

# Anchor Carehomes Limited

## Brackenfield Hall

### Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

Brackenfield Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Brackenfield Hall is registered to provide accommodation and personal care to a maximum of 60 older people, some of whom may be living with dementia. The service is provided over three floors; the first two floors are split into four units. Two units on the first floor and one unit on the ground floor support people living with dementia. The second floor level is used for the kitchen, laundry and staff area. At the time of our inspection there were 59 people living at the service.

Our last inspection at Brackenfield Hall took place on 2 August 2016. The home was rated Requires Improvement overall. We found the service was in breach of four of the regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014. The registered provider sent us an action plan detailing how they were going to make improvements. At this inspection we checked the improvements the registered provider had made. We found sufficient improvements had been made to meet the requirements of these regulations.

We carried out this inspection on 23 October 2017. The inspection was unannounced. This meant the home's staff and management did not know the inspection was going to take place.

At the time of our inspection the home had a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People spoken with were very positive about their experience of living at Brackenfield Hall. They told us they were happy, felt safe and were respected.

Whilst staff told us they were provided with regular supervision, we found staff supervisions were not always recorded. Since this inspection the registered provider submitted an updated supervision matrix. This showed all staff had received regular supervision or were due to receive supervision.

We found systems were in place to make sure people received their medicines safely so their health needs were met. Medicine protocols were in place to guide staff when to administer medicines prescribed on an 'as and when' basis to meet people's health needs.

Staff recruitment procedures were in place. The registered provider ensured pre-employment checks were carried out prior to new staff commencing employment to make sure they were safe to employ.

Staff were provided with relevant training, which gave them the skills they needed to undertake their role.

Sufficient numbers of staff were provided to meet people's needs. We saw staff responded in a timely way when people required assistance.

People's care records contained detailed information and reflected the care and support being given.

The service provided a programme of activities to suit people's preferences. We observed activities taking place and feedback from people who used the service was positive.

Staff knew people well and positive, caring relationships had been developed. People were encouraged to express their views and they were involved in decisions about their care. People's privacy and dignity was respected and promoted. Staff understood how to support people in a sensitive way.

There were systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the registered provider's policies and systems supported this practice.

## 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.

The provider had systems in place for managing medicines and people received their medicines in a safe way.

Risk assessments were undertaken which identified risk and the actions needed to minimise risk.

Staff knew how to safeguard people from abuse and had received training in this subject.

Through our observation, and by talking to staff, we found there were enough staff available to meet people's needs.

### Is the service effective?

Requires Improvement ●

The service was effective.

Staff received supervision and appraisal in regard to their development and support. However, written supervision records were not always kept.

Staff had been provided with relevant training to make sure they had the right skills and knowledge for their role.

People were provided with a balanced diet and had access to a range of healthcare professionals to maintain their health.

Staff understood the requirements of the Mental Capacity Act (MCA) and considered people's best interests.

### Is the service caring?

Good ●

The service was caring.

Staff respected people's privacy and dignity and knew people's preferences well.

People living at the home, and their relatives, said staff were very caring in their approach.

### Is the service responsive?

Good ●

The service was responsive.

People's care plans contained a range of information and had been reviewed to keep them up to date.

Staff understood people's preferences and support needs.

People living at the home, and their relatives, were confident in reporting concerns to the manager and felt they would be listened to.

### Is the service well-led?

Good ●

The service was well-led.

The service promoted a positive and open culture, where staff and people living at the home had confidence in the registered manager.

Audits were carried out regularly which identified required improvements.

# Brackenfield Hall

## 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 23 October 2017 and was unannounced. The inspection team consisted of two adult social care inspectors and two experts 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.

At the time of our inspection there were 59 people using the service. During the inspection we spoke with 13 people who used the service and nine visiting relatives. We spoke with the area manager, registered manager, deputy manager, one senior care assistant, one head of housekeeping, two domestic assistants, the cook and one kitchen assistant. We also spoke to two visiting health and social care professionals.

To help us understand the experience of people who could not talk with us we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us evaluate the quality of interactions that took place between people living in the home and the staff who supported them.

We spent time observing daily life in the home including the care and support being offered to people.

We looked at documentation relating to people who used the service, staff and the management of the service. This included three people's care records, three staff records, and the systems in place for the management of medicines and quality assurance.

Prior to the inspection we gathered information from a number of sources. We reviewed the information we held about the service, which included correspondence we had received and notifications submitted to us by the service. A notification should be sent to CQC every time a significant incident has taken place, for example where a person who uses the service experiences a serious injury.

We asked the provider to complete 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. The PIR was completed and returned as requested.

We contacted staff at Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. They had one documented review in the last 12 months which gave positive feedback about the quality of care and reporting of incidents.

We gathered information from the local authority's contracts team who also undertake periodic visits to the home. They gave us feedback from their recent visit which took place in October 2017.

This information was considered as part of our judgements made about the service.

# Is the service safe?

## Our findings

At our inspection on 2 August 2016, we found two breaches in the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in regard to Regulation 19, Fit and proper persons employed, and Regulation 15, Premises and equipment. This was because the registered provider had failed to establish and operate effective recruitment procedures. The registered provider had failed to ensure that staff had the necessary skills and knowledge to evacuate people safely in the event of a fire. They also failed to ensure that the findings of the fire risk assessment were acted on and documents relating to fire safety were reviewed regularly. The registered provider sent an action plan to the CQC on 9 November 2016 detailing how they were going to make improvements. At this inspection we found sufficient improvements had been made to meet the aspects of the regulations found in breach.

We looked at four staff files and found procedures for recruiting staff were followed. Staff we spoke with told us they had completed pre-employment checks before they commenced their employment with the provider. This included references from their previous employment and a satisfactory Disclosure and Barring Check (DBS). The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people.

We saw that staff had completed training on fire safety and evacuation. This meant staff had the necessary skills and understanding to evacuate people safely in the event of a fire. We saw that the service had personal emergency evacuation plans (PEEPs) for each person who used the service. PEEPs are a support plan for people who may need help and assistance to leave a building in the event of an emergency. This meant the registered provider had systems in place to do all that was reasonably practicable to mitigate risks. We saw the registered provider had recently serviced their fire alarm system on 17 October 2017 and no issues were identified. We saw evidence of monthly safety checks being carried out by the provider, which looked at potential environmental hazards. We looked at the safety checklist carried out on 14 September 2017 and saw no issues with the environment were identified. We also saw evidence the registered provider carried out weekly checks of carbon monoxide detectors at the service.

People who used the service told us that they felt safe and commented; "I feel safe and well cared for, I know they [staff] would be there for me." Relatives of people living at the service told us they felt their family member was safe and commented; "I feel they are safe, the staff are very approachable." Another relative told us; "I do feel that my relative is absolutely safe here."

We saw seven care assistants, two senior care assistants, one deputy manager and one administrator working at the service on the day of the inspection. We also met the area manager who came to support the registered person during the inspection. We looked at staff rotas and found they reflected the number of staff working. For night time shifts the rota showed three care assistants and two senior care assistants on duty. At the time of the inspection the registered provider told us they were trialling a rota with six care assistants at night time, which was an increase of three care assistants on duty. We saw evidence of this on the evening rota. They told us the purpose of the trial was to see if an increase of staffing would help decrease the number of incidents at night, such as unwitnessed falls. At the end of trial if they saw a



reduction of incidents the registered provider would consider implementing the rota on a permanent basis.

Nine of the 13 people we spoke with told us there was not enough staff at night time. Comments included; "There aren't enough staff especially at night. I'm very independent but some residents have to wait too long for help with toileting." Another person told us; "In the day it's okay but there is only one [carer] at night." Feedback from people living at the service and visiting relatives about staffing levels during the day was mostly positive. One person told us; "They [staff] are very quick at coming." A relative told us; "They could do with more [staff], they cope but it's hectic at weekends." Another relative told us; "With regards to staff on most occasions there seem to be enough to not compromise matters but I think sometimes they could do with more staff." We were satisfied that staffing levels at night were adequate to keep people safe. However, the registered provider should consider people's views as part of the decisions made following the night staff numbers trial.

The staffing numbers were worked out using a dependency tool. This identified the level of dependency for each person, such as low, medium and high dependency. Throughout the day we observed that people received timely care and staff did not appear rushed.

We also carried out observations during lunch time on two units and saw that there was appropriate staffing in place to meet people's needs.

We looked at three people's care plans and saw each plan contained risk assessments, which identified the risk and the actions required of staff to minimise and mitigate the risk. The risk assessments seen covered all aspects of a person's activity and were individual to reflect the person's needs. We found risk assessments had been regularly reviewed and updated as needed to make sure they were relevant to the individual and promoted their safety and independence.

We looked at records relating to accidents and incidents and found there were some months where a large number of accidents had occurred. For example in September 2017, 18 falls were recorded on the falls audit. We saw that the registered provider had analysed this and looked for trends, patterns and actions they could take to minimise falls. One action was to perform regular checks of the environment to ensure that it was free from trip hazards.

We asked people about the help they got with their medicines and they told us they were happy with the support they, or their relative, received. Comments included; "I get the right medicines at the right times," "I don't know what my medication is but they [staff] look after it" and "With regard to my medication. I'm on a hell of a lot. They give it to me when I'm supposed to take it."

We checked to see if medicines were being safely administered, stored and disposed of. We found there was a medicine's policy in place for the safe storage, administration and disposal of medicines so staff had access to important information. We found a partly used oxygen bottle in the medication room without appropriate warning notices displayed. We also saw in the registered provider's medication audits they had marked the section on oxygen storage as not applicable. The registered provider rectified this immediately by putting up correct signage on the clinic room door. After the inspection the registered provider submitted confirmation that the oxygen bottle had been removed from the service as it was no longer required.

We saw regular audits of people's Medication administration records (MAR) were undertaken to look for gaps or errors and to make sure safe procedures had been followed. We saw records of monthly medicines audits which had been undertaken to make sure full and safe procedures had been adhered to. We saw in the September 2017 monthly medication audit, the registered provider identified required further training

for staff which was recorded as a completed action. This corresponded with training records which showed staff that administered medicines had been provided with training to make sure they knew the safe procedures to follow. Staff could describe these procedures and told us they were observed administering medicines to check their competency. We saw evidence of competency checks being carried out.

We checked four people's MAR and found they had been fully completed. We saw the service used hand-written MAR charts which were signed by one member of staff. This should be signed by two staff members in line with best practice. The medicines kept corresponded with the details on MAR charts. Medicines were stored securely. At the time of this inspection some people were prescribed Controlled Drugs (CD's). These are medicines that require extra checks and special storage arrangements because of their potential for misuse. We found a CD register and appropriate storage was in place. CD administration had been signed for by two staff and the number of drugs held tallied with the record in the three CD records checked. This showed safe procedures had been adhered to.

We saw that some people living at the service stored their medicine in a drugs fridge under conditions which ensured that their quality was maintained. We found that fridge temperatures were being checked weekly and were within the expected range. We felt that fridge temperature checks should be performed daily so that problems were more quickly identified. The registered provider submitted a completed action plan after the inspection showing that this feedback was circulated to senior care assistants who would start daily checks.

Staff confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. Staff were clear of the actions they would take if they suspected abuse, or if an allegation was made. We saw a policy on safeguarding vulnerable adults was available. This meant staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff knew these policies and procedures were available to them. The staff training records checked showed staff had been provided with relevant safeguarding training.

Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to the registered manager. They also felt confident they would be listened to, taken seriously and appropriate action would be taken to help keep people safe.

We saw the registered provider kept a safeguarding log which documented all safeguarding incidents which had occurred at the home. We saw the registered provider responded to risk, followed procedure and took appropriate action to safeguard people from harm. For example, we saw one person had an unwitnessed fall in their bedroom which caused serious injury. The registered provider involved other agencies as required and implemented a sensor mat in the person's bedroom so that staff could monitor and support them when they need to leave their room. We saw that safeguarding incidents corresponded with our own records which demonstrated the registered provider was adhering to reporting requirements under regulation.

We saw the registered provider looked at monthly trends based on recorded safeguarding incidents in order to improve practices at the service and keep people safe and had taken appropriate action where necessary.

The service had no agency care staff working on the day of the inspection. The registered manager told us that only in exceptional circumstances would they use agency staff, which they sourced from nominated agencies who were familiar with their service. The registered manager told us that they looked at agency

staff profiles to ensure that staff had the appropriate skills and training. Agency staff were also inducted and paired with regular staff so that care remained person centred. People who used the service told us they knew staff well, they were skilled and approachable. One person told us; "We know most of them [staff] by name, there are no agency ones".

The service supported some people with the day to day management of their finances. We saw the service had a policy and procedure in place to ensure people's money was stored safely and records of each transaction was kept. We saw the financial records were kept in hard copy. They showed all transactions and detailed any money paid in or out of their account. We checked the financial records against a sample of receipts held for two people and found they were fully completed and corresponded to the hard copy record. The administrator at the service was aware of the actions to take when handling people's money so safe procedures were adhered to and helped protect people from the risk of financial abuse.

We found the home was clean and free from trip hazards. We saw policy and procedures were in place for infection control. Training records seen showed all staff were provided with training in infection control. We saw monthly infection control audits were undertaken which showed any issues were identified and acted upon. The head of house and two domestic staff working at the service told us they always had enough equipment to do their jobs and had clear schedules and routines to make sure all areas of the home were kept clean.

## Is the service effective?

### Our findings

At our inspection of 2 August 2016, we found a breach in Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in regard to Regulation 18, Staffing. This was because staff had not received appropriate support, supervision and induction training to enable them to carry out the duties they are employed to perform. The registered provider sent an action plan on 9 November 2016 detailing how they were going to make improvements. At this inspection we found the registered provider had made sufficient improvements to meet regulation.

The registered person told us that new staff received a 12 week induction programme, which involved in-house training and shadowing experience. Training was primarily e-learning based with some face to face training for areas which were better suited to visual learning, such as moving and handling, fire safety and health and safety. We looked at the training records for 12 staff members, which included senior care assistants, care assistants, catering staff and domestic staff. We found that staff had received appropriate training to support them to carry out their roles effectively and this was renewed regularly. For example, we saw care assistants were trained on safeguarding adults, end of life, dementia awareness, keeping people safe using bed rails, nutrition and hydration awareness, controlling the risks of cross infection, equality and diversity, mental capacity act and deprivation of liberty and food safety. We saw that domestic and catering staff had completed a similar training programme, with the exception of the catering staff, who completed additional training on foundation level food safety. Staff we spoke to were confident and knowledgeable in their roles.

We found that the supervision and appraisal matrix was not being updated all the time. This meant that it was not possible to check if staff were receiving supervision and appraisal at the frequency required by the provider's policy and procedures. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important in order to ensure staff are supported in their role. Staff we spoke to told us they felt supported and were receiving regular supervision and appraisal. When we checked written records we could not always see evidence of supervisions taking place. We saw evidence of written records for staff appraisals which were within the timescales as required by the provider's policy. The registered provider told us staff were receiving regular supervisions and this was a record keeping issue. After the inspection the registered provider submitted a completed action plan to rectify issues around record keeping. One completed action was making the senior team aware of the importance of maintaining supervision records. We have also seen evidence of the updated supervision matrix which shows staff had received or will receive regular supervision.

The care records checked showed people were provided with support from a range of health professionals to maintain their health. These included district nurses, GPs and dentists. We observed health professionals visiting people during the inspection. This showed the registered provider was working in partnership with other agencies so people received effective care and their health needs were met.

We saw in care records that people had had their nutritional needs assessed, including likes, dislikes,

allergies or special diets. We saw that referrals to relevant professionals were made, such as dieticians, so that risks could be monitored and reduced. Weight management and monitoring charts were in place and were completed with relevant frequency. We saw the service used Malnutrition Universal Screening Tool (MUST) so emerging risks could be quickly identified. MUST is a five-step screening tool to identify adults who are malnourished, at risk of malnutrition, or obese. It also provides clear guidance for staff so they know when to escalate concerns around nutrition to a health professional.

People who lived at the service spoke positively about the meal options available. One person told us; "The food is very good. We have choices." Another person told us; "Excellent [meals], there are enough choices, or they would make an alternative."

We carried out observations on two units during lunchtime and saw that there was a relaxed and calm atmosphere on both units. We observed meaningful interactions between staff and people who used the service. We heard staff offering people a choice of meal and, if a person did not wish to eat any of the choices given, they were offered alternatives. Staff were aware of, and respected, people's food and drink preferences.

We found a varied and nutritious diet was provided to support people's health. We saw people were regularly offered drinks and snacks. We looked at menus and found they incorporated fresh fruit and vegetables. We saw that meal options were displayed in writing or people were shown their meal options to help them decide. We saw evidence the service held taster sessions with people living at the home to decide the next four weekly menu.

We found that the kitchen was clean and food was stored appropriately. We saw stocks of fresh food and use by dates were clearly displayed. People's care records highlighted any special diets or nutritional needs people required and we saw this information had also been shared with the kitchen staff. The cook was able to tell us about people's nutritional needs and how these were being managed. This included fortifying foods with higher fat alternatives to encourage weight gain. This demonstrated that people were encouraged to maintain a nutritional, well balanced diet and were supported with their nutritional needs. The cook told us they attend resident's meetings for feedback on menus and meals provided at the service. They also told us the kitchen was left unlocked at night so people were free to get food and drink when they wanted. This showed people were being supported to eat and drink enough and maintain a balanced diet.

We looked at the care records for three people who used the service. We found evidence that people were consulted about how they wanted to receive their care and where possible consent was obtained for care and treatment as part of the registered provider's admission process.

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 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).

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. At the time of the inspection the

registered provider told us there were two people living at the home who were subject to a standard authorisation with no conditions. We saw the registered provider had a robust system in place to monitor existing standard authorisations and pending requests. This demonstrated that the provider was working to the principles of the MCA.

# Is the service caring?

## Our findings

People who used the service all made positive comments about the care they received. People told us they were happy and well cared for by staff that knew them well. Comments included; "They [staff] treat us with respect, they are caring." Another person told us; "If I need help they [staff] are wonderful" and "They [staff] have the time to talk to us and listen to us." People we spoke to told us their family and friends were always made to feel welcome at the service.

All visiting relatives we spoke with said staff were caring and respectful of people's preferences. They also told us people who used the service had a say about their care. One relative told us; "They [staff] are kind and caring, they are person centred not job centred." Other relatives told us; "The staff are absolutely brilliant" and "The staff really seem to care about [name of family member]. Most definitely."

We observed caring interactions throughout the inspection. We observed staff providing support to people during mealtimes and found that staff were able to meet people's needs and did so in a caring manner. For example, we observed the care team consistently communicated at eye level when people were seated. We also observed staff chatting with people who used the service in a friendly and familiar way. This demonstrated that staff were caring and committed to meeting people's needs.

Staff told us they enjoyed working at the home and said the staff worked well together as a team. One staff member told us; "I treat all my residents as my own, I love them."

We did not observe staff discussing any personal information openly or compromising privacy. Staff understood the need to respect people's confidentiality and understood not to discuss personal information in public or disclose information to people who did not need to know. Any information which needed to be passed on about people was done so in a discreet fashion. For example, during staff handovers. This helped to ensure only people who had a need to know were aware of people's personal information.

We saw staff discussed people's choices with them and obtained people's consent so they agreed to what was being asked. For example, staff asked people's permission to enter their rooms. This was also reflected in comments from people who used the service; "I choose when I want my door open or closed [in room]." Another person told us; "They [staff] always knock on the door before coming in." This showed staff respected people's privacy.

We looked at the services Statement of Purpose, which sets out their aims and values. This was clearly displayed in the entrance. We observed staff interactions encompassed the service's aims and values, such as being respectful and honest.

We found that the service supported people to express their views and be actively involved in making decisions about their care, treatment and support. We saw the service held a residents meeting on 23 September 2017, changes to the menu and décor were discussed. We saw people had access to the minutes

of the relatives meeting which were displayed in the entrance. For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service were displayed in communal areas of the home. There was a range of information and leaflets available in the reception area including complaints policy, feedback forms, privacy notice, DoLS and a welcome leaflet.

The service had a strong commitment to supporting people who used the service and their relatives, before and after death. Some people had end of life care plans in place. We saw people's next of kin and other significant people had been involved as appropriate. These plans clearly stated how people wanted to be supported during the end stages of their life. Do Not Attempt Resuscitation (DNAR) forms were included and were reviewed as and when required by the person's doctor and a family relative as appropriate. We saw one person declined to have a DNAR in place due to their religious beliefs. This decision was clearly reflected in the care plan. This shows people's preferences were respected and upheld.



## Is the service responsive?

### Our findings

People living at Brackenfield Hall spoken with thought the service was responsive. One person told us; "I have been losing weight, they [staff] are trying to fill me up now." Another person told us; "If we need the doctor we put our name down. She comes on a Monday. If we need her urgently the management call her." This showed the service was able to respond to changing needs.

The relatives we spoke with knew the registered manager by name, as did some of the people who used the service.

People told us they were involved in decisions about their daily care. One resident said; "I can choose to sit in or go out into the garden." Some people we spoke to felt they would like more involvement in care planning. One person said; "I haven't seen it, [care plan] but I know they [staff] have shown it to my family." Visiting relatives spoke more positively about being consulted for care planning decisions. One relative told us; "We have meetings to discuss the care plan every so often." People we spoke with felt staff supported their family member's to be independent. One visitor said; "They are as independent as they want."

Care records we checked demonstrated people were supported to receive their care and support in a way they liked. There were documents in place regarding the person's life history, preferences and activities they enjoyed so that staff could support people to meet their wishes and aspirations. During the monthly reviews of care and support plans, information was updated or added to, to ensure it was still correct and relevant.

We saw that community health professionals were visiting regularly to make sure that people received the right care and support at the service. When we spoke with health professionals they told us staff met people's needs well and made appropriate referrals for their intervention.

The registered provider had a complaints procedure and the registered manager kept a record of any concerns received. We saw the record also included relevant letters and information relating to concerns. This showed the registered provider acted on complaints. We saw that the service had received one complaint in 2017, which concerned a missing item of clothing. The registered provider was not able to locate the item of clothing so they offered to reimburse the owner. We saw that the registered provider had followed their policy and responded appropriately. We saw people had access to a copy of the complaints policy in the reception area.

Most people we spoke with understood the complaints process. One person told us; "If I wanted to complain I would have no problems. Another person said; "I don't know how to complain but I've never had reason to." All people we spoke with told us they felt confident raising concerns informally to staff and they were listened to. For example, one person told us; "Yes I know how to complain. The other night the music was on loud and I asked the carer to have it turned down." They told us the staff member responded immediately.

All visiting relatives we spoke with said they would feel confident in making a complaint should they need to. One relative told us; "Yes I would certainly know how to complain. Not that I've had reason to. I would see a

carer or the manager" and "It's been made clear to me that my input is welcome any time." This showed that the registered provider was approachable and transparent about their complaints policy and procedures.

Daily handovers ensured new information was passed at the start of each shift. This meant staff knew how people were each day.

People commented positively on the quality of the activities provided at the home. One visitor told us; "They get quite a lot [activities], jigsaws, baking, Karaoke, things to join in with. There are musical afternoons, quizzes, painting . There is enough for them to do." At this inspection we observed people taking part in activities throughout the day. We saw staff and people who used the service participate in karaoke in one of the lounges. People were tapping their feet along to the music or dancing. People who did not want to get involved were able to watch. There was a warm and joyful atmosphere. We also saw the service had a shop in the main entrance which was run by people living at the service. People who ran the shop told us it was enjoyable and gave them purpose. The shop stocked things like sweets and snacks.

The registered manager told us they hosted events at the service, which were also used to raise funds for refurbishments and activities for people living at the service. The registered manager told us they were preparing a bid to fund a pub and games room at the service. They also told us people responded well to these events and they were a good way of maintaining community links. The registered manager was establishing links with a local dementia friendly café so that they could do visits outside of the home. We saw evidence of the café being advertised on display boards. They also told us a local vicar visited the home monthly to conduct a church service for people. The registered manager also told us that they had supported people from different religious and cultural backgrounds. This showed that the service respects all people's choices.

## Is the service well-led?

### Our findings

At our inspection of 2 August 2016, we found a breach in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in regard to Regulation 17, Good governance. This was because the registered provider failed to monitor risks relating to the health and safety of people using the service and failed to maintain an accurate, complete and contemporaneous record in respect of each person using the service. The registered provider sent an action plan on 9 November 2016 detailing how they were going to make improvements. At this inspection we found the registered provider had made sufficient improvements to meet regulation.

The management team consisted of a registered manager, a deputy manager and senior care staff. This meant that people living at the service and staff had a clear support structure should they need escalate any concerns.

Staff spoke positively about the management arrangements. Staff told us they felt well-supported, valued and confident bringing any issues to the attention of the management team as these would be resolved quickly and effectively. One staff member told us, "The [registered manager] is brilliant." At the time of the inspection the registered manager had been in post for seven months. Before this they had experience working in adult social care and as a home manager. Although the registered manager was not present at the last inspection they were familiar the findings from our report, including any breaches in regulation. The registered manager told us considerable work had been carried out to ensure the service was acting within the scope of the regulation.

The home had policies and procedures in place which covered all aspects of the service. The policies and procedures seen had been updated and reviewed when practice guidance and legislation changed. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme. This meant staff were kept up to date with current legislation and guidance.

We saw the registered manager and the deputy manager were visible and fully accessible on the day of our inspection. We also met the area manager during our inspection and saw that they actively supported the registered manager with the inspection process. Throughout our inspection we saw the registered manager greet people by name and they obviously knew them well.

We saw an inclusive culture in the home. All staff said they were part of a team and enjoyed their jobs. We saw evidence that regular staff meetings took place which looked at what issues staff were experiencing in their roles and what support they needed to do their jobs well. This demonstrated that the management team listened to staff and supported them where applicable.

We saw monthly checks and audits had been undertaken. These included audits of the environment, housekeeping, falls and weight, medication, care plan and infection control. We saw that audits were being performed monthly and any issues were acted on. For example, an audit of a person's care plan identified

improvements to the person's nutrition support plan as it needed greater detail about their diabetes management. We saw the support plan was updated to show their diabetes was insulin controlled and which foods to avoid.

We saw that the service complied with Clinical Commissioning Group (CCG) visits. The CCG is a National Health Service (NHS) organisation which is responsible for buying and contracting healthcare, which includes services people receive in a community setting.

We also saw that the registered provider carried out their own visits to the service. In their most recent visit on 12 October 2017 they identified some people's personal emergency evacuation plans had not been reviewed. The registered manager had completed this action following the visit. This demonstrated that the registered provider was able to question practice and identify areas of improvement.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed this.