

Keelex 176 Limited

# Breage House

## Inspection report

Breage House  
Breage  
Helston  
Cornwall  
TR13 9PW

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### Ratings

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

# Summary of findings

## Overall summary

We inspected Breage house on the 27 September 2016, the inspection was unannounced. Breage house is one of a number of services in Cornwall which are run by the provider, Swallowcourt. Breage House provides person accommodation for people who have a learning disability. At the time of the inspection 14 people were living at the service.

There had been no registered manager in post since October 2015. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The present manager had resubmitted a registered manager application to the CQC which was being considered.

At this visit we checked what action the provider had taken in relation to concerns raised during our last inspection in October 2015. At that time we found two breaches of legal requirements related to the service. These were insufficient staffing and although there were appropriate systems in place for the recording of accidents and incidents within the service these had not been used consistently.

We reviewed staffing levels at this inspection and spoke with staff, people and relatives. Staff and relatives told us they felt there were now sufficient staffing levels on duty at all times. We saw from the staff rotas that staffing levels had increased on shift. The numbers of staff were determined by the needs of each individual person for that day. For example if people were to attend activities outside of the service then more staff would be on duty to facilitate the activities. Staff felt there had been a "tremendous improvement" and told us that people's activities no longer were cancelled due to lack of staff availability.

The service had a staffing calculation system. This assessed people's dependency needs and the time staff needed to undertake certain tasks for each person. From this the amount of staffing time was then calculated for that person. The manager had recruited new staff so that the staff team had also grown in size. We therefore concluded that the provider had met the shortfalls in relation to the requirements of Regulation 18 as identified in the last inspection report.

We saw documentation which evidenced that all incidents were now recorded and investigated appropriately. All accidents were not only investigated at the service, but were sent to the services head office so that they could be analysed further. Any learning from these incidents were relayed to staff and other interested parties in the persons care, such as health professionals and family members. This meant that future reoccurrence of risks to a person's safety and wellbeing would be minimised. We therefore concluded that the provider had met the shortfalls in relation to the previous breach.

People were happy and relaxed on the day of the inspection. We saw people moving around their home as they wished, interacting with staff and smiling and laughing. Staff were attentive and available. Staff encouraged people to engage in meaningful activity and spoke with them in a friendly and respectful

manner. Staff were knowledgeable about the people they supported and spoke of them with affection.

Staff had high expectations for people and were positive in their attitude to support. Staff were respectful of the fact they were working in the people's home. The service offered flexible support to people and were able to adapt in order to meet people's needs and support them as they wanted. For example staff rotas were flexible to allow people to take part in activities which overlapped the default shift patterns. For example if people wanted to go out for the evening this was catered for.

The managers discussed with us how they were currently reviewing their care plan formats. They had identified that their care plans needed further development to ensure that they were personalised and provided clearer direction to staff in how to provide support. To assist in this the managers had introduced a keyworker system. This is where a nominated member of staff has an overview of a person's care and liaises with the person, their relatives and other social and health care professionals. This information would then be transferred to a detailed care plan which would give guidance, information and direction to staff in how the person wished to be supported. We were reassured from our discussions that current work in this area was on-going to improve the quality of care records.

Risk assessments were in place for day to day events such as using a vehicle and one off activities. Where activities were done regularly risk assessments were included in people's care documentation. People's access to a range of activities had increased. These were arranged according to people's individual interests and preferences. Staff identified with people's future goals and aspirations and worked with the person to achieve them.

Where people did not have the capacity to make certain decisions, the service acted in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Staff had a good understanding of the principles of the legislation and training was updated regularly.

Staff were well supported through a system of induction and training. Staff told us the training was thorough and gave them confidence to carry out their role effectively. Staff said the training was relevant to the needs of the people they supported. New employees undertook a rigorous induction programme and told us this was beneficial and prepared them well for their roles. The staff team were supported by the managers and received regular supervision and staff meetings. These were an opportunity to share any concerns or ideas they had with the staff team and management.

People knew how to raise concerns and make complaints. There were plenty of opportunities for people, relatives and staff to voice how they felt about the service and any concerns they had.

The service had auditing systems which were effective. For example the managers became aware that there were some shortfalls with medicines and pro-actively worked to resolve this quickly. People and their relatives views were sought, as well as health and social care professionals. Staff feedback via the forums of team meetings and supervisions were also sought. Staff told us they felt the management team would listen to their ideas and consider them. There were also management reports which covered for example, all housekeeping areas as well as health and safety documentation. This demonstrated that the provider had an effective quality assurance system in place to drive continuous improvement within the service.

The service was well led and all of the staff were highly motivated and keen to ensure the care needs of the people they were supporting were met. It was important to all the staff and management at the service that people who lived there were supported to be as independent as possible and live their life as they chose. The staff team were supportive of each other and worked together to support people. Staff told us, "I love

my job" and "This manager is much more focused on people's need, that's good."

There were clear lines of accountability and responsibility at Breage House. The organisational values were embedded in working practices and staff worked to provide a service which was designed around the needs of the individual

## 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. Staff were confident they could keep people safe whilst supporting them to take day to day risks.

Staff had received safeguarding training and were confident about reporting any concerns.

Staffing levels met the present care needs of the people that lived at the service.

### Is the service effective?

Good ●

The service was effective. Staff were well supported through a system of regular supervision and training. This meant people were cared for by staff with up to date information and knowledge.

The service met the requirements of Mental Capacity Act and Deprivation of Liberty Safeguards. This helped to ensure people's rights were respected

People were supported to access a range of health services as necessary which meant their day to day health needs were met.

### Is the service caring?

Good ●

The service was caring. Staff spoke about people fondly and demonstrated a good knowledge of people's needs.

People's privacy and dignity was respected.

The manager and staff valued family relationships and helped ensure they were sustained

### Is the service responsive?

Good ●

Care plans were being reviewed to ensure that they reflected the current care needs of people fully.

People had access to a range of meaningful activities.

There was a satisfactory complaints procedure in place.

## Is the service well-led?

Good ●

The service was well-led. There was a clear ethos in place which focussed on ensuring people had both fulfilling lives and experiences.

The staff team told us they were supported by the managers.

There was a robust system of quality assurance checks in place. People and their relatives were regularly consulted about how the service was run.

# Breage 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 inspection took place on 27 September 2016 and was unannounced. The inspection was carried out by one inspector. Before visiting the service we reviewed the Provider Information Return (PIR). The PIR 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. This enabled us to ensure we were addressing potential areas of concern. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

Due to people's health care needs we were not able to verbally communicate with everyone who lived at the service, in order to find out their experience of the care and support they received. We spoke to three people and observed staff interactions with people. We spoke with the manager deputy manager and six care workers. We also spoke to five relatives to hear their views of the service.

We also looked at three people's care records, staff training records, recruitment records and other records associated with the management of the service including quality audits.

# Is the service safe?

## Our findings

Relatives told us they believed their family members were safe living at Breage House. On the day of the inspection visit we saw people moved around the building freely and were comfortable in their surroundings. People were relaxed and at ease in staff's company. When people needed support they turned to staff for assistance without hesitation.

At the previous inspection we identified that although there were appropriate systems in place for the recording of accidents and incidents within the service these had not been used consistently. The failure to adequately document and record significant incidents meant they had not been appropriately investigated by managers to identify any learning or areas where improvements could be made to ensure people's safety and wellbeing. This is a breach of Regulation 12(1) of The Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

We reviewed the accidents and incidents process. We saw documentation which evidenced that all incidents were now recorded and investigated appropriately. All accidents were not only investigated at the service, but were sent to the services head office so that they could be analysed further. In addition the deputy manager recently completed a health and safety level 4 training course which assisted them to look at how they investigated accidents and incidents in more depth. Any learning from these incidents were relayed to staff and other interested parties in the persons care, such as health professionals and family members. This meant that future reoccurrence of risks to a person's safety and wellbeing would be minimised. We therefore concluded that the provider had met the shortfalls in relation to the requirements of Regulation 12 described above.

At the previous inspection we identified that there was insufficient staffing levels at the service. This is a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

We reviewed staffing levels at this inspection and spoke with staff, people and relatives. Staff and relatives told us they felt there were now sufficient staffing levels on duty at all times. We saw from the staff rotas that staffing levels had increased on shift to between nine and twelve staff. The numbers of staff were determined by the needs of each individual person for that day. For example if people were to attend activities outside of the service then more staff would be on duty to facilitate the activities. Staff felt there had been a "tremendous improvement" and told us that people's activities no longer were cancelled due to lack of staff availability. We saw staff were able to spend time chatting with people about their day as well as attending to people's personal care needs. The support was unrushed.

The service had a staffing calculation system. This assessed peoples dependency needs and the time staff needed to undertake certain tasks for each person. From this the amount of staffing time was then calculated for that person. When a person's needs changed for example due to deterioration in the person's physical health, the care needs would be amended. The rotas were then made in line with the staffing calculations. The manager had recruited new staff so that the staff team had also grown in size. We therefore concluded that the provider had met the shortfalls in relation to the requirements of Regulation 18



described above.

People were cared for by suitable staff because the provider followed robust recruitment procedures. Disclosure and Barring service and reference checks had been completed before staff were appointed to positions within the service. We were told that some people who used the service had been involved in interviewing prospective new members of staff.

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take. The service had a safeguarding policy and records showed all staff were up to date with their safeguarding training. Staff were confident they knew how to recognise signs of abuse, they told us they would report any suspected abuse and felt assured these would be taken seriously by the manager and deputy manager. Staff knew who to contact externally if they felt any concerns were not being acted on. The deputy manager had previously informed the local authority and The Care Quality Commission of safeguarding concerns as required and taken all appropriate actions to ensure people's safety.

Staff supported people to take day to day risks whilst keeping them safe. For example some people were involved in preparing meals and hot drinks. This was achieved by supporting people hand over hand when necessary. Care plans were well laid out and regularly updated to reflect people's changing needs. They contained risk assessments which were specific to the needs of the individual. For example we saw assessments had been completed regarding one person's activities.

People living at Breage House had a risk assessment completed about how they would respond to a fire alarm and what support they would need to ensure they left the building safely. Risk assessments were regularly reviewed and offered clear guidance for care staff on how to minimise identified risks. This demonstrated that the service protected people from risk whilst supporting them to lead full lives.

Some people could become anxious or distressed which could lead to them presenting behaviour which could challenge others. Care plans clearly outlined the process for staff to follow in this situation. Staff were made aware how to recognise signs that could make a person anxious and take steps to avoid them becoming distressed. If an incident occurred this was recorded and a review was completed following any incident. These were analysed on a monthly basis in order to highlight any trends. All members of the staff team had received training in this area in order to help ensure they were able to support people effectively when they became distressed. Staff were complimentary about this training and felt it assisted them in their everyday interaction with the people they supported.

The manager had notified us, and local commissioners of some medicine errors that occurred at the service. The manager completed a medicines audit as they became concerned that medicine errors had occurred on a few occasions. From this they reviewed their medicines process and this was relayed to staff. Each day the senior carer who is nominated to be in charge of medicines undertakes a daily audit to ensure that all medicine paperwork is completed accurately and that medicines stock tally with the paperwork. Since the implementation of this process no further medicine errors have occurred. The manager said "We can now find errors that day and immediately rectify it. This is the highest protection for residents and for staff members." From our review of medicines we found that all medicine records were completed accurately and all medicines in stock tallied with records. This demonstrated that the manager identified a problem and pro-actively sought to rectify it immediately. The consequence being that a more robust system of monitoring medicines is now in place for residents and staff.

Training records confirmed staff had attended, or were booked to attend medicines training. In discussion with staff we found them to be knowledgeable about the medicine that needed to be administered. There was clear guidance for staff when administering 'as required' medicines (PRN). For example we saw descriptions of the signs and symptoms the person may display that may require these medicines to be administered. There was guidance on how to administer the medicines, and who to inform. This meant there was clear guidance to help ensure a consistent approach from the staff team.

People were supported with their personal finances. The service kept some money for people securely at the service so that they could access it easily. The manager and administrator oversaw people's monies. Each person had an expenditure sheet which clearly identified monies deposited and spent, with receipts for all transactions. These expenditure sheets were audited monthly by the service, and also at the finances department at the services head office. We reviewed one person's finance records and found the money held for the person tallied with the expenditure sheets. This ensured that a robust system was in place to keep people's money safe.

## Is the service effective?

### Our findings

People were supported by skilled staff with a good understanding of their needs. The manager and staff talked about people knowledgeably and demonstrated a depth of understanding about people's specific support needs and backgrounds. People had allocated key workers who worked closely with them to help ensure they received consistent care and support.

New staff completed an induction when they started to work at the service. An induction checklist was filled out by the staff member and their supervisor. The induction programme had been reviewed to fit in line with the Care Certificate framework which replaced the Common Induction Standards with effect from 1 April 2015. New employees would be required to go through an induction which included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. There was also a period of working alongside more experienced staff, until such a time as the worker felt confident to work alone. This helped ensure that staff met people's needs in a consistent manner and delivered good quality care. We spoke to a new member of staff who told us they found the induction to be comprehensive and supportive.

Staff told us they attended regular meetings (called supervision) with their line managers. Staff discussed how they provided support to people to ensure they met people's needs. It also provided an opportunity to review their aims, objectives and any professional development plans. Staff told us supervisions were useful for their personal development as well as helping ensure they were up to date with current working practices. Staff had an annual appraisal to review their work performance over the year.

Training identified as necessary for the service was updated regularly. Staff told us the training was comprehensive. Staff had the knowledge and skills necessary to carry out their roles and responsibilities effectively. The training records for the service showed staff received regular training in areas essential to the service such as fire safety, infection control and food hygiene. Further training in areas specific to the needs of the people using the service was provided. For example training in supporting people whose behaviours may be challenging and communication techniques. This showed staff had the training and support they required to help ensure they were able to meet people's needs.

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. We found that the service acted in accordance with legal requirements. Decisions had been

made on a person's behalf and a decision had been made in their 'best interest'. Records confirmed that the deputy manager had made appropriate applications to the Cornwall Council DoLS team. For example best interest meetings had been held when a person needed constant supervision and monitoring. These meetings involved the person's family and appropriate health professionals. This showed the service reviewed people's level of restriction and acted in accordance with legal requirements at all times.

People were involved in the development of the monthly food menu. This was done via discussion at the residents meetings and presenting foods in a pictorial manner. This assisted people to share ideas as to what meals they would like provided. In addition we saw one person was supported to order specific requests for foods for people in the service, for example snacks that people wanted to eat. The last Environmental Health Inspection awarded the service an excellent five star food safety rating in August 2016.

Care plans identified what support a person may need with their foods. These care plans had been reviewed to ensure they remained up to date and reflected peoples current care needs. We saw one person prepare their own breakfast and drinks. Staff were respectful to support the person to be as independent as possible in this area of care. We joined people in the dining area over the lunchtime and saw that people had been given choices of meal. Staff provided discreet support that the person needed. There was general conversation over the meal time between people and staff, making the mealtime experience a social occasion. Staff offered people regular drinks, and snacks, throughout the day and we saw drinks were available close to where people were sitting.

People were supported to access other health care professionals, for example GP's, opticians and dentists. Multi-disciplinary meetings were held as necessary to help ensure all aspects of people's needs were taken into consideration when planning care. People's care records contained details regarding other health professionals and their contact details as well as easy read, health action plans which outlined what support people needed in an accessible format. The manager and staff told us how the service dealt with people's changing health needs by consulting with other professionals where necessary. This meant that the person received consistent care from all the health and social care professionals involved in their care.

## Is the service caring?

### Our findings

People were relaxed and at ease with staff. It was clear from our observations and discussions with staff, caring relationships had been developed and staff valued people. Staff spoke with people kindly and made sure people were comfortable and occupied. Staff were respectful and spoke to people with consideration. They were unrushed and caring in their attitude towards people. We saw relationships between people were relaxed and friendly and there were easy conversations and laughter.

Relatives felt that staff had developed a positive relationship with their family members but also with them. A relative commented that staff supported them whilst they made the decision about their family member moving into full time care. This was carried out with sensitivity and patience and staff listened and responded to their questions to try and alleviate some of their anxieties. Another told us how staff supported them whilst a family member had a period of ill health. Staff acknowledged the importance for the person to see their family. To facilitate this staff agreed that they would in the future provide all transport until the family members health improved. The relative commented that the staff provided support not only to them but also to the person they support at Breage House.

The deputy manager told us their aim was to support the person and their family members as best as they could. They said "We've got a really good relationship with all our residents and parents, they are equally as important to us. We do not want them lying awake at night anxious." We saw staff greet relatives who were visiting during the inspection with a warm welcome and showed a interest in their daily lives. Relatives told us they had no anxieties about the service and one commented "We are over the moon with the place, it is all so good" and "It's homely."

Staff talked about the people they cared for fondly. Comments included; "I love my job." Staff also verbalised a sense of pride in how people had progressed and wanted to celebrate this. Staff commented "What is so great now is that we are really looking at how we can support the residents to be more independent. We are seeing them grow in confidence and that is so rewarding for them and for us to."

People's care plans specified their preferred way of being supported. For example, the gender of a care worker in undertaking personal care. Staff were aware of this and told us they respected peoples wishes and that care was provided as the person requested. The staff team were also mindful that this was their place of work and that they were working in the residents home and needed therefore to respect this.

Staff told us how they maintained people's privacy and dignity generally and when assisting people with personal care. For example, by knocking on bedroom doors before entering and gaining consent before providing care. In one bathroom an additional curtain screen had been installed. This enabled the person to take their time in the bath whilst staff could provide the monitoring needed in the same room, without them visibly seeing the person. Staff told us they felt it was important people were supported to retain their dignity and independence. People were introduced to us and asked if they would like to speak with us. this demonstrated that people were given choices by staff and that their decisions were respected.

We were invited to look at a person's bedroom with their permission. It was decorated in keeping with their age and gender and reflected their personal tastes. We saw personal photographs and mementoes were displayed in the room.

People's care plans showed that people's preferred communication skills were identified and respected. For example some people responded verbally and others also used picture symbols as a visual tool to assist them in understanding what activity they would undertake next. We saw pictures and photographs were used to help people make choices and supplement information, for example within care documentation. Staff were aware that each person had their own way of expressing their views and were able to communicate with them in their preferred manner. This showed that the service shared information with people in a meaningful way.

Staff knew the people they supported well. Care records contained information about people's personal histories and detailed background information. This enabled staff to gain an understanding of what had made people who they were today and the events in their past that had impacted on them. Along with the person, staff had summarised what was important to them, which outlined their likes and dislikes, preferences, what others liked about them and what was important to and for them.

People had dedicated key workers who were responsible for updating care plans and leading on supporting people. These were chosen according to their experience and relationship with the person concerned. The deputy manager and allocated keyworker for the person spoke with relatives regularly and spoke of their commitment to supporting families to be involved in people's lives.

## Is the service responsive?

### Our findings

People who wished to move into the service had their needs assessed to ensure the service was able to meet both their needs and also their expectations. One person who had recently moved to the service had met with the manager before using the service to ensure that it would be able to meet their needs. Following their admission they were invited, and attended, care plan review meetings. The managers of the service were knowledgeable about people's needs and made the decision about whether a new person should be offered a place at the service by balancing the needs of the new person with the needs of the people already using the service. Relatives told us they continued to meet with staff to talk about the care their family member received and the person also attended if they wished. They talked about what they had done well and what future goals they would like to achieve. For example, the service was aware that there was a lack of activities that people were participating in. Due to people being given more choices and opportunities to participate in activities, plus the increase of staffing levels, the level of participation in activities outside of the service greatly increased. Relatives commented how pleased they were that their family member was now occupied more fully. One relative commented "I have to make an appointment to see (person's name) now, it's great." People also told us of the activities they were involved in and one commented in respect of staff support "They are all stars".

On the day of the inspection all of the people who lived at the service were taking part in various individual and group activities. The service had access to vehicles to use when supporting people to attend appointments or go out on activities. We spoke with the senior who had the responsibility for the area of activities. They showed us the weekly plan of activities on offer that people could participate in. Some activities were on an individual basis and others in groups. For example cooking activities in house or attending the hydrotherapy pool outside of the service. The service was currently working on a sensory garden project and also aimed in the New Year to plant their own vegetables. Staff brought in their own musical instruments and held music sessions with people. They had also arranged for external people to come to service to provide activities such as massage.

Staff were also pleased that there had been an increase in activities. They felt this had helped in building up people's confidence and self-esteem. Staff also believed that due to the increase in activities this had also encouraged people to become more independent. For example in ensuring they had all the items they needed to go out.

People were protected from the risk of social isolation because the service supported them to have a presence in the local community and access local amenities. For example, people regularly attended the local sport centre, had days out, attended college or work placement. People were supported by the staff in these activities.

People were consulted about the support they received. We heard staff ask people what they wanted to do and how they wished to spend their day. For example one person liked to go to bed in the early hours of the morning and get up later the next day. This demonstrated that people were given choices in how they wished to spend their time and staff respected this.

The managers discussed with us how they were currently reviewing their care plan formats. They had identified that their care plans needed further development to ensure that they were personalised and provided clear direction to staff in how to provide support. We saw examples where clearer direction would be beneficial which the service had also identified. To assist in this the managers had introduced a keyworker system. This is where a nominated member of staff has an overview of a person's care. They would meet with the person, their relatives and other social and health care professionals to ensure that all their care needs were met. This information would then be transferred to a detailed care plan which would give guidance, information and direction to staff in how the person wished to be supported. We were reassured from our discussions that current work in this area was on-going to improve the quality of care records.

Care plans were reviewed on regular basis to ensure they reflected people's changing needs. People were involved in reviewing their care along with other interested parties. The person's ideas about how they would like to develop their living skills were discussed in these reviews and agreement made as to how this would be achieved. For example, how personal care would be provided in a way that lessened the persons anxiety. This showed that staff listened to the persons wishes and worked with the person to achieve this.

The staff team worked well together and information was shared amongst them effectively. When a new shift started there was a verbal handover of care information and daily logs of people's activity were completed throughout the day. These recorded any changes in people's needs as well as information regarding activities and people's emotional well-being. Daily logs were audited monthly to identify any emerging themes. A communication book was also used to record any general information which needed to be shared amongst the staff team.

The organisation had a complaints procedure which provided information on how to make a complaint. An easy read version was also available for people which used written and pictorial symbols so that it was presented in a more meaningful way. The policy outlined the timescales within which complaints would be acknowledged, investigated and responded to. It also included contact details for the Care Quality Commission, the local social services department, the police and the ombudsman so people were able to take their grievance further if they wished. A relative told us they had raised a issue with the deputy manager in respect of the environment, and that this had been resolved promptly. Other relatives told us they would have no hesitation to raise a concern if they felt the need to.

Staff told us some people living at Breage house may be unlikely to complain or speak up if they were unhappy or worried about anything. They described to us how they would know, by observing their behaviour whether there was something wrong and how they would support the person to share their worries. People attended residents meetings and completed satisfaction surveys which were an opportunity to ask if they were happy with the service.



## Is the service well-led?

### Our findings

The service is required to have a registered manager. There had been no registered manager in post since October 2015. There was an acting manager in place, who had the day to day responsibility for running the service. The manager since the inspection had re submitted their registered manager application which was being actively progressed.

There was a management structure in the service which provided clear lines of responsibility and accountability. The manager, who had overall responsibility for the service, was supported by a deputy manager and six senior carers plus administrator. The manager was supported by the provider at their head office, who runs several care services.

Since the last inspection the managers reviewed the systems and processes in place at the service, from this a number of changes were made. For example as detailed in the report the level of staffing had increased on each shift. Plus the level of senior carers had increased from four to six. In addition each senior now had a responsibility in a particular subject to ensure that care practice remained up to date, for example in the area of tissue viability, activities, epilepsy, mental capacity act and DOLs, medicines and nutrition. The managers had also ensured that all staff understood their respectful role so that they could meet the expectations required of them to provide quality care to people. They felt this empowered staff as there was more delegation of tasks than previously. Training was provided to support this additional delegation of tasks and staff felt this enabled them to carry out their role effectively. This demonstrated that the service was keen to improve on the quality of care they delivered and ensure that work practises were up to date.

People, described the management of the service as open and approachable. Relatives echoed this view and said that managers were clearly committed to providing good care with an emphasis on making people's daily lives as pleasurable as possible. The management team led by example and this had resulted in staff adopting the same approach and enthusiasm in wanting to provide a good service for people.

The managers promoted a culture that was well led and was centred on meeting people's needs. A staff member commented "This manager is much more focused on people's needs, that's good." People and their relatives told us how they were involved in decisions about their care and how the service was run. The management and running of the service was 'person centred' with people being consulted and involved at all levels of decision making. People were empowered by being actively involved in decision making so the service was run to reflect their needs and preferences. For example, people attended residents meetings which were an opportunity to share their views on the service. People made decisions about their activities and meal choices as well as having regular meetings between each person and their named staff member. The managers actively supported staff to ensure care was 'person centred,' which meant care reflected people's preferences as well as their needs.

There was a clear ethos at the service which was communicated to all staff. It was important to all the staff and management at the service that people who lived there were supported to be as independent as possible and live their life as they chose. We saw this being carried out in the delivery of care that was

personalised and specific to each individual.

The manager shared responsibility with another care service and divided their time equally between the two care services. The deputy manager worked in the service every day providing care and supporting staff. This helped ensure they were aware of the culture in the home at all times. The deputy manager and senior carers were accessible to staff at all times which included one of them always being available on call to support the service. Frequent discussions took place between the managers and staff about any issues that affected the running of the service.

Staff said they believed the managers were aware of what went on at the service on a day to day basis. Staff meetings and supervisions were held regularly and staff told us these were an opportunity for them to raise any concerns or ideas they had. They felt their ideas were listened to and acted upon.

The managers told us they had regular supervision and attended a variety of managers meetings between them. These meetings looked at for example, staffing issues, updates on people using the service and overall day to day management of the services. They told us they felt supported in their role. In addition their senior management were accessible and available at all times.

The service had auditing systems which were effective. For example the managers became aware that there were some shortfalls with medicines and pro-actively worked to resolve this quickly. A new system was put in place which has been embedded by staff and no further incidents have occurred. Likewise the managers were aware there were some improvements needed to the care plan records and were actively working on this.

The service has an effective quality assurance processes. People and their relatives views are sought, as well as health and social care professionals. Staff feedback via the forums of team meetings and supervisions are also sought. Staff told us they felt the management team would listen to their ideas and consider them. There were also management reports which covered for example, all housekeeping areas as well as health and safety documentation. This demonstrated that the provider had an effective quality assurance system in place to drive continuous improvement within the service.