Care Quality Commission

Hadrian Healthcare (Bradford) Limited

Crossley 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

We inspected Crossley House residential home on the 19th October 2015. This was an unannounced inspection which meant the staff and the provider did not know we would be visiting.

Crossley House is owned by Hadrian Healthcare. The home provides accommodation and personal care for up to 58 older people and people living with dementia. On the day of our visit there were 58 people living in the home. The service met the regulations we inspected against at their last inspection which took place on 10 September 2014.

The home had 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 and associated Regulations about how the service is run.

People who used the service were supported by staff that were kind, caring and respectful of their privacy.

Summary of findings

People told us said they felt safe living at the home. Staff understood safeguarding issues and described to us what potential abuse might look like and how they would deal with it if they saw anything which concerned them. Accidents and incidents were monitored and reviewed to

identify any issues or concerns.

The registered manager told us each person who used the service had been assessed for their level of dependency and this information was used to determine the minimum staff number needed to run the home. In addition to this system they monitored people's needs and staff feedback on the number of staff needed, and was able to show us when they increased the number of staff when necessary. Suitable recruitment procedures and checks were in place, to ensure staff had the right skills to support people at the home

People who needed assistance with meal preparation were supported and encouraged to make choices about what they ate and drank. People told us they were happy with the standard and

range of food and drink provided at the home. Catering staff kept records regarding people's individual dietary requirements and preferences.

The care staff we spoke with demonstrated a good knowledge of people's care needs, significant people and events in their lives and their daily routines and preferences.

Staff spoke positively about the culture and management of the service. Staff said that they enjoyed their jobs and described management as supportive. Staff confirmed they were able to raise issues and make suggestions about the way the service was provided in one-to-ones and staff meetings and these were taken seriously and discussed.

People told us they felt the staff had the right skills and experience to look after them safely. Staff confirmed they had access to a range of training. Staff told us, and records confirmed that regular supervision took place and that they received annual appraisals.

There were safeguards in place to help protect the people who lived there. People were able to make choices about the way in which they were cared for and the staff listened to them and knew their needs well.

Relatives of people living at the home were happy with the service. There was evidence that the staff and registered manager at the home had been involved in reviewing and monitoring the quality of the service to make sure it improved.

The procedures to manage risks associated with the administration of medicines were followed by staff working at the service. There were suitable arrangements for the safe storage, management and disposal of medicines.

People were assessed against a range of potential risks, such as poor nutrition, falls, skin integrity and mobility. Where other risks had been identified assessments had been carried out to ensure people received appropriate care. Advice from healthcare professionals was sought if further experience was required.

Care plans reflected people's individual needs and were reviewed to reflect changes in people's care, as necessary. A range of activities were offered for people to participate in, both inside and out of the home. People and relatives told us if they had any concerns they would feel happy to discuss these with senior staff or the registered manager. People told us any issues they had raised had been dealt with quickly and to their satisfaction. Records had been kept of formal complaints, including information on investigations carried out and action taken in response to complaints.

The manager had knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Libertys Safeguards (DoLS) legislation and referrals for a DoLS authorisation had been made so that people's rights would be protected.

There was a system in place to monitor the quality of the service and action had been taken when necessary to make any improvements.

Robust quality monitoring systems were in place which covered areas such as meetings, feedback and audits. All areas of the service were reviewed regularly.

The registered manager provided good leadership and people using the service, healthcare professionals, relatives and staff spoke highly of the registered manager and told us they promoted high standards of care.

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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.

Medicines were managed safely for people and records had been completed correctly.

Everyone we spoke with told us they felt safe living at the home. Staff had

received safeguarding training and could describe the actions they would take should they have any concerns.

The premises were safe and equipment was appropriately maintained.

Sufficient numbers of suitably qualified staff were employed to keep people safe and meet their needs.

Good

Is the service effective?
The service was effective.

People received care from staff that were trained to meet their individual needs. Staff felt supported and received on-going training and regular management supervision.

People received the support they needed to maintain good health and wellbeing.

People were supported to eat healthy.

The registered manager and staff within the home were knowledgeable about the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

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Good

Is the service caring?
The service was caring.

We obsereved and people and their relatives told us staff were kind and caring. Staff knew people's preferences and acted on these.

People and their relatives told us they felt involved in care planning and the delivery of support. People they felt able to raise any issues with staff or the registered manager.

People told us staff treated them with respect, and always knocked on their doors before entering their rooms.

Good

Is the service responsive?
The service was responsive.

People's needs were assessed. Staff responded to changes in people's needs. Care records were up to date and reflected the care and support provided. Regular reviews were held to ensure records were up to date.

There were a range of suitable activities available during the day.

Good

Summary of findings

People knew how to raise any complaints or concerns, but no-one we spoke with had ever made a formal complaint. Any requests that had been made to the registered manager had been dealt with quickly and satisfactorily.

Is the service well-led?

Good

The service was well led.

People living at the home, their relatives and staff were supported to contribute their views.

There was an open and positive culture which reflected the opinions of people living at the home.

There was good leadership and the staff were given the support they needed to care for people.

There was a robust quality monitoring system in place which covered areas such as meetings, feedback and audits. All areas of the home were reviewed regularly. We saw that where audits were completed, if action was needed, this was clearly documented.

Crossley 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection and took place on 19th October 2015.

The inspection team consisted of one inspector, a specialist advisor (SpA) who was a Registered Mental Health Nurse (RMN) and an expert-by-experience An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection 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. Before we visited the home we checked the information that we held about the service and the service provider. This included statutory notifications and safeguarding alerts.

We spoke with ten people who use the service and four relatives. We also spoke with eleven members of staff including senior care staff, care staff, cleaners, head chef and the registered manager.

During our inspection we observed how the staff supported and interacted with people who use the service. We also looked at five people's care records, staff duty rosters, six staff files, a range of audits, the complaints log, minutes for residents meetings, staff supervision and training records, the accidents and incidents book and policies and procedures for the service. The SpA also examined the Medication Administration Records (MAR's) for the entire service.

Good

Is the service safe?

Our findings

People told us they were cared for very well and had never had any cause to feel concerned with regard to their safety. One person told us, “I have been here longer than I care to remember and I have always felt safe and am well looked after.” Another person told us, “I love it here, I always feel safe.”

People were protected from abuse. Staff told us they had received appropriate safeguarding training, understood abuse and were able to describe the action they would take if they witnessed or suspected any abusive practice. Records showed that all staff at the home had received recent safeguarding training. We saw this training was repeated annually. We viewed the provider’s policies and procedures on safeguarding and saw they were appropriate to keep people who used the service safe from harm. There was also a whistle blowing policy. All of the staff we spoke with told us they would not to hesitate to raise a concern or use the whistleblowing procedure if they were concerned. We saw telephone numbers with regard to whistle blowing and safeguarding were displayed in various areas of the home. This meant staff, people and their families were able to easily access the appropriate telephone numbers if required.

Appropriate checks were undertaken before staff began employment. The provider had carried out checks to ensure staff had the necessary qualifications, skills and experience to carry out their role.. Each staff file contained a completed application form, interview records, two written references and a signed job description. Disclosure and Barring Service (DBS) checks had been made. These checks were carried out to find out if people had any criminal convictions that may prevent them from working with vulnerable people.

Staff we spoke with told us they felt ready and fully able to work with the people who used the service subsequent to their induction.

People we spoke with told us there were always enough staff to support them. One person told us,

“I feel safer here than I've ever felt in my life.”

During our visit we observed staff on duty in all areas of the home and people's calls for assistance were promptly responded to. Routines were seen to be flexible to accommodate people’s varying needs. Staff rotas confirmed there were enough staff on duty to assist people who used the service in a safe and appropriate manner.

People told us staff gave them the help and support they needed. One person said, "They always give the care and support needed." Another said, “I can’t walk so I have a buzzer fastened on my dress and if I need anything I press it and they come quick. I feel safe because of this.”

Risks had been assessed and actions had been taken to minimise any risks identified. We saw from people’s care records that risk assessments were carried out based on people’s individual needs.For example, when one person lost weight, a risk assessment was carried out to determine their risk of becoming malnourished, and to reduce this risk the person was provided with a high calorie diet and weighed more regularly. A range of other assessments were carried out, such as to determine the risk of people falling or developing pressure sores and in response to people’s care needs.

An evacuation plan had been completed to guide staff in the event of any emergencies. Care records included an emergency health care plan, which contained important information to be given to health professionals if the person needed to go to hospital. This meant that potential risks had been assessed and processes had been put in place to minimise any risks to people’s safety.

We observed staff administering people’s medicines. People were given their medicine appropriately; staff told people what their medication was, and gave them a drink to take their medicines with. Staff gave people the time to take their medicines comfortably. We looked at the Medication Administration Records (MAR) for four people and found they were fully completed where staff had signed to say they had administered someonesmedication. Where medication had not been given, for example if the person refused or if they were asleep then codes had been used to record the reason the medication was not administered. Medicines were stored safely and securely in locked cupboards or a locked cabinet. People had an individual folder for medicines administration. These had a photograph on the front and a chart where allergies were highlighted. The file also contained a copy of authorised signatories.

Good

Is the service safe?

We saw fridge temperatures were recorded. Staff confirmed the provider had a good relationship with the pharmacy who delivered and collected all medicines used in the home. Training records confirmed all staff who managed medicines had received recent appropriate training.

We saw there were suitable policies and procedures for infection control in the home and staff had received appropriate training in this area. Staff told us they were provided with the equipment they needed such as disposable gloves. There were contractual arrangements for the disposal of clinical and sanitary waste.

Environmental risks around the home had also been assessed, for example the use of cleaning chemicals and electrical and gas appliances. We saw action had been taken to minimise these risks, such as keeping chemicals locked away, and regularly testing appliances. One person told us, “They come in with the vacuums every day and clean.” And another said, “They go in your rooms every day to clean.”

We completed a tour of the premises as part of our inspection. We took the temperature of water from taps in both bathrooms and people's bedrooms and found them to be comfortable. Inspection of the maintenance files showed that the hot water temperatures were regularly checked and thermostatic valves recalibrated as necessary. We saw fire-fighting equipment was available and emergency lighting was in place. During our inspection we found all fire escapes were kept clear of obstructions.

We saw that upstairs windows all had opening restrictors in place to comply with the Health and Safety Executive guidance in relation to falls from windows.

We inspected records of the lift, gas safety, electrical installations, water quality, pest control and fire detection systems and found all to be correctly inspected by a competent person.

We saw all portable electrical equipment had been tested and carried confirmation of the test and the date it was carried out.

.A recent Environmental health visit in August 2015 gave the home a five star rating.

Good

Is the service effective?

Our findings

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.

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 MCAStaff had a good understanding of the Mental Capacity Act 2005 (MCA) and followed the requirements of the MCA. We spoke with staff members and found they were aware this legislation protected the rights of people who lacked capacity to make decisions about their care and welfare. One staff member commented, “We never assume people don’t have capacity” but recognised that some people needed support to make decisions in their day to day lives. Staff gave examples of how they assisted people to make choices, for example about what to wear and how to spend their time.

Records showed that assessments had been undertaken when there was a concern about a person’s capacity to make an informed decision about their care. The registered manager confirmed the action that had been taken to ensure people who lacked capacity were not being unlawfully deprived of their liberty. This included applying to the local authority for an authorisation under the Deprivation of Liberty Safeguards (DoLS). Our scrutiny of people’s care records demonstrated that all relevant documentation was securely and clearly filed.

Staff promoted people’s independence, but had arrangements in place for supporting people if complex decisions were needed in regards to their care and treatment. Records showed that people’s next of kin or representatives and health or social care professionals had been involved in decision making.

Staff told us they regularly received training to keep their skills up to date. One staff member told us, “We get loads of training; there is always some training to be done, either online or on courses. If you mention in supervisions that you’re interested in something then they’ll try and get you on it. I’m being trained in administering medications at the moment, it’s really interesting.” Training was held on a data base to ensure that required training was kept up to date. The system highlighted when training was due to go out of date, and staff were given this information in order to ensure they booked onto relevant training. We saw that staff had a range of training including nutrition, risk assessment in care, , end of life care and care planning. Some of the staff had achieved vocational qualifications in adult social care, for example National Vocational Qualification (NVQ) Level 2 or 3.The Lifestyle co-ordinator had been supported by the provider, and had taken a level 5 NVQ qualification in Health and Management

Staff explained it was mandatory for staff to complete training on a number of required subjects before commencing work. These courses included working with dementia, medicine administration, safeguarding adults, health and safety, food hygiene and managing challenging behaviour.

Staff records showed that staff attended courses which were appropriate to the provision of a safe service for people who lived at the home. Mandatory courses were repeated annually. The provider had a comprehensive induction policy.

Staff told us they regularly met with senior staff in supervision sessions to discuss their performance, role and the needs of people they supported. We saw that supervisions and appraisals were used as a two-way

Good

Is the service effective?

feedback tool through which staff members met with senior staff to discuss work related issues, training needs and personal matters if necessary. We saw copies of supervision and appraisal documents in staff personal files. Records showed supervision sessions were held approximately every two months and appraisals were completed annually.

One innovative aspect of Crossley house was the inclusion of people that used the service on interview panels which enabled joint decision making to be undertaken. This enabled management to make decisions that would continually improve the service by listening to people who lived at Crossley House .

Staff were complimentary with regard to support they had received from the registered manager. There was a regular programme of training for staff. Staff told us about two planned training courses for the safeguarding of vulnerable adults and mental capacity. There was a wall chart with dates for staff members to attend training. We observed that members of staff were positive and enthusiastic about their work.

The registered manager was able to explain to us that each staff member had been through a robust induction. We saw in staff files the provider had kept a list of all the training and development on each staff member on induction. We noted staff did not work alone with people until they had completed core skills such as communication, manual handling, anti-discriminatory training, health and safety and care planning. Staff we spoke with were all in agreement that the induction period and content allowed them to work effectively and safely with people who used the service. One staff member told us, “The training and support here is excellent.”

We observed people being well supported during the inspection. Drinks were readily available to people in their own rooms. At lunchtime, we saw that staff knew people’s needs well and the level of support they required with their meal. This included individual assistance with eating from staff who were well positioned to support the person. Staff recognised when other people would benefit from a ‘helping hand’. A special plate was provided for oneperson that would benefit from such equipment.. When there was a significant weight gain or loss over a referral was made to the Community Matron and their care plan updated. If there was a weight loss a review of that individuals care was also undertaken by the SALT team.

One staff member commented that people were encouraged ‘to maintain their independence’ but received support when needed, for example to ensure their food didn’t go cold. People spoke positively about the meals. For example, one person told us, “The meals are good and I’m very choosy about food.” A choice of courses was available to people. One person said, “The food is brilliant. I get a choice. I don't like cornflakes so I usually have Frosties. This morning there were no Frosties so they asked if I would have crunchy nut cereal instead.” One person of faith that used the service had a different meal provision from the rest of the residents. Theywere able to inform staff about what they would like and this was prepared for them separately. One relative told us, “The food is good they eat the lot. I can eat with them if I want and I am given the same food. The food is nicely presented. The Sunday lunch is lovely and served with all the trimmings.”

The meals we saw, including the soft pureed ones, looked well presented.

Staff received training and guidance which helped to ensure they were well informed about diet and nutrition. Staff spoke about their knowledge of diabetes and people’s individual dietary needs. People’s care records showed that where there were any concerns about their food or drink intake that additional paperwork, such as food and fluid charts were completed to increase monitoring on their intake. This meant people’s specific dietary needs were catered for and staff monitored people had adequate food and drinks available to them.

The chef was knowledgeable about the nutritional needs and there was a chart in the kitchen which highlighted people who required special diets due to religious, cultural or health reasons.

Staff confirmed that food and drinks were readily available for people day and night. During the inspection we saw that people were provided with drinks and snacks throughout the day and were regularly asked if they would like a hot or cold drink.

The registered manager had facilitated some time for the chef to complete paperwork regarding dietary issues on care records and other tasks relevant to their role e.g. organising some taster session for possible new additions to the menu. The taster sessions were in response to people’s requests for ‘tastier’ food. People confirmed that

Good

Is the service effective?

they enjoyed the taster sessions and ammendments were made to the menu. The registered manager had ordered some flavourings for one person. For example they had their own nutmeg that they put on rice pudding.

A Weight Management Plan had been devised by the Registered Manager. Each person's weight was entered onto a spreadsheet where it calculated the residents BMI and a weight loss or gain over set periods through the year. A Weight Management Plan was then triggered depending upon the information. People who were 'at risk' or who had sustained more than 1.5kg weight loss in a month were placed onto the weight management plan where actions were implemented to include a referral where necessary, weekly weights, diet charts to be commenced, meals/ drinks fortified where possible along with ongoing reviews by the registered manager. The weight management plan enabled those people who were at risk to be monitored closely on an day to day basis. Crossley House had a community matron attached to the service, demonstrating that people supported to maintain good health.

Records showed that people were supported with obtaining the other services they needed in relation to their health and care. This included visits to the optician and dentist, and appointments with a chiropodist who came to the home. A district nurse or a practise nurse attended the home on a daily basis to monitor someones insulin and to take blood when needed. The registered manager told us that GPs visited the home on a regular basis to review people's care needs. The registered manager told us that a tissue viability nurse attended and offered advice when needed. One person told us, "They bring a community matron in to check on people. When I had been here a week I had a chest infection and she organised that I went to hospital."

Good

Is the service caring?

Our findings

People said the staff were caring in their approach. They spoke very positively about how staff went about their work. For example, one person commented, “They wash my clothes and bring them back the next day. I have a jug of juice in my room. It's good getting your food and everything done for you.” Other people told us, “I wouldn't change anything about the home.The staff are polite and helpful. They are very friendly” And, “This duvet’s mine. I change my own duvet. My laundry is done. The staff are brilliant. I have more lady friends in here than anything else. I'm spoiled to death. The staff call me 'trouble' – but in in a nice way. They have a good laugh with me. I have friends who visit me whenever they want.” One further person told us, “I can do what I like. Every morning after breakfast I go to cost cutter to buy my newspapers. Sometimes in an afternoon I go to the pub. I have a tot of whiskey at night if I want to.”

space

One relative told us, “This place is absolutely brilliant. We looked all round Bradford and nothing compared to this. The ambience is great. The staff are lovely.” And another said, “He's getting very good care. He's always clean, his clothes are clean and he is shaved regularly.”

We saw that visitors were welcomed throughout our visit. Visitors and relatives we spoke with told us they could visit at any time and they were always made to feel welcome. One person who used the service told us, “We get visitors and they are made very welcome and can come at any time.”

We observed staff interacting with people in a friendly and respectful way. Staff listened to people and took time to explain what they were doing. It was evident that the staff had taken time to get to know the people who lived here and were aware of people's individual preferences and their likes and dislikes. Staff addressed people by their preferred name, and chatted with them about everyday things and significant people in their lives. This showed that staff knew about what was important to the person. People said they appreciated the friendliness of staff. One person told us, “The home is good. The carers are very good. We have a bit of a joke with them.” Another person said, "We have a bit of fun, I don't think it could be done any other way." People's comments indicated that humour was used appropriately. We observed the Lifestyle Co-ordinator deliver an exercise session and they greeted everybody individually and enquired if they had had a good weekend.

We saw that there was a good staff presence around the home. Staff were patient and spent time with people in the communal areas, chatting with people and taking part in activities. Staff appeared to know people well and used their knowledge of people’s backgrounds to engage with people.

People's privacy and dignity were respected by staff. We were told staff always knocked on doors. People gave examples of how their privacy was respected, such as by staff ensuring curtains were closed. People at the home and their relatives all agreed that people were treated with dignity and respect and their privacy was respected. We observed a staff member knocked on a door and ask, “Have you any washing today?”

We carried out an observation over lunch, and saw people were supported to eat in a caring way. Staff sat with people and gave them their full attention, explaining what they were eating and engaging them in conversation.

All of the visitors we spoke with told us they were happy with the care their relative received. A relative said, “The home itself looks wonderful to me. I come every couple of weeks. The staff know my relative. They introduce themselves to me. The staff are friendly.” Relatives told us that they had been made to feel very welcome. One relative said, “The staff are friendly. They know him and what he is like. The staff can understand him even though his speech is not clear.”

Training and guidance was provided which promoted a caring approach from staff. Staff told us about training they had received which focused on the caring nature of their work.

Relatives gave examples of what they felt was a caring approach by staff. One relative commented on how well dressed their family member was; they said staff made sure that clothes were well co-ordinated, including jewellery which had been an important factor in their family member’s life. The people we met with looked to be well supported with their personal care and appearance.

The home provided opportunities for people to maintain independence and entertain their visitors. These included a

Good

Is the service caring?

number of 'family rooms' in the home where people could meet and make their own drinks and snacks. There were other indoor and outdoor seating areas with different outlooks which were available to people.

People's own rooms looked homely and were personalised with pictures, furniture and items of memorabilia.

Good

Is the service responsive?

Our findings

People were supported to enable them to follow their own interests. For example one person who was interested in golf had putting equipment in their room. Another person who was interested in jigsaws had their own collection of these and was working on one. People who used the service and their relatives had a high level of confidence that they were listened to by the staff and any appropriate action taken.

There was an extensive programme of activities which were well-publicised. The posters show what was on offer over a month and this was supplemented by a weekly run-down showing specific times and venues for the various activities. Activities include church services, movement to music, film matinees, yoga classes, gentleman's club, quiz and natter, music for health, sing-a-long, reminiscence and bingo. Additionally there were seasonal and other special events added to the programme such as a visit to the circus. We saw there was a 100th birthday celebration and a Halloween party planned. Each week the co-ordinator produced a 'Weekly Sparkle' publication. This had lots of articles to support reminiscence ('Today in History') and to remind the people of 'the way we were'. People had access to weekly Yoga sessions. The regonised benfits of yoga were displayed and people were encouraged to take part. People may benefit from Yoga's combination of breathing, meditation and movement which creates an overall sense of well-being. This was something that was really enjoyed by people and was tailored to their needs.

People were invited to make contributions to the newsletter entitled 'Over to You' and there were quizzes about music hall songs, British rivers and the names of fruit. This was a high quality publication and much thought had gone into making it relevant for everybody who used the service. It was produced in easy to read large print format with notes at the back giving ideas to staff about how the magazine could be used with people's relatives and why.There were also notes for family members explaining how this could be used to stimulate their loved ones. One person told us, "There's a lass who's organised a sports day, bingo and a singer. I enjoyed the singer. He played the sort of songs I was brought up with." Another said, This summer I've been outside. I went to the garden parties. There was a party and a singer. There were games. They hold sales to raise money for McMillan. They had a day selling clothes. I bought a jumper and a top." One person told us, "I feed a squirrel every morning. I also have two blackbirds and a robin visiting."

One personhas been given a staff ID badge and their role was described as 'Bingo co-ordinator' to show that was their job. This boosted their self-esteem and improved their quality of life.

A relative told us, "I feel if there are any issues the management would sort it out. The policies from the top drip down. My relative is the bingo caller. They have that twice a week. Its been really good to give her meaning to her days. There's a men's club where they play dominoes once a week. If there's anything to celebrate like Halloween they mark the occasion. There's a monthly meeting for residents' families. We've been to a couple. It's an opportunity to say if you want to change anything. We get information about what's going on. They organise trips to a local cafe a couple of times a month. They organise longer trips sometimes to the Cow and Calf rocks or Manningham park."

On the unit where people lived with dementia resided we found the rooms were well marked as to their use with pictures and names of the resident on the doors which enbled people to orientate themselves. Within this unit we saw evidence of best practise in place. For example there were a number of strategically placed rummage shelves and handbags hanging on pegs or dolls and soft toys for residents to handle which was a recognised therapeutic activity for people with dementia.

The Lifestyle Co-ordinator was passionate about their role and showed great commitment to stimulating the people. They had an extensive insight into the needs of and issues around the elderly and were keen to apply their knowledge and research findings to their role at the home. The Lifestyle Co-ordinator had been innovative in how they had established some links with local well-being cafes and had organised some visits to these. The importance of ensuring the service remained part of the local community was important in developing links further. They had been supported in these endeavours by being able to use the 'café's mini-buses.

Many people had fresh flowers in their rooms.

'Residents meetings' were held every quarter in each of the four units. An action planwas completed after each

Good

Is the service responsive?

meeting. The Lifestyle Co-ordinator said that the people's views were listened to. One example was that after one of the resident meetings, there was a request for more chocolate biscuits which had since been actioned.

Relatives spoke about receiving surveys and being invited to regular relatives' meetings.

Relatives were invited to enjoy meals with the residents. The home was taking bookings for those relatives who wished to have a Christmas dinner with their loved ones in the home.

People told us they were aware of how to make a complaint and were confident they could express any concerns. One person told us, "We have meetings were we can speak out. You can make any complaints about anything. They try and sort things out." And another said, "I have no complaints whatsoever, the staff are kind and remember our little likes and dislikes." A relative stated, "My mother has been so well looked after, the registered manager and the staff are such wonderful, happy people." And "I have never had to complain but if I did I would tell one of the carers who would pass it on to the manager. The provider took account of complaints and comments to improve the service. A complaints book, policy and procedure was in place. We saw there had not been any recent complaints made in 2015. We saw that there were compliments displayed on the wall.

Care records showed that people's needs were assessed before they had moved in. These had been regularly reviewed and updated to demonstrate any changes to people's needs. The staff told us they had access to care records and were informed when any changes had been made to ensure people were supported with their needs in the way they had chosen. People told us the home was meeting their needs. They said their individual preferences were being taken into account in how support was provided. One person, for example, told us about their evening routine; they said staff were aware of this and provided assistance when it was needed. People said they were able to get up and to go to bed at the times they wanted.

The care records contained detailed information about how to provide support, what the person liked, disliked and their preferences. People who used the service along with families and friends had completed a life story with information about what was important to people. The staff we spoke with told us this information helped them to understand the person.

People were encouraged to retain and develop their independent living skills such as cooking, housekeeping and accessing their local community. This also included having access to local health services such as GP, chiropodist and opticians. One member of staff said, "We like to keep people as independent as possible, so we prompt as much as possible." People were supported in promoting their independence and community involvement.

People's diverse needs were understood and supported and care records included information about their needs. There were details in relation to people's food preferences, interests and cultural background. This was reflected in daily life with regard to, for example, the choice of meals for people.

Good

Is the service well-led?

Our findings

People and their relatives praised the registered manager and said they were approachable and visible. A relative told us, "She does a good job and has a caring attitude; she has the residents' interests at heart." When the registered manager took up post they attended all the meetings and introduced themselves to people.

At the time of our inspection there was a registered manager in place. They had been in place for ten months. backspacePeople told us they found the registered manager to be very approachable. They felt able to discuss any worries or matters with them. One person commented that they were sure the registered manager would take any concerns seriously and investigate them thoroughly.

Relatives spoke favourably about the availability of the registered manager. We saw the registered manager gave people time during the inspection and responded positively to their questions. Comments generally from people and their relatives indicated their satisfaction with the service. For example, people mentioned that they would recommend the home to others.

Relatives felt their family members were settled in the home and had good relationships with the staff and management team. One relative told us, "I have been to some of the relatives' meetings. You can talk about anything and also get information about what is going on in the home." And another said, I know (name of manager) is the manager. The staff are always open. If I wanted to know anything they would listen to me."

One staff member told us, that, "Our manager is very helpful and cooperative and her door is always open." Staff we spoke with said that they enjoyed their jobs and described the manager as supportive.' Staff also told us that the manager had supported them in going for promotion and had encouraged their development.

People we spoke with told us that there were regular 'relatives' meetings. Records showed that activities, food, staff changes and suggestions for improvements were discussed. The home sought the views of relatives, staff and residents. The registered manager told us that yearly surveys were undertaken of people that lived in the home and their relatives by the head office.

A person told us, "The manager always has a chat and checks we are ok." The registered manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. During our meeting with her and our observations it was clear that she was familiar with all of the people in the home.

The home had a system in place to assess the quality and service provision called QARMS (Quality Assurance Risk Management System). The system included resident and staff meetings, visits from the regional manager and regular audits. The system included a yearly planner which identified when each element of the assurance system should be carried out. We saw a range of audits were identified by the provider as being essential quality checks for the home. This included monthly audits of medicines, staff records, care plans, health and safety and infection control. Records were maintained about significant incidents and events. These included information about the circumstances leading up to the incident and the action taken to help prevent a reoccurrence. We saw from the records that this information was shared between staff and learning points arising from incidents were discussed.

In addition to the audits, the regional manager completed regular compliance visits and monitored the quality of the home. The compliance visits looked at all areas of the home including care record evaluations and whether the meetings for people and their relatives were arranged and advertised.

The provider worked with other organisations to make sure that local and national best practice standards were met. This included working with the local authority quality team and the quality team at the provider's head office.