Care Quality Commission

Embrace (UK) Limited

Bridge House

Inspection report

Topping Fold Road
Bury
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Ratings

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

Overall summary

Bridge House is registered to provide accommodation for up to 40 older people who require personal care and support. It is a large detached building situated in spacious grounds. The home is within easy reach of local shops, public transport and the motorway network. Bury Town Centre is only a short distance away.

This was an unannounced inspection that took place on 3 September 2015. There were 26 people using the service at the time of the inspection. We last inspected the home on 4 June 2014. At that inspection we found the service was meeting all the regulations that we reviewed.

The home had a manager registered with the Care Quality Commission (CQC) who was present on the day of the inspection. A registered manager is a person who has registered with 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 and associated regulations about how the service is run.

We found breaches in the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014. You can see what action we have told the provider to take at the back of the full version of the report.

We found that medicines were not managed safely; people were not always given their medicines as prescribed, information was not always available to guide

Summary of findings

staff as to when they may need to give out 'as required' medicines and medication administration records that were handwritten by the staff were not checked to ensure their accuracy.

We found the provider did not always adequately assess risks. This was in relation to people's health and well-being. Although people's care records showed that some risks to people's health and well-being had been identified we found there were no risk assessments in place for the people who had been identified as being at risk of choking.

Staff did not accurately record the food and drinks given to a person who, due to a previous weight loss, needed close monitoring of their dietary intake.

People who used the service and their relatives told us they felt there were enough staff available at all times to meet their needs .We saw however that sufficient staff were not available during the lunchtime meal to ensure people were assisted and encouraged to eat their meals**.**

All areas of the home were clean and well maintained and procedures were in place to prevent and control the spread of infection.

We saw there were risk assessments in place for the safety of the premises. Systems were in place to deal with any emergency that could affect the provision of care, such as a failure of the electricity and gas supply. Records showed that the equipment and services within the home were serviced and maintained in accordance with the manufacturers' instructions; this helps to ensure the safety and well-being of everybody living, working and visiting the home. We saw checks were made to the premises with regards to fire safety to ensure that people were kept safe.

A safe system of staff recruitment was in place. This helps to help protect people from being cared for by unsuitable staff. We saw that staff received the essential training necessary to enable them to do their job effectively and care for people safely.

Staff were able to demonstrate their understanding of the whistle-blowing procedures and they knew what to do if an allegation of abuse was made to them or if they suspected that abuse had occurred.

We saw that appropriate arrangements were in place to assess whether people were able to consent to their care and treatment. We found the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions.

People who used the service told us they felt the staff had the skills and experience to meet their needs. People were happy with the care and support they received and spoke positively of the kindness and caring attitude of the staff. People told us they enjoyed the meals and they always had enough to eat and drink.

People's care records contained enough information to guide staff on the care and support required. We saw how the staff worked in cooperation with other health and social care professionals to ensure that people received appropriate care and treatment. Staff we spoke with had a good understanding of the care and support that people required. We saw people looked well cared for and there was enough equipment available to promote people's safety, comfort and independence.

To help ensure that people received safe and effective care, systems were in place to monitor the quality of the service provided. Regular checks were undertaken on all aspects of the running of the home and there were opportunities, such as questionnaires and meetings, for people to comment on the facilities of the service and the quality of the care provided. The provider also had systems in place for receiving, handling and responding appropriately to complaints.

Summary of findings

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

Some aspects of the service were not safe.

Medicines were not managed safely.

The provider did not always adequately assess risks. This was in relation to people's health and well-being.

Sufficient staff were not provided to meet people's needs.

A safe system of staff recruitment was in place and suitable arrangements were in place to help safeguard people from abuse.

All areas of the home were clean and well maintained and procedures were in place to prevent and control the spread of infection.

Is the service effective?

Requires improvement

The service was not always effective.

An accurate record of the care and treatment provided was not maintained for a person who needed close monitoring of their dietary intake.

Appropriate arrangements were in place to assess whether people were able to consent to their care and treatment. The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Staff received sufficient training to allow them to do their jobs effectively and safely and systems were in place to ensure staff received regular support and supervision.

Is the service caring?

Good

The service was caring.

People who used the service spoke positively of the kindness and caring attitude of the staff.

The staff showed they had a good understanding of the care and support that people required.

Specialised training was provided to help ensure that staff were able to care for people who were very ill and needed end of life care.

Is the service responsive?

Good

The service was responsive.

People's care records contained enough information to guide staff on the care and support required.

Summary of findings

In the event of a person being transferred to hospital or another service, information about the person's care needs and the medication they were receiving was sent with them. This was to help ensure continuity of care.

The provider had systems in place for receiving, handling and responding appropriately to complaints.

Is the service well-led?

Good

The service was well led.

The home had a manager registered with the Care Quality Commission (CQC) who was present on the day of the inspection.

Systems were in place to assess and monitor the quality of the service provided and arrangements were in place to seek feedback from people who used the service.

The registered manager had notified the CQC as required by legislation, of any accidents or incidents that had occurred at the home.

Bridge 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 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 3 September 2015 and was unannounced.

The inspection team comprised of one adult social care inspector and an 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 this inspection we reviewed the previous inspection report and notifications that we had received from the service. We also contacted the local authority commissioners of the service to seek their views about the home. They told us they had no recent concerns.

As a number of the people living at Bridge House were not able to clearly tell us about their experiences, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

During this inspection we spoke with five people who used the service, three relatives, two care staff, the cook, the activities coordinator and the registered manager. We did this to gain their views about the service provided. We looked around most areas of the home, looked at how staff cared for and supported people, looked at four people's care records, ten medicine records, three staff recruitment and training records and records about the management of the home.

Requires improvement

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the home. Comments made included; “I've been here for three years. Nobody has attempted to harm me at any time and I feel safe here”, “I've been here two years. I feel safe here because we all have locks on our bedroom doors and staff do hourly checks on us during the night” and “I've been here a few months. I feel safe here and quite like the place. If I didn't like something I'd tell one of the carers”. We were also told, “On the whole I think my relative is safe here”.

We looked to see how the medicines were managed. We spoke with people about their medicines, and checked the systems for the receipt, storage, administration and disposal of medicines. We also checked the medicine administration records (MARs) of ten people who used the service.

People we spoke with made the following comments; “I do have tablets once a day. The staff would tell me what they are for if I wanted to know but I'm not bothered by what they are for”, “I'm on some medicines but I can't remember the names of them. Sometimes I have to wait a bit for them to bring them to me. Last week they told me they had given them to me but they hadn't. I asked the nurse [care assistant] for them and she came back and gave them to me. I waited about half an hour for them” also “I'm on vitamin tablets and painkillers. I get my tablets more or less at the same time every day” and “From what my relative tells me she doesn't always get her medicines on time”.

The MARs showed that people were not always given their medicines as prescribed. One person was prescribed a pain-relieving gel that was to be applied twice a day. The MAR showed it was given only once a day. The MAR of another person showed they were prescribed a medicine twice a day but they were being given it once a day. There was no documentation on the MARs to show why this was happening and there was no explanation offered by the staff. If people are not given their medicines as prescribed their health and welfare could be placed at risk of harm.

We found that most medicines, including controlled drugs, were stored securely and only authorised, suitably trained care staff had access to them. We saw however that medicines no longer required and waiting to be returned to pharmacy were not stored securely. Although they were left in a locked room they were not kept in a secure container. There was also no documentation to show they were to be returned to pharmacy. Medicines no longer required need to be securely stored to prevent them from being in the possession of people they were not prescribed for.

One of the MARs we looked at showed there was a handwritten medication administration record that had not been signed by the staff member who had transcribed it and also not checked by another staff member to ensure its accuracy. If checks are not made on the accuracy of handwritten entries then people may be given incorrect doses and/or incorrect medication. This could place their health and welfare at risk of harm.

One MAR showed the prescription was for a pain- relieving spray that was to be given 'as required'. Information was not available to guide staff as to when they may need to administer this spray. If information is not available to guide staff about 'when required' medicines need to be given, people could be at risk of not having their medicines when they actually need them.

We saw that several people were prescribed 'thickeners'. Thickeners' are added to drinks, and sometimes to food, for people who have difficulty swallowing, and they may help prevent choking.

Directions for giving out the amount of thickener to the amount of fluid however were not in place. This meant the consistency of the fluid may not have been what was prescribed. This placed the safety and welfare of people at risk of harm. We saw that staff who actually administered the ‘thickener’ were not recording when it was given. It is important that this information is recorded to ensure that people are given their medicine consistently and as prescribed. **We found there was a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Medicines were not managed safely.**

The care records we looked at showed that some risks to people’s health and well-being had been identified, such as the risks involved with reduced mobility, poor nutrition and the risk of developing pressure ulcers. We saw care plans had been put into place to help reduce or eliminate the identified risks. There were, however, no risk assessments in place for the people who had been identified as being at risk of choking. **This was a breach of Regulation 12 (2) (a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were**

Is the service safe?

no risk assessments in place for people identified as being at risk of choking and therefore no proposed action in place to guide staff on how to reduce or eliminate the risk.

People who used the service and their relatives told us they felt there were enough staff available at all times to meet their needs. Comments made included; "I think there's enough staff to look after people. They seem to manage OK. If I wanted help I'd get it", "I think there's enough staff. They always seem to be around to help you" and "I've never seen residents waiting for attention whist I've been here. I think the staff are very well trained and there's enough staff on duty" and

"There's enough staff to look after everybody. Staff have quite a few residents who need help but residents don't have to wait long if they need help".

Staff we spoke with felt they would benefit from an extra member of staff during the day. We were told the busy times were when they were getting people up in the mornings and at meal times.

During lunchtime we saw that the three care staff on duty were helping to assist people to eat their meals. We saw that two other people who needed assistance or encouragement to eat their meal were not given any assistance. We also saw one staff member leave the person they were assisting to go and answer a call bell. This person's food was left for approximately ten minutes and was then removed by the kitchen assistant, with most of the food uneaten. We also saw a person who had finished their meal and pudding crying out for help in the dining room for a long period of time. The registered manager told us that some days there was an extra care staff member on duty and that this was a flexible arrangement. **We found this was a breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Sufficient staff were not provided at all times to meet the needs of the people who used the service.**

We looked at three staff personnel files to check how the service recruited staff. We found that a safe system of recruitment was in place. The recruitment system was robust enough to help protect people from being cared for by unsuitable staff. The files showed the following; application forms that documented a full employment history, a medical questionnaire, a job description and at least two professional references. Checks had been carried out with the Disclosure and Barring Service (DBS).The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

We saw that suitable arrangements were in place to help safeguard people from abuse. Inspection of the training plan showed all the staff had received training in the protection of adults. Policies and procedures for safeguarding people from harm were in place. These provided guidance on identifying and responding to the signs and allegations of abuse. The staff we spoke with were able to tell us what action they would take if abuse was suspected or witnessed.

All members of staff had access to the whistle-blowing procedure (the reporting of unsafe and/or poor practice). It was displayed in the staff office. Staff we spoke with were familiar with the policy and knew they could contact people outside the service if they felt their concerns would not be listened to. One staff member told us, "I would go straight to the manager with any concerns I had. If the manager wasn't on duty I'd speak to a senior carer. I think whistleblowing is a good thing because anything you think was a wrong thing can't be ignored". Having a culture of openness where staff feel comfortable about raising concerns helps to keep people who use the service safe from harm.

We looked around all areas of the home and saw the bedrooms, dining room, lounges, bathrooms and toilets were clean and there were no unpleasant odours. People we spoke with told us they felt the home was clean and warm. Some of their comments included; "I think it's clean and safe in here. It's a nice warm place with enough space to move around", I've been here two weeks. It is clean in here and I'm warm enough" and "It's very clean in here. It gets polished and hoovered every morning and every night. I have a radiator in my bedroom and it keeps me nice and warm in winter".

The provider had on-site laundry facilities, which were adequately equipped. The laundry looked clean and well organised. We saw infection prevention and control policies and procedures were in place. We saw that regular infection control audits were undertaken and infection prevention and control training was undertaken for all staff. We were told one of the care staff was the designated lead

Requires improvement

Is the service safe?

person who was responsible for the infection prevention and control management. We saw staff wore protective clothing of disposable gloves and aprons when carrying out personal care duties. Alcohol hand-gels were available and hand-wash sinks with liquid soap and paper towels were in place in the bedrooms, bathrooms and toilets. This helps prevent the spread of infection.

Records showed risk assessments were in place for all areas of the general environment.The records also showed that the equipment and services within the home were serviced and maintained in accordance with the manufacturers' instructions. This helps to ensure the safety and well-being of everybody living, working and visiting the home.

We saw procedures were in place for dealing with any emergencies that could arise, such as utility failures and bad weather conditions. We also saw that personal emergency evacuation plans (PEEPs) had been developed for all the people who used the service. They were kept in each person's care file and in a central file in the emergency 'grab bag' that was kept in the staff office. The 'grab bag' contained emergency equipment such as foil thermal blankets, a torch, a high, visibility jacket for staff, an updated register of all the people resident in the home and the business continuity plan.

Inspection of records showed that an up to date fire risk assessment was in place and regular in-house fire safety checks had been carried out to check that the fire alarm, emergency lighting and fire extinguishers were in good working order

Requires improvement

Is the service effective?

Our findings

The people we spoke with told us they felt the staff had the right attitude, skills and experience to meet their needs or those of their relative. Comments made included; “The staff seem to have good skills to help [relative) and “The staff are kind and will chat with me. I think they are well trained and know what they are doing”.

People we spoke with told us they felt their health care needs were met. Comments made included; “I've seen a doctor whilst I've been here. I more or less understood him. The staff explain anything I don't understand” and “My [relative] is safe in here. She had a fall and they phoned me up and took her to hospital for a check-up. That was about four months ago. Staff do try to keep any eye on her”. Also, “I've been weighed since I've been here. I'm not familiar with kilos and don't know what I weigh although they have told me”.

The care records we looked at showed people were weighed regularly, had an eating and drinking care plan and were assessed in relation to the risk of inadequate nutrition and hydration. We saw action was taken, such as a referral to the dietician or to their GP, if a risk was identified.

We looked at the care records of one person who, due to previous weight loss, was to have their food and fluid intake monitored daily. The records showed that in the previous two weeks, on eight of the days, no food or drink had been given to the person after 16.30 hours, until the following morning. The registered manager told us they felt the person must have had food and fluids and that staff had failed to document what had been given. This person was also prescribed a food supplement. There was no record to show that this was given regularly twice a day as prescribed. The records showed that on one day it was given only once and on four days it was not given at all. **This was a breach of Regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. An accurate record of the care and treatment provided was not maintained.**

We were shown the induction programme that all newly employed staff had to undertake when they first started to work at the home. It contained information to help staff understand what was expected of them and what needed to be done to ensure the safety of the staff and the people who used the service. We were also shown the training plan that was in place for all the staff. It showed staff had received the essential training necessary to safely care and support people using the service. The care staff we spoke with confirmed to us that they had received the necessary training and supervision to allow them to do their jobs effectively and safely. One staff member told us, “I'm happy with the training we get. We do ‘e-learning’ and in house training. We have yearly assessments and I find them useful to discuss things. A senior carer supervises me on a day to day basis”.

We asked the registered manager to tell us what arrangements were in place to enable the people who used the service to give consent to their care and treatment. We were told that any care and treatment provided was always discussed and agreed with people who were able to consent. The people we spoke with confirmed this information was correct.

From our observations and inspection of care records it was evident that some people were not able to consent to the care provided. We asked the registered manager to tell us how they ensured the care provided was in the person’s best interest. We were told that if an assessment showed the person did not have the mental capacity to make decisions then a 'best interest' meeting was arranged. A 'best interest' meeting is where other professionals, and family if relevant, decide the best course of action to take to ensure the best outcome for the person who used the service.

We asked the registered manager to tell us what they understood about the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA is essentially a person centred safeguard to protect the human rights of people. It provides a legal framework to empower and protect people who may lack capacity to make certain decisions for themselves. What the registered manager told us demonstrated they had a good understanding of the importance of determining if a person had the capacity to give consent to their care and treatment.

DoLS are part of the MCA. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a person is only deprived of their liberty where this has been legally authorised. The Care Quality Commission is required by law to monitor the operation of

Is the service effective?

the DoLS and to report on what we find. Records we looked at provided evidence that the registered manager had followed the correct procedure to ensure any restrictions to which a person was unable to consent were legally authorised under the DoLS. We saw that twelve applications had been made to the supervisory body (local authority) and had been approved.

People told us they were able to make decisions about their daily routines and were able to consent to the care and support they required. Comments made included; "I wash and dress myself. I like to go to bed about 10.00pm. I like my routine. I have a shower in my room and can use it whenever I want" also "I like to go out after dinner. I go up the road and meet my brother in law and have a walk and a bet. He'll put a bet on for me", "I can choose when I go to bed and when I get up" and "I get up when I want and get a wash and come downstairs for my breakfast. There's always somebody to get me a cup of tea and my toast".

The layout of the building ensured that all areas of the home were accessible for people whose mobility was limited. Adequate equipment and adaptations were available to promote people's safety, independence and comfort. Equipment was available to safely hoist and transfer people whose mobility was impaired. We saw that people had the freedom to move around the public areas at will and to use the pleasant garden area adjoining one of the lounges

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. People we spoke with told us; "The food is very nice. I've no complaints about the food", "I like it all and I can ask for a drink anytime I want" and "The food is quite good but they are a bit quick clearing away after meals", "I think we get enough to eat and drink. The food is quite alright". We were also told, "We get plenty of nice food. It's just as good as any restaurant and the staff always come round with a drinks trolley".

We looked at the kitchen and food storage areas and saw good stocks of food were available. Staff told us that food was always available out of hours. We looked at the menus. They showed there was a choice of food at each meal time. We sat and observed the lunchtime meal being served. We saw that the majority of people were served the same main course and only the people who needed a soft diet were given the choice option. We discussed this with the registered manager who told us that people did have a choice of food and they were asked earlier on in the day what they would like for their meal. We were told that what people had been served must have been what they had chosen.

We saw some people had difficulty trying to eat their meals. This was because they were not able to keep their dinner plates stable and keep their food on the plate. We saw the dessert was served in wine glasses. Although it looked attractive we saw that one person could not hold the glass and spoon and ate as much as they could reach with their finger. Another person could not understand how to eat the dessert, which was later taken away without any of it being eaten. We also saw two people who used the service had been served their dessert without being asked why they had left most of the main meal.

We discussed these issues with the registered manager who told us that adapted crockery and cutlery was available and should have been in use. The registered manager told us they would address this straightaway and would also ensure greater supervision at meal times.

The care records we looked at also showed that people had access to external health and social care professionals, such as GP's, community nurses, opticians and dentists. The registered manager told us that senior medical staff from the local hospital visited the home every two weeks to review people's care and to offer any care advice and support that staff required.

Good

Is the service caring?

Our findings

We saw staff treated people who used the service with dignity and respect but also with plenty of warmth, humour and friendly banter. We received positive comments about the kindness and attitude of the staff. Comments made included; “I get on all right with the staff. We can have a laugh sometimes. When they have time they have a chat with me. I've no problems with the staff. They know me and what I like to do. Staff do respect my privacy” and “The staff are very good people with hearts of gold. You can't knock them. Staff do respect my privacy and dignity”. We were also told, “I like the girls here. They are good to me and if I want to go somewhere they will take me. The staff look after me”.

Visitors we spoke with told us, “I'm always made welcome when I come” and “I'm made welcome by staff and they seem to be kind to my relative”.

We saw people looked well groomed, well cared for and they wore clean and appropriate clothing. There was a calm relaxing atmosphere throughout the home at all times during the inspection. People told us they enjoyed being able to sit and watch the birds (caged) and they also enjoyed having the cat in the home. One person told us, “I like Harry the cat. He lets you know when he wants his dinner”.

A discussion with staff showed they had a good understanding of the needs of the people they were looking after. One staff member told us, “I try to comfort and calm down any agitated residents. There's a couple of people who get very agitated in the early evenings”.

A discussion with the registered manager showed they were aware of how to access advocates for people. Information leaflets about the advocacy service were also displayed in the reception area of the home. An advocate is a person who represents people independently of any government body. They are able to assist people in many ways; such as acting on their behalf at meetings and/or accessing information for them.

Staff we spoke with were aware of their responsibility to ensure information about people who used the service was treated confidentially. We saw care records were kept securely in the staff office.

We asked the registered manager to tell us how staff cared for people who were very ill and at the end of their life. We were told that some staff had undertaken training on The Six steps to Success programme. The Six Steps programme guarantees that every possible resource is made available to facilitate a private, comfortable, dignified and pain free death. We were told that the staff who had received the training shared their skills and experience with other staff to ensure the best possible care could be given to people. We were also informed that the staff at the home received good support from the community nurse, GPs and local palliative care team.

Good

Is the service responsive?

Our findings

People who used the service told us that staff responded well to their needs. Comments made included; “Staff do ask what I would like. I'm quite happy here thank you”, “When I first came in here they [staff] went through the care plan with me. I'm happy with the care I get and I couldn't ask for anything better” also, “I want for nothing here”.

We asked the registered manager to tell us how they ensured people received safe care and treatment that met their individual needs. We were told that people had a detailed assessment of the support they required before they were admitted to the home. This was to help the service decide if the placement would be suitable and also to ensure the person’s individual needs could be met by the staff.

We looked at the care records of four people who used the service. There was good information about people’s social and personal care needs. People’s likes, dislikes, preferences and routines were written into their care plans. The care records overall contained enough information to guide staff on the care and support to be provided.

The care plan of a person who had a specific medical condition did not however, contain enough information to guide staff in the event of a medical emergency arising from this condition. The registered manager showed us an action plan that had been given to the staff by the North West Ambulance Service Paramedics. This identified what action staff needed to take in the event of such an emergency arising. Following a discussion with the registered manager it was agreed that an individualised care plan would be put into place to inform staff about the emergency care and treatment required.

We saw the care records were reviewed regularly to ensure the information reflected the person’s current support needs. We saw evidence in the care records to show that either the person who used the service and/or their family had been involved in the care planning and decision making.

One person who used the service told us, “I don't want to get involved in a care plan. I never ail anything”. Relatives we spoke with told us, “Staff do discuss any changes in her care with us and I do think staff listen when I tell them things” also “Other relatives have been involved in my relative's care plans together with a social worker. I do feel that if I speak to staff they will listen and help”.

We asked the registered manager to tell us how, in the event of a person being transferred to hospital information about the person was passed on. We were told that people's medication records would be photocopied and sent with a hospital transfer form. This form contained a summary of the person's care needs and their next of kin contact details. This was to help ensure continuity of care.

We looked to see what activities were provided for people. We spent time speaking with the activities organiser who told us they were employed to work 16 hours per week; however the hours were flexible and they worked around what was ‘going on’ at the time. We saw that a record of any activities undertaken was recorded in the ‘activity file’. We were told about some of the themed activities that took place such as; A Day at the Races, Valentine’s Day Party and A Beach Party.

People who used the service also told us about the activities that were available. Comments made included; “They do have trips out now and again in a coach and we do have singers coming in sometimes”, “There are activities going on in the home but I'm not one for taking part” and “I think there's a quiz this afternoon but I've got relatives coming and won't be taking part. We were also told, “We do a bit of singing and play bingo occasionally. I like the garden. It's lovely in the garden. I can come into the garden anytime I want” and “I like to do puzzle books. My grandson gets them with me when I go out every Saturday”.

We looked at how the service managed complaints. A copy of the complaints procedure was displayed in the reception area and was included in the Service User Guide. The procedure explained to people how to complain, who to complain to and the times it would take for a response. We saw that all complaints were appropriately recorded and managed.

Good

Is the service well-led?

Our findings

Our conversations with people who used the service and with the staff showed that people felt included and consulted with. Comments made to us included; “It's a happy staff. I know who the manager is. She's very down to earth and would help me all she can. She runs a marvellous care home” also “I do see the manager around the home and would talk to her about any complaints I might have” and “I'm always made welcome when I come. I feel confident to raise questions and I know the manager well”. We were also told, “I feel confident to raise questions and I know the manager well. I think the manager know both her staff and the residents well. She's a 'hands on' person and turns her hand to anything in the home”.

The staff we had discussions with spoke positively about working at the home. Comments made included; “It's a stable and happy staff. Staff seem to stay here a long time. We've just had a couple of new staff and we haven't had any agency staff for a few years” also “It's a happy staff and everybody gets along with each other”.

We saw that ‘handover’ meetings were undertaken on each shift to help ensure that any change in a person’s condition and subsequent alterations to their care plan were properly communicated and understood.

We saw management sought feedback from people who used the service and their relatives through questionnaires that were sent out throughout the year. The questionnaires asked for their views on how they felt they were being cared for and if the facilities at the service were to their satisfaction. We saw the information from the surveys had been analysed and the resulting information was displayed in the reception area of the home. Overall the results were positive about the care and services provided.

We saw evidence to show that meetings were held regularly for people who used the service and their relatives. A check of the minutes from the meetings showed that action plans were put into place to deal with issues raised; such as suggestions for activities. One person who used the service told us, “They have residents' meetings on occasions. I think they are worthwhile and people give their opinions. Whether the manager takes any notice I don't know but I think the manager runs a good home”.

The registered manager told us that formal staff meetings were held every three months. It was explained to us that because they were a small, consistent team the staff were able to discuss or raise any issues with the registered manager at any time.

We asked the registered manager to tell us how they monitored and reviewed the service to ensure that people received safe and effective care. We were told that regular checks were undertaken on all aspects of the running of the home. We saw evidence of some of the checks that had been undertaken. These included checks on medicines, infection control, care plans, bedrails and staff records.

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the registered manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 **How the regulation was not being met:** There were no risk assessments in place for people identified as being at risk of choking and therefore no proposed action in place to guide staff on how to reduce or eliminate the risk. **Regulation 12 (2) (a)(b)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** Medicines were not managed safely. **Regulation 12 (2) (g)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** An accurate record of the care and treatment provided was not maintained. **Regulation 17(2)(c)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:**

This section is primarily information for the provider

Action we have told the provider to take

Sufficient staff were not provided at all times to meet the needs of the people who used the service.

Regulation 18(1)