C T C H Limited

Bredon View

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Overall summary

Bredon View provides personal care and accommodation for 26 people. At the time of our visit there were 17 people living at the home five of whom were living with dementia or memory impairment. People's accommodation was spread over two floors with some ground floor rooms available. A lift was provided to access the first floor. All bedrooms had en-suite facilities. People had access to a lounge, dining room and garden.

This was an unannounced inspection which was carried out over two days on the 4 and 5 November 2014. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We last inspected Bredon View in December 2013. At that inspection we found the service was meeting all the essential standards we assessed.

Although the needs of people living with dementia were recognised they were not provided with an environment which helped them to remain independent and

Summary of findings

stimulated them in their day to day lives. Consideration had been given to the needs of people with a sensory disability and information or books were available in formats which they could use.

Quality assurance processes highlighted areas for improvement and some small changes had been made as a result. Improvements to the environment had been identified but there were no plans in place to confirm when these would be carried out. People, their relatives, staff and health care professionals had the opportunity to give their views about the service in a variety of formal and informal ways. They were confident complaints or concerns would be listened to and acted upon to make things better. Health and social care professionals said the registered manager worked with them to implement their recommendations to improve the service.

People's needs were assessed, monitored and reviewed. Any changes to their health or wellbeing or accidents and incidents were responded to quickly. Referrals were made to social and health care professionals to keep them safe and well. People had their medicines when they needed them and they were administered safely. People said they enjoyed a range of activities from musical movement, to bingo, games and day trips out. Staff spent time with people individually chatting and enjoying their company. The atmosphere was jovial and light hearted. People's relatives and friends visited whenever they wished and were made to feel welcome.

Staff said they felt supported and had access to training to maintain or develop their skills and knowledge. They spoke positively about the registered manager and the team. People and their relatives were happy with the staff team and the care they provided. Staff were observed treating people sensitively and had a good understanding of people's needs and preferences. There were sufficient staff working at the home to meet people's needs.

We made a recommendation for the provider to consider how improvements can be made to the service people receive.

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?

Good

The service was safe. People told us they felt safe living in the home and would raise concerns about their safety with the registered manager.

People were protected against the risk of harm whilst being encouraged to maintain their independence. Accidents and incidents were monitored and action taken to keep people safe.

People were supported by enough staff with the skills, knowledge and experience to meet their needs and to promote their safety.

People's medicines were administered and managed safely following current guidance about the safe administration of medicines.

Is the service effective?

Requires Improvement

The service was not effective. The environment did not promote the independence of people living with dementia. Adjustments and adaptations had not been made to improve the experience of people living with dementia.

People received care and support based on their individual assessments and needs. Staff had the skills and knowledge to provide their care.

Staff understood the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People's capacity to consent to their care and treatment was assessed. People were supported to make decisions and choices about their care.

People had enough to eat and drink. Any specific dietary needs were catered for. People's health needs were monitored.

Is the service caring?

Good

The service was caring. People's needs in respect of their age, religious beliefs, sexuality and disabilities were recognised and understood by staff. People were listened to and given individual attention by staff.

People were asked for their views about the way in which they wished to be treated. People and those important to them were involved in making decisions about their care and support.

People were treated sensitively and respectfully. They chatted with each other, staff and visitors creating a light hearted atmosphere.

Is the service responsive?

Good

The service was responsive. People's care plans reflected their individual needs and aspirations. People were asked how they would like to be treated by staff. Staff respected people's routines and made sure care centred on them as an individual.

Summary of findings

People had the opportunity to join in a range of activities within the home and enjoyed going on day trips.

People and their relatives knew how to make a complaint and to whom. Concerns were responded to and improvements made as a result.

Is the service well-led?

Requires Improvement

The service was mostly well led. Quality assurance systems identified areas for improvement but these were not always actioned by the provider to enhance the quality of the service.

People and staff spoke positively about the registered manager. They raised concerns as they arose and felt listened to and respected. They had opportunity to provide feedback in a variety of ways and knew action would be taken as a result.

The registered manager monitored the quality of the service provided and made improvements where they could in response to feedback and quality assurance audits.

Bredon View

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 4 and 5 November 2014 and was unannounced. One inspector carried out this inspection. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at information we had received about the service such as notifications. Services tell us about important events relating to the service they provide using a notification.

As part of this inspection we spoke with seven people living in the home, four visitors, nine staff and the registered manager of the home. We reviewed four people's care records and their daily care and medicines records. We also looked at recruitment records for one member of staff, training records and quality assurance systems. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked around the building and three people showed us their bedrooms. Prior to the inspection we had feedback about the service from the local authority. Following our visit we spoke with two health care professionals.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel safe living here" and another person told us, "I didn't feel safe living at home but I do here". A visitor said, "She is really safe here." People living in the home had access to information about how to identify and report abuse. This was produced in formats appropriate to the needs of people such as using large print, photographs and pictures. A visitor commented, “I have no concerns but would talk with the manager if I did.” A member of staff told us, “I feel I can raise anything with the registered manager, nothing is too small to raise, everything is valid.”

People were kept safe by staff who had a good understanding of how to recognise abuse and what they should do in response. They said they had kept up to date with their training in the safeguarding of adults. They were confident any concerns they raised about people's safety would be dealt with promptly by the registered manager and deputy manager and the appropriate action would be taken. Information about safeguarding procedures was clearly displayed in the office with local contact numbers should they be needed. The registered manager confirmed there had been no recent safeguarding alerts for people living in the home.

Occasionally a person had become distressed or unhappy and this had impacted on others living in the home causing them to become upset. Staff discussed with us how they supported people to become calmer with diversions such as offering a cup of tea or using humour. Staff said such episodes were infrequent and over very quickly. We saw records which confirmed staff had encouraged people to treat each other respectfully.

For people at risk of slips, trips or falls risk assessments described how hazards had been reduced to keep them safe. The registered manager said although she had previously used bed rails to protect people from falling out of bed they had since introduced the least restrictive option by providing beds which lowered to the floor and placing mats beside the bed.

People were supported to take risks to maintain their independence whilst minimising any hazards. Risk assessments had been reviewed each month and where any changes to people’s health or wellbeing had been identified they had been changed to reflect this. For example, people were encouraged to use mobility aids. Staff monitored them discreetly to make sure they stayed safe. Accidents and incidents were recorded and monitored to ascertain whether any trends had developed. Records confirmed what action had been taken to reduce the risk of accidents happening again such as a referral to the physiotherapist or falls clinic. Accident and incident records were audited each month to make sure the necessary action had been taken. For example, in response to increasing falls a person had been referred to their GP which resulted in a change in their medicines. This had been closely monitored and resulted in a decrease in falls. For people at risk of developing pressure ulcers the appropriate equipment had been provided to reduce the possibility of further damage to their skin. We observed a meeting where staff discussed concerns about the condition of a person’s skin and were told that cream and new dressings could be applied by staff in line with guidance from community nurses.

Plans to respond to emergencies such as fire, flood, shortages of staff or power failure were accessible to staff. Fire procedures were displayed throughout the building. Each person had a personal evacuation plan should they need to leave the home in an emergency. Out of hours emergency support was in place and staff were aware of this.

People were supported by sufficient staff with the appropriate skills, experience and knowledge to meet their needs. Rotas confirmed staffing levels were maintained throughout the period reviewed and considered the experience and skills of care staff. Staffing levels were determined by the assessment of people’s needs. Care staff were supported by a cook, cleaning staff and maintenance team. People told us, “All of the staff are wonderful” and “Staff are very good”. A visitor said, “Staff are great, they really work hard.” People told us staff could be busy at times but they knew call bells would be answered quickly. A person told us, “You don’t have to wait long for call bells to be answered.” Staff were attentive to people, checking to see they were alright and providing support when needed. We observed a meeting at the end of a shift when staff handed over information to staff coming into work. Any concerns about people’s health or wellbeing were discussed. For example, the needs of one person had changed due to deteriorating health. It was explained two staff were now needed for any moving and handling tasks to make sure the person was safely transferred.

Good

Is the service safe?

People were protected against the employment of unsuitable staff. Recruitment procedures made sure staff were appointed after all the relevant checks had been completed. We looked at the records for the new member of staff. These included completing a Disclosure and Barring Service (DBS) check and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people.

We saw people having their medicines at times which suited them and when they needed them. Staff explained some people had to have their medicines before meals and other people had theirs with food. We observed staff giving people their medicines with a drink of their choice and explaining to them what they were having. People were given time and space to take their medicines at their own pace. The medicines administration record (MAR) was then signed by staff to confirm the medicines had been taken. Staff talked us through how medicines were stored and maintained. Stock records had been kept for all medicines and records confirmed when medicines had been returned to the pharmacy. This ensured all medicines were monitored and tracked from receipt to disposal to prevent the risk of misuse or errors. The MAR had been completed satisfactorily and there were no errors. Medicines were stored appropriately and labelled with the date of opening so they could be disposed of at the appropriate time. For people who only needed medicines occasionally, for example for pain, guidance was in place describing how often this medicine could be taken safely. Safe systems for the management of over the counter medicines were in place. Staff completed training in the administration of medicines and observations of their practice confirmed their competency to manage medicines.

Requires Improvement

Is the service effective?

Our findings

An environment had not been provided which was engaging and promoted the independence of people living with dementia. Some red glasses had been provided to encourage people to drink. No adaptations or adjustments had been made to the environment to keep people living with dementia independent or stimulated. For instance the use of signs on toilet, bathroom or lounge doors to help people find their way around. All doors and corridors around the home were decorated the same. Carpets throughout the home were the same colour and pattern. The décor of the home would not help to reduce people's confusion. Photographs with the names of staff working in the home were displayed in the lounge. Each day this showed the staff who would be working. This acted as a prompt for people with memory problems. We also observed staff playing music from the 50's and 60's. Some people happily sang along to this.

People were happy with the care they received and the staff team supporting them. They told us, "I am looked after very well indeed", "Staff look after me well" and "All of the staff are wonderful". Visitors commented, "She is very well looked after" and "Staff are just excellent". We observed staff supporting people with skill and professionalism. They spoke with confidence about people's assessed needs and the support they required. A new member of staff had just been appointed and during our inspection they were observed shadowing another member of staff. A work experience student also worked with the staff team. We observed staff guiding and supporting the new member of staff and student sharing their knowledge, skills and experience. Observation of a staff meeting to hand over information about people confirmed the level of understanding and knowledge staff had about people's needs.

People received care and support from staff who had access to training to maintain and develop their skills and knowledge. Staff confirmed they had completed training recently in falls awareness and fire safety. Each member of staff had an individual training record which identified when they had last completed courses or training. In addition, a training summary was maintained which highlighted when staff needed refresher training. The registered manager said she tested staff understanding by arranging a themed questionnaire each month. If anyone struggled with this they would be supported to reflect on their understanding and knowledge or refresh their training. Observations of staff practice were also completed to make sure staff had understood the theory of their training for instance medicines or moving and handling. Two members of staff were dementia link workers meeting locally with staff from other services. This was to share best practice about the support and care provided to people living with dementia. Staff had completed training specific to the needs of people living in the home such as dementia awareness, end of life and diabetes training. New staff had access to the skills for care common induction standards. These are nationally agreed minimum training standards for new staff. The provider information return stated staff had access to support and advice from local agencies and other providers to develop their knowledge and skills. For example, the Alzheimer's Society Cooks training days.

Staff said they felt supported by the registered manager and deputy manager. Staff told us, "Couldn't fault the management of the home" and "I feel really supported, the registered manager always finds time for staff". They said individual meetings were scheduled every two months. A plan was in place confirming this and we saw copies of meetings held with staff throughout 2014. Annual appraisals to discuss their performance were scheduled throughout 2014. Staff meetings had been held every two or three months. Staff had the opportunity to discuss people's changing needs to make sure they had a consistent approach. Staff also reflected on the impact they had on people's experience of living in the home. Comments included, "A fantastic team that I am proud to be part of" and "Such a dedicated team".

People's consent to their care and support had been obtained as part of the assessment and care planning process and also each day as staff delivered care. People's capacity to make decisions had been assessed and recorded in relation to each aspect of their care. Where they had been assessed as unable to make a decision about any part of their care a decision was made in their best interests. Care plans recorded those people involved in this process. Staff received training on the Mental Capacity Act 2005 (MCA) and understood the need to assess people's capacity to make decisions. The MCA is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack the capacity

Is the service effective?

to make particular decisions for themselves. We observed staff seeking people's permission before helping them with their care and encouraging them to make choices about their daily lives.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a lawful way to deprive someone of their liberty, provided it is in their own best interests or is necessary to keep them from harm. Staff had been trained to understand when and how an application to deprive someone of their liberty should be made. In order to keep people safe some restrictions had been put in place such as locking the front door. This did not prevent people leaving the home when they wished to go out. Some people needed the support from staff to go for walks or on outings. The registered manager was aware of changes to the way the deprivation of liberty safeguards (DoLS) were interpreted. The provider had liaised with the local authority and applications would be submitted for people who were deprived of their liberty.

People said "The food is good" and "They worry about my eating, and encourage me to drink well". Staff offered people snacks throughout our inspection which included hot and cold drinks and easy to swallow savoury snacks (for people at risk of choking), chocolate and fresh fruit. We observed people having lunch and supper. One person told us they really enjoyed their meal. People had a choice between three main meals for lunch. The cook said if anyone wished to have anything different they would provide an alternative. Meals were freshly prepared. One person loved to have chutney with their meals and this was provided on the table where they chose to eat their meals. If people needed help or support to eat their food this was provided. Staff were attentive to people chatting with them as they helped them. The cook discussed how they prepared meals for people at risk of malnutrition by adding additional ingredients such as full cream milk, cream, butter or sugar. If people were at risk of choking their meals were prepared with this in mind and either cut up finely or pureed. The cook said they catered for people who had diabetes or a wheat free diet. A visitor told us, "(Name) eats well considering she has coeliac disease and needs a special diet, she eats better here than she did at home." People's nutritional needs had been assessed and their dietary needs identified in their care plans. Where people were at risk of malnutrition their weights were monitored each week or each month. Support had been provided from a dietician when needed and the cook had completed training days with external organisations about the dietary needs of people living with dementia.

People's health and wellbeing was positively promoted. They benefited from having visits by their GP each fortnight or sooner if needed. In addition to this health checks such as blood pressure and temperature were sent electronically to the surgery each week. If the surgery had concerns about any information they followed this up. This arrangement effectively monitored changes in people's health needs and made sure they received treatment as soon as it was needed. Whenever a person had a health care appointment the details were recorded in their care records. This kept staff up to date with any changes but also prompted them about future appointments. People had access to appointments for example with their dentist, optician, chiropodist or podiatrist and tissue viability nurses. During a meeting to hand over information staff discussed any changes to the health or wellbeing of people and how they had been kept informed. For example, a person living with diabetes was losing weight. After a referral with their GP staff were asked to monitor their blood sugar levels three times a week and feedback the results to the surgery. The person had been involved throughout and changes in their health had been discussed with them.

We recommend that the service explores the relevant guidance on how to make the service provided to people living with dementia more dementia friendly.

Good

Is the service caring?

Our findings

People told us, “I am quite happy, it’s really lovely” and “Staff are very good, they are more polite than I am”. Visitors said, “The girls will go and sit with her” and “Staff are ok, they are polite”. A healthcare professional stated, “Excellent, would strongly recommend for my family and friends.” We observed people being treated kindly and with sensitivity. There was shared conversation and laughter. The atmosphere was light hearted and people happily chatted with each other, staff and visitors.

People’s diversity and background were respected. A person liked to go to church each Wednesday and staff were observed helping them to attend the service during our inspection. For other people communion was held in the home every two weeks. The provider information return stated people’s care plans contained information about their religious beliefs, sexual orientation and preferences for the gender of staff helping them with their personal care. We found this information was recorded and considered when delivering care. For people with a sensory disability reading books were supplied by the Royal National Institute for the Blind. The registered manager said they would support couples to live together in the home if they wished.

Staff responded positively to people’s requests for help, advice or support. A person said they were feeling cold and they were offered a blanket. The member of staff checked later with them to see how they were feeling. Another person was unusually sleepy and staff kept an eye on them to make sure they were alright. This was discussed during a meeting to hand over information to other staff who were asked to monitor in case they were unwell. Staff monitored call bells and responding to them promptly. Staff were observed giving people a manicure. This provided the opportunity for people to have their own one to one time with a member of staff. They responded positively to this and for those unable to join in with the chatter this made sure they had a special time to themselves. One person told us they had decided to stay in their room. They said, “It’s my choice, I don’t feel lonely, snacks and my meals are brought up and staff check in on me.”

People had been involved in an exercise to give feedback about what they wanted from staff. Comments had included, “Make sure my shoes are in my wardrobe”, “Make sure my door is shut when I am not in my room” and “Respect my property, my room and me”. As a result a notice had been drawn up reflecting these comments. Each person had been given a copy. This was produced in large black text on a yellow background so that it was accessible to all people including those with a sensory disability.

We observed people, their relatives and friends popping in to see the registered manager to catch up on the care being provided and to exchange any relevant information. This was done discreetly and considered people’s right to have information about them treated confidentially.

Information was displayed around the home about local advocacy services. Each person also had information in their personal copy of the guide book for services provided by Bredon View. The registered manager said no one currently had an advocate. Some people were visited by representatives from the local church who would speak up on people’s behalf if needed. Visitors were seen to drop in whenever they wished and could visit with people in privacy or in the lounge. They told us they were made to feel welcome.

People’s care plans prompted staff to respect people’s choices and to treat them with dignity and respect. We saw people being treated respectfully and tenderly. Staff took time to respond to people individually and took an interest in their family and friendships. Staff who had not worked in the home for a few days asked people about their family. The handover of information between staff was conducted professionally and staff showed compassion and understanding of the people they supported. The provider information return stated the registered manager carried out observations of staff to make sure they promoted people’s dignity. A response from a district nurse as part of the annual survey by the provider stated, “All staff respect the dignity of people.”

Good

Is the service responsive?

Our findings

People's needs had been assessed when they moved into the home and were reviewed each month to make sure their needs had not changed. The registered manager said feedback from relatives, other professionals or hospitals was used as part of this assessment process. From these assessments care plans were developed to reflect the way people wished to be supported with their care. They included people's preferences, routines and interests. For example, one person had discussed how they would like staff to make them feel better when they were upset. A recent survey sent out to people and their relatives highlighted at least half of them, were unaware of how care was planned. The registered manager said they would be responding to this. We found evidence of people's involvement in the monthly reviews of their care and where able people had signed to confirm the discussion with staff. Staff had been reminded to make sure they had monthly meetings with people to discuss their care. A relative told us, "They tell me about any changes in (Name's) health, I am kept informed."

Each person had completed an additional document with staff describing their background, lifestyle and how they would like to be supported in areas of their care. For one person this described how to promote positive communication with them because they were unable to talk due to a stroke. For another person guidance was given about how to support them to manage their diabetes. One person had requested female only staff to help them with their personal care and daily notes confirmed this was being respected. The needs of people with sensory disabilities had been considered. When people were having a drink or a meal staff told them where they had put the crockery and guided them to it using physical prompts.

People were involved in developing life history books with staff. This was to supplement their care plans and individual profiles already in place. We saw examples for two people which included photographs from when they were children until the current day. Each photograph had prompted people to reminisce about their background and their lifestyle until they moved into the home. Staff said they had found this a rewarding experience and gave them an even more personalised picture of the person they were supporting.

People said they were offered a range of activities. They all really enjoyed music and movement as well as day trips out. A relative told us, "They provide bingo, games and music". People said they were looking forward to seeing the Christmas lights in town. We saw an activity schedule for October which had an activity scheduled for every day of the week. Staff were responsible for providing activities alongside their other duties. We observed them offering people a manicure and dancing with people. One person liked to help out around the home and we observed them helping staff to offer snacks to people. Another person told us, "I liked sitting in the beautiful garden in the summer". The registered manager said in addition to relatives, people from the local church also visited people. People were also invited to attend coffee mornings at the church.

People told us, "I keep staff on the ball, I will complain to them" and "I have no complaints, couldn't have a better place." A relative commented, "I have no complaints, I would talk with the manager if I did." A copy of the complaints procedure was clearly displayed in the reception area. This contained information about who to complain to if people were not happy with the response of the registered manager. Each person had their own copy of the complaints procedure in the guide they had been given about the home. This had been explained to people upon admission to the home. The registered manager kept a log of matters of concern dealing with them as they arose before people's concerns escalated into complaints. Three concerns raised in 2014 included people's laundry going missing and washing left lying in a person's room. The registered manager dealt with these concerns at a staff meeting and through individual meetings with staff. The provider information return said two complaints had been received in 2014. The registered manager said concerns and complaints were followed up with action plans and reviews to make sure they had resulted in improvements to the service. A person told us, "If something is going wrong we chat about it and then laugh about it."

Requires Improvement

Is the service well-led?

Our findings

A representative of the provider visited the home at least each month. Informal visits were recorded evidencing the purpose of the visit and a report was produced following quality assurance visits. People and staff were asked for feedback as part of the quality assurance visits. Reports for visits in May, July and October identified actions for the registered manager to address. For example, reviewing the scheduling of individual meetings with staff and making sure management cover was consistently available in the home between 9am and 5pm. The registered manager said she produced an action plan for the provider. We found a number of these actions were still outstanding for instance making sure staff had one to one meetings. There was no evidence to show how the provider monitored these actions to confirm they had been completed.

We looked at maintenance records for the home which highlighted a significant number of issues to be addressed. The maintenance team were present during our visit dealing with minor maintenance concerns. Some individual bedrooms had been refurbished to a high quality. Outstanding actions included the refurbishment of the lounge and redecorating damaged walls in corridors. Outstanding safety hazards included replacing worn or rucked carpets. The registered manager said the provider had not been able to confirm when these issues would be resolved. A visitor commented, "The environment needs some attention, the lounge in particular." Whilst the registered manager had been able to make improvements to the service in response to feedback and quality audits, the provider still had significant work to undertake to improve the quality of the environment.

Bredon View had a registered manager who was supported by a deputy manager. They were both accessible to people, their relatives and visitors. Staff told us, "The registered manager finds time for staff and residents, she goes beyond the call of duty" and "She is willing to give time and you can speak with her privately". They said they could raise concerns with her and be confident she would deal with them. A relative said, "You couldn't have a nicer manager, she excels and I share my views with her." GP's commented, "Excellent, very well run home" and "Fortnightly reviews are helping to improve patient care." People, their relatives, visitors and staff were encouraged to give feedback about the service in a variety of ways. Each year they were asked to participate in a survey. Their responses were analysed and a report produced which identified actions to improve the service provided. For example, reviewing the range of activities provided and staff spending more time with people living in the home. Residents and staff meetings also provided the opportunity to talk about the quality of service provided and what could be improved. To complement these meetings a member of staff discussed with people living in the home how people wished to be treated. People said, "Overall everybody is doing the best they can" and "I am well looked after, if I am not well looked after I would move".

The registered manager had a good rapport with staff, people and visitors. She said she monitored the values and behaviour of staff through observation of their practice on a daily basis. The registered manager spent time working alongside staff. Where performance could be improved the registered manager supported staff to develop the necessary skills through further training or individual meetings. The provider information return stated the registered manager attended meetings with managers of other services owned by the provider to exchange ideas and good practice. The registered manager said the provider was "very supportive and approachable, giving good advice". The local authority confirmed the registered manager had worked with them to implement their recommendations to improve the service. The registered manager had submitted notifications to the Care Quality Commission about incidents affecting the health, safety and wellbeing of people living in the home. Providers are required by law to notify us of certain events in the service.

People spoken with were positive about the Bredon View. They told us, "I am looked after very well, the home is really well organised" and "Couldn't be a better place". The provider had produced their vision and values for their organisation and the home which included treating each person as unique and providing the opportunity for people to make choices about their care. The registered manager said their vision for the home was to create a "home from home" and that "staff must respect this is their (people's) home".

People, their relatives, staff and health care professionals were asked for their views and opinions about the quality of the service. This was done in a variety of ways through daily chats, reviews of care, resident and staff meetings, annual surveys and quality assurance audits. People said

Requires Improvement

Is the service well-led?

concerns were raised and discussed as they arose. They felt listened to and said action would be taken. One person said, "I have no complaints, if there is anything wrong we talk it through." Audits monitoring the quality of service provided were completed either weekly or monthly. Staff said they took responsibility for some of these and were aware of the importance of monitoring areas such as care planning, health and safety and medicines to maintain the quality of service provided. Accidents and incidents were monitored to identify risks to people and to make sure the necessary action was taken to keep people safe and well.

The registered manager said she had been involved in a local initiative to develop closer working with health care professionals. This had resulted in a more responsive service to deal with changes in people's health. Staff were now able to enter people's health details such as blood pressure into an electronic system which fed into their local surgery. This helped the GP to focus their visits to the home or respond more urgently if needed to changes in people's health needs. The registered manager also took part in local networks to exchange and discuss changes to legislation, guidance or best practice. As a dementia lead the registered manager was aware of national dementia guidance. They used the Alzheimer Society's 'This is Me' tool to provide information for staff about people's likes, dislikes and how they wish to be supported.