Ideal Carehomes (Number One) Limited

De Brook Lodge

Inspection report

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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

Overall summary

This inspection was carried out on the 21 of February 2015 and was unannounced. This means we did not give the provider prior knowledge of our inspection.

We last inspected De Brook Lodge on the 5 July 2013 and identified no breaches in the regulation we looked at.

De Brook Lodge is a care home providing personal care and accommodation for up to 52 older people with dementia. The home is set within its own gardens and car parking is available at the home. It is located in Flixton and public transport routes into Manchester and surrounding areas are close by. De Brook Lodge is situated over three floors with lounges and dining areas on each floor. The first and second floor are accessed by a lift.

The home has a manager who is registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'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.

During the inspection we saw people were supported to be as independent as possible. We observed staff responding to people with compassion and empathy and people were seen to be engaging with staff openly. Staff were knowledgeable of peoples' assessed needs and delivered care in accordance with these.

We found the home was clean and there were quality assurance systems in place to ensure shortfalls in the service provided were identified and actioned to seek improvement.

People told us they liked the food provided at De Brook Lodge and we saw people were supported to eat and drink sufficient to meet their needs.

There were arrangements in place to ensure people received their medicines safely and staff were knowledgeable of these. We saw medicines were provided in a safe way.

We observed people engaging in activities and staff were respectful of people's wishes.

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?
The service was safe.

There were systems in place to ensure people were cared for in a clean and hygienic environment.

There were arrangements in place to ensure people received medicines in a safe way.

Staff responded to people's needs without delay. This meant people received support when they required this.

Good

Is the service effective?
The service was effective.

People were enabled to make choices in relation to their food and drink and were supported to eat and drink sufficient amounts to meet their needs.

Staff demonstrated their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Where required an application for DoLS had been made. This meant that appropriate steps had been taken to ensure people's rights were protected.

Good

Is the service caring?
The service was caring.

We saw staff provided support to people in a kind way. Staff were patient when interacting with people who lived at the home and people's wishes were respected.

Staff were able to describe the likes, dislikes and preferences of people who lived at the home and care and support were individualised to meet people's needs.

People's privacy and dignity were respected.

Good

Is the service responsive?
The service was responsive.

People's health was monitored and referrals made to other health professionals to ensure care and treatment met their needs.

People were provided with and encouraged to engage in activities that were meaningful to them.

Good

Is the service well-led?
The service was well – led.

There were audit systems in place to ensure any shortfalls were identified and improvements made.

Staff were supported by their manager. The manager worked closely with staff to ensure the home provided a good service to people who lived at De Brook Lodge.

Good

De Brook Lodge

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 was carried out on the 21 of February 2015 in response to concerning information we received regarding the care and welfare of people who lived at the home and the leadership of the home. The inspection was unannounced. This means we did not give the provider prior knowledge of our inspection. The inspection was carried out by two adult social care inspectors.

Prior to the inspection we reviewed information the Care Quality Commission (CQC) hold about the home and we also spoke to a member of the local commissioning authority who had previously visited the home. We received no negative feedback.

During the inspection we spoke with five people who lived at De Brook Lodge, four relatives, six care staff, a laundry person and two deputy managers. At the time of the inspection the registered manager was not present due to leave, therefore we spoke with the acting manager and the area manager. 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 and we also observed the interactions between staff and people who lived at De Brook Lodge.

We looked at all areas of the home, for example we viewed lounges, people's bedrooms and communal bathrooms. At the time of the inspection there were 49 people resident at the home.

We looked at a range of documentation which included three care records, three staff files and a range of audits. This included an audit that the area manager had completed on areas such as medication, care plans and weight loss. We also looked at a sample of medication and administration records.

Good

Is the service safe?

Our findings

We asked six people if they felt safe. Comments we received included; "I'm totally safe and protected here," "I do yes. Because the staff are so good, they take care of me and are kind to me." "Yes I feel safe." "Of course I do and I haven't had a reason not to feel safe." And "I've never felt scared."

We also asked three relatives if they felt their family member was safe and we received positive comments. We were told; "I'm happy, she's safe." "(My family member) is safe and warm, well looked after and loves the food." "(My family member) is safe here. It was a big decision to move (my family member) into a home but this is a good home."

We viewed three care records and saw individual risk assessments were carried out as required. For example, we saw a risk had been identified with regard to cooking equipment. The risk assessment we viewed contained instructions to staff on how to minimise the risk of harm or injury to the person. During the inspection we saw staff followed the risk assessment to ensure the person's safety was maintained.

We saw also saw staff responded to naturally occurring risk promptly to ensure the safety and wellbeing of people who lived at De Brook Lodge. We saw one person moved their mobility equipment and stood up from their chair without using it. Staff responded to the person by asking them where they wanted to go and reminded them to use their mobility equipment. This ensured the risk of the person falling was minimised whilst still promoting their independence. We also saw one person who left their room carrying some clothing which was overhanging their arms onto the floor. We saw staff speak to the person and offer help. They explained to the person they were concerned they may trip on the clothing and injure themselves. We saw the support was accepted. This minimised the risk of an accident and injury and respected the person's choices.

We asked seven staff to give examples of abuse and they were able to describe the types of abuse that may occur, identify the signs and symptoms of abuse and how they would report these. They told us they had received training in this area and would immediately report any concerns they had to the acting manager, or to the local safeguarding authorities if this was required. We were told; "We're encouraged to raise any worries, it protects people." "I would always report. The people here are vulnerable and we must always protect them." "My priority is always the safety of the people here and that means reporting quickly and to the right people." And "I wouldn't hesitate to report anything." It is important that staff know and can recognise signs and symptoms of abuse in order that concerns can be reported promptly and investigations carried out as required.

We saw the home had a safeguarding procedure and numbers for the local safeguarding authorities were available to staff. The procedures helped ensure people could report concerns to the appropriate agencies to enable investigations to be carried out if this was necessary.

We had received information of concern that staff were not always available to meet people's needs. We asked the acting manager to explain how staffing numbers were calculated to ensure sufficient staff were available to support people. They told us there was no formal assessment tool used to assess the number of staff required. However people's individual needs were assessed and this informed the number of staff available to support people. They told us it would be usual to have eight staff on duty during the day and four staff at night. On the day of the inspection we saw eight care staff were present within the home. In addition we saw housekeeping staff and laundry staff were also available.

The acting manager explained the current staff vacancies at the home and told us they utilised the skills of staff to cover unplanned leave and vacancies. We were told care staff covered any unplanned leave whenever possible as this minimised the use of agency staff. The acting manager explained this helped ensure people were supported by a consistent team of staff who were familiar with people's needs. We were also told that at the time of the inspection a care staff member was providing catering cover. We spoke to them and they told us this had been arranged in advance. The acting manager told us during the Christmas period there had been some shortfalls in the number of staff available to meet people's needs and was a result of staff voluntarily leaving the service without notice. They told us this had now been resolved as additional staff had been recruited. All the staff we spoke with confirmed this was the case and that if shortfalls in the rota were

Good

Is the service safe?

identified, cover was provided. This showed us the acting manager took action to ensure sufficient staff were available to provide support to people who lived at De Brook Lodge.

During the inspection we observed staff were attentive and overall, met people's needs without delay. We saw numerous occasions of staff interaction with people. During the morning we saw staff talking with one person about the weather and as a result of this other people recalled their life experiences and shared these. We observed one person ask for help to go their room. This was provided without delay.

We also spoke with five people who lived at De Brook Lodge. They told us; "Staff are quick to help me." "I don't have to wait for anything." "They come quickly." "I might have to wait a few minutes if they're busy but I've never had to wait long." And "They're very quick." We also spoke with four relatives. Comments we received included; "I'm not worried about the number of staff here at all, they're always around." And "I think the number of staff here is fine. There's always been enough staff here when I've visited."

All the staff we spoke with told us they had no concerns with the availability of staff to support people. We were told; "If there was an emergency people might have to wait but as a rule I can give people the time they want." "I can spend time with people helping them instead of doing things for them. I think that says it all." And "The staffing here is good because we're expected to have time to just sit and chat, play board games or watch a film with people." Our observations and the feedback we received from people who lived at the home, relatives and staff showed us there were sufficient staff to meet peoples' needs.

We reviewed documentation that showed us a process was in place to ensure safe recruitment checks were carried out before a person started to work at the home. We asked a newly recruited staff member to describe the recruitment process to us. We were told prior to being employed by the service they had to complete an interview and satisfactory references and disclosure and barring checks had to be obtained. We looked at the recruitment records for the staff member and viewed documentation that confirmed suitable recruitment checks were carried out. We also viewed a further two personnel files which also evidenced this. This helped ensure suitable people were employed to provide care and support to people who lived at the home.

During this inspection we checked to see if medicines were managed safely. We looked at a sample of Medicine and Administration Records (MAR) and saw the record and amount of medicines at the home matched. This showed us medicines was available and had been administered as prescribed. We checked to see liquid medicine was dated on opening. The medicines we viewed were dated and were within the recommended expiry time. This is important as medicine administered 'out of date' is less effective and therefore may not produce the desired effect.

We saw the fridge temperature was monitored to ensure medicine was stored at the correct temperature. This meant staff could be sure that medicines were always kept at the correct and safe temperature. The correct storage of medicines helps ensure the medicine is effective.

We observed medicines being given at two separate times throughout the day. We saw the administering staff spoke to people before medicines were given to them. They explained what the medicine was for and asked if they were ready to receive it. When people consented we saw the staff member checked the MAR and then checked the medicine before giving it to the person. We saw the MAR was signed on administration. This helped ensure accurate records were maintained and minimised the risk of medicine errors occurring. While the staff administered medicines we saw the medicines trolley was locked and the staff member retained the keys. This helped ensure the safety of the medicines and minimised the risk of people accessing medicines that were not prescribed for them and may cause them harm.

We discussed the arrangements for ordering and disposal of medicines with the administering staff. They were able to explain the procedures in place and we saw medicines were disposed of appropriately by returning them to the pharmacist who supplied them. We asked the staff member what training they had received to enable them to administer medicines safely. They told us they had received medicines training and shadowed an experienced member of staff before administering medicines. We concluded there were arrangements in place for the safe management and administration of medicines.

We had received information of concern relating to the cleanliness of the home therefore we checked to see if there were systems in place to ensure the home remained clean and hygienic. We were informed by the manager there were housekeepers employed who worked at De

Good

Is the service safe?

Brook seven days a week to ensure the environment remained clean. All the areas of the home we viewed were clean and tidy. We visited the kitchen, laundry, communal toilets, bathrooms and lounges, and with consent we viewed people's bedrooms. We saw the bathrooms were clean and uncluttered with no shared toiletries. This is important as the sharing of toiletries increases the risk of cross infection between people who live at the home.

We looked at two hoists and five commodes and saw these were visibly clean with no damage. Damaged equipment may mean the cleaning of equipment is less effective. All the staff we spoke with were able to explain the cleaning procedures in place for the equipment and told us if they had any concerns regarding the cleanliness of the home they would report this to the acting manager so action could be taken.

Staff told us and we saw documentation that showed us infection control training was taking place. When asked, staff could explain the colour coded system in place for equipment such as mops, cloths and buckets and the reasons for this. Equipment should be colour coded for specific areas such as bathrooms and kitchens so it is not used in an incorrect area. This minimises the risk of cross infection.

We observed Personal Protective Equipment (PPE) was available and that staff wore this when serving meals or delivering personal care. This is important as it minimises the risk and spread of infection. Staff told us this was freely available and could give examples of why the use of this was important. We were told; "If we didn't wear the gloves and aprons we could be passing any germs and bugs to people. It's just not worth the risk "; "I use the PPE and make sure I wash my hands and use the infection control gel because I don't want anyone here to get ill because of my poor practice." And "I would always report to the manager if I saw someone wasn't using the PPE. They might not know, or need extra training and we've got a duty to make sure people are cared for safely. People who live here are frail and need that extra level of protection."

We viewed the area where cleaning products were kept. We saw this was locked to protect people from accidental misuse and only staff had access to this area. We saw a spillage kit was in place. This is a specialist piece of equipment used to clean areas contaminated with some bodily fluids. The staff we spoke with were able to describe why and how they would use the equipment. This showed us staff were able to respond safely to occurrences that may increase the risk and spread of infection.

We viewed some cleaning records and saw these were completed. Staff told us this was to ensure the cleaning took place as required and these were reviewed by the manager to ensure this took place.

The bedrooms we viewed were tidy with no visible dust on surfaces or possessions. Furniture, door handles and light switches were free from marks and damage and carpets were clean. We noted some carpets in communal areas were stained. We were told by the acting manager that these had been identified as requiring replacing and we saw an audit had been completed earlier in the month that evidenced this. We saw action was being planned to resolve this.

We asked three people who lived at De Brook Lodge if they were happy with the level of cleanliness at the home. They all told us they were. We were told; "My room is clean." "It's fine." And "Yes. It's very smart and tidy." We also asked two relatives if they were happy with the standards of cleanliness and were told they were. We concluded there were systems in place to ensure the spread and risk of infection within the home was minimised.

Good

Is the service effective?

Our findings

We asked people who lived at De Brook Lodge their opinion of the food provided and received positive feedback. We were told; "The food is good." "I get plenty to eat." And "All the food is lovely." We checked to see if people had specific dietary needs, these were catered for. Two of the care plans we reviewed showed us people had additional requirements to ensure their dietary needs were met. We noted one person required a pureed diet and specialist equipment to ensure their nutritional needs were met safely. During the inspection we saw this was provided to them. This helped ensure their nutritional needs were met effectively. We also saw a further person's care plan identified they needed a thickener added to their drink. Thickeners are sometimes used to minimise the risk of choking. We observed this was provided to the person in accordance with their care plan. This showed us their nutritional needs had been identified and were being met effectively.

We spoke with the cook and asked how they ensured the food provided was suitable for the people who lived at De Brook Lodge. They told us they were provided with a list of people's specialist requirements and we saw documentation that evidenced this. We reviewed the documentation and noted the two people we had observed receiving specialist diets were identified on the documentation as requiring this. This helped ensure people received the correct diet in accordance with their needs.

During the inspection we spent different amounts of time on all three floors and observed the lunchtime meal being served to people. We saw the food was attractively presented and drinks were available throughout the meal. People were asked where they wanted to eat their meal and if they chose to remain in their armchair, this was respected. The staff were calm and unhurried and we observed the atmosphere to be relaxed with soft music playing in the background. This is important as a positive environment may encourage people to eat and drink sufficiently to meet their needs. We observed staff show the meal people had chosen to them and on two occasions we saw this was declined by them. We observed staff then asked people what they would prefer to eat and an alternative was provided. If people required assistance to eat we saw this was given with dignity and people were supported to eat sufficiently to meet their needs. We saw one occasion when a person was not prompted to eat their meal and we discussed this with the area manager and the acting manager. They told us they would review the meal time experience for people to ensure this was a positive experience for everyone.

The care documentation we reviewed showed us peoples' health needs were regularly assessed and changes were documented to ensure people received effective care. We saw evidence that if recommendations were made by other health professionals these were included within the care plan to inform staff of the care people required to meet their needs. This showed us that as people's health needs changed referrals were made and actioned to ensure people received effective care. We observed two people receiving care and saw the recommendations of the health professionals were carried out. This demonstrated to us the care was effective.

We asked three relatives if they felt their family member received prompt referrals to other health professionals if this was required. We were told; "If (my family member) needs a GP, (my family member) sees one, yes." "My (family member) saw a GP quickly." And "They always get the Doctor out if (my family member) isn't well."

The Care Quality Commission (CQC) monitors the operation in care homes of the Deprivation of Liberty Safeguards (DoLS). The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005 (MCA). The aim is to make sure that people in care homes, hospitals and supported living who lack the capacity to make decisions for themselves are looked after in a way that does not inappropriately restrict their freedom. The acting manager and the area manager told us they were working with the local authorities to ensure applications to lawfully deprive people of their liberty were made appropriately.

We asked staff we spoke with to describe their understanding of mental capacity and how this related to the day to day practice in the home. The staff we spoke with told us they respected people's wishes and from our conversations we learnt they had a good understanding of how people's mental capacity may change. We were told; "Having capacity means you can make an informed decision. If someone couldn't then we wouldn't just make a decision for them. We would do a capacity assessment and might have to get a Best Interests meeting arranged to make sure the decision was right for them." "People's

Good

Is the service effective?

capacity can change. If someone is poorly this could affect them and they might not be able to choose what they can normally choose, like what to wear or eat. We would try and help them and show them clothes or their meal so they can choose that way." And "We always ask and check if we can help people before we do it. If a decision needs to made and it's a big decision like if someone needs an operation we would have to ask for a Best Interests meeting to be held. We wouldn't decide for them." This evidenced staff had an understanding of the processes in place to ensure people were empowered to make decisions whenever possible and decisions made for them were done so in people's best interests. We saw documentation that evidenced an application had been made and this was also recorded within the person's care records. In addition we observed people being asked to consent to care before it was delivered. We saw a staff member discreetly ask a person if they wanted support with personal care and this was accepted. We asked the staff member what they would have done if the person had declined support and were told; "I would leave it a while and go back and ask again. Sometimes people respond better if you wait a while." This showed us people's wishes were respected and consideration was given to people's individual needs.

During the inspection we saw staff supporting people with confidence and competence. We saw a member of staff observed a person was becoming distressed and they responded by offering reassurance and offering an alternative activity to distract the person. As a result of this intervention the person appeared happier. We asked the staff what training they were provided with to enable them to deliver safe and effective care. All the staff we spoke with told us they completed training on an annual basis in areas such as moving and handling, dementia awareness and safe guarding. They also told us they received supervision and appraisals and this was an opportunity for them to discuss any training needs or areas where they could improve. Staff told us they were aware of upcoming training that was being planned. They told us they were currently completing infection control training and had attended a meeting with the acting manager to discuss this. We spoke with a newly recruited staff member who told us they had found the induction programme to be supportive and described it as, "Really very good. I learnt what to do if I think someone is being abused, how to move people safely, what to do if there was a fire and why it's so important to use PPE. I shadowed people as well because I didn't know the people here and it was a way of meeting them and learning about them."

We reviewed the training matrix provided by the acting manager and saw there were some staff who were required to attend training. The acting manager told us they were already working with the head office of the company to ensure a forward training plan was developed in the areas they had identified. We concluded the home had systems in place to ensure staff received appropriate training and development to enable them to deliver safe and effective care.

Good

Is the service caring?

Our findings

We spoke to five people who lived at De Brook Lodge and asked them to describe the staff who worked there. We were told; "I like the staff here a lot because they're so good." "I love the girls, they're very gentle." "They look after me well." And "I've no complaints about the staff."

The relatives we spoke with were also positive regarding the staff at De Brook Lodge. Comments we received included; "Staff are very kind." "The girls are lovely." And "Staff are friendly and caring."

During the inspection we saw staff responded to people with empathy and compassion. Staff discreetly observed people and offered time and support when this would be beneficial to the person. We observed one person was looking at the homes pet guinea pigs. A staff member sat with them and offered to fetch one so the person could stroke it. Although the person declined we observed the staff member stayed with them and encouraged conversation about the person's family life. This was enjoyed by the person and we saw the staff member listened closely to them responded to them, spoke with respect and appeared interested in what they had to say.

We observed staff approaching people and asking if they were well, if they needed any help or what they were doing. Our observations showed people welcomed this and staff used touch appropriately to demonstrate they were caring. We saw this was appreciated by people who lived at De Brook Lodge. We heard one person say; "Bless you lovey, I'm ok." Another person said; "You're lovely to me."

We saw staff knocked on people's bedroom doors before entering and if a response was not received, they knocked again and partially opened the person's door to ask them if they could enter. When people were supported with personal care we saw bedroom and bathroom doors were closed to ensure people's privacy and dignity were upheld.

The care documentation we looked at was written in a person centred way. It contained information about the individuals like and dislikes and described their preferences such as clothing, personal care and preferred time of getting up and going to bed. We spoke with four members of staff and asked them to describe the care needs of people who lived at the home. From our conversations we found staff were knowledgeable about people's needs and could describe the support people needed to mobilise safely, individual dietary requirements and individual interventions that may be required to meet their needs. Staff were also able to describe the routines people preferred such as the time they wanted to get up and go to bed, relationships that were important to them and interests that they had. This is important as it enables staff to deliver care and support that meets people's needs and preferences.

We saw people were asked to consent to care before it was given and in the files we reviewed we saw when appropriate, consent was documented to ensure people's wishes were recorded. We observed people were asked if they wanted support to mobilise, receive their medicines or pour their drinks before this was carried out. This showed us staff supported people in a way that recognised their individuality and was important to them.

We asked relatives if they were involved in their family member's care and they confirmed they were. We were told; "Yes. I get regular updates." "They don't hesitate to ring me or ask me anything. I find that reassuring." And "Yes. I'm involved."

The feedback we received and the observations we carried out during the inspection showed us staff were caring.

Good

Is the service responsive?

Our findings

During the inspection we saw evidence in the care records we reviewed that people received care in response to changes in their health and wellbeing. In one care record we saw an observation chart was in place to ensure the person's health was monitored after an accident had occurred. We asked staff to explain this to us and we were told this was a standard process that was used to ensure any changes in the health of the person would be identified and if required, further medical advice could be sought to ensure their wellbeing was maintained.

We spoke with staff who were able to give examples of how they met people's needs in a responsive manner. They described the care and support one person required and told us this was arranged to meet their needs. We were told if the person responded more positively to some staff than others, the staffing provision was arranged to ensure this took place. We spoke to the person's relative who confirmed they were satisfied with the response of staff to their family member and told us the home supported them to engage in external and internal activities that were meaningful to them. In addition we saw the person's care record identified which activities they enjoyed. This demonstrated to us the home recognised people's interests and responded to these.

We were also informed by a further relative they were happy with the way in which the home responded to their family member. They told us; "Nothings too much trouble here. If (my family member) needs to see a Doctor, or wants to watch a film or have a bath, it's always arranged. I can't fault it."

During the inspection we observed staff used naturally occurring opportunities to engage and support people who lived at De Brook Lodge. We saw one person was supported by staff to fold their personal clothes and another person was polishing cutlery. We observed a further person making their bed with the support of staff and tidying their room and following breakfast we saw a person wiping tables. We observed the people were happy doing these activities and chatted to staff as they did them. This demonstrated to us that people's independence was promoted through the activities that were meaningful to them.

In the afternoon we observed staff asking people what music they liked to listen to and this resulted in a sing song which was enjoyed by the people present. We observed a game of dominoes being played with a group of people and people were seen to be laughing and smiling as they participated. In addition we saw an art group was taking place and this was enjoyed by the people who took part. We asked a relative what activities were provided at the home and they told us their relative attended musical and film afternoons and evenings, participated in board games and was supported by staff to read newspapers. It is important people are enabled to participate in activities that are important to them as this helps minimise the risk of social isolation and encourages independence.

We asked three relatives if they were aware of the complaints procedure in place. They confirmed they were. They all told us they had not made a complaint at the home, but they were confident that if they did so this would be addressed. The complaints procedure was displayed in the reception of the home and we saw this contained a description of the timescale and people responsible for investigating complaints. We also noted it contained further contact details for the Local Government Ombudsman if people remained unhappy with the response from the home. This is important as people should know the procedure in place and be able to access this in order to raise concerns appropriately if required.

All the staff we spoke with told us they would report any complaints to the acting manager, using the on-call system if necessary. This demonstrated to us there was a system in place, of which staff were aware, to raise complaints effectively. We viewed the complaint log in place at the home and looked at six completed complaints which had been raised with the service and addressed within the required timescale. This showed us the home responded to complaints in accordance with the policy in place at De Brook Lodge.

Good

Is the service well-led?

Our findings

The home had a manager in place who was registered with the Care Quality Commission, however during the inspection they were not present due to leave. As required by legislation, the provider had informed us of this and how the change may affect the delivery of the service. They also explained the plans in place to ensure there was no negative impact as a result.

We asked the acting manager and the area manager to explain the plans to us. We were told that at present the acting manager was in place at the home to ensure stability and leadership continued to be provided to staff. They told us in conjunction with the area manager they were completing a range of audits to ensure the service operated effectively and any shortfalls were identified.

We looked at a range of completed audits and saw these covered areas such as falls, weight loss, pressure areas, care records and medication. We asked staff if they were aware of the audits carried out and were told they were. Staff told us the acting manager had recently held a team meeting as a result of the checks they carried out and areas discussed had included sickness and absence management and as a result staff told us they believed there had been an improvement in unplanned leave. In addition they told us the acting manager had also introduced "Floor Management Folders". They told us the folders contained documentation relevant to an individual if they were assessed at high risk. For example if they required positional changes to maintain their skin integrity, or monitoring charts to be completed following an accident. We saw the "Floor Management Folders" were in place at the time of the inspection and were being used by staff. The acting manager told us the folders had been introduced to ensure people who required extra support had their needs met. They explained the deputy managers checked the folders to ensure the care was delivered in accordance with people's assessed needs. This was confirmed by speaking to the deputy managers. This showed us the home had identified an area of improvement and had taken action to improve the service.

We saw minutes of the team meeting which also evidenced the acting manager had discussed other areas of improvement with staff. We saw the acting manager had discussed the results of an infection control audit and on the day of the inspection we saw the home was clean and uncluttered and staff wore Personal Protective Equipment (PPE). This evidenced to us improvements had been made as a result of the checks carried out.

We asked the acting manager to describe an audit they had undertaken which had resulted in an improvement. The acting manager told us they had completed a falls audit which had highlighted a change of equipment may be advantageous. They informed us they had reviewed the use of sensor mats in the home. Sensor mats are used to alert staff if a person who is at risk of falling stands up. They told us staff were expected to respond if they heard the mat alarm in order to support people to mobilise safely. However they had identified the mats were not always triggered if a person stepped around them. The acting manager said they were also concerned the mats could be a trip hazard. As a result of this the acting manager told us they had ordered sensor alarms which they planned to install next to peoples' beds. They explained these were safer for people to use. This evidenced that the quality assurance systems in place were used to implement change or improve care.

We asked the area manager what role they carried out within the home. They told us they were responsible for supporting the acting manager and for carrying out quality assurance checks. They told us the provider; (Ideal Carehomes (Number One) Limited.) had developed a 'Key Lines of Enquiry Compliance Visit Record'. We were told this was to ensure any shortfalls were identified and improvements made. We viewed a completed visit record and saw this had been carried out with an action plan developed to ensure actions were completed. We noted the area manager had identified some staff were required to attend a refresher training course in safe guarding. The action plan we viewed instructed the acting manager to contact the training and development manager to arrange training. The acting manager confirmed this had been carried out and they were waiting for feedback from the training and development officer.

Staff we spoke with were positive regarding the appointment of the acting manager. All the staff we spoke with told us they had met with the manager and understood their role and responsibilities within the home. We saw minutes of a team meeting which also evidenced the acting manager had discussed this with staff. They also told us they felt the acting manager was supportive and

Good

Is the service well-led?

approachable and they were confident they were listened to and respected. This is important as staff should be able to discuss areas of concern to enable improvements to be made. Comments we received included; "(The acting manager) is improving the home, that can only be a good thing for people who live here" And "I can talk to (The acting manager) about anything, she sorts things out." "(The acting manager) is good. She's honest and really fair and she wants what's best for everyone who lives here." And "(The acting manager) is a good strong manager."

During the inspection we felt the atmosphere within the home was calm and relaxed. Staff were observed to be well organised and we saw they communicated with each other to ensure people were supported effectively and safely. We saw when a staff member took their break, they checked it was safe for them to do so and informed staff of the time they would be returning. We observed staff asking for assistance if this was needed and interactions between the staff were respectful and positive. During the inspection we saw the area manager and acting manager were known to staff and were approached freely by them. Staff told us and we saw evidence in the minutes of meetings, that the acting manager supported staff by delivering care. The acting manager told us they did this to ensure they knew the needs of people who lived at De Brook Lodge and to ensure staff were supported by a manager who was accessible to them and was a positive role model. We concluded the home was well-led.

We asked three relatives if they or their family member participated in meetings or had completed a survey to inform the home of what they did well, or where they felt improvements could be made. They told us this had not been available to them but they were able to approach any member of staff if they wished. They also told us they were confident their views would be responded too.

We discussed this with the acting manager and area manager who told us meetings had not been available since October 2014 and the last survey had been completed in 2013. The acting manager and area manager acknowledged the importance of this and told us they were planning to send out questionnaires to people who use the service and their relatives. We were told and saw evidence that an audit had been completed that identified this as an area of improvement. The acting manager and the area manager assured us questionnaires and meetings were currently being planned. This demonstrated to us the home was seeking other ways to obtain feedback from relatives and people who lived at De Brook Lodge.