

Brierley Care Ltd

High Brake House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 announced inspection of High Brake House on the 4 & 5 May 2016. The first day was unannounced.

High Brake House provides accommodation and personal care for up to 26 older people (including people living with dementia) and also provides personal care and support to people living in their own homes. There were 24 people accommodated in the home and one person receiving care and support in their own home at the time of the inspection.

The home is an extended older type property situated in a residential area of Clitheroe within walking distance to the town centre. Public transport is within easy access of the home. At the time of the inspection work was underway to extend and improve the home.

At the previous inspection on 9 April 2014 we found the service was meeting all the standards that were assessed at the time.

During this inspection visit we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to management of people's medicines and recruitment processes. You can see what action we told the registered provider to take at the back of the full version of the report.

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

People told us they did not have any concerns about the way they or their relatives were cared for. They were happy with the care and support provided. People said, "The care staff are very kind and friendly" and "The staff are lovely and there is always someone to help". Visitors told us, "I feel [my relative] is safe, settled and well looked after" and "The staff are very considerate. [My relative] is safe and happy and has everything they need."

Staff were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice and had received training on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). This meant they had knowledge of the principles associated with the legislation and people's rights.

People told us they were given their medicines when they needed them. However, we found areas where improvements were needed to ensure people's medicines were always managed safely.

The service had clear recruitment and selection policies and procedures although we found a safe and fair

process was not always followed. Staff received training and support to give them the necessary skills and knowledge to look after people properly. □

People told us there were sufficient numbers of staff to meet their needs in a safe way. People receiving care at home told us they were familiar with all staff and they arrived on time and never missed a visit. Staff were knowledgeable about people's individual needs, preferences and personalities and people were involved in making choices and decisions about their day.

People made positive comments about the staff. Staff responded to people in a good humoured and considerate manner; we observed good relationships between people.

People told us they enjoyed the meals. We noted the atmosphere was relaxed with chatter and friendly banter throughout the meal. Staff were aware of people's dietary preferences, the support they needed and any risks associated with their nutritional needs. Appropriate professional advice and support had been sought when needed. Visitors told us they were able to stay and have a meal with their relatives which they appreciated.

People were encouraged to be involved in the running of the home and were kept up to date with any changes. People had no complaints and were aware of how to raise their concerns and were confident they would be listened to.

We found people lived in a clean, safe, pleasant and homely environment. All areas were tastefully decorated and furnished to a high standard and appropriate aids and adaptations had been provided to help maintain people's safety, independence and comfort. People had arranged their bedrooms as they wished and had brought personal possessions with them. Improvements to extend the home were in progress which would provide additional facilities for people living in the home.

Everyone had a care plan, which had been reviewed and updated on a monthly basis. Information was included about people's likes, dislikes and preferences, routines, how people communicated and risks to their well-being. People told us they were kept up to date and involved in decisions about care and support.

People were able to participate in a range of suitable activities and entertainments and were supported by staff to take part in worship services according to their individual beliefs.

Systems were in place to assess and monitor the quality of the service. People were encouraged to be involved in the running of the home and were kept up to date with any changes.

People made positive comments about the management of the home. Throughout our visit we found a warm, homely, relaxed and caring atmosphere. The management team were comfortable and at ease with people. We observed them taking time to sit, chat and laugh with people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

People told us they felt safe. Staff were aware of their duty and responsibility to protect people from abuse and were aware of the procedure to follow if they suspected any abusive or neglectful practice.

There were sufficient numbers of staff to meet the needs of people living in the home. However safe recruitment processes had not always been followed.

People's medicines were not always managed in accordance with safe procedures. Staff who administered medicines had received appropriate training.

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

Is the service effective?

Good 

The service was effective.

People were supported by staff that were very well trained and supervised in their work. Staff and management had an understanding of best interest's 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 they were happy with the home and with the approach taken by staff. Staff responded to people in a caring and considerate manner and we observed good relationships between people.

Staff took time to listen and responded appropriately to people.

People and their relatives had been involved in ongoing choices and decisions about their care and support and information about preferred routines had been recorded.

Is the service responsive?

Good ●

The service was responsive.

Staff were knowledgeable about people's needs and preferences and supported people to be as independent as possible.

People were very well supported to keep in contact with relatives and friends who were welcomed and involved in home life. People were supported to take part in a range of suitable activities.

Each person had a care plan that was personal to them which included information about the care and support they needed. Some people were aware of their care plan and had been involved in the review of their care.

Is the service well-led?

Good ●

The service was well led.

People were happy about the management and leadership arrangements at the service.

There was a positive and open atmosphere at the home. People and their visitors were involved in the development of the service.

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

High Brake House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 & 5 May 2016 and the first day was unannounced. The inspection was carried out by one adult social care inspector.

The provider sent us a Provider Information Return (PIR). This is a form that asks the provider to give some key information to us about the service, what the service does well and any improvements they plan to make.

Before the inspection we reviewed the information we held about the service such as notifications, complaints and safeguarding information. We contacted the local authority contract monitoring team for information about the service.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with the responsible individual, the registered manager and four care staff. We also spoke with four people living in the home and one person receiving support in their own home. Following the inspection visit we spoke with two family members and one health professional on the telephone.

We looked at a sample of records including three people's care plans and other associated documentation, three staff recruitment and induction records, staff rotas, training and supervision records, minutes from meetings, complaints and compliments records, medication records, maintenance certificates and development plans, policies and procedures and audits. We looked at the results from a recent customer satisfaction survey and observed care and support in the communal and dining room areas.

Is the service safe?

Our findings

People living in the home told us they did not have any concerns about the way they were cared for. People living in the home said, "The care staff are very kind and friendly", "There are enough staff available when I need them; they check on me through the day and even during the night", "The staff are lovely and there is always someone to help". Visitors told us, "I feel [my relative] is safe, settled and well looked after" and "The staff are very considerate. [My relative] is safe and happy and has everything they need."

During the inspection we did not observe anything to give us cause for concern about how people were treated. We observed people were comfortable around staff and seemed happy when staff approached them. In all areas of the home we observed staff interaction with people was caring, friendly and patient.

We looked at how the service managed people's medicines. We found some areas that needed improvement. We found prescriptions were not seen by the home prior to dispensing which could result in error. The numbers of medicines carried forward from the previous month and medicines received from the pharmacy each week were not clearly or accurately recorded. This meant it was difficult to check whether people's medicines had been given properly. We also noted there were gaps on charts in people's bedrooms recording the application of creams and ointments; this could result in people not receiving the prescribed treatment. The registered manager told us they had recently changed their community pharmacist and there had been issues with the new medication administration record (MAR). The provider had failed to ensure people's medicines were managed safely.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A monitored dosage system (MDS) of medicines was in use. This was a storage device designed to simplify the administration of medicines by placing the medicines in separate sleeves according to the time of day. Care staff who were responsible for the safe management of people's medicines had received regular update training and detailed policies and procedures were available for them to refer to. Formal checks on staff practice had commenced.

Medication was stored securely in a designated room with appropriate storage for refrigerated items. We observed the morning and lunch time medicine rounds were completed in a timely way. People told us they were given their medicines when they needed them. One person said, "The staff sort my medicines out; they make sure I get them when I need them."

Arrangements were in place for the management and storage of controlled drugs which were medicines which may be at risk of misuse. We checked one person's controlled drugs and found they corresponded accurately with the register. People were identified by photograph on their MAR and any allergies people had were recorded to inform staff and health care professionals of potential hazards of prescribing certain medicines. There were clear directions on the MARs, medicines were clearly labelled and codes had been used for non-administration of regular medicines.

Medicines were dated on opening to help make sure they were appropriate to use. People's medicines had been reviewed by their GP or by the Nurse Practitioner to help ensure people were receiving the appropriate medicines. We saw checks on the medication system had been undertaken.

People had consented to their medicines being managed by the service on admission or had indicated whether they wished to self-medicate. We noted one person was managing their own medicines; there were safe processes in place to manage this. Where medicines were prescribed 'when required', guidance was clearly recorded to make sure these medicines were offered consistently by staff.

The service had clear recruitment and selection policies and procedures. We looked at the recruitment records of three members of staff. We found a number of checks had been completed before staff began working for the service. These included the receipt of a full employment history, an identification check 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. However, on all three files we noted written references had not always been obtained prior to staff starting work at the home, actual start dates were not clearly recorded and information about the person supplying the reference was not clear. This did not support that a safe recruitment process had been followed. The provider had failed to operate safe and robust recruitment and selection processes.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us there were sufficient numbers of staff to meet their needs in a safe way. Staff told us planned leave or long term sickness was covered by existing staff or by one of the management team.

We looked at the staffing rotas. In the home there were four care staff on duty all day with two care staff available at night. Laundry, domestic and kitchen staff were available each day. Staff providing home care support were clearly identified on the rota. Staff and people spoken with confirmed the registered manager and the responsible individual were available throughout the day. There was an on call system in place. Staff told us they had a stable team that worked well with each other.

We spoke with one person receiving a service at home. They told us they were familiar with all staff providing care and that they arrived on time, never missed a visit and stayed the agreed amount of time. They said, "I am very happy with the service, I get the same staff and I am treated well. I can have a bath at the home and they make sure I am well fed."

There were safeguarding vulnerable adults procedures and 'whistle blowing' (reporting poor practice) procedures for staff to refer to. Safeguarding vulnerable adult's procedures provided staff with guidance to help them protect vulnerable people from abuse and the risk of abuse. We noted the contact information of local agencies and information about how to report abuse was not included with the procedures for staff to refer to although this was available in the office. There was information about recognising and reporting abuse displayed in the hallway for people living in the service and their visitors to read.

Staffs told us they had received safeguarding vulnerable adults training. Records confirmed this. Staff had an understanding of abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. Staff told us they were confident the management team would deal appropriately with any concerns they raised. The management team was clear about their responsibilities for reporting incidents and safeguarding concerns and worked in cooperation with other agencies.

We looked at how the service managed risk. Environmental risk assessments were in place and kept under review. We noted people did not have a personal emergency evacuation plan which would record information on their mobility and responsiveness in the event of a fire alarm. We discussed this with the management team and were told this would be addressed. Individual risks in relation to pressure ulcers, nutrition, falls and moving and handling had been identified in people's care plans and kept under review. There were contingency procedures to be followed in the event of emergencies and failures of utility services and equipment.

Records were kept in relation to any accidents and incidents that had taken place at the service, including falls. The records were reviewed by the registered manager and follow up action, such as referral to a GP or other health care agency was clearly recorded.

We saw equipment was safe and had been serviced. Training had been given to staff to deal with emergencies such as fire evacuation and to support them with the safe movement of people. There was a swipe card access to leave the home and visitors were asked to sign in and out of the home. There were clear entry instructions for staff to follow whilst supporting people in their own homes. This helped to keep people safe. We noted a number of people living in the home had their own swipe card and used them to move freely in and out of the home. Portable nurse call alarms were available for people to use in the gardens.

CCTV was in operation in communal areas such as front and rear gardens, lounge and dining areas and corridors. The system did not operate in people's rooms. The management team told us the system helped them to monitor people's safety and care and support provided. There was information about this in the service user guide, appropriate discussions had taken place with visitors and people using the service and people's permissions had been recorded. We spoke with people in the home. They told us, "They talked to us about it. I don't know it's there anymore" and "I know all about it. It helps them to make sure we are alright."

In 2015 the environmental health officer had given the service a four star rating for food safety and hygiene. The registered manager told us all recommendations had been addressed.

We looked at the arrangements for keeping the service clean and hygienic. People raised no issues about the cleanliness of the home. One person said, "It is always lovely and clean." A visitor commented, "It's always clean and fresh." We did not look at all areas but found the home was clean and odour free. The training matrix indicated staff had received infection control training; staff confirmed this. There was a designated infection control lead who took responsibility for conducting checks on staff infection control practice and keeping staff up to date.

We noted staff hand washing facilities, such as liquid soap and paper towels were available around the home. This ensured staff were able to wash their hands before and after delivering care to help prevent the spread of infection. Appropriate protective clothing, such as gloves and aprons, were available. There were contractual arrangements for the safe disposal of waste.

There was sufficient equipment to launder and maintain people's clothes. There was a facility for sluicing soiled clothes and different coloured bags were used to separate contaminated waste and laundry. A domestic and a laundry person worked each day. A cleaning schedule and sufficient cleaning products were available. One person told us, "They collect my washing in the morning and it comes back beautifully laundered."

Is the service effective?

Our findings

People told us they were very happy with the service they received at High Brake House. People felt staff were skilled to meet their needs and spoke positively about their care and support. People told us staff gave them the opportunity to do things for themselves.

They said, "It's a lovely place; like a hotel. The staff make sure I am looked after properly", "The staff are enthusiastic", "Staff know what they are doing" and "The service is very good." A visitor said, "Nothing appears to be too much trouble. You ask them anything and they sort it out."

We looked at how the service trained and supported their staff. From our discussions with staff and from looking at records, we found staff received a wide range of appropriate training to give them the necessary skills and knowledge to help them look after people properly. Staff told us they were up to date with their mandatory training and felt they had the training they needed. They said, "We get the training we need to keep up to date" and "I get the support and training I need to do my job properly."

Training was provided in all key areas such as moving and handling, fire prevention, infection control and dementia. Training was linked to the care certificate. The care certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Most staff employed had completed a nationally recognised qualification in care. Additional training was provided to enhance the skills of the staff.

Records showed new staff had received a basic induction into the routines and practices of the home which included a period of working with more experienced staff. Staff confirmed this. One new member of staff told us, "The induction was useful."

Staff told us they felt supported by the management team. We were told the management team were 'approachable' and 'good listeners'. There was a plan in place to ensure all staff received regular formal one to one supervision sessions. Staff spoken with told us they were provided with regular supervision. We saw records of supervision during the inspection and noted a variety of topics had been discussed and staff had been able to discuss their performance and take an active part in planning their training and development needs. The registered manager also carried out an annual appraisal of each member of staff's work performance, known as a personal development review. We noted staff attended regular meetings and they told us they were able to express their views and opinions.

Staff told us handover meetings and a communication diary helped keep them up to date about people's changing needs and the support they needed. A record of the care provided was maintained in people's home and was completed at the end of every visit. This enabled staff to monitor and respond to any changes in a person's well-being. Records showed key information was shared between staff and staff spoken with had a good understanding of people's needs. Staff had access to a range of policies and procedures to support them with safe practice.

We looked at how the service addressed people's mental capacity. 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 make 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 are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and found there were policies in place to underpin an appropriate response to the MCA 2005 and DoLS. The management team expressed a good understanding of the processes relating to MCA and DoLS and staff had received training in this subject. At the time of the inspection DoLS applications had been made in respect of two people which would help to ensure people were safe and their best interests were considered.

During our visit we observed people being asked to give their consent to care and treatment by staff. Staff understood the importance of gaining consent from people and the principles of best interests decisions. Care records showed people's capacity to make decisions for themselves had been assessed on admission and useful information about their preferences and choices was recorded. The registered manager told us the care records were being improved to ensure people's capacity to make decisions was more clearly recorded. This would be assessed on a monthly basis to ensure staff knew the level of support people required while making decisions for themselves. Where people had some difficulty expressing their wishes they were supported by family members. People's consent or wishes had been obtained in areas such as information sharing, gender preferences and medicine management. The registered manager told us this would also be improved as part of the care plan development. This would help make sure people received the help and support they needed and wanted.

We looked at how the service managed 'Do Not Attempt Resuscitation' (DNAR). We saw that consent forms were in place and found clear evidence that discussions had taken place with relatives, the person the DNAR related to, and the person's GP. However, we found the information around DNAR decisions was not easily available to staff which meant there was a risk people's end of life wishes may not be upheld. We discussed this with the management team who assured us this would be addressed.

We looked at how people were protected from poor nutrition and supported with eating and drinking. People told us they enjoyed the meals. They told us, "I get enough to eat and a choice of meal. If I don't like what is available they will make me something else", "The food is very tasty; it's up to me what I have" and "I am offered a supper and if I wake in the night the staff will make me a cup of tea." Visitors said, "I am able to stay and have a meal with (my relative) which is very nice" and "The meals are nice; there is always an alternative available." One person receiving a service at home told us, "I regularly go to High Brake House to have my meals with other people staying there."

The menus and records of meals served indicated people were offered meal choices and also alternatives to the menu had been provided on request. We saw that people were regularly asked for their views on the food provided and the menu was a regular feature on the 'resident meeting' agenda and in quality monitoring audits. The staff knew what people's food likes and dislikes were.

During our visit we observed breakfast and lunch being served. The dining tables were nicely and appropriately set and condiments and drinks were made available. People were able to dine in other areas of the home if they preferred and equipment was provided to maintain dignity and independence. The

meals looked appetising and hot and the portions were ample. The dining experience was very much a social affair with friendly chatter and banter throughout the meal. We saw people being sensitively supported and encouraged to eat their meals and being offered drinks and snacks throughout the day.

Care records included information about people's dietary preferences and any risks associated with their nutritional needs. This information had been shared with kitchen staff. Records had been made of people's dietary and fluid intake where needed. People's weight was checked at regular intervals and appropriate professional advice and support had been sought when needed. We were told a member of staff had been designated the Nutrition and Hydration champion. The person monitored staff practice in the home and helped to make improvements where needed.

We looked at how people were supported with their health. People's healthcare needs were considered as part of ongoing reviews. Records had been made of healthcare visits, including GPs, district nurses, speech and language therapist and the chiropodist. We found the service had good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care. Following the inspection visit we spoke with a healthcare professional. They told us staff acted on their advice and were very knowledgeable about people's healthcare needs. People using the service considered their health care was managed well.

High Brake House was an extended detached older property set in its own gardens. The home was situated in a residential area of Clitheroe within walking distance to the town centre. Public transport was within easy access of the home. Accommodation was provided on four floors with passenger lift and chair lift access. People told us, "It's like a hotel; it's beautiful", "My room is bright and airy; I have everything I need" and "We were able to choose a room when [my relative] came here; [my relative] is very happy with their room."

At the time of our visit extensive building work was underway to extend and improve the facilities. Additional facilities would include a therapy room, an inside garden, new kitchen, additional bedrooms and a dance floor. People were able to describe what the improvements would look like. Some people took time to sit and watch the work being done at the rear of the home. People had been kept up to date in regular meetings and in day to day conversations.

We looked around the home. We found all the areas we looked at provided a very pleasant and homely environment for people. All areas were tastefully decorated and furnished to a high standard. Improvements work had been undertaken since our last visit. The management team were able to describe planned improvements and a development plan was available to support this. A system of reporting required repairs and maintenance was in place.

People told us they were happy with their bedrooms and had arranged their rooms as they wished with personal possessions that they had brought with them. This helped to ensure and promote a sense of comfort and familiarity. People could have keys to their bedrooms. Bedrooms provided single occupancy with en-suite or wet room facilities. Suitably equipped bathrooms and toilets were within easy access of communal areas and appropriate aids and adaptations had been provided to help maintain people's safety, independence and comfort. One person told us about a 'rainbow bath' which could change colour as you were bathing.

Is the service caring?

Our findings

People spoken with were happy with the care and support they received and told us the staff were very caring. They consistently described staff as going above and beyond their duty of care when providing their support. People told us, "Staff are very caring, considerate people", "I often get a hug and a kiss; they make me feel special and cared for" and "I'm well treated and with respect. Staff are always caring." Visitors said, "The staff are marvellous; they will do anything for you", "There is a good atmosphere in the home", "They can't do enough for you; they will turn themselves inside out to make sure people are looked after" and "The staff are great, [my relative] doesn't want for anything." A health care professional said, "The staff are very good, very caring. I couldn't praise them enough."

People confirmed there were no restrictions placed on visiting and they were made welcome in the home. We observed people visiting and noted they were treated in a friendly and respectful way. One visitor had commented, "It was a pleasure to visit [my relative] in your lovely home."

During our visit we observed staff responding to people in a patient, good humoured, caring and considerate manner and we observed good relationships between people. People who required support with their personal care needs received this in a timely and unhurried way. The atmosphere in the home was happy and relaxed. From our observations the management team and staff knew people and their visitors well and were knowledgeable about people's individual needs, preferences and personalities.

Staff spoke about people in a respectful, confidential and friendly way. Communication was seen to be very good. Information was available about people's personal preferences and choices around issues like meals, routines, hobbies and interests. This helped staff to treat people as individuals. We looked at various records and found staff wrote about people in a respectful manner. There were policies and procedures for staff about caring for people in a dignified way which helped staff to understand how they should respect people's privacy and dignity in a care setting. Staff were seen knocking on people's doors before entering and closing doors when personal care was being delivered. Staff spoke to people respectfully and appropriately.

All staff had been instructed on confidentiality of information and were bound by contractual arrangements to respect this. People's records were kept safe and secure and people had been informed how their right to confidentiality would be respected. This meant people using the service could be confident their personal information would be kept confidential.

People told us they were able to make choices and were involved in decisions about their day and about the day to day running of the home. People said, "If I want to dance, then I dance; someone will always have a dance with me", "They ask us what we think and they listen to our ideas", "Staff are respectful of my wishes" and "I can really do whatever I like." Staff were observed kindly encouraging people to do as much as possible for themselves to maintain their independence.

There was information about advocacy services in the hallway. The advocacy service could be used when

people wanted support and advice from someone other than staff, friends or family members.

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. People and their relatives told us they were aware of the plans for development of the home and how this would impact on them and how it would look when it was finished. One visitor had been consulted about the layout of flowers and plants in the garden. Some people had been involved in reviews of their care and support. Visitors told us they were kept up to date with any changes to their relative's health or well-being.

Is the service responsive?

Our findings

Everyone we spoke with was complementary about the staff regarding their willingness to help them. People told us they could raise any concerns with the staff or with the management team. People said, "I have no complaints; I am confident I can speak out and be listened to", "They listen to us but I have no complaints at all" and "I don't think you will find anyone who has a complaint about this home; everything is really good." Visitors said, "You can ask anything and they sort it out" and "I have no complaints. Everything is alright. I can ask if I have any problems."

The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales and the contact details for external organisations including social services and the local government ombudsman. We noted there was a complaints procedure displayed in the home and in the service user guide. The registered manager told us any concerns that residents or relatives had would be addressed immediately and a solution found. The management team considered that complaints and suggestions were a 'valued source of information regarding the quality of our service'.

Clear records had been maintained of people's concerns and complaints. Records showed the service had responded appropriately to two complaints in the last 12 months. We also saw people had made complimentary comments about the service. One person commented, "Thank you for your kindness, love and care. Finding High Brake was one of the best things we did."

Before a person moved into the home or received a service in their own home an experienced member of staff had carried out a detailed assessment of their needs. Records showed information had been gathered from various sources about all aspects of the person's needs. People were able to visit the home and meet with staff and other people who used the service before making any decision to move in. This allowed people to experience the service and make a choice about whether they wished to live in the home. A relative confirmed they had been involved in this process. One person said, "When I came here at first, the staff introduced themselves and told me what they did and they introduced me to other people living here; it made me feel much better."

We looked at the arrangements in place to plan and deliver people's care. People had an individual care plan which was underpinned by a series of risk assessments. Information was included regarding people's likes, dislikes and preferences, routines, how people communicated and risks to their well-being. This helped to ensure people received the care and support in a way they both wanted and needed. Gender issues were considered such as how people liked to dress, wearing jewellery and make up, visits to the hairdresser and daily personal care. Daily records were maintained of how each person had spent their day; these were informative and written in a respectful way. The registered manager told us all care plans were being reviewed and improved in line with a new audit tool.

People we spoke with and their visitors told us they were encouraged to be involved in the service. This included sharing meals, participating in activities, involvement in decisions for the décor and refurbishment plans and being asked how the quality of the service could be improved.

We saw evidence to indicate the care plans and risk assessments had been reviewed and updated on a monthly basis or in line with changing needs. Visitors and people using the service told us they were kept up to date and involved in decisions about care and support. Some people told us they were aware of their care plan. All people we spoke with said they had been involved in discussions and decisions about their care. A visitor commented, "They communicate about all aspects of [my relatives] care."

Staff were kept well informed about the care of people living in the home. There were systems in place to ensure they could respond quickly to people's changing needs. This included a handover meeting at the start and end of each shift and daily visit records in people's homes.

When people were admitted to hospital they were accompanied by a record containing a summary of their essential details, information about their medicines and a member of staff or a family member. In this way people's needs were known and taken into account when moving between services.

We observed staff taking time to ensure people's needs and requests were understood and listened to. We noted staff checked on people's welfare throughout the day to ensure they were comfortable, safe and had everything they needed. We noted staff showed concern for people's comfort and well-being. One person said, "I like to stay in my room; they always pop in to check if I'm okay and whether I need anything."

From looking at records and from our discussions we found people were able to participate in a range of suitable activities and entertainments. People living in the home said, "I like to stay in my room but they pop their heads around the door and tell me what is going on", "I like it here; I'm having a hand massage session today" and "There is always something on to break up the day; it's good." Visitors said, "There is always something planned", "Plenty of activities" and "Sometimes [my relative] joins in and sometimes watches football with [my relatives] friend in their room."

Activities were provided either in small groups or given on a one to one basis. Activities included hand and nail care, games, dough modelling, flower arranging, hairdressing, bingo, music and discussion. There was also an interactive games console available for people to play on. A member of care staff had recently completed an activity course and provided staff and people living in the home with new ideas in this area.

People were supported to follow their faith and this was respected by staff. Church services were held at regular intervals and people were supported by staff to take part in worship services according to their individual beliefs.

Is the service well-led?

Our findings

People spoken with were very happy with the management of the service. The management team consisted of the registered manager and the responsible individual. People told us the management team was involved in the delivery of their care and support and would work with staff. We observed members of the management team interacting warmly and professionally with people living in the home, relatives and with staff. We observed them taking time to sit, chat and laugh with people.

Visitors told us, "They [The management team] are both good and caring people. We can also have bit of fun with them" and "It is very much a family run home which is what makes it so special." A health care professional said, "This is probably the best place I go to. It is very well run. I would recommend them to anyone." Staff told us, "It's a family organisation. [The management team] really care about people and about their staff too", "The home is well managed" and "They listen and are interested in what people have to say."

The management team were able to describe their achievements so far and were aware of the improvements needed. There was a business and development plan available to support this. Throughout our discussions it was clear they had a thorough knowledge of people's needs and circumstances and were committed to the principles of person centred care.

We found systems were in place to assess and monitor the quality of the service. They included checks of the medication systems, care plans, staff training, infection control and environment. Where shortfalls had been identified we saw appropriate action had been taken to improve the issues. The registered manager showed us examples of improved audits that would be introduced.

People were encouraged to be involved in the running of the home and were kept up to date with any changes. We saw meetings had been held. The minutes of recent meetings showed a range of issues had been discussed, such as food, improvements to the home and activities. People were asked to complete customer satisfaction surveys to help monitor their satisfaction with the service provided. Results of these surveys showed a very high satisfaction with the service, the facilities and the staff and the management team. The management team reviewed the results of the surveys to help improve practice. The results of the surveys had been discussed with people at resident's meetings but had not been produced in report form for people to read. The management team assured us they would review this.

Staff told us they were very happy in their work. Staff told us there was good communication with the management team and they were well supported. Staff felt they could raise their concerns and were confident they would be listened to and appropriate action would be taken. 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.

We observed a good working relationship between the management team and staff. Staff meetings were held regularly. We were told minutes of the meetings were made available to all staff and they were able to

voice their opinions and share their views. Staff were aware of who to contact in the event of any emergency or concerns. There was always a senior member of staff on duty with designated responsibilities and the management team could be contacted at any time in an emergency.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding and deprivation of liberty teams. Our records showed that the registered manager had appropriately submitted notifications to CQC.

The registered provider had achieved the Investors In People (IIP) to a Silver Accreditation standard. IIP is an external accreditation scheme that focuses on the provider's commitment to good business and excellence in people management.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Personal care	The registered person had failed to ensure the proper and safe management of medicines. This was a breach of Regulation 12 (2)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Personal care	Recruitment procedures had not been operated effectively to ensure that persons employed met the conditions of their registration. This was a breach of Regulation 19 (2)(a)