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Briercliffe Lodge

Inspection report

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Tel: 01282816638

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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 carried out an inspection of Briercliffe Lodge on 31 March 2016. The inspection was unannounced. We last inspected the home on 11 August 2014 and found the service was meeting the regulations that were applicable at that time.

Briercliffe Lodge is registered to provide accommodation and personal care for up to 17 people. It is situated in a residential area of Barnoldswick in Lancashire and is a detached building with surrounding accessible garden areas within. Accommodation is provided in 13 single rooms and two shared rooms on the ground and first floor. There is a stair lift for people with limited mobility to access the upper floor.

The service was managed by two registered managers. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People living in the home told us they felt safe and well cared for. They considered there was enough staff to support them when they needed any help. Good recruitment procedures were followed to ensure new staff were suitable to work with vulnerable people. People using the service considered there were enough staff deployed to support and help them when they needed help. They told us they didn't have to wait long when they rang their buzzer for summoning help.

Staff had been trained in safeguarding vulnerable adults and how to recognise and report any concerns they had if they witnessed or suspected abuse taking place.

Medicines were managed safely and people had their medicines when they needed them. Staff administering medicines had been trained to do this safely.

Risks to people's health and safety had been identified, assessed and managed safely. The registered managers followed up to date guidance on safety issues such as falls prevention and pressure ulcer prevention.

We found the premises to be clean and hygienic and maintained. Regular health and safety checks were carried out and equipment used was appropriately maintained. The service held a maximum five star rating award for food hygiene from Environmental Health.

People were cared for by staff who were well trained and supervised in their work.

Staff followed the principles of the Mental Capacity Act 2005 to ensure that people's rights were protected where they were unable to make decisions for themselves. Staff understood the importance of gaining consent from people and the principles of best interest decisions. Routine choices such as preferred daily

routines and level of support from staff for personal care was acknowledged and respected.

People told us they had their privacy respected by all staff. Each person had an individual care plan that was sufficiently detailed to ensure people were at the centre of their care. Care files contained a profile of people's needs that set out what was important to each person, for example how they were dressed, personal care and how they could best be supported.

People's care and support was kept under review, and people were given additional support when they required this. Referrals had been made to the relevant health and social care professionals for advice and support when people's needs had changed. This meant people received prompt, co-ordinated and effective care.

We found staff were respectful to people, attentive to their needs and treated people with kindness in their day to day care. Staff had been trained in End of Life care. This meant staff could approach people's end of life care with confidence and ensure their dignity, comfort and respect was considered.

Activities were varied and people were given opportunities to take part in a wide range of activities that were organised such as keep fit, baking, yoga, and visits to places of interests. Individual activities were arranged such as gardening.

People were provided with a nutritionally balanced diet. All of the people we spoke with said that the food served in the home was very good. They were given choices at meal times.

People told us they were confident to raise any issue of concern with the provider and staff and that it would be taken seriously. They were regularly encouraged to express their views and opinions and also had opportunities to give feedback about the service, the staff and their environment in quality assurance surveys and at their meetings.

All people, their relatives and staff spoken with said the management of the service was very good and they had confidence in the registered managers. There were systems in place to monitor the quality of the service and evidence to show improvements were made as a result of this.

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. They were cared for by staff that had been carefully recruited and were found to be of good character. There were sufficient numbers of staff at all times to meet the needs of people living in the home.

People's medicines were managed in accordance with safe procedures. Staff who administered medicines had received appropriate training

Staff had been trained in safeguarding people and were aware of their duty and responsibility to protect people from abuse and follow the correct reporting procedure if they suspected any abusive or neglectful practice.

Risks to the health, safety and wellbeing of people who used the service were assessed and planned for with current guidance in place for staff in how to support people in a safe manner.

Is the service effective?

Good

The service was effective.

People had good assessments of their needs which helped determine the service could meet their needs effectively.

People were supported by staff that were well trained and effectively supervised in their work. Staff and management had an understanding of best interest decisions and the MCA 2005 legislation.

People's health and wellbeing was consistently monitored and they were supported to access healthcare services when necessary.

People were supported to have sufficient to eat and drink and maintain a balanced diet. People told us they enjoyed their meals.

Is the service caring?

Good

The service was caring.

People told us staff were very kind and caring. They were respectful to them, attentive to their needs and treated them with kindness in their day to day care.

People were able to make choices and were involved in decisions about their care. People's views and values were central in how their care was provided.

People were involved in making decisions about how the service was run.

People could be confident their end of life wishes would be respected by staff that had been trained to ensure they were given dignity, comfort and respect during this time.

Is the service responsive?

Good

The service was responsive.

People's care plans were centred on their wishes and needs and kept under review. Staff were knowledgeable about people's needs and preferences and supported people to remain as independent as possible.

People were supported to keep in contact with relatives and friends and visiting arrangements were good.

People felt able to raise concerns and they had confidence in the registered managers and staff to address their concerns appropriately.

Is the service well-led?

Good

The service was well led.

The quality of the service was effectively monitored to ensure improvements were on-going through informal and formal systems and methods.

There were effective systems in place to seek people's views and opinions about the running of the home. People's views were taken into consideration and changes had been made as a result of this.

Checks on systems and practices had been completed and matters needing attention had been recognised or addressed. The management team took a pro-active approach to ensure

people received a quality service from a team of staff that were valued.

Briercliffe Lodge

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 the 31 March 2016 and was unannounced. The inspection was carried out by one adult social care inspector.

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 contacted the local authority contracting unit and health care professionals for feedback about the service. We also checked the information we held about the service and the provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During the inspection we spoke with seven people who used the service, two relatives, the registered managers and four care staff. We also received an email from a relative of a person using the service who gave their view of the service following our visit.

We looked at the care records of three people who used the service and other associated documents, including policies and procedures, safety and quality audits, quality assurance surveys, three staff recruitment records, induction and supervision records, minutes from meetings, complaints, comments and compliments records, and medication records.

Good

Is the service safe?

Our findings

People we spoke with told us staff were caring and kind to them. One person said, "All the ladies who help me are very nice and they seem to be patient. I need help to get into bed and they are very gentle with me." Another person told us, "They speak very nicely to us. I'd have something to say if they didn't. The staff are lovely and I have no worries living here." We asked people if they felt safe. One person told us, "I feel safe because there is always someone there. I'd hate to be on my own during the night. If I'm worried I only have to ring my buzzer and someone will come straight away." And another person told us, "If I feel unsteady on my feet, staff are there to help me. I couldn't manage without them and they are always willing to help. They look after me very well and I have no worries."

Some of the people were living with dementia and could not answer our questions very well. During the inspection we therefore made observations when staff were supporting people. We observed staff were patient and kind with people and were always available to offer support to people when needed. Staff offered reassurance when supporting people who required the use of aids to move. Staff moved people safely by following the correct procedures. Training records we were shown identified all staff had been trained in safe moving and handling.

We asked people using the service of their opinion regarding staffing levels. One person told us, "There is always someone around to help us." Another person said, "There is enough staff. They have time to pop in and have a chat with me and they take me out. They have busy moments but they are always there. It's the same during the night. If you need help and call for them they come straight away." We looked at the last service user survey for January 2016. All the people considered staff availability was good.

We looked at the staff rota for the week. This showed staff were deployed to cover times throughout the day and night when people needed the most support. The registered manager told us most staff were long serving and were therefore familiar with people's needs. This also meant staff were able to build up trusting relationships with people they cared for. Staff we spoke with confirmed they had time to spend with people living in the home. The registered managers told us cover for sickness or annual leave was managed well with existing staff providing the majority of cover needed.

We looked at records of two staff employed at the service to check safe recruitment procedures had been followed. We found checks had been completed before staff began working for the service. These included the receipt of a full employment history, an identification check, written references from previous employers, a physical and mental health declaration and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

We discussed safeguarding procedures with staff. They were clear about what to do if they witnessed or suspected any abuse and indicated they would have no hesitation in reporting any concerns they may have. There were policies and procedures in place for staff reference including whistle blowing. Whistleblowing is when a worker reports suspected wrongdoing at work. Officially this is called 'making a disclosure in the

public interest'. Staff told us they had training in safeguarding vulnerable adults.

We looked at how medicines were managed and found appropriate arrangements were in place in relation to the safe storage, receipt, administration and disposal of medicines. Arrangements were in place for confirming people's current medicines on admission to the home. Medication was delivered pre packed which meant people's medicines had been dispensed into a monitored dosage system by the pharmacist and then checked into the home by staff on duty. Corresponding Medication Administration Records (MAR) charts were provided and all the MAR's we checked were complete and up to date.

Medicines were stored securely which helped to minimise the risk of mishandling and misuse. Training records showed staff responsible for medicines had been trained and a regular audit of medicine management was being carried out. Where new medicines were prescribed, these were promptly started and arrangements were made with the supplying pharmacist to ensure that sufficient stocks were maintained to allow continuity of treatment. People requiring urgent medication such as antibiotics received them promptly and courses of antibiotics were seen as completed.

People had been assessed to determine their wishes and capacity to manage their own medicines. Care records showed people had consented to their medicines being managed by the service. People we spoke with told us they received their prescribed medicines on time.

We looked at how the service managed risk. Environmental risk assessments and health and safety checks were completed and kept under review. These included for example, Legionella testing, water temperature monitoring, and fire equipment and fire alarm testing. Emergency evacuation plans were in place including a personal emergency evacuation plan (PEEP) for each person living in the home. Heating, lighting and equipment had been serviced and certified as safe. Staff had been trained to deal with emergencies such as fire evacuation and to provide first aid.

Risk assessments were in place in relation to pressure ulcers, behaviours, nutrition, falls and moving and handling. Staff had good guidance on how to manage any identified risk. This was clearly documented in people's care plans. The registered managers had also ensured staff were trained and involved in new models of care such as 'React to Red Skin' (A pressure ulcer prevention campaign that is committed to educating as many people as possible about the dangers of pressure ulcers and the simple steps that can be taken to avoid them). Information we received in the Provider Information Return (PIR) indicated, 'Personal risk assessments for each resident regarding their abilities both physical and mental and how we can help them continue to enjoy their lives whilst managing risks they may want to take'. We saw evidence of risk being managed to support people remain independent such as going out alone and use of electric wheelchairs.

We found the premises to be clean and hygienic in all areas we looked at. We observed staff wore protective clothing such as gloves and aprons when carrying out their duties. Hand cleansing gel was available for use in toilets and bathrooms and visitors to the home were requested to use this on entering and leaving the premises. Infection control information was displayed and there were infection control policies and procedures in place for staff reference. There were arrangements in place for the safe removal of clinical and sanitary waste. Staff training records showed infection control training was provided. The environmental health officer had given the service a maximum five star rating for food safety and hygiene.

Good

Is the service effective?

Our findings

People spoke positively about their care and support. One person told us, "I can't grip things very well so I get all the help I want and need. They know what they are doing." Another person told us, "The staff are very good when it comes to helping me. The night staff are special because they always make sure I'm comfortable and settled." People also referred to staff as "brilliant", "the staff are fantastic" and "we get looked after very well". One person said, "The staff are very capable. They are pretty good with answering the buzzer; you never have to wait long. I go to bed when I want. They always ask me if I want a cup of tea before I go. I don't bother but (named resident) has one. I usually wake around 9am. The staff help me get dressed and will always ask me 'Do you want to wear this today?' I always get to choose what I wear."

There was a stable staff team at the home. Staff told us they had regular meetings to discuss any issues relating to people's care as well as the operation of the home. These were on a daily basis or when any changes were being made to people's care. We noted formal staff meetings were held on an occasional basis. The registered managers told us because they were a small staff team they handled issues individually. They had discussions daily and monitored staff practice. Any areas identified as needing improvement were dealt with immediately.

We looked at how the service trained and supported their staff. All the staff received supervision every month. We looked at records of these. We found at each session different topics were discussed and staff were assessed as to their knowledge. Topics discussed since January 2016 had included nutrition and hydration, appraisal, medication observation and social care. Training needs were identified from these sessions and training subsequently arranged.

From our discussions with staff and from looking at training records, we found staff had attended regular training. We saw evidence in staff files that new staff had undertaken induction training before they were allowed to work unsupervised with people using the service. The registered provider told us in addition to this, further training was being provided in all key areas such as moving and handling, first aid, infection control, health and safety, fire safety and food hygiene. Staff had gained further accredited qualifications in health and social care level 2 and above. A training matrix showed staff had extensive training in a wide range of topics areas. Some examples included malnutrition, pressure ulcer prevention, dementia care and end of life care and staff had access to a computer based training programme referred to as E Learning.

Staff discussed how as a team they cared for each person to ensure they received effective care and support according to their needs and wishes. We observed there was a friendly, open atmosphere and people engaged happily with staff.

The registered manager told us six people had 'Do Not Attempt Resuscitation' (DNAR) consent forms in place. We looked at these and found these indicated discussion had taken place with relatives, the person the DNAR related to, and the persons GP. We did not see evidence these had been kept under review. We discussed the arrangements for keeping DNAR's under review with the registered managers. The registered managers told us most people had an indefinite DNAR in place and DNAR wishes go with a resident when

transferring between care settings. However we were told these would be kept under review to ensure that as each person's situation changed, they were given an opportunity to make or change any decision made.

We looked at pre admission assessments for three people. We found information recorded supported a judgement as to whether the service could effectively meet people's needs. This meant people were not at risk of receiving inappropriate care and support and they could have confidence their needs would be met. Information from the provider in their PIR indicated they were looking at developing their pre-admission assessment further. This was to maximise the amount of information they received before they admitted a person. This would help people's move into the home be a more positive experience and also help to avoid inappropriate admissions. Furthermore people had a contract outlining the terms and conditions of residence that protected their legal rights.

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). The DoLS provide a legal framework to protect people who need to be deprived of their liberty in their own best interests.

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.

All the staff team had received training in the principles associated with the MCA 2005 and the DoLS. We found staff understood the relevant requirements of the MCA and put what they had learned into practice. An application had been made to the relevant authority for consideration for a person using the service.

Care records showed people's capacity to make decisions for themselves had been assessed on admission and in line with legal requirements. Useful information about their preferences and choices was recorded. We also saw evidence in care records that people's capacity to make decisions was being continually assessed on a monthly basis which meant staff knew the level of support they required while making decisions for themselves. Where people had some difficulty expressing their wishes they were supported by family members.

Consent regarding sharing of relevant information, medication support and personal care support was routinely requested. Staff understood the importance of gaining consent from people and the principles of best interest decisions. Throughout the inspection, we saw staff speaking to people clearly and waiting for responses before providing care.

We looked at how people were supported to maintain good health. People's health care needs had been assessed and people received additional support when needed. People were registered with a GP and people's healthcare needs were considered within the care planning process. We noted assessments had been completed on physical and mental health. This helped staff to understand people's limitations such as with their mobility and with personal care. Where people had health care problems for example diabetes, a care plan was written to support this.

We found staff had developed good links with health care professionals and specialists to help make sure people received co-ordinated and effective care. A health care professional who contacted us said, "We have a very good relationship with Briercliffe Lodge. They are always very welcoming when we attend and support us during our visits. They take very good care of their residents and it is a warm person centred home with residents at the heart of everything they do.
The carers appear to look upon and care for the residents as family members. They report any concerns immediately and appropriately and follow any recommended treatment plans and changes to care plans that we suggest. We have no concerns about care provision."

People's healthcare needs were kept under review and routine health screening arranged. Records had been made of healthcare visits, including GPs, the chiropodist and the district nursing team. People using the service considered their health care was managed well. One person said, "There is never a problem with seeing my GP if I want to. The staff will see to this."

People were supported to have sufficient amounts to eat and drink and they considered they had a good choice of meals. People told us they enjoyed the food and as one person told us, "We never go hungry. We can have what we want." Another person said, "The food we get is very good. We can have a cooked breakfast every day if we want. I'm more than satisfied." A relative we spoke with told us, "I have no complaints whatsoever, the food is excellent. He really enjoys his meals." The menu was a regular feature on the 'resident meeting' agenda. Menus were changed in response to people's preferences. We noted there was information in the kitchen about which people required a special diet. Weekly menus were planned and rotated every four weeks.

People could choose where they liked to eat. We observed several people had over the knee tables provided. The registered manager told us people varied in where they wanted to eat. Some people liked to stay in their room and staff served their meals on trays. People could have as much as they wanted and were regularly asked if they wanted any more. People requiring support to eat their food were given this in a dignified way and we observed staff offering people drinks throughout the day.

People's weight and nutritional intake was monitored in line with their assessed level of risk and referrals had been made to the GP and dietician as needed. We noted risk assessments had been carried out to assess and identify people at risk of malnutrition and dehydration. A recognised screening tool was used (Malnutrition Universal Screening Tool, 'MUST') to support staff identify and monitor people at risk. A record of nutritional intake was being completed as routine and charts to monitor food and fluid intake used when this was necessary. This meant people assessed as being at risk of poor nutritional intake were being effectively monitored.

The home provided a pleasant and homely environment for people. People told us the home was "very nice" and "home from home". They had arranged their rooms as they wished with personal possessions arranged as they wished.

Good

Is the service caring?

Our findings

People we spoke with told us the staff were very caring. Comments about the staff included, "They are excellent", "I have no complaints. All of the girls are very kind," "I think they are all wonderful and there is nothing they wouldn't do for you. I'm quite happy here." "I wouldn't like to live anywhere else, not just because I was born in Colne and my family are near, but all the staff are really nice and caring. They speak nicely to us and we can have a bit of fun."

People we spoke with also considered staff helped them maintain their dignity and were respectful to them. Staff attitude and manner was assessed through quality monitoring by the provider. We looked at the results of the recent survey carried out which showed people were satisfied with the way their personal care was delivered.

We observed how people were treated with dignity and respect. All staff had completed dignity and person centred care training. During our visit staff responded to people in a kind and patient manner and communicated very well with them. Staff we spoke with had a good understanding of people's personal values and needs. They knew what was important to people and what they should be mindful of when providing their care and support. Care plans highlighted what people could do for themselves and what they wanted to do, enabling staff to support people to maintain their independence as much as possible and in a safe way.

Relatives we spoke with told us staff were very caring, kind and considerate to them and their family member. One relative told us, "The staff are very caring toward the residents and speak to them in a kind and caring manner. (Relative) is always clean and her hair neat." Another relative told us, "They do a marvellous job. All the staff and the managers are kind and very caring and make us feel very welcome."

We looked at acknowledgements of appreciation from relatives in a recent survey. We noted the following comments, "The kindness shown to mum was a great comfort to the family knowing she was well cared for." "Thank you for being so kind to my dad" and "Thank you for the kindness shown to (named person) and the family during her stay at the home. There is a very warm atmosphere and friendliness from all the staff." And, "Thank you for giving so much love and care"

There was a 'keyworker' system in place. This linked people using the service to a team of named staff members who collectively had responsibilities for overseeing aspects of their care and support. The registered manager told us the system provided a more personal service for people and supported staff to work together as a group in achieving this.

There were policies and procedures available for staff about caring for people in a dignified way. Staff had training that focused on values such as people's right to privacy, dignity, independence, choice and rights. Staff training also involved linking into new models of care such as initiatives for pressure ulcer prevention and falls prevention. Information on advocacy services was provided. This service could be used when people wanted support and advice from someone other than staff, friends or family members.

Staff spoke about people in a respectful, confidential and friendly way. One staff member said, "We work well as a team. We look after people as we would want to be looked after. Each person has their own needs and how they live their lives and we respect that." Another member of staff told, "We know all about the residents, what is important to them and what they like. As a team we work well in providing people with the support they need without taking over their lives. People living here know they matter and I find the work very rewarding."

Communication was seen to be very good. Staff told us they were kept up to date about people's changing needs and the support they needed on a daily basis. Daily records completed by staff were written with sensitivity and respect. All staff had been instructed on confidentiality of information and they were bound by contractual arrangements to respect this. This meant people using the service could be confident their personal information was kept confidential.

People were encouraged to express their views during daily conversations, residents' and relatives' meetings and satisfaction surveys. The residents' meetings helped keep people informed of proposed events and gave people the opportunity to be consulted and make shared decisions. We looked at the last meeting people had. Where suggestions had been made these were acted upon. We discussed the benefit of recording any action taken and displaying the report for people to look at before the next meeting took place.

Staff had received end of life training. We discussed this with staff on duty. We were given good examples of working with GP's, district nurse and family to ensure people at the end of their life received special care according to their wishes. Care plans were written to reflect people's wishes. This meant staff could approach this person's end of life care and ensure their dignity and their comfort, and treat them with respect according to their wishes at the end of their life. We saw acknowledgements from relatives in regard to the excellent care and compassion shown to their family member and also to them during this difficult time.

Good

Is the service responsive?

Our findings

People we spoke with were complementary of the staff regarding their willingness to help them when needing help. One person told us, "I can't grip things very well. Staff always helps me with things like fastening buttons. We have a buzzer to use if we need to." Another person told us. "I please myself what I want to do. I go to bed at different times and get up when I want. Whatever I do the staff are there for me when I need a little help. They are very obliging and will do anything you ask them." People told us they determined their own day. There were no rigid routines imposed on them that they were expected to follow. A staff member we spoke with told us, "We work around people, they determine their own days."

A relative we spoke with told us, "(Relative) has been here for a few weeks. They (staff) can't do enough for him. Before he came (manager) visited him and assessed what support he needed. We were also given an information pack about the service and they have certainly delivered what they said they would in a personalised service. They knew he liked gardening and have enabled him to do some here. They even bought him a greenhouse for potting plants. They have helped him plant seeds. They have bent over backwards for him. I can't speak highly enough for what they do. They are cracking staff, all of them."

Written comments from relatives included, "Thanks for making Mum's 100th birthday a memorable occasion. It is very much appreciated", "Thanks to all the girls, you have been brill!", "I wanted you to know how very grateful I am knowing how well cared for (resident) was, She was so content with you.'' ''How can I possibly thank you enough for the care you gave my mum; it was with much love and compassion, and nothing was too much for you to meet her needs.''

We looked at the way the service assessed and planned for people's needs, choices and abilities. We looked at three people's assessment, care and support plans. These were thorough and focused on people's individual circumstances and their immediate and longer-term needs. The information in the assessments was wide ranging and covered interests and activities, family contact, identification and management of risks, personal needs such as faith or cultural preferences, physical and mental health needs, communication and social needs. Care records clearly detailed people's routines, likes and preferences and provided good evidence to show people were at the centre of their care.

We found evidence in care records that people had been involved in setting up their care and support plan. All people had a care plan, which was supported by a series of risk assessments linked to their need. Details of what was important in people's lives and how this can be achieved with staff support was recorded. All files contained a personal profile that included some details about people's life history. The profile set out what was important to each person for example how they were dressed, personal care and how they could best be supported.

The care plans had been updated on a monthly basis and in line with any changing needs. Staff told us there was a handover meeting at the start and end of each shift. This ensured staff were kept well informed about the care of people living in the home and ensured any immediate action to be taken such as contacting the persons GP, or increased observation. Staff told us they read people's care plans on a regular basis and felt

confident the information was accurate and up to date. Staff also told us when they had been off for a couple of days or on holiday they were always briefed about people's needs when they returned to work.

People were supported to keep in contact with families and friends and visiting arrangements were flexible. There was evidence people's friends and family had been invited to join in with activities and entertainment. 'Dates for your diary' was displayed showing a wide selection of activities on offer both in the home and in the community. Since the 10 March these included, keep fit, yoga, Easter egg painting, April fool's day quiz, film afternoon, Bradford Media Museum and pub lunch, cheese and wine, sing a long and baking.

People told us they were satisfied with the activities provided in the home. One person told us, "There is always something going on, never a dull moment. I join in with what I like. I like the films and I sometimes join in keep fit. We do go out to different places and I suppose as the weather gets warmer we'll go out a bit more." One person told us, "Every day is an activity here. You can please yourself with what you want to do. Staff will join in and we have a bit of fun."

We looked at how the service managed complaints. The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales. We noted there was a complaints procedure displayed in the home and information about the procedure in the service user guide. We looked at the complaints record. One complaint had been received over the past 12 months. This was in relation to a meal where the person had not been asked what they wanted for their tea. The investigation clearly showed there had been a genuine misunderstanding of the persons wish regarding their own food. This showed issues of concern however small were taken seriously and people using the service could be confident to raise such issues and be listened to.

People told us they would feel confident talking to a member of staff or the registered manager if they had a concern or wished to raise a complaint. One person told us, "If I had any complaints I would tell (managers), but I have never had any serious problems. I find everything here is very good and we have nothing to grumble about. All the staff are very good." Staff confirmed they knew what action to take should someone in their care or a relative approach them with a complaint.

People who used the service and their relatives had further opportunity to discuss any issue of concern during day to day discussions with staff, during care reviews and also as part of regular quality monitoring surveys carried out. Information from the recent satisfaction survey indicated people had every confidence managers responded to concerns raised and efforts were made to resolve them.

Good

Is the service well-led?

Our findings

We asked people who lived in the home if they were asked about their experience of receiving care and support and their living conditions. For example we asked people if the registered manager talked to them routinely and spent time with them. One person said, "They are always here and help us just like the staff. I think they are wonderful. They are interested in us and always want to know if we are all right. You can ask them for anything." Another person told us, "You will always find one or both of them if you want to chat. They are pretty good and join in everything."

The registered managers were qualified, competent and experienced to manage the service effectively and had been registered as managers with the Commission in 2011. The role of manager was a shared responsibility. We observed an 'open door' policy in practice that supported on-going communication, discussion and openness during our visit. People using the service and staff regularly approached the registered managers and they were also observed working alongside care staff providing care and support to people. Senior staff supported them in their role and management arrangements were in place for on call support if necessary.

Staff we spoke with were very complementary about the management of the service. One staff member told us, "They are both very good. I can approach them any time for advice and support." Another staff member told us, "The managers are brilliant. They make sure you are confident in your job and check we all know our policies and procedures. We get regular supervision and our work is flexible. When you've been off they give you a brief of what's been going on to make sure we are up to date with people's care. Everything we do is aimed at providing a very good service for people." Staff told us they felt "valued" in their work. One staff member told us, "It's like being part of a family. I'm very satisfied with our working conditions and I wouldn't want to work anywhere else. They (registered managers) trust us and let us use our own initiative. We get the right support when we need it. They are definitely caring managers."

A wide range of policies and procedures were in place at the service, which provided staff with clear information about current legislation and good practice guidelines. These had been reviewed regularly to make sure they were updated to reflect any necessary changes.

People were actively encouraged to be involved in the running of the home. We saw meetings were held and minutes of recent meetings showed a range of issues had been discussed. We discussed the benefits of producing a follow on report regarding action taken as a result of listening to people prior to further meetings being held. This would show people their views were taken seriously and act as a reminder for people who had difficulty recalling recent events. For example at the last meeting people had asked for canvases to paint on. These had been purchased but no-one had used them.

The provider used a range of systems to monitor the effectiveness and quality of the service provided to people. This included feedback from people using the service, their relatives and from health and social care professionals in formal quality assurance questionnaires. Results of these surveys showed a high satisfaction with the service. Where improvements could be made these had been considered. For example

we saw action was taken to improve social activities, social contact with people, and improvement in how laundry was managed, improvement in catering arrangements and improvement in staff training as a result of feedback. The registered managers told us improvement was on-going all the time and they welcomed feedback to support this.

Staff we spoke with had a good understanding of the expectations of the registered managers. They had been provided with job descriptions, staff handbook, employment policies and procedures and contracts of employment which outlined their roles, responsibilities and duty of care. Staff had been given a code of conduct and practice they were expected to follow. This helped to ensure the staff team were aware of how they should carry out their roles and what was expected of them.

There were systems in place to regularly assess and monitor the quality of the service. The registered managers told us they monitored key areas of care delivery such as medication, health and safety, staff training records, care plans, the environment and catering requirements. We were given good examples of quality monitoring, for example monitoring falls and nutrition and action that had been taken to reduce the risk. The registered manager told us they were appointing staff to take a lead role in all areas of quality monitoring such as infection control, health and safety, safeguarding, falls and nutrition, and dignity. This would help to make sure there was constant oversight of the service.

Other audits included regular daily, weekly, monthly and annual checks for health and safety matters such as cleanliness, fire fighting and fire detection equipment and water temperature monitoring.

A business plan was in place. This identified plans to improve the service such as with staff development and improvements planned for the environment. Factors affecting the business such as occupancy and finance were also considered and planned for. The registered managers had sought and followed up to date guidance from Care Quality Commission (CQC), health and social care and external agencies such as Investors In People (IIP).

There were procedures in place for reporting any adverse events to the CQC and other organisations such as the local authority safeguarding and deprivation of liberty teams. The registered manager had appropriately submitted notifications to CQC about matters relating to people using the service.

The registered provider had achieved the Investors In People award. This is an external accreditation scheme that focuses on the provider's commitment to good business and excellence in people management.