Blackrod House Limited

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Inspection report

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07 November 2017

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 07 November 2017 and was unannounced. At the last inspection we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches related to two instances regarding good governance and one in person-centred care. At this inspection we found the required improvements had been made.

Following the last inspection, we met with the provider to confirm what they would do and by when to improve the key questions safe, responsive and well-led from requires improvement to good.

Blackrod House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Blackrod House accommodates up to 30 people across two separate units, each of which have separate adapted facilities. One of the units specialises in providing care to people living with dementia. The home is situated on the corner of the main road through the centre of Blackrod, near Bolton. Local shops and amenities are close by.

There was a registered manager in place. 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 we spoke with said that they or their relative felt safe. There were sufficient numbers of staff on duty during our inspection and staff answered call bells promptly.

Staff recruitment practices were robust and helped protect people from receiving care from unsuitable staff. Clear safeguarding policies and procedures were in place, staff had received training and were confident to report any concerns.

Health and safety checks were in place and equipment was regularly serviced and maintained. Appropriate general and individual risk assessments were in place. There were robust systems for managing medicines within the home.

Staff induction was thorough and included a range of mandatory training. Further training was on-going for all staff. Staff supervisions were undertaken on a regular basis.

Care plans included a good range of information around health and well-being and evidenced people's nutritional and hydration requirements. Appropriate referrals were made to other agencies when required.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People we spoke with told us staff were kind and caring. We observed staff engaging in conversation with people throughout the day. People's privacy and dignity was respected.

People were encouraged to be as independent as possible. Care plans evidenced that people were involved with care planning and reviews. There was a service user guide given to new users of the service and their families.

The care plans we looked at included documentation that was person-centred and outlined people's choices and preferences. Reviews of care were undertaken on a regular basis.

There were a range of activities at the home, as well as trips out. We observed a number of individual and group activities taking place on the day of the inspection.

The service had an appropriate and up to date complaints policy, which was outlined within the service user guide and displayed within the home. Formal complaints were responded to in line with the policy. The service had received a number of compliments.

People's wishes for when they were nearing the end of their life were recorded clearly within the care plans and a number of staff had received training in this area.

People who used the service and relatives stated they thought the service was well managed and the management approachable. Staff were well supported by management through regular supervision sessions and staff meetings.

We saw a number of regular audits and checks which took place within the service. The registered manager and provider attended regular local care home meetings to help keep up to date with best 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.

People we spoke with said that they felt safe. There were sufficient numbers of staff on duty and staff answered call bells promptly.

Staff recruitment practices were robust and helped protect people from receiving care from unsuitable staff. Safeguarding policies and procedures were in place, staff had received training and were confident to report any concerns.

Health and safety checks were in place and equipment was regularly serviced and maintained. General and individual risk assessments were in place. There were robust systems for managing medicines within the home.

Is the service effective?

Good

The service was effective.

Staff induction was thorough and included a range of mandatory training. Further training was on-going and staff supervisions were undertaken on a regular basis.

Care plans included a range of information around health and well-being and evidenced people's nutritional and hydration requirements. Appropriate referrals were made to other agencies when required.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring.

People we spoke with told us staff were kind and caring. We observed staff engaging in conversation with people throughout the day. People's privacy and dignity was respected.

People were encouraged to be as independent as possible. Care plans evidenced that people were involved with care planning and reviews.

There was a service user guide given to new users of the service and their families.

Is the service responsive?

Good

The service was responsive.

Care plans included person-centred documentation and outlined people's choices and preferences. Reviews of care were undertaken on a regular basis.

There were a range of activities at the home, as well as trips out. We observed a number of individual and group activities taking place on the day of the inspection.

There was an appropriate and up to date complaints policy and complaints were responded to in a timely way. The service had received a number of compliments. People's wishes for end of their life care were recorded and a number of staff had received training in this area.

Is the service well-led?

Good

The service was well-led.

People who used the service and relatives stated they thought the service was well managed and the management approachable.

Staff were well supported by management through regular supervision sessions and staff meetings.

There were a number of regular audits and checks which took place within the service. The registered manager and provider attended regular local care home meetings to help keep up to date with best practice.

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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.

The inspection took place on 07 November 2017 and was unannounced. The inspection team consisted of two adult social care inspectors from the Care Quality Commission 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. This person had personal experience with older people and people living with dementia.

Prior to the inspection we looked at information we had about the service in the form of notifications, safeguarding concerns and whistle blowing information. We also received a provider information return (PIR) from the provider. This form asks the provider to give us some key information about what the service does well and any improvements they plan to make. We also contacted the local authority commissioners of the service and the local authority safeguarding team. No concerns were raised about this service.

During the inspection we spoke with the registered manager, the provider and four care staff, kitchen staff, three relatives, six people who used the service and a visiting health professional. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at six care files, three staff personnel files, training records, staff supervision records, meeting minutes and audits.

Good

Is the service safe?

Our findings

Everyone we spoke with said the service was a safe environment and that they or their relative felt safe. Comments included; "Yes I feel safe there are always lots of people round to look after me"; "I do feel safe because the staff are lovely. Nobody shouts and if I have any worries they will sit and talk to me"; "It's just a good place everyone is nice so I feel safe. I have never had any problems"; "My [relative] is perfectly safe. I have never had any worries about her. The unit is locked so I know she can't get out if she goes wandering"; "My [relative] tripped and fell earlier in the year when she was upstairs. They have moved her down here to the ground floor where they can keep an eye on her and we don't have the worry about her".

We observed that there were sufficient numbers of staff on duty during our inspection. Staff answered call bells promptly and people were supported in a calm unhurried manner by staff. Although the majority of people we spoke to felt that there were always enough staff on duty, some people said that they felt staffing was low at times. One staff member said "Staffing levels are ok, but we could always use another pair of hands". Another staff member said "We usually have enough staff to meet the needs of the people who live here, I have no concerns".

Staff and the registered manager demonstrated throughout the inspection that they knew the people living at the service really well; this means that they would be able to identify a change of care needs which might mean they would need to increase the staffing levels. We spoke with the registered manager who said that the home did not use a dependency tool, a system which would identify the right staffing levels based on the needs of the people that lived there. However, people underwent an assessment when they moved in to the home and the information gathered at this time would indicate to the registered manager whether or not they should increase staffing levels. We saw staff rotas that showed a good level of staffing both during the day and overnight.

Staff recruitment practices were robust which protected people from the risks of receiving care from unsuitable staff. Appropriate checks were carried out which included obtaining a person's work references, a full employment history and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people who use care and support services. Right to work and identity checks were also carried out.

We saw that clear policies and procedures that safeguard people from harm were in place. These provided staff with guidance on identifying and responding to signs of abuse. Training records showed that staff received training on the protection of vulnerable people as part of their induction programme. Staff we spoke to were able to tell us what action they would take if abuse was suspected or witnessed. One staff member told us "We are trained to recognise the signs of abuse and the culture here is very open, I would report concerns straight away". Another said, "There is an open culture here when it comes to reporting issues, I would always report any concerns". This meant that the service had a system in place to keep help people safe from harm.

Staff knew how to 'blow the whistle' which is where staff are protected if they report the poor practice of

another person employed at the service, if they do so in good faith. The management team understood when and to whom they should report safeguarding concerns.

We saw that accidents, incidents and near misses were well managed by the service. There were systems in place to record, track and monitor incidents and we saw that the service took action to reduce risks. Near misses are events that might have resulted in harm to a person, but the problem did not occur because of a timely intervention. Incidents were tracked in this way to establish any trends. For example, one person had had a number of falls, the data was used to identify a pattern and the person was referred to the falls clinic for further support.

We looked at the equipment and facilities at the service and found that the environment was safe for the people who lived and worked there. We saw that regular services were done on moving and handling equipment such as hoists and bath lifts, the water supply to prevent legionella was tested regularly, and safety checks were carried out on the supply of gas and electricity and fire-fighting equipment. A person was employed who maintained the building and carried out general health and safety checks in line with the policy. Staff had been trained in fire safety. Each person had a personal emergency evacuation plan (PEEP). PEEPs set out the specific requirements that each person had, such as staff support or specialist equipment, so they could be evacuated safely in the event of a fire. There was a 'grab file' near the entrance to the home which included copies of the PEEPs. Fire drills took place on a regular basis so all staff had practical knowledge of knowing what to do in the event of an emergency. A fire safety risk assessment was in place. These safety checks meant that people were kept safe in the event of an emergency.

We found that risks to people's health and safety were appropriately managed and monitored at the service. We looked at six care files. Each person's care plan contained risk assessments detailing individual risks to their safety. This included a risk of a person falling, of malnutrition, developing pressure areas and of deterioration of their health or a medical condition. Guidance was in place about any action staff needed to take to make sure people were protected from harm. For people who were at risk of falling, guidance was in place about any specialist moving and handling equipment when moving around the service. The specific type of hoist and individual sling was identified to help avoid any cross contamination. One person had been identified at risk of malnutrition; their fluid and food intake was monitored and reviewed. Their dietary needs had been passed on to the kitchen staff to ensure their nutritional needs were taken into account at meal times. This showed that the service had considered the needs of the people that lived there and had plans in place to support them safely.

We observed that people, when moving around, were escorted by a staff member if they had difficulty walking. Most had walking aids to give them stability. All bedrooms had call bells which were placed close to the individual. One relative told us, "[Relative] has a bell by her bed at night but during the day I have asked for it to be by her chair where she sits. They never forget to put it there. When she calls for help I don't think she ever waits more than a minute".

We saw infection prevention at the service was good. Appropriate policies and procedures were in place relating to infection control and, cleanliness audits were undertaken. Infection prevention and control training was an essential part of the training programme for all staff. We saw staff wore protective clothing of disposable gloves and aprons when carrying out personal care duties. Alcohol hand-gels and hand-wash sinks with liquid soap and paper towels were available throughout the home. Good hand hygiene helps prevent the spread of infection. We saw that appropriate arrangements were in place for the safe handling, storage and disposal of clinical waste. Relatives said that the service was clean and it was clean on the day of our inspection. The team worked hard so that any odours were dealt with promptly. Staff were enthusiastic about their roles and responsibilities. One staff member said "I take pride in keeping the home

clean so that people feel well cared for and safe". This showed that the service was committed to a high standard of cleanliness, reducing the risk of infection and illness.

Procedures for the ordering, receipt, storage and administration of medicines was rigorous and the service had a medicines policy in place to guide staff how to give medicines safely. Staff who administered medicines demonstrated that they knew how to put this guidance into practice. We observed staff giving out medication safely. They explained to each person that they had their medicines, gave them a drink and asked the person or checked that they had taken their medicines before signing the medicines administration record. Guidance was in place for people who took medicines prescribed as 'when required' (PRN) so they were administered according to people's individual needs. During the inspection people were asked if they were in pain and their response used to determine whether to give pain relieving medication. Body charts were in place to clearly identify to which part of a person's body a prescribed cream needed to be applied. Medicines checks were carried out in line with the service's policy to ensure there was a clear audit of all medicines entering and leaving the service. Good practice was noted, people's photographs were printed on their records with any information about allergies that they had.

We saw that there was a system in place to monitor stock levels of medication. The people whose medicines we looked at had an adequate supply of their medication which meant they were always able to be given their medicines as prescribed. Other checks identified any minor discrepancies such as missed signatures, and stock balance checks were done immediately to ensure people had been given their medication properly. During the inspection we found that medicines were all given as prescribed. Comprehensive records were made when doses of medicines changed and when medicines were discontinued. This meant that people always received the correct doses of their medicines.

Good

Is the service effective?

Our findings

Staff induction was thorough and included a range of mandatory training. There was a probationary period for new staff, which could be extended if it was felt they needed a further period of support. One staff member told us, "My induction was thorough; training included moving and handling, safeguarding, DoLS, and health and safety". Another said, "I was trained well when I started here. The induction was well arranged and I felt well supported, I started as an apprentice then they offered me a job". New staff were issued with a staff handbook which included all the information they may need throughout their employment.

We saw evidence of a great deal of training at the home. All staff were required to complete updates of mandatory training and this was on-going. On top of mandatory training we saw that people could request extra courses if they felt these were relevant. For example, some had undertaken training in learning disability awareness and others had done diabetes training. All staff had completed training in pressure area care.

Staff supervisions and appraisals were undertaken on a very regular basis and the documentation evidenced that these were meaningful and useful. The service were still undertaking 'policy of the month' where a policy was sent to staff each month and was followed by questions and answers within a supervision. This helped ensure staff remained familiar with policies and understood their application within the workplace.

People who used the service and visitors we spoke with stated they felt staff knew how they or their relative should be cared for. One person told us, "The staff seem very good they seem to know what to do with me". Another said, "'They can do their jobs well. I wouldn't be here if they didn't know how to do their job". A third commented, "The staff are very good. I am very pleased with the help I get".

Relatives' comments included: "I feel the staff have the right knowledge and skills to look after my [relative]. They know how to treat her needs with her having dementia. They speak to her appropriately and get down to her eye level and make sure she is looking at them before speaking. If she is anxious they will sit with her to calm her down and if a carer is called away another carer will step in and sit with her till she is perfectly calm"; "'Up till now [relative] hasn't been too confused, but since her fall this has changed and she is confused and very anxious. The staff understand this and they spend time helping her and supporting her".

We spoke with a visiting health professional who told us, "They [the service] contact us with any concerns and use their own initiative when necessary, for example, contacting the GP. They refer to our service appropriately and follow our advice".

Care plans included a good range of information around health and well-being. People's extra requirements around communication, where there may be a sensory impairment or language barrier, were documented and addressed with appropriate techniques. We saw that for an individual with a hearing impairment, who refused to wear hearing aids, the guidance for staff was to speak clearly and face the person when talking to

them. People told us GPs were called promptly when required.

There were hospital passports in place, which included relevant information for people who may need to be admitted to hospital, to make their stay easier. The service had recently become involved in the 'Red Bag' initiative. This was designed to meet the requirements of NICE guidelines around transition between inpatient hospital setting and community or care homes. The idea is that a red bag is used to transfer standardised paperwork, medication and personal belongings and stays with the resident throughout their hospital episode and is returned home with resident. The standardised paperwork will ensure that everyone involved in the care for the resident will have necessary information about the resident's general health, e.g. baseline information, current concern, social information and any medications, on discharge the care home will receive a discharge summary with the medications in the red bag. The pathway enables a significant reduction in the amount of time taken for ambulance transfer times and for A & E assessment times and reduces avoidable hospital admissions. This could have a significant impact on people who used the service as their experience of moving between services would be less stressful.

We walked around the premises and saw that they were clean and clutter free. The dementia unit had themed walls with appropriate photographs to aid reminiscence and tactile displays which people could interact with. Many of the walls were themed to match the interests of the people who used the service. One staff member pointed out a display on which makeup had been fixed to the wall. She said that very often one of the people who used the service who liked makeup would touch and feel the lipstick etc. on the display. There was a reminiscence lounge, decorated in 1950s style, a hairdressing room, an activities room where people were engaging in hobbies and a quiet lounge for people to relax in, with a well-kept fish tank. There was a room with sensory equipment which we saw someone enjoying on the day of the inspection. Bedrooms had photographs and memory boxes to aid recognition for people living with dementia. There was good, clear signage around the home to help people's orientation.

We saw that the food at the home was nutritious and appetising and people had a choice of meals. The kitchen staff told us there were a few people who always had a cooked breakfast and others who had choices such as eggs on toast. The main meal was served at lunchtime and there were two options. If people wanted something other than the choices on the menu this was facilitated.

We observed lunchtime in both the residential unit and the dementia unit. People were seated from 12 onwards and most were sat at tables in each dining room, they were able to choose where they sat. A few people on the dementia unit ate their meals in their bedrooms. The tables in the residential unit had tablecloths and were set with cutlery, condiments, place mats and napkins. There was a menu board which had the lunch time meal and evening meal displayed on a wall, but the writing on the board was very small. People had been asked what they would like to eat earlier in the day and the meal of their choice was given to them. No pictures of the food for visual support. Food was served on china plates and everyone had suitable cutlery. Appropriate assistive equipment, such as plate guards were used as necessary. All were offered a cold drink in a glass and they had tea or coffee after the meal. People were left to eat at their own pace, at no time were they rushed. Once they had finished their meal the staff politely asked if they had finished before taking their plate. A choice of two puddings was then served.

There was a difference between how meals were served on the different units. On the dementia unit, tables had tablecloths and cutlery was given out as people sat down. There were no condiments, placemats or napkins. Cold drinks were provided in plastic cups. This was because people were living with dementia, but with good supervision from staff, condiments and napkins could be used to enhance the dining experience on this unit. Clothes protectors were not offered to people. There was a menu board on the wall near the entrance to the dining room, with pictures of the food available for the day's meals. People were not rushed

to finish and puddings given out when the main meal had been eaten. One person refused both choices of meal and was provided with a jam sandwich- her favourite. The

Comments about the food included, "The food is good, it is nicely cooked. There is a choice each day. We get lots of drinks and snacks brought round during the day too": "I've no problems with the food. I'm never hungry. We get drinks before we go to bed and if I wanted one in the night they would bring one for me"; "'The food is good. I get plenty to eat and I am never hungry. I can ask for seconds if I want. I don't know if there is a menu board, they ask us what they want in the morning so they can prepare it for us"; "The meals are basic but [relative] likes them. She is never hungry and I know if she doesn't want to eat the meal they provide they will make her something else. She gets plenty of drinks and snacks. [Relative] doesn't like tea or coffee she likes lemonade. I bring it in for her but they say they can provide it too"; "The food is good. She gets a choice and they even offer her other things if she doesn't like what is on offer. When she came out of hospital she wouldn't drink much at all, but they have kept an eye on her and made sure she is hydrated". A staff member told us, "We ask the residents what they would like for lunch in the morning and we make a list that is sent to the kitchen. We give them their choice when they sit down at lunch time. Often though they change their mind so we always try to give them something they want. One lady will always each jam sandwiches and another likes scones, so we always have those available. If they fail to eat we let the dietician know and a food chart is kept".

Care plans evidenced people's nutritional and hydration requirements, special diets and preferences. Where there were issues, such as significant weight loss, we saw records of monitoring and appropriate referrals to other services. Kitchen staff had undertaken relevant training and health and nutrition and demonstrated a good understanding of how to meet people's special dietary requirements. We saw kitchen staff had regular meetings where they discussed issues such as stock rotation, cleaning and food choices.

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 application 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.

We observed staff talking to people who used the service and asking their permission to give assistance. The individuals were called by name. People we spoke with said the staff always asked permission. One said, "They always ask permission, they say is it ok [name] if we come in and things like that". A relative said, "The staff are lovely. They always ask permission to see if my [relative] is happy for them to look after her". A staff member we spoke with said, "I use the mental capacity act as a guide to how I work. If people can make their own choices then I encourage that, but some of them need a bit of help".

We saw signed consent forms within care plans, which had been signed by the person who used the service or their relative, if appropriate. We witnessed a person being asked to sign their care plan and given reassurance and assistance to understand what they were signing. There was clear documentation within care files about people's level of capacity to make decisions and how to undertake best interests decisions if

capacity was an issue.

The service had a DoLS folder with all the information about DoLS applied for and authorised in it. The registered manager had implemented a system where review dates were flagged up so that she could review and reapply, if still applicable, in good time. Staff demonstrated a good understanding of DoLS. Comments included; "A DoLS means that people can't leave here on their own because they would be at risk. I know who can and cannot leave the building without support. Everyone on this unit is under a DoLS because they have dementia and need support with lots of tasks"; "There are DoLS in place for people that lack capacity, they are people who need supervision if they go out because it might put them at risk, a DoLS is a formal process of putting that restriction in place".

Good

Is the service caring?

Our findings

All those we spoke with said would spend time to chat. Comments included, "'They sit and chat with me"; "They will chat with [relative] about anything. They let know me know what she has been talking about when I visit"; "Yes the staff spend a little time chatting to her when they have time"; "I am happy with the care they provide they are all lovely and always polite and friendly; "I am happy with everything they do. This is home was the best decision I have made. They are wonderful with [relative] and I know she is happy here. She has everything she wants and needs".

People said they could talk to staff about how they felt or what they were concerned about regarding their relative. They told us, "If I talk to staff they are very good"; "The staff are very helpful they will do anything for you"; "There is no problem with staff, they listen to me if I want anything and they help me all the time. They leave me to get on with looking after myself so that I am independent"; "They know [relative] likes to be in her room and not always mingle with other residents so they respect her wish and let her sit quietly in her room". A visiting health professional told us, "Staff are very friendly. Residents look well-presented and there is a calm atmosphere in the home".

Staff we spoke with were happy with their jobs. One told us, "I love care work and helping people, it makes me feel good to know I am playing a part in improving someone's life, it can be hard but it is well worth the effort to make a difference". We saw that people who used the service were encouraged to be as independent as possible, whilst being supported by staff and equipment where required.

We observed staff engaging in conversation with people throughout the day. On one occasion in the dining room on the dementia unit one staff member chatted to a new person who had only just arrived. She encouraged the individual to discuss her interests. Staff were mindful of people's privacy and dignity and demonstrated respect when offering support. We saw staff knocked on bedroom doors and waited for the person to call come in before entering. We observed staff responding to people in a polite and courteous manner calling them by name. People with sensory impairments, differing levels of understanding and requirements were treated with equal respect.

Care plans evidenced that people were involved with care planning and reviews. A relative told us, "I know what is in Mum's care plan and I am very happy that she is being supported correctly. I can look at the paperwork anytime I want and they always listen to my point of view to ensure she is supported and respected in the way I wish". Relatives we spoke with had been invited to meetings and attended them. One told us, "I have been letters to invite me to meetings and I have been to two. They have sent us feedback about the issues discussed".

There was a service user guide given to new users of the service and their families. This included information about the staffing structure, activities and outings, how to access the latest inspection report, fire and emergency procedures, sample menus, complaints procedure and the statement of purpose.

Good

Is the service responsive?

Our findings

We saw that staff responded to a call bells very quickly. One person told us, "They come to me when I call them as soon as they are able". Another said, "They come to me straight away when I call for them"'

The service had an up to date policy on person-centred care and we saw from the care plans we looked at that documentation was person-centred. People's backgrounds, family life, preferences and interests were outlined within the files and we saw that car was provided with all these considerations in mind. For example, people had indicated whether they preferred to have a bath or shower and records showed that these preferences were adhered to. People got up and went to bed at the time they preferred and were given choices around issues such as what they wore, where to eat their meals, what they ate and activities they took part in. We saw evidence that all care plans were reviewed on a monthly basis, or when things changed, and updated as necessary. This helped ensure all care was given with regard to people's current needs. Care plans were also subject to occasional manager review to provide an oversight to the quality of the regular reviews.

On several occasions we witnessed staff asking people if they would like a drink and stating, "I'll bring it over just as you like it with sugar". At lunchtime staff demonstrated they knew which foods some individuals wouldn't eat so they gave them something different. Throughout the home when talking to staff they were knowledgeable about each individual, their past and what they liked.

A relative said, "They know [relative] well. They know how to cater for her needs. They know she likes chocolate and lemonade and that she won't drink tea or coffee so they cater for her. They know she doesn't like to mix with other residents, so they respect her wishes and let her sit in her room. They check on her constantly to make sure she is ok. She doesn't take part in the activities much, but she does like the local nursery children visiting. She looks forward to that. She has been on trips out to. Recently she went to Blackpool".

There were a range of activities at the home, as well as trips out. People had recently been on a trip to Blackpool to see the illuminations. A Zumba class was taking place on the morning of the inspection. This activity was available for everyone in the home, though it took place in the activity room on the dementia unit. Everyone who took part enjoyed the activity, which was done to music they recognised. The class facilitator spoke to each individual by name, praising them for their efforts. It was a very happy, joyful atmosphere. We were informed by a relative and by the staff that children from a local nursery visited the home every two weeks and that this activity was enjoyed by everyone. Whilst the children visited they all did colouring, sticking and gluing together.

We observed that the dementia unit was a happy fun place to be where all the people who used the service were entertained and stimulated. One person enjoyed rock and roll music and this was played for them. Many people liked colouring and lots of colouring books were available and we saw these being used in the activity area. During the afternoon on staff member gathered people together on the dementia unit for a sing song. She encouraged each one to start to sing their favourite song then everyone joined in.

On the residential unit the atmosphere was quieter. Although all activities were available to people on any unit, a lot of people on the residential unit chose not to engage with the Zumba. People sat in the lounge watching TV, only interacting occasionally with each other. Staff told us people on this unit preferred one to one activities, such as having nails done.

On the day of the inspection there was a demonstration of some new technology being undertaken. This was 'Immedicare Telemedicine Technology', which was a virtual triage system whereby a tablet could be used to access doctors and nurses for advice around medical concerns. There was liaison between the doctors and nurses working within this scheme and the GPs used by the service so that prescriptions could be ordered. The scheme had been commissioned by the local authority as part of the 'Care Homes Excellence' programme and the service were enthusiastic about trialling the scheme.

The service had an appropriate and up to date complaints policy, which was outlined within the service user guide and displayed within the home. We saw the records of complaints and concerns and saw appropriate responses to concerns which helped ensure these did not escalate further. Formal complaints were responded to in line with the policy, apologies given, investigations undertaken where appropriate and complainants responded to in a timely manner.

The service had received a number of compliments. Comments included; "I just wanted to say a big thank you to all the staff and entertainers who look after all the residents"; "Thank you for looking after [relative] and also for making us feel welcome at all times"; "With sincere appreciation for the love and care you gave our [relative]".

There was an end of life policy and procedure. People's wishes for when they were nearing the end of their life were recorded clearly within the care plans and a number of staff had received training in this area. People nearing the end of life were supported to remain at the home, if this was their wish, and district nurses provided care and support along with the home's staff.

Good

Is the service well-led?

Our findings

There was a registered manager in place. 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 who used the service and relatives stated they thought the service was well managed. One person who used the service said, "I like it here because it is a nice peaceful place. Everyone is very nice to me, so I think it is a good place to live. I would recommend it to anyone". Another stated, "It is well managed because the home is very comfortable and clean". A relative told us, "One of the biggest things about the home is the quality of the staff. They have the right mind set and they have training. They have the right skills on this dementia unit to understand all the residents' needs. I would recommend the home to other people without hesitation. I know it so well managed as the staff stay in post for a long time there is not a high turnover so that tells me they are happy in their jobs and well looked after by management".

We asked people if the management of the home were approachable. People who used the service said, "The manager is very good. She tells us what is going on and if there are any changes so that I know what is going on"; "The manager is really good. She sits and chats with me sometimes". A relative told us, "The manager is very good and she is very approachable". Another stated, "The manager is very nice she is very helpful". A health professional told us, [Manager] is always around".

Staff comments included; "My managers are very approachable and I feel happy to share concerns"; "The managers are approachable and although I have never had to complain I know I would be taken seriously if I did".

Staff were well supported by management through regular supervision sessions and staff meetings. We saw minutes of these meetings where issues discussed included staffing, maintenance, complaints, equipment, communication and activities. Staff told us, "I have regular team meetings and supervision sessions with my manager"; "I have regular supervisions were we talk about any personal issues but we also cover a policy which is helpful". There was a regular staff satisfaction questionnaire and we saw the results of the most recent one, which were positive.

We saw a number of regular audits and checks which took place within the service. There were monthly mattress and pressure relief equipment checks, random site audits, care plan audits, health and safety audits, falls and accident analysis. All audits included actions to address any issues. A quality audit was undertaken in July 2017 by the local quality monitoring team and this had been positive, with a few minor recommendations which the service were addressing.

The registered manager and provider attended regular local care home link and care home provider meetings to help keep up to date with best practice. The home had signed up to the Bolton Care Home Excellence programme, which had been designed in partnership with providers, people who used the

service and their families. The aim was to improve quality and experience for people by committing to high standards of care. As part of this scheme there was a 'My Life at Home' project, which the registered manager had been attending meetings and workshops about. This was a leadership development programme around promoting quality of life within a care home. The registered manager demonstrated a high level of commitment to the project and to continually improving the experience for people at the home.

The home had recently been successful in securing funding from an innovation fund, the idea of which was to develop new and creative ways of meeting people's needs. The funding was to be linked to the individuals' community, leisure activities, family and friends. The home had decided to use this to buy a summer house for the garden where themed events and tea parties would take place.

Three staff members had recently taken part in a dementia research pilot programme with the local university. The registered manager told us this had been a great success and the staff had returned with lots of ideas to enhance the experience on the dementia unit.