Mr T & Mrs C Murphy

Bronte

Inspection report

Lower Lane, Ebford
Exeter
Devon
EX3 0QT

Tel: 01392875670
Website: www.bronte-devon.com

Date of inspection visit:
14 August 2017

Date of publication:
08 September 2017

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

The inspection took place on 14 August 2017 and was unannounced. At the last inspection of the service on 15 and 16 June 2016 we found no breaches of regulation. However, the overall rating was 'requires improvement' because we wanted to be certain that improvements made since the previous inspection of the service in 2015 would be maintained. At this inspection we found no breaches of regulation and the service is rated as Good.

Bronte is registered to provide accommodation for up to 20 older people who require personal care. At the time of this inspection there were 20 people living there.

The service is run by the providers, one of whom is also the 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 were happy living in the home and felt safe. Comments included, "I am very glad to be here" and "They know the risks my father faces so I think he is safe". Safe recruitment procedures had been followed before new staff began working in the home. Checks and references had been taken up to ensure they were suitable to work with vulnerable people. Staff received induction training at the start of their employment. They also received further training and updates each year to ensure they remained knowledgeable and competent to meet the needs of the people living in the home. All staff had received training on safeguarding adults and knew how to recognise and report any suspicions of abuse. There were sufficient staff to meet people's needs safely

Medicines were stored and administered safely. People told us staff made sure they received their medicines at the right times.

People received effective support from staff who understood their health and personal care needs. Care plan files contained sufficient information about each person's health and personal care needs and preferences. Risks to people's health and safety had been assessed and staff knew how to support people to keep them safe. Staff sought medical advice and treatment promptly when needed. Systems were in place to make sure people attended medical appointments, assisted by staff where necessary. People and relatives we spoke with were confident their health needs were being met. Comments included, "I get all the health treatment I need"

People received a varied range of meals to suit their individual dietary needs and preferences. Comments included, "The food is beautiful. I get a good choice of food" and "Nice wholesome food with lots of vegetables – quite a good selection"

People received care and support from staff who were kind and caring. Staff knew people well and understood their needs. Comments included, "Staff are kind. That goes a long way" and "I love the staff – I am very happy here." One person told us the staff were always caring, and said, "They put their arms around people and hug them." We saw staff treated people with kindness, friendliness and helpfulness.

People were cared for by staff who knew them and understood their needs. A care plan was in place for each person living in the home. The care plan files contained sufficient information about each person's health, personal care needs, risks to their health and safety, and their likes and dislikes. Staff understood the importance of giving people choices and enabling them to make decisions about their daily lives. The service acted in line with current legislation and guidance where people lacked the mental capacity to consent to aspects of their care.

People's social needs were assessed and people were offered opportunities to engage in a range of activities to suit their needs and preferences. Two activities organisers were employed to provide a range of group and individual activities on five afternoons a week. Staff also supported people on an individual basis, for example by accompanying them for a walk in the garden. A person told us, "Yes. I join in everything." Another person said "Sometimes I get involved in activities – I do a lot of knitting."

People lived in a home that was clean and well maintained. There were systems in place to make sure equipment was regularly checked and safe. All areas appeared comfortable and in good decorative order.

People received a service that was well managed. People told us they were listened to, and their opinions were valued, for example, "If I express an opinion they listen". A relative told us, "They seem to act upon suggestions and ideas". People also told us there was a happy atmosphere in the home, for example one person said "The atmosphere is very happy here" and another said "I would recommend Bronte to anyone needing care." The provider had systems in place to regularly monitor the service and ensure the service was running smoothly.

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.

There were sufficient numbers of staff employed to help keep people safe and meet their needs.

People were protected from abuse and avoidable harm.

Risks were identified and managed in ways that enabled people to remain safe.

Medicines were stored and administered safely.

People lived in a home that was clean and well maintained.

Is the service effective?

Good

The service was effective.

People received care and support from staff who were trained to meet their individual needs.

People were supported to maintain good health and the service accessed support and advice from external health professionals when needed.

The service acted in line with current legislation and guidance where people lacked the mental capacity to consent to aspects of their care.

People were supported to maintain a healthy balanced diet

Is the service caring?

Good

The service was caring.

People were supported by caring and considerate staff.

People were treated with dignity and respect.

People's relatives were made to feel welcome and good relationships were promoted between relatives and staff.

People's end of life wishes were documented and respected.

Is the service responsive?

Good

The service was responsive.

People's individual needs and preferences were known and acted on.

People and their relatives were consulted and involved in decisions about their care.

People's social needs were met. People were supported to receive a range of activities suited to their individual needs and preferences.

People, relatives, staff and other professionals were able to express their views and these were taken into account to improve the service.

Is the service well-led?

Good

The service was well led.

There were clear lines of accountability and responsibility within the management team

There were effective quality monitoring and assurance systems in place to make sure any areas for improvement were identified and addressed and the service took account of good practice guidelines.

Bronte

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 August 2017 and was unannounced. The inspection was carried out by two inspectors. We were also accompanied by one expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at the information we had received about the service since the last inspection. This included notifications, and information we had received from other professionals who had knowledge of the service including the local authority Quality and Improvement Team (QAIT). A notification is information about specific events, which the service is required to send us by law.

During the inspection we spoke with two providers (one of whom is also the registered manager), seven staff, eight people living in the home and two relatives who were visiting the home that day.

During the inspection we looked at records which related to people's individual care and to the running of the home. These included seven care plans, medication records, accident and incident reports, four staff recruitment files, staff supervision records, staff meeting minutes, resident's meeting minutes, staff training records, quality monitoring audits, service improvement plan, and records relating to the maintenance and safety of the home and equipment. We observed medicines being administered at lunch time. We looked around the home, including the laundry and kitchen.

Good

Is the service safe?

Our findings

People told us they received a safe service. A person living in the home said, "I am very glad to be here". One relative said "This seems a safe place for my husband to be", and another said, "They know the risks my father faces so I think he is safe".

People received care from staff who had been recruited safely to ensure they were suitable to work with vulnerable people. Many of the staff had been recruited through an agency which specialised in recruiting staff from abroad. Recruitment files contained evidence of references from previous employers. Police checks had been carried out in countries they had previously lived in and Disclosure and Barring Service (DBS) checks had been applied for prior to staff commencing their employment.

People were protected from abuse because staff understood what action to take if they suspected someone was being abused, mistreated or neglected. All members of staff we spoke with told us that they knew what to do if they had any safeguarding concerns and knew how to contact relevant outside agencies to report abuse. One new member of staff told us that they had received safeguarding training. They said "If I have a concern I talk to […] (the provider) or senior staff."

People were protected from financial abuse. The provider told us they did not hold money or savings on behalf of any people living there. If items were purchased on behalf of people they sent an invoice for the items to their relatives or financial representatives. One person told us staff sometimes purchased items on their behalf and when they did so they always gave them a receipt for the items.

People were supported by sufficient numbers of staff. People's needs and the occupancy of the service were considered when determining the right staffing levels. Staff rotas showed there were six care staff on duty in the mornings and four in the afternoons and evenings to care for 20 people living there. In addition there was a cook and two activities organisers employed. Staff told us they felt the current staffing levels were sufficient to meet people's needs. During our inspection staff routines were carried out in a timely way. Staff were fully occupied but had time to give each person the care and attention they needed without being rushed. People told us staff responded quickly if they used their call bell. One person said "They come very quickly", and another person said, "They come immediately – they're wonderful".

Risks to people's health and safety had been assessed and staff knew how to support people to keep them safe. Care files contained full and comprehensive risk assessments. For example, one person was at high risk of choking. The provider and staff had worked closely with the speech and language therapy team (SALT) and the person's doctor to put in place measures to reduce the risks. Another person who had recently been admitted had epilepsy, and staff told us training on epilepsy had been arranged for the following day. Where people suffered from allergies, these were highlighted in red at the front of the person's care plan.

Where people were at risk of weight loss there were procedures in place to identify the risk and take appropriate action to keep people safe People had been weighed regularly and careful monitoring checks

had been carried out to identify people who had lost weight. The provider and staff had sought advice from doctors and dieticians to ensure people received the best possible support to help them maintain a healthy weight. Dietary supplements were provided and the cook told us they encouraged people to increase their calorie intake where possible, for example by adding double cream to mashed potatoes, drinks and custard. Where a person had specific care needs resulting from a health issue this was clearly documented in the care plan. When talking to staff it was evident that they knew each of the people living at the home well and were aware of their individual requirements as well as their personal preferences.

Staff followed safe procedures when using equipment to help people move safely. We observed two members of staff using a standing hoist to assist a person to transfer from a chair to a wheelchair. They were confident in how to use the equipment safely and the person appeared relaxed and comfortable during the procedure.

People told us their medicines were managed safely and appropriately. One person said, "I have three lots of tablets each day and they're always on time". Another person said, "Yes. I don't take them half the time." They explained how they used to hide some of their pills but the staff gently persuaded them to take their medicine, and they had agreed. "They ensure I take my tablets." A relative was very happy that his father received his medicines and that risk assessments were up to date.

Four senior members of staff (including the provider) had received training on safe administration of medicines from an external provider. Only trained members of staff were responsible for administering medicines. The training was refreshed on an annual basis. We observed the lunch-time medicine round. The staff member watched to ensure people took their medication appropriately. The member of staff was able to describe to us how they ensured that medication was properly administered and we saw they followed good practice at all times during our observations. .

One person had been prescribed a medicine which required close monitoring and frequent changes of dosage to ensure the person's health remained stable. There were good systems of communication between the doctor and the staff, and safe monitoring systems were in place to ensure the person received the right dose at the right time.

Medicines, including medicines that required additional security, were stored securely. A new office had recently been created and the medicines trolley was stored in the new office when not in use. At the time of our visit no one had been prescribed medication that needed to be refrigerated. We were told that the medication refrigerator was being stored until needed.

The home had recently changed pharmacy suppliers. Staff told us they were not sure what arrangements were in place for the return and disposal of unused medication. However, they were able to describe the previous arrangements and we were assured that a similar procedure would be in place with the new supplier. Audits were carried out regularly on all medicines and where errors were noted, these were investigated and actions taken to reduce the risk of recurrence. Medicines records had been accurately recorded.

The administration of medicines policy did not include a protocol for homely remedies. We discussed this with the provider and they assured this would be put in place as a matter of priority.

People lived in a home that was clean and well maintained. Cleaning duties were carried out by care staff in the mornings after completing care tasks. We found all areas of the home were clean and free from any odours. One person told us "They are first class. They are clean here." Another person said, "It is really good

here, they come in and move all my things (indicating ornaments decorating the windowsill)". During our visit we saw staff wearing disposable gloves when carrying out cleaning or personal care tasks. Staff were given a list detailing regular cleaning tasks.

Maintenance records showed that equipment such as fire alarms, hoists and electrical equipment had been regularly checked and maintained. People we spoke with told us they had experienced fire alarm practices on a regular basis. Emergency evacuation assessments had been carried out for each person and this provided staff with the information they needed to support people safely in the event of a fire or emergency. Comments included, "We have many fire practices". Water temperatures were checked regularly. A boiler in the kitchen was in the process of being replaced. We saw a list of maintenance tasks on a notice board completed by staff when they noted any matters that needed attention. The provider had signed each task off once it was completed or no longer required.

Food safety and kitchen hygiene had been inspected by the Environmental Health department. The home had been given the highest rating (five stars) to show they had followed safe food preparation and storage procedures.

People could be confident their clothing, bedding and towels would be laundered following safe infection control procedures and returned to them. Safe procedures were followed when dealing with soiled laundry.

Good

Is the service effective?

Our findings

People received care and support from staff who had the knowledge and skills to meet their needs effectively. Staff received induction training at the start of their employment on a range of topics relevant to the needs of people living in the home including topics such as basic life support, moving people and positioning, dementia awareness, and safeguarding. New staff also shadowed experienced staff until the provider was satisfied they were able to work on their own without direct supervision. New staff who had not previously worked in a care setting were also supported to gain a nationally recognised qualification known as the Care Certificate. This certificate provided care staff with a core standard of skills and knowledge to enable them to care for people effectively. People told us the staff were well trained. Comments included "They seem to do their job well" and "Yes, and even the new ones are trained well". A relative said "The impression I have is that they are well trained."

Staff received regular updated training on topics identified by the provider as essential to maintain their skills and knowledge. Staff told us they received a good range of training, although some staff said they would prefer more in-depth training. Some of the staff held professional qualifications gained in other countries. One member of staff said, "We have lots of training. It's the same training every year." Another member of staff said "The training is good, but it is too low a level. I know about human rights and all I want more high level." Staff told us practical training sessions such as moving and handling and safeguarding, were helpful and informative.

Staff told us they were well supported. A record of the conversations and topics covered had been completed. Three staff we spoke with told us they received regular supervision and staff meetings which gave them an opportunity to raise any issues or concerns. Staff also told us they received plenty of informal support whenever they needed it. Comments included, "Every time we have a problem we talk and get it solved". Staff meetings were also held regularly to discuss a range of issues including people's welfare. Handover meetings were held at the cross-over of shifts.

People received effective support from staff who understood their health and personal care needs. The staff we spoke with were able to accurately describe the care and support needs of the people who live at the home. Care plan files contained sufficient information about each person's needs and preferences to ensure staff knew how they wanted to be assisted. Care plans contained records of contact with doctors, consultants and health professionals and any advice or treatment given. Effective systems were in place to make sure people attended medical appointments, assisted by staff where necessary. One person we spoke with confirmed this. People and relatives were confident their health needs were being met. One person said, "I get all the health treatment I need"

Community nurses visited the home on average twice a week and staff told us they were able to seek advice or support from the community nurses at any time. There were no people suffering from pressure sores or wounds at the time of this inspection. The provider told us they recognised the importance of good skin care and ensuring all creams were applied as prescribed

Most people who lived in the home had good communication skills and were able to speak easily to staff. However, a few people who lived in the home did not speak English as their first language. One of the providers and some of the staff were able to communicate with them in their own language, and other staff told us they knew each person well and could communicate in other ways, for example by using some familiar words or gestures.

People were supported to make decisions about their lives and things that mattered to them. Where there was a doubt about people's ability to make decisions, assessments had been carried out to ensure staff understood how to support them effectively. Staff had received training on the Mental Capacity Act (MCA) and understood the importance of supporting people to make decisions, or ensuring that decisions were made following a 'best interests' process. The 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. One person said "They always ask my permission before helping me."

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
Authorisations had been sought for those people whose liberty had been deprived. One person told us "I just want to go home." The provider told us about discussions with other professionals over this person's diagnosis and we were satisfied the provider had taken all necessary steps to establish the most appropriate support for the person and how to keep them safe. The provider was able to demonstrate their awareness of the legal and financial implications of DoLS and the MCA and how this could impact on people's care.

One person suffered from a disability which made them particularly vulnerable to falls and injuries. A pressure alarm mat had been put in place to alert staff if the person was moving around. The care file contained a note that the management were considering the need to use equipment such as pressure mats, but there was no record of what conclusion had been reached. We spoke with the provider who assured us they would complete the records promptly to show how they had consulted with the relevant people to ensure the person's best interests were considered before putting the pressure mat in place.

People received a varied and nutritious diet to suit their individual needs and preferences. The menus showed that at lunch time people were offered two main choices of meals, and if they did not like either of the meals offered they were able to choose an alternative. The cook told us they spoke with people each morning during coffee time to let them know what was on the menu and ask them for their choices. They cooked enough of each choice to enable people to change their minds when the meals were presented. One person was a vegetarian and the cook was flexible in helping the person reach their choice of meal. Comments from others included, "The food is beautiful. I get a good choice of food" and "Nice wholesome food with lots of vegetables – quite a good selection" A relative said "They are very careful because of Dad's condition."

Where people were at risk of choking, weight loss, allergies or other health problems associated with food the cook and the staff team had a good awareness of their needs. During the day drinks were offered regularly, and people were offered snacks including fresh fruit.

People were able to choose where they ate their meals. Dining room tables were nicely presented with tablecloths and flower vases to make mealtimes a pleasant experience. Some people chose to eat in their rooms and their wishes were respected. One person who required assistance to eat their meals stayed in a

comfortable chair in the lounge where they were assisted with their meal quietly and in comfort.

Good

Is the service caring?

Our findings

People received care and support from staff who were kind and caring. People were supported by staff who knew them and understood their needs well. One person told us "Staff are kind. That goes a long way." Comments from other people we spoke with included, "I love the staff – I am very happy here," "Yes, the staff are kind – the deputy manager is a darling", "The staff are smashing here" and "They're all good here, I have no issue with anybody". One person told us the staff were always caring, and said, "They put their arms around people and hug them." We saw staff treated people with kindness, friendliness and helpfulness.

All of the staff we met and observed demonstrated a caring manner in their interactions with people. Many of the staff had been recruited from other countries. Most staff were able to speak English fluently. However, we noted that a small number of staff who had been recently begun working in the home struggled to understand some words. This presented some difficulties for people living there. For example, we saw one person was in danger of spilling their drink. A member of staff noticed and straightened the mug. The person asked for a straw to help them drink more easily but the member of staff did not understand the request. Another member of staff realised there was a problem, understood what the person wanted and went get them a straw. We discussed the communication skills of staff with the provider. They told us they encouraged new staff from other countries to attend English classes at a local college, and expected these to start at the beginning of the new term in the next few weeks. They were confident the staff would improve their English language skills quickly.

Where people were supported by staff, for example to move around the home or to eat their meal, staff gave people the time and reassurance they needed. One person who used a wheelchair was assisted by two staff who offered reassurance and encouragement. They supported the person to get out of the wheelchair and transfer to a chair. The staff were attentive and caring in their manner. We observed staff assisting people with meals and snacks. Staff sat with people, maintained good eye contact, and offered reassurance and encouragement. They were friendly chatted to people to help them feel relaxed. They also showed an interest in people's families, and their past. For example a member of staff asked a person "What did you do when you were working?"

Staff understood the things that made people upset or agitated. Staff were calm and caring, and demonstrated considerable patience. When people demanded their attention they responded promptly and treated people in a friendly and respectful manner. When people became agitated they knew how to divert the person's attention and help them become calm.

People were supported by staff who respected their privacy and dignity. For example, when staff supported people to use the toilet, they did so discretely. People told us, "The staff always treat me with respect", "Staff always knock on my door and respect my privacy" and "All matters of privacy and dignity are observed".

People's religious needs were considered, and where possible people were supported to maintain their religious beliefs. The provider told us they offered to take people to church or religious services if they wished. They had also sought to bring representatives of people's faith groups to visit the home, although so

far their requests had not been met.

People received support at the end of their lives from staff who understood their needs and wishes. Care plans contained information about people's end of life requirements and showed they had discussed this with them. One person told us "My family will make the arrangements." We also saw that people had been consulted by their doctor or medical practitioner to determine if they wanted to be resuscitated in the event of a serious illness. A Treatment Escalation Plan (TEP) was in place in each care plan file. One person said they had visited the doctor "and he asked me if I wanted to be resuscitated and I signed a DNR form". Another person said "My daughter has Power of Attorney and she deals with everything and liaises with the home."

Good

Is the service responsive?

Our findings

People received a service that was responsive to their needs. Before a new person moved into the home, either the provider or a senior member of staff visited them to assess and agree their needs. They also gathered as much information as possible about the person from other sources, for example from social services, hospitals or relatives. This enabled them to determine if the home was able to meet the person's needs. This information was used to help them draw up an initial plan of the person's care needs.

A care plan was in place for each person living in the home. The care plan files contained a brief overview of each person's needs, and risk assessments on areas where risks had been identified. They also contained information about all aspects of the person's mental, physical and emotional health, as well as their support needs, communication needs and daily routines. The files also detailed people's individual likes and dislikes. Each person had a daily timetable which indicated their preferences for example if they liked to sleep late, or sit in their room or the lounge, when they preferred to wash, and what time they usually like to go to bed. They provided sufficient information to ensure staff understood exactly how people wanted to be supported, and their preferred daily routines and were able to respond appropriately Some people told us they had been involved in drawing up and reviewing their care plans, while other people were unsure. One person said "I have seen my care plan", while another said "No, they don't regularly review my care plan with me." A relative told us, "My sister and I are aware of Dad's care plan." Another relative told us, "The manager and deputy keep me fully in the picture and involve me when attending to my father's care"

The care plans and risk assessments had been regularly reviewed. Where changes in people's needs had been noted the plans had been updated. Daily reports had been completed by care staff. Some handwritten notes were difficult to read, and we noted that the deputy manager had added to the notes in some instances where they felt the notes were unclear, or where the notes were incomplete. This showed the records were monitored to ensure they provided sufficient detail about each person's daily health and well-being. Staff told us that they have regular access to people's files and that they had read them. This enable the staff to respond to people's needs.

People's social needs were assessed and people were offered opportunities to engage in a range of activities to suit their needs and preferences. A person told us, "Yes. I join in everything" A visiting relative said "Dad is encouraged to join in. Also, Dad wanted a bird table outside his window which was organised for him". One person said, "There are plenty of activities but I like watching TV and am not engaged in activities". Another person said "Sometimes I get involved in activities – I do a lot of knitting."

Staff kept records of the group activities provided and people who participated. Two activities organisers provided a range of activities and entertainments every weekday afternoon including bingo, arts and crafts. However, we saw evidence of some of the arts and crafts people had participated in making displayed around the home. In addition we saw records in each person's care plans of time spent by staff on an individual basis with each person, for example sitting and chatting, manicures or walking with people in the garden.

People knew how to make a complaint. People told us they would make their feelings known to the providers or the deputy manager if they had any issues. They said any requests they had made had been listened to and acted upon readily. One person said "We don't have any problems here that aren't solved." Another person said "I don't have any complaints". In the entrance hallway we saw comments forms were provided and a box was secured to the wall, although this did not explain how to make a complaint. We asked the provider how they made sure people knew how to make a complaint. They told us the complaints procedure was usually displayed in the entrance hallway, but had recently been removed They told us they would replace it promptly. They told us they had received no formal complaints since the last inspection.

Good

Is the service well-led?

Our findings

People received a service that was well managed. One person told us they felt the home was well managed, saying, "Yes and the manager is in charge." Other people commented, "If I express an opinion they listen" and "Considering what they have to contend with, it is adequate. And they are very prepared to listen to my requirements." A relative told us, "They seem to act upon suggestions and ideas". They went on to say, "I think the service is well managed. I am also very touched that the owner/ manager seems very fond of my Dad." People also told us there was a happy atmosphere in the home, for example one person said "The atmosphere is very happy here" and another said "I would recommend Bronte to anyone needing care."

People were involved and consulted in various ways. Regular residents' meetings were held and these were minuted. A new chairperson had recently been appointed who did not live or work in the home. The provider told us they had decided that people may feel more able to speak out about any matters they felt were important if the meeting was chaired by someone who was independent from the home. The provider also sought people's views through annual questionnaires.

The provider had systems in place to regularly monitor the service and ensure the service was running smoothly. A weekly general audit of the home was carried out. A management file was held in the office containing audits and checks, for example, medicines audits, incidents and accidents, falls, and staff supervision records. Equipment such as hoists, slings, pressure mattresses and fire equipment were checked each week to ensure they were safe and in good order. Care plan review dates were checked. The records showed when routines tasks were completed, for example when people received a bath, and when people were weighed. Where concerns had been noted, for example when a person had lost weight, the records showed the actions taken to address them.

The provider had completed a service improvement plan setting out the areas to be monitored, issues found, and any actions they had identified to address these. We were given a copy of the most recent service improvement plan completed in July 2017. This showed no issues had been found, and therefore they had found no actions were needed.

Since the last inspection a number of changes and improvements have been made. A new office had been built which provided space for records to be stored securely and confidentially. It also provided a space where staff could complete records, hold meetings, and where discussions and supervisions could take place in private. We also saw some fire doors had been replaced which provided improved security. We also heard that the deputy manager had completed a nationally recognised qualification for staff at management level in care settings.

Staff told us the home was well-managed. They were well supported and told us they could speak with the deputy manager or the providers if they had any concerns. For example, a member of staff told us if they had any concerns about the staffing levels "I will always tell (the provider) and she will change it." Staff meetings were held regularly. Staff told us that they like working at Bronte. They said that the providers were approachable. One member of staff told us the provider took great care to ensure the home was well

maintained and safe, saying, "He is very good. He is very strict". They were confident routine safety checks such as fire equipment checks were carried out regularly. They went on to say "Things are running very well."

As far as we are aware, the home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.