they are needed." Another relative confirmed that the doctor was always called if needed and added, "They (the staff), tell us if there is the slightest change in [my family member's] health and always get them the help they need."

Staff told us how they monitored people's healthcare needs and ensured that people had the doctor or nurse called if they needed. For example, during our inspection we saw someone was anxious about a dressing which may need changing. Staff gave them reassurance and checked to ensure that the nurse was going to call. We spoke with a visiting healthcare professional, they had no concerns about the home and told us that they enjoyed visiting, always finding good care was being delivered by the staff.

The care plans we looked at confirmed that people received regular input from visiting healthcare professionals, such as their GP or district nurse, on a regular basis. Staff noted any advice given and where changes to a person's care were required, these were put into place. Staff also contacted specialist services for people such as the falls team. Staff were aware of the guidance that had been provided which was noted within people's care records.

Is the service caring?

Our findings

People told us that staff were kind, caring and they had formed positive relationships with them. One person said, “The staff are very kind.” Another person said, “They look after us well – they are always making sure we are okay.” We were also told, “It couldn’t be better; they are all lovely people here.” Relatives were similarly emphatic that there were positive and caring relationships between staff and those living at Brailsford House. They told us, “The carers have got to know the residents here and have become their friends.” Another relative told us, “We have seen staff using the hoist – they are brilliant and reassure [my relative] all the while”

One staff member told us, “We are like an extended family for the residents. We get to know what they like and don’t like.” Another staff member told us how they made sure that they learned something new about one person’s past every time they came to work. They told us, “That gives us things to talk about and makes sure I remember that the residents are people first and foremost.” We spoke with a staff member who lived in the village described to us how they kept people who may be interested up to date with village life.

Some people liked to sit in the same place each day and where this was the case, they had the things that they wanted close to hand, for example, some sweets, pictures of loved ones or the magazines that they liked to read on a table by their chair. Each person’s bedroom had been set out according to their wishes and tastes, with personal belongings displayed if they wished. People told us that they were able to attend local places of worship when they wanted to and receive visitors to support their faith within the home.

During our inspection, people were made aware of who the inspector was and why they were there by the staff who checked with people that they were happy for us to speak with them. We saw that staff were attentive and supportive, speaking with people in a way that made them feel like they mattered. For example one person who had dementia spent their time walking around the home looking for their husband. Staff all gave the same response to the person, which gave them reassurance and prevented them from

becoming distressed. Another person told us how they had two measures of whiskey poured for them when they retired to bed each night as this was something that they particularly enjoyed.

People were supported to make day to day choices such as where they wanted to spend their time during the day or whether they wanted to join in with activities. One person told us, “The staff always listen and try to do whatever you want them to.” Another person said, “I like to go to bed early because I sleep well, and I can always go up when I want.” During our inspection we saw the person make their way to the lift when they were ready for bed. Staff checked with them if there was anything else they wanted before they were supported to retire for the night.

A relative told us, “[My relative] is fiercely independent and never wanted to move into a home, but they love living here.” Another relative told us, “[My relative] particularly wanted to come to live at Brailsford House. They used to work here so know the staff and some of the other residents. They were really upset that they had to go elsewhere while they waited for a room to become available.”

During our inspection we saw staff offer people support when it was required and also encouraged people to carry out tasks independently when they were able to. Staff told us that it was important to involve people as much as possible so that they could retain their dignity and independence. For example a staff member told us how they involved people when providing them with personal care, not just encouraging them to wash independently, but also asking them which products they wanted to use and selecting for themselves the containers and bottles. Another person had a paper delivered each week so that they had a TV guide to be able to select what they wanted to watch on the television.

People were provided with information about how to access an advocacy service; however no-one was using this at the time of our inspection. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up.

People were treated in a dignified and respectful manner by staff. One person we spoke with told us, “We are looked after, just great. The staff keep a look out, they always make sure we have everything we need and are okay.” Another person commented that the staff always supported

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discreet support to another resident who had difficulty walking. We spoke with a relative who told us, “The people here are always beautifully turned out, their hair and nails are always well tended.” Another relative said, “The staff make sure that people never look or feel degraded.”

Staff explained to us how they protected people’s dignity while they were working with them, for example by closing doors and ensuring that people were covered when receiving personal care. The cleaner described how they always checked with people before they turned on the vacuum cleaner so that they did not disturb them more than need be.

The registered manager told us they had a nominated staff ‘dignity champion’ within the service. A dignity champion is someone who believes passionately that being treated with dignity is a basic human right, not an optional extra. There was a poster displayed, explaining who the dignity champion was. One of the people living at the service was also named as a dignity champion. The registered manager

told us that this was important as not only did this enable them to hear about dignity from the resident’s perspective, but this role also utilised the person’s professional background from their working life. The notes from a residents meeting showed that dignity had been discussed and recorded that residents felt all staff were respectful and treated them with dignity at all times.

Personal details for people were kept in their files which were stored securely in the office so that they could only be accessed by those who needed them. This protected people’s personal details. Where people required support around personal issues, this information was written in their care plans sensitively and respectfully.

People had access to their bedrooms when they wished should they require some private time. Visitors were able to come to the home at any time and many people visited during the inspection. There was access to several smaller, quiet areas should people not wish to sit in the main lounge.

Is the service responsive?

Our findings

People felt that they received the care and support they required and that it was responsive to their needs. One person told us, "There is always something to do and we are never bored." Another person said, "We can join in with what we want to, or sit and watch, it is our choice."

Relatives we spoke with told us, "There are lots of activities, music, dominos, games [my family member] is always doing something when I come to visit." Another relative said, "Staff pre-empt what people want, they are proactive and not reactive."

We saw a program of group activities arranged for each morning and evening. Staff told us that this was because people tended to have visitors in the afternoon. We spoke with the staff member who arranged activities who told us how they researched a range of different games and activities so that there was a good choice of opportunities available to suit everyone that lived in the home. We saw a seated exercise session taking place and saw that people were enjoying taking part. There were some Christmas decorations that people had been made which were on display. We were also told about some of the one to one activities that were planned so that everyone had the opportunity to engage in some activities if they wished. People also enjoyed watching television and answering the quiz game show questions together. Staff were aware of which programs people liked and changed the channel as required at the correct time.

We arrived for our inspection during the Christmas party. This was well attended by those living at the service and their relatives. A quieter area of the house was available for those that did not wish to join in with the festivities. The entertainer performing told us, "I have been in and out of home for many years and have always found the staff to be fantastic, and the care second to none."

We observed that staff were responsive to people's needs and requests for help. There was always a member of staff present in communal areas as well as other staff who responded quickly when call bells were pressed in other areas of the home. It was evident that staff had an understanding of people's care needs and how they had changed over time. Information about people's care needs was provided to staff in care plans as well as being written in communication books. People's care plans were regularly reviewed and updated when required. Staff told us that they had the time to read people's care plans and were kept informed where there had been any changes.

People felt able to raise concerns and complaints and told us they knew how to do so. One person said, "If I had a problem I'd say 'I am sorry to have to say this but...' and I know they would listen." Another person we spoke with agreed, and told us that if they raised a concern they felt it would be listened to.

The relatives we spoke with told us they would feel comfortable making a complaint and knew how to do so. One relative we spoke to told us, "I can't fault it here. If there is a problem the manager will always sort it." Another relative said, "I've not had a complaint all the while [my relative] has been here."

We spoke with staff who told us, "If anyone has a concern they know that they can speak to [the registered manager] and they will resolve it." People had access to the complaints procedure which was displayed in a prominent place and also given to people on admission to the home. We reviewed the records of the complaints received since our last inspection. This showed that the complaints had been investigated and resolved within the timescales stated in the complaints procedure and communication had been maintained with the complainant throughout the process.

Is the service well-led?

Our findings

People benefitted from the positive and open culture in the home. One person told us, “The staff will always listen and try to make things better for you.” One of the relatives we spoke with said, “It’s always a pleasure to come to visit, we are made so welcome at any time.”

Staff told us that they felt well supported by the registered manager and the team leaders. They said they felt there was an open and transparent culture in the home and they were comfortable raising concerns or saying if they had made a mistake. A member of the staff team we spoke with said, “The manager’s door is always open. If we have a concern we can go and chat with them and know things will be sorted out amicably – whatever it is.” Staff spoke highly of the registered manager and told us, “[The registered manager] is always there and will always make time for us”. They went on to say that they felt that there was strong teamwork, “A staff family, and everyone pulls together to resolve problems.”

We saw people felt comfortable and confident to speak with the staff that were supporting them. Information about the aims and values of the service were given to people when they began using the service and were demonstrated by staff who had a clear understanding of them. Staff we spoke with during our visit were friendly and approachable. They understood their roles and responsibilities and their interaction with those using the service was very good.

The home encouraged links with the local community. For example, staff told us how people living on their own locally had been invited to join those at Brailsford House on Christmas day for dinner. Arrangements had been made to ensure that guests would arrive in time for Christmas lunch and also get home safely afterwards.

The people we spoke with, and their relatives were emphatic that there was good management and leadership at Brailsford House. Someone living at the home told us, “[The registered manager] makes sure that we are looked after alright.” Relatives agreed, with one saying, “The manager here makes everything so easy for us.”

Staff we spoke with said, “I feel comfortable working here. If I am unsure of anything I can ask for advice, [the registered

manager] is really supportive.” Other staff told us about the good arrangements that were in place for support in the event of an emergency outside of office hours, when the registered manger was not at work.

The position of the office within the service meant that the leadership was visible and accessible to those working in the service. The registered manager ensured that the office was tidy and well-ordered with everything easily to hand for staff so that they could refer to it quickly if they needed to.

There was a clear staffing structure in place and the registered manager checked on any tasks that were delegated to others to be sure that they had been completed. Plans for future developments of the service were shared with us which demonstrated how the service was looking to extend and update the physical environment in the future to better meet the needs of those living there as well as the expectations of future people coming into the service.

The conditions of registration with CQC were met. The service had a registered manager who had been in place since January 2011. They had a good understanding of their responsibilities and also of the political and economic climate in which the service functioned. The registered manager was supported at the service by a deputy, and also by the owner who made regular visits to monitor the service. Providers are required by law to notify us of certain events in the service. Records we looked at showed that CQC had received the required notifications in a timely way.

People could be assured that the service was of a high quality. A relative we spoke with told us, “[My family member] never wanted to move into a home, but now, when we go back to my house after a while they say ‘take me home now’ – home to them is Brailsford.”

A staff member explained that they felt they had the skills they needed to deliver high quality care. When we asked how they knew if they were providing a high quality service, they likened the service that they strived to provide to people to a service of a top class hotel and told us, “If you try to treat people like they are in a hotel, you won’t go far wrong – and after all, they are paying to live here!”

People’s care planning records and other records relevant to the running of the service were well maintained and the

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registered manager had appropriate systems in place that ensured they continued to be. Where any areas of improvement within the documentation had been identified this had been addressed.

There was a system of audits in place and these had been completed in areas such as health and safety, the environment, equipment, kitchen and medicines administration to ensure that the service complied with legislative requirements and promoted best practice. Where improvements had been identified, the registered manager ensured that they checked on the relevant area again after several months to ensure that the improvements made had been effective and were being sustained.

People were encouraged to give feedback on the quality of the service provided. The views of those using the service were sought through the residents meetings which were held regularly. The meetings were themed to tie in with the CQC key lines of enquiry. The manager told us that this helped them to gauge at first-hand how those using the service might rate it.

Clear communication structures were in place within the service. There were regular staff training events which were mandatory for all staff to attend. There were also regular team meetings which gave the registered manager an opportunity to deliver clear and consistent messages to staff, and for staff to discuss issues as a group.