

## Bradwell Hall Nursing Home Limited

# Bradwell Hall Nursing Home

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

We inspected Bradwell Hall Nursing Home on 27, 28 and 29 June 2017, which was unannounced. At the last inspection on 29 and 30 March 2016 we found that the provider was meeting the legal requirements. However, we found that some areas required improvement to ensure people were receiving a good standard of care.

Bradwell Hall is registered to provide accommodation and nursing care for up to 187 people. People who use the service have physical health and/or mental health needs, such as dementia. Bradwell Hall provided accommodation and nursing care over seven separate units. We inspected all of the units within the service. At the time of our inspection there were 170 people using the service.

The service had a registered manager in post. 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. Each unit also had a unit manager who reported to the registered manager.

Some improvements were needed to ensure that some medicines were recorded and administered safely.

People told us they felt safe and we saw that staff carried out support in a safe way. People were supported to be as independent as possible whilst taking account of any risks to their safety.

We saw that there were enough staff available to meet people's assessed needs. The provider had an effective system in place to monitor the staffing levels and the provider had a recruitment procedure in place, which ensured people were supported by suitable staff.

Staff listened to people and encouraged them to make decisions about their care and where able people consented to their care. Where people were unable to consent to their care people were supported to have the maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff received regular training which ensured they had the knowledge and skills required to meet people's needs effectively.

People told us that the food was good and improvements had been made to ensure that people received positive mealtime experiences on all of the units.

People were supported with their health needs and advice was sought from health professionals when required, which was followed by staff to maintain people's health and wellbeing.

People who used the service and their relatives told us the staff treated them with compassion, dignity and staff listened to and respected their care choices people made.

People had access to interests and hobbies that were important to them. There were dedicated members of staff available to provide these activities alongside care staff and people were supported to meet their emotional and social needs.

People's preferences were sought and staff understood how people liked their care to be carried out. People's care needs were regularly reviewed and updated.

People and their relatives understood how to complain and were happy with how complaints were handled. We saw that complaints were managed in line with the provider's complaints policy.

People and their relatives were encouraged to provide feedback about their care, which was acted upon by the registered manager and changes were made in response to the feedback received.

Effective systems were in place to monitor the quality of the service and actions had been taken to make improvements to people's care.

People told us that the management team promoted a friendly atmosphere across the service. We saw that the provider promoted an open culture and people and staff told us that the management was approachable and that they listened to them.

## 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** 

The service was not consistently safe.

Some improvements were needed to ensure that some medicines were recorded and administered safely.

People were safe because their risks were assessed and managed. People were protected from abuse because staff understood how to recognise signs of potential abuse and the action they needed to take to report any concerns.

There were enough suitably qualified staff available to meet people's assessed needs who had been employed using safe recruitment practices. The provider had an effective system in place to monitor the staffing levels against people's assessed needs.

### Is the service effective?

**Good** 

The service was effective.

Improvements had been made to peoples' mealtime experiences, which ensured that people on all of the units experienced their meals in a calm and organised environment.

People consented to their care and treatment and when people were unable to make certain decisions they were supported to do this in their best interests.

Staff received regular training which ensured they had the knowledge and skills required to meet people's needs effectively.

People were supported with their health needs and were able to access health professionals when required. Staff followed advice to maintain people's health and wellbeing.

### Is the service caring?

**Good** 

The service was caring.

People who used the service and their relatives told us the staff treated them with compassion, dignity and respect and staff

listened to their choices in the care they wanted. People's right to privacy was upheld.

People told us that the management team cared about them and promoted a friendly atmosphere across the service.

### Is the service responsive?

Good ●

The service was responsive.

People had access to interests and hobbies within the service. There were dedicated members of staff available to provide these activities and people were supported to meet their emotional and social needs.

People's preferences were sought and staff understood how people liked their care to be carried out. People and their relatives were involved in the planning of their care, which were regularly reviewed and updated when people's needs had changed.

People and relatives understood how to complain and complaints were managed in line with the provider's complaints policy.

### Is the service well-led?

Good ●

The service was well led.

Systems in place to monitor the quality of the service were effective and where concerns had been identified appropriate action had been taken to improve the quality of the service provided.

People and their relatives were encouraged to provide feedback about their care, which was acted upon by the registered manager.

The provider promoted an open culture. People and staff told us that the management were approachable and that they listened to them.

# Bradwell Hall Nursing Home

## Detailed findings

### Background to this inspection

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

This inspection took place on 27, 28 and 29 June 2017 and was unannounced.

The inspection team consisted of five inspectors, a pharmacy inspector, two specialist advisors who had knowledge of dementia and skin care and two experts by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

During the planning of our inspection we reviewed information that we held about the provider and the service. This included notifications that we had received from the provider about events that had happened at the service, which the provider was required to send us by law. For example, serious injuries and safeguarding concerns.

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.

We spoke with 24 people living at Bradwell Hall Nursing Home, 18 relatives, four nurses, 25 care staff, four unit managers, the deputy manager, the registered manager and the provider. We observed care and support in communal areas and spoke with two visiting health professionals. We viewed 21 records about people's care and records that showed how the service was managed which included records for staff employed at the service and audits completed by the deputy manager, registered manager and the provider. We also viewed 20 people's medication records and observed how medication was managed and administered to people.

# Is the service safe?

## Our findings

At our last inspection, we found improvements were needed with medicines management. At this inspection we found some improvements had been made, but further improvements were still required.

We looked at the way medicines were managed in four of the seven units in the service. We found that some improvements were needed to ensure that staff followed national guidelines and to ensure that detailed guidance was available for staff when administering "as required" medicines. For example; we found that most of the nurses followed national guidelines when administering medicines. However, we saw that one nurse gave a person a medicine mid-morning which should be taken one hour before food. The person had not yet had breakfast and this meant they would have to wait until lunchtime to eat to ensure the medicine was fully effective. We also saw that this nurse signed people's Medicine Administration Records (MAR) before giving them their tablets. National guidelines and the policy of the service recommended that medicines should be signed for immediately after administration in case the person declines the medicine. We also found that some people were prescribed one or more medicines to be taken only 'as required'. We saw that extra guidelines (protocols) about when to give these medicines were kept within people's MARs. However, the protocols were written in a general way rather than describing individual people's needs. For example, one protocol said 'to be used for the condition for which it was prescribed'. This protocol would not help a nurse to decide when to offer this person their 'when required' medicine. This meant that some improvements were needed to the way medicines were administered and managed.

People told us that they were supported to take their medicines. One person said, "They [staff] give me my medicines and stay with me to make sure I have taken them". We found that some improvements had been made to the way medicines were managed. For example; we looked at five people's MARs on each of the four units. We found that records on MARs were completed carefully and handwritten entries were signed by two people, which meant that checks performed by a second person reduced the chance of a mistake. We found that the all of the balances recorded on the MARs with the exception of one medicine matched the amount of tablets we counted. We saw that medicines were stored securely and at the right temperatures. The temperatures of medicine refrigerators were monitored accurately to make sure medicines kept in fridges were safe to use. This meant that medicines were stored and managed in a safe way.

People told us they felt safe when being supported by staff. One person said, "I feel safe living here. The nurses are very kind to me". Another person said, "I feel safe. I'm pleased they're here to look after me". Another person told us the help they received from staff made them feel safe. Relatives told us that they felt that their relatives were supported safely by staff. One relative said, "My relative receives one to one care. I know they are safe here". Another relative said, "I know they are safe here, far safer than they would be at home". Staff explained their actions if they were concerned that a person was at risk of harm and the possible signs that people displayed if they were unhappy and where abuse may be suspected. Records showed that staff had reported concerns to the unit manager and these had been dealt with to ensure people were protected from abuse. The registered manager and management team understood their responsibilities to report alleged abuse and we saw referrals had been made to the local authority where there had been concerns identified.

People's risks were planned for and managed. People told us that staff supported them to move around the service which ensured they did not hurt themselves. One person said, "Staff walk with me when I walk as I have fallen before". Another person said, "Staff are gentle when they support me in the hoist. I need a hoist to get about or I would hurt myself". Staff explained people's risks and how they supported people to remain safe from harm. The records we viewed showed that people's individual risks were detailed with guidance for staff to follow to keep people safe. For example; several people were at high risk of pressure damage. Risk assessments were in place and care plans contained information for staff to follow which ensured that people's skin integrity risks were managed. We saw that people who had developed a pressure sore were receiving appropriate treatment and people's treatment records showed that these had healed or were healing. Staff were aware of the management plans in place and we saw staff supporting people in line with their plans of care to lower risks to their health and wellbeing.

We saw records of incidents that had occurred and these included the actions taken to lower the risk of further incidents. The deputy manager and registered manager had reviewed incidents and we saw that the required actions had been taken and where required specialist equipment and referrals to health professionals had been made. For example, one person had fallen out of bed. We saw that risk assessments and care plans had been updated and bed rails had been put in place to lower the risk of further incidents. Another person displayed behaviour that challenged towards other people who lived at the service and staff. We saw that risk assessments had been updated and care plans contained detailed information for staff to follow to enable them to support this person safely and protect other people from the risk of harm. This meant there were systems in place to ensure that incidents and accidents were reviewed and acted on.

People told us they always received the support they needed when they needed it. Most people we spoke with told us that staff responded to them quickly when they needed support. One person said, "There seems to be enough staff, there never seems to be staff shortages". Another person said, "I think there is enough staff, staff are always busy, but I don't have to wait long when I need them". We received mixed views from relatives about the staffing levels at the service, which included; "They are short-staffed sometimes, but they seem to manage, they are just very busy", and "There is always a member of staff around if people need help, sometimes they are busier than others, It's hard for them as they have people in bedrooms to support too", and "I think there is enough staff to look after people. My relative always looks well looked after". We saw that certain times throughout the day were busier, such as during mealtimes, but people did not experience long waits when they needed support. This meant there were enough staff deployed across the service to provide care and support to people when they needed it.

We saw that the registered manager had a system in place to assess the staffing levels against the dependency needs of people. We saw changes had been made to staffing levels when needed, which ensured there were enough staff available to keep people safe. The registered manager told us when a person required one to one support due to risks that had been identified, they put this into place immediately to protect people from harm. Most staff we spoke with felt that there were enough staff available and told us that extra staff were available to cover shortfalls in staffing numbers. Staff told us that where permanent staff members were unable to cover shortfalls agency staff were used. The records we viewed confirmed this. We saw records that showed the provider had safe recruitment procedures in place. Staff who were employed at the service had undergone checks to ensure that they were of a good character and suitable to provide support to people who used the service.



## Is the service effective?

### Our findings

At our last inspection, we found improvements were needed to ensure that people received a positive mealtime experience. At this inspection we found the required improvements had been made.

People we spoke with were mostly happy with the quality of the food and the choices available to them. Comments included; "The food is not too bad, there are choices and there is plenty of it. We have tea at 3.00pm and I am pleased it is served in bone china cups and saucers", "The food is good, I enjoy it all. I can have what I want", "I get two choices. Sometimes they also include soup as well", and, "The food is very pleasant, I have put weight on since being here. I have never needed to ask for snacks as I am offered so much, I can ask for a hot drink at any time". Relatives who regularly had meals at the service told us that the quality of the food was good and their relative always enjoyed the meals offered. We observed lunch in all six units. We saw that people had a choice of meals and these were displayed on a notice board to remind people of the meals on offer. Improvements had been made to ensure that people who needed a soft diet also had a choice of two meals. We saw one person requested a different meal as they did not want what had been offered. The staff listened to the person and asked what they wanted to eat. This was relayed to the kitchen and the person was provided with their choice of meal. This meant that people had positive mealtime experiences that met their individual needs.

We saw support plans were in place that detailed the individual support people needed at mealtimes. For example; we saw that some people had difficulty swallowing and were prescribed a powder to thicken their drinks. The consistency of liquid each person needed was recorded and there was a file in the kitchen to give staff guidance on how to do this. This meant that instructions were readily available for staff and people were therefore protected from the risk of choking. There was regular monitoring in place for people who were not eating enough and referrals had been made to appropriate health professionals, such as speech and language therapists to seek advice. We spoke with a visiting professional who told us that advice was sought and acted on in all units across the service. This meant people were supported to maintain their nutritional intake.

People told us they were able to see health professionals when they needed to. One person said, "I see the doctor regularly as I have an ongoing chest infection so I am going to have an x-ray". Another person said, "The doctor visits regularly and the optician comes, I had my eyes tested here and have had new glasses". The records we viewed showed that people had regularly been visited by health and social care professionals such as; the doctor, dietician, consultants and social workers. We spoke with a visiting doctor who told us they visited the service regularly and the communication between the service and themselves was appropriate. We saw that when there had been a deterioration in people's health their records had been updated and contained guidance for staff to follow so that people were supported to maintain their health and wellbeing.

We observed staff talking with people in a patient manner and staff gained consent from people before they carried out support. Some people were unable to understand some decisions about their care and we found that staff understood their responsibilities under the Mental Capacity Act 2005 (MCA). The MCA provides a

legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff explained how they supported people to understand decisions that needed to be made about their care and treatment. We saw mental capacity assessments had been carried out when people lacked capacity to make certain decisions. Relatives and other professionals were involved and support plans were in place, which contained details of how staff needed to support people in their best interests.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff were aware of the individual restrictions in place and we saw staff supported people to keep them safe in line with their individual DoLS authorisations. For example; one person did not understand that they would be unsafe if they left the service. Staff supported this person and explained the reason why it would be unsafe when they became anxious and requested to go home. This meant that staff were working within the principles of the MCA.

Staff explained how they supported people with behaviours that may challenge and they knew people's individual triggers that caused their anxieties. We saw that clear plans were in place for staff to follow, which contained details of how to recognise physical and emotional signs of anxiety and the most effective way of supporting people when their behaviour challenged. This included low level distraction in the first instance and where incidents escalated staff had received training to use restraint. Staff told us that they received regular updates in restraint training and this was only used as 'a last resort'. Records were completed and viewed by the manager to ensure that all incidents of restraint were monitored.

Staff told us they received an induction when they were first employed at the service, which included training and a period of shadowing an experienced member of staff. One staff member said, "I had a good classroom induction before starting work on the units. I learned safe holding training before spending time with people". Staff also told us they received training to carry out their role such as dementia care. One member of staff said, "The training was really good. We have learned about how to communicate with people with dementia. Short sentences with simple questions. Short activities as most people cannot maintain concentration for long. Sensory pastimes, including touch activities such as hand massage". Our observations throughout the inspection showed that staff understood how to support people effectively. For example; how to communicate with people effectively and how to support people who displayed behaviour that challenged. This meant that staff were supported to carry out their role effectively.

## Is the service caring?

### Our findings

People told us that the staff, registered manager and provider were caring towards them. One person said, "I have no problems whatsoever. I came here to be helped and I get all the help I need". Another person said, "I'm as happy as I can be here with not living at my home and everyone is very nice to me here". Relatives we spoke with were complimentary about the care their relatives received from staff. One relative said, "I feel very happy that the staff look after my relative well. They are very kind. I am kept updated all the time which is good for me". Another relative said, "All staff are very approachable. They are absolutely kind and caring. They chat with my relative and there is a good interaction". We observed staff interaction with people and found that staff were caring and compassionate towards people. Staff provided support in a kind and gentle way and people were being asked about their care in an unhurried and simple way which promoted their understanding. Staff responded to people in a caring way when people became upset or anxious. For example; during the inspection we saw that one person became upset. A staff member quickly noticed this and went to the person, put their arm around them and asked them why they were upset. The person responded well to the staff member's actions and they stopped crying. This showed that people received support in a caring and compassionate way.

One relative told us how they liked to visit the service and help their relative to eat their food. They became quite emotional when speaking with us and told us the staff were really caring and understood that it had been difficult to let someone else look after their relative. They told us that the staff showed empathy and were always welcoming to them when they visited their relative. The relative said, "It means a lot to me because I feel that by assisting my relative to eat I am still a part of their life and I am still able to look after them in some way". Other relatives we spoke with told us that they were always welcomed at the service and the atmosphere was friendly and family orientated. One relative said, "They always look after us as a family. They make us welcome". Another relative said, "Staff are lovely and hard working. It's like one big happy family here with everyone looking after everyone". This meant that important relationships were promoted and maintained.

People told us that they were given choices in how and when their care was carried out. One person said, "I choose lots of things like my clothes I want to wear and the TV channel I want to watch. The carers put on the right channel and sound for me". Another person said, "Staff are very good they listen to what I want. I can choose what time I go to bed, my clothes, my food, lots of things really". A relative said, "The staff are very good in helping my relative to make choices. They struggle to choose sometimes but the staff encourage them and get there in the end". Staff told us they always made sure that people were given choices and they were aware of people's preferences. Where people had difficulty communicating their likes and dislikes staff knew people well and relatives were involved to ensure that people received care in a way they preferred.

People and their relatives told us they were treated with dignity and respect when they were being supported by staff. One relative said, "My relative always looks clean and is dressed in clothes that she likes". Another relative said, "Staff always speak with my relative in a respectful way and they are sensitive when they need personal care. Staff are always discreet". People also told us that their right to privacy was

upheld. One person said, "I choose to spend time in my room, I like the privacy and this is never a problem with staff. They pop in to see I am okay". We saw that staff spoke with people in a way that respected their dignity, for example; staff took time to talk to people face to face and were patient, giving people time to respond to any questions they were asked. Staff we spoke with were aware of the importance of dignity and were able to explain how they supported people to feel dignified when they received support.

People told us that they saw the provider at the service on a regular basis and they always said 'Hello' and made time for them. People told us they felt comfortable approaching the provider and they showed an interest in their wellbeing. We saw the provider was visible in the service throughout the inspection and they walked around talking to people. People were able to share a laugh and a joke with them and approached them easily. We saw the provider showed care and compassion towards people and they asked if people were well. Staff told us that the provider and registered manager made the atmosphere friendly and were caring towards people. The provider told us that it was important that people knew who they were and that they promoted an open and caring environment.

## Is the service responsive?

### Our findings

At our last inspection, we found improvements were needed to ensure that people had the opportunity to be involved in hobbies and interests. At this inspection we found the required improvements had been made.

People we spoke with told us they were involved in various hobbies and interests. One person said, "I like to do quizzes and puzzles in my bedroom and the staff bring these in for me to do. I like my own company, but I could join in if I wanted". Another person said, "I like joining in, but I don't have to if I don't want to". Another person told us that they liked their relative to visit and read to them. They said, "My relative comes here each day and reads to me. I also use the travelling library. I crochet blankets, do puzzles and watch TV". One person told us that they had been given a job of taking the newspapers round for people which made him feel part of the team. They said, "I help out where I can because I don't need much help myself." This person also told us about their garden at home which they loved. We saw that this person had been supported by staff to take over a patch of garden at the service and had been provided with the resources they needed to be able to grow plants and vegetables. The person took great pride in showing us their small greenhouses. We saw that having this hobby was meaningful and gave this person a focus. This showed that people were supported with interests that were important to them.

We saw that there was an activity schedule in place which contained various interests and hobbies that people could be involved in such as; bingo, quizzes, colouring, music, news, exercises, craft, knitting and memory books. We saw people involved in different activities throughout the inspection such as singing to music and crafts. People who were receiving one to one care were supported on an individual basis and we saw one person had a hand massage and another person was supported with drawing. People who chose to be involved in the activities appeared to enjoy themselves and were happy and engaged with the activities. We spoke with the activity workers across all units who explained to us how they ensured people were supported with interests that were important to them. One activity worker said, "We have inclusive pastimes, such as exercise sessions and cookery, which some people enjoy. We also have music according to people's taste. For example, one man loves rock and roll and responds very well to that. Others like soft, gentle music". This meant that improvements had been made to the way activities were organised which ensured that people were given the opportunity to be involved in activities to promote their wellbeing.

We found that people had care plans that were individualised to their personal likes and dislikes. The information viewed gave a clear picture of each individual person and included how staff needed to respond to people's physical and emotional needs. This information was on the wall of each person's bedroom in a frame and was in the style of a certificate so this information was available to all staff but recorded in a dignified manner. Staff explained what preferences people had and how they supported them to receive individualised care, such as; how people like to be dressed including make-up and jewellery, some ladies preferred to wear trousers rather than a skirt and how often men preferred to have a shave. This ensured that how people lived their lives before they lived at the service were maintained. One staff member said, "The more we work with people, the better we understand them and what they like". This showed that people received care that met their preferences.

People and relatives told us that they were involved in the planning of their care or their relative's care. One person said, "The staff always ask how I want things done. They know me very well and the things I like". A relative said, "The unit manager always contacts me if there is anything I need to know". They told us that as a result of being kept informed about their relative's care they had no concerns and felt that her relative was safe and supported in the unit. We saw that reviews of people's care was undertaken regularly and where changes to people's needs had occurred staff explained how these changes had been implemented. For example; one person's mobility had deteriorated and we saw that the care records had been updated and staff told us how they supported this person with their change of needs. Records we viewed showed that people and their relatives had been involved in discussions about their care and treatment.

We saw that staff gave people time to respond to questions and understood what people needed although they were unable to verbally communicate their needs. We saw staff watched for people's physical ways of communicating, such as their facial expressions. Staff told us how they recognised what people needed by people's individual ways of communicating. For example, some people who had dementia found communication difficult and staff spoke with people in a clear way using short sentences and repeated questions where necessary. We saw that people responded well to the way staff communicated with them and people were supported with their needs in a timely manner because staff knew what they needed. Staff also told us that the training they had received in dementia care had helped them to understand how to support people in a way that met their needs. This meant staff were responsive to people's individual way of communication.

People told us they knew how to complain if they needed to. One person said, "If I wasn't happy I would tell staff or the manager". A relative said, "I have never complained because I have never had the need to. I would do so if needed. I am confident that I would be listened to". Another relative said, "I have complained in the past about little things. I have always been happy with the response of the manager. The provider had a complaints policy in place and we saw that there was a system in place to log any complaints by the registered manager. The complaints we viewed had been acted on and a response sent to the complainant. The registered manager had also ensured any concerns were raised with staff where needed to ensure that improvements were made. This meant there was an effective system in place to receive, respond and act on complaints.

## Is the service well-led?

### Our findings

At our last inspection, we found improvements were needed to the system in place to monitor and manage the service. At this inspection we found the required improvements had been made.

People told us the registered manager and the management team were approachable. One person said, "I can talk to the manager on the unit, they are very nice and never too busy to talk to me". Another person said, "I have a chat with the owners when they come round, there are plenty of managers about if I need to speak to someone". Relatives told us they were happy to approach all levels of management if they needed to. One relative said, "I speak with the unit manager if I have any concerns, they are really good. I see [registered manager's name] in the unit all the time and would speak with them if I needed to". Another relative said, "The unit manager is always around and very approachable, there is an open door policy". Another relative said, "I go straight to the home manager or the owner, they are both accessible. If I speak to either of them I know it will get sorted, they're both on the ball".

Staff told us they felt very well supported in their roles and they were able to access senior staff if they had specific issues to address. They reported feeling their interests, both professional and personal were catered for and listened to. One member of staff said, "I feel very supported by all the managers, the unit manager always listens to us". Another staff member said, "There is a very clear management structure. I am always sure who to go to for advice or to report anything. There is an open door policy for all managers, including the directors, who are very supportive as well". Staff told us they regularly received supervision with a senior member of staff to discuss any concerns and their development needs on a regular basis. One staff member said, "They always listen to us and I feel an involved and important part of the team" and, "It is a good team and a good unit manager". Another staff member said, "Supervision is always very useful, we discuss any development opportunities. I am currently being supported by the providers to undertake level 2 dementia training with Newcastle college. I am learning a lot about the medicines used and the best approach to take with people". This meant that staff were supported in their role by the management team.

The registered manager told us that the provider was supportive and was available when they needed any advice or support. They said, "The directors are all very approachable and supportive. I can go to them whenever I need to. We have a catch up every morning after I have visited each unit so that I can pass on any issues they need to be aware of on the units. If I need any resources they listen to me and ensure that the resources are implemented to ensure people receive the care they need". The provider told us that they were always available at the service and promoted a positive and open culture by having an overview of the service and regularly spoke with people about their care. We saw that the management team and the provider were available to both people and staff throughout the inspection and took an active role in managing the service. We saw that one of the directors was responsible for ensuring that the environment and building met the required standards and another director was responsible for ensuring that the food was of a good quality and met people's individual needs. This meant that the provider was supportive and had a clear overview of the service provided.

People and their relatives had completed questionnaires so that the provider could gain feedback and make



improvements to the service. The questionnaires had been analysed and any suggestions that had been made were acted on to make the improvements. The results of the questionnaires and the action plan in place was available to people and their relatives on the notice board in reception in a 'You said, we did' format. People and relatives told us that they were involved in meetings about how the service was run and we saw records from these meetings and actions that had been undertaken to make improvements to the service. For example, people had commented that some of the carpets and furniture needed to be replaced and we saw that this had been added to the provider's refurbishment plan to ensure that people's comments were acted on. This meant that feedback had been sought and acted on to improve the quality of the service provided.

We found improvements had been made to ensure that the quality of the service was monitored and we saw that there were detailed audits carried and management plans were in place to make improvements. For example; we saw that an audit of episodes of behaviour that challenged had been carried out. The summary showed the number of incidents of behaviour that challenged that had occurred in each unit. We saw that there were detailed reasons and action to be put in place following this audit. For example; one person who had displayed behaviour that challenged frequently over a month had been discussed at the monthly clinical meeting which involved other professionals such as the G.P, physiotherapist and a clinical liaison nurse. The professionals had discussed various options to help this person and to ensure other people who used the service were safe from potential harm. It was agreed that this person needed to be supported by staff on a one to one basis and staff needed to document any further incidents. We saw that staff were supporting this person on a one to one basis during our inspection. We also found that regular audits had been undertaken to check that medicines were used safely, and in accordance with the home's medicine policy. Although we found that some improvements were needed to medicines, the audits completed had ensured that the registered manager and provider were already aware of the medicines concerns. This had enabled the registered manager to start to address these concerns. Other checks that had taken place included monitoring of falls, infection control, pressure areas, restraints and people's weights. There was a clear schedule in place to ensure that all the necessary checks were carried out regularly. This meant that there were effective systems in place to monitor the quality of the service.

We found that changes had been made following professional guidance and advice. For example, the registered manager told us that they had made changes to the fire training in response to recent care home fires. The new training was implemented to ensure that both staff and people were aware of the actions they needed to take in the event of a fire. We also saw that a daily dehydration checklist had been implemented which ensured that people were well hydrated. This checklist prompted staff to check people's skin and mouth for dryness, and what fluids people had taken. These checks were completed at least four times a day and the nurse in charge was responsible for ensuring the information was written down by care staff. This system had made a positive impact as a visiting health professional told us that they were pleased with people's mouth care and they had no concerns with people's hydration. This meant that the provider was continually looking at ways to improve people's care and support.