

Barron Kirk Quality Care Limited

Bryher Court Nursing Home

Inspection report

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East Sussex
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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

Bryher Court Nursing Home is registered to provide nursing care for up to 45 older people. There were 24 people living at Bryher Court at the time of the inspection. People required a range of care and support in relation to living with memory loss, dementia, nursing and personal care needs. Accommodation is arranged over three floors, and access to each floor can be gained via stairs or the two lifts. This was an unannounced inspection which took place on 23 October 2017.

In March 2016 and December 2016 the overall rating for this service was Inadequate and we took enforcement action against the provider and placed the service into Special Measures. Special Measures means a service is kept under review and if needed urgent enforcement action can be taken. The local authority put a restriction on admissions to prevent the service from admitting people until improvements were made. On the 3 and 4 July 2017 we inspected to see if improvements had taken place. The service was rated as Requires Improvement with enforcement action still in place whilst we continued to monitor the service to ensure that improvements continued and became part of the integral systems and processes. At this inspection we found improvements had been made and we have withdrawn the enforcement action previously issued. The provider is now meeting all regulations. We will continue to monitor the service to ensure this level of service is maintained.

The registered manager had left employment at the home but was currently still registered with CQC. The deputy manager had been acting as manager supported by a consultant employed by the provider and the provider, who was present at the home on an almost daily basis. A new manager had been recruited and they had started work the week prior to this inspection. We were told by the provider the newly recruited manager would be registering with CQC. 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 and associated regulations about how the service is run.

Documentation had been greatly improved with new care plan formats introduced. Care plans were detailed and person centred. Staff had information that enabled them to provide support in line with people's wishes. Personal and environmental risk assessments took place to ensure people's safety was maintained. These included risks assessments for people's specific individual risks and regular maintenance and safety checks for services and equipment. Monitoring and documentation of accidents, incidents and falls was robust. Staff had a good understanding of safeguarding and were able to tell us how they would report a safeguarding concern.

There were systems to assess quality and identify any potential improvements to the service. This included a robust programme of audits completed on a regular basis. All audits included analysis and actions and had been signed and dated when actions had been addressed. Safe medicine procedures made sure people received their medicines consistently and safely. Systems were in place to ensure medicines were ordered, stored and disposed of appropriately. People's nutrition and health was monitored. Meal choices were

available and we received good feedback regarding the meals provided. People's weights were monitored and any changes reported.

Relatives felt that communication was good and they were always contacted if needed. There was a complaints policy and procedure at the home. People were aware how to raise any complaints or concerns and told us they would be happy to do this if needed. Staff told us they supported people to discuss any issues.

People were supported by staff who were kind and caring. Staff respected people's dignity and right to privacy and knew people well. People were encouraged to participate in meaningful activities and to continue with hobbies that they had previously enjoyed. Staff were aware of how people they liked their care to be provided. Decisions regarding people's consent and capacity had been assessed and recorded. Staff understood the importance of involving people in decisions and encouraging and supporting people's independence when possible. People were supported to attend appointments and referrals were made to other health professionals when needed.

Recruitment processes were being followed to make sure required checks took place before people began work at the home. Staff received appropriate training and training was monitored to ensure it was kept up to date. Staff competencies were assessed and there was an on-going programme for staff to receive supervision. Regular meetings took place for staff to ensure they were kept informed of changes and developments. Residents, relatives and visiting professionals also provided meaningful feedback all of which was analysed and used to take the service forward and encourage improvement. People, relatives and staff spoke positively about Bryher Court Nursing Home and the on-going improvements.

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 ●

Bryher Court Nursing Home was safe.

Medicine procedures made sure people received their medicines consistently and safely. Systems were in place to ensure medicines were ordered, stored and disposed of appropriately.

Monitoring and documentation of accidents, incidents and falls was robust.

Risk assessments took place to ensure people's safety was maintained. Staff had a good understanding of safeguarding and were able to tell us how they would report a safeguarding concern.

Recruitment processes were being followed to make sure required checks took place before people began work at the home.

Maintenance and safety checks for services and equipment had been completed.

Is the service effective?

Good ●

Bryher Court Nursing Home was effective.

Training had been completed in a timely manner. Staff competencies were assessed.

There was an on-going programme for staff to receive supervision.

Decisions regarding people's consent and capacity had been assessed and recorded. Staff understood the importance of involving people in decisions.

Meal choices were available. We received good feedback regarding the meals provided. People's weights were monitored.

Referrals were made to other health professionals when needed.

Is the service caring?

Good ●

Bryher Court Nursing Home was caring.

People were supported by staff who were kind and caring. Staff knew people well and were aware of their preferences and how they liked their care to be provided.

People's independence was supported and encouraged when possible.

Staff respected people's dignity and right to privacy. People were supported to spend time how they chose.

Relatives felt that communication was good and they were always contacted if needed.

Is the service responsive?

Good ●

Bryher Court Nursing Home was responsive.

Care plans were detailed and person centred. Staff had information that enabled them to provide support in line with people's wishes.

People were encouraged to participate in meaningful activities.

A complaints policy and procedure was displayed. People told us they would be happy to discuss any issues and raise concerns if needed.

Is the service well-led?

Good ●

Bryher Court Nursing Home was well-led.

The registered manager had left employment and a new manager had recently been employed. There was regular and consistent provider oversight and improved leadership.

Documentation had been greatly improved with new care plan formats introduced. There were systems to assess quality and identify any potential improvements to the service being provided.

People's feedback had been sought. Meetings had taken place and further staff meetings were scheduled.

People, relatives and staff spoke positively about Bryher Court Nursing Home and the on-going improvements.

Bryher Court 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 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 which took place on 23 October 2017 was unannounced. The inspection team consisted of two inspectors and an expert by experience in older people's care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the home. We looked at information and notifications which had been submitted by the home. A notification is information about important events which the provider is required by law to tell us about. We also reviewed safeguarding information that had been shared with us by the local authority and information from the quality monitoring team. The provider had also been sending CQC regular action plans and updates regarding the on-going improvements taking place at Bryher Court. At the time of the inspection the local authority had placed a restriction on admissions until improvements had been implemented.

At the time of the inspection there were 24 people living at Bryher Court Nursing Home. Not everyone was able to tell us about their experiences due to poor health or dementia. We carried out observations over a designated period of time to gain feedback about people's first hand experiences, staff interactions and how people spent their time.

We spoke with three visitors and relatives and fourteen people who lived at Bryher Court Nursing Home to get their feedback about the home and what it was like to live there.

We spoke with eleven staff. This included the registered provider, deputy manager, care and support staff, registered nurses, and administration, kitchen and maintenance employees working at the home during the inspection. We also met the newly recruited manager and the independent consultant employed by the provider to support them in making improvements to the service. We also gained feedback from health professionals who visited the service and spoke to the local authority and quality monitoring teams prior

and after the inspection.

We looked at three care files in full and a two care files to follow up on specific health conditions and associated care needs, including risk assessments. This included care files and information located in peoples room folders. We looked at Medicine Administration Records (MAR), medicine storage and administration. We read daily records, handover information, charts and other information completed by staff. We reviewed three staff files and other records relating to the management of the home, such as complaints and accident / incident recording, quality assurance and audit documentation.

Is the service safe?

Our findings

At the inspection in July 2017 Bryher Court was rated as Requires Improvement in Safe as improvements were on-going, but further work was still needed. Medicine procedures and risk assessments although introduced needed time to become fully embedded into practice. At this inspection we found that improvements had continued and the service was safe.

People living at Bryher Court Nursing Home had a range of nursing and support care needs. There had not been any new admissions to the home since the previous inspection due to the restriction on admissions by the local authority.

People told us they felt safe living at Bryher Court Nursing Home, telling us, "The staff are very kind, I feel safe and well looked after" "I feel very safe living here" "The carers are very nice I feel very safe". And, "I always feel safe because I can rely on the staff and I don't get treated like a lump of meat". Relatives gave very positive feedback about Bryher Court and the care their loved ones received. We were told, "I'm very happy, no problems at all, lovely, clean and warm". They are 100% safe". And, "She's safe, that is the main object of her being looked after".

People were protected from the risk of harm or abuse. Staff had received safeguarding training and understood their responsibilities in keeping people safe. They were able to tell us what actions they should take if they believed people were at risk. This included reporting to external organisations. The deputy manager had a good understanding of what constituted a safeguarding matter and when and how these needed to be referred to the appropriate external organisations.

There was a robust monitoring and auditing of accidents, incidents and falls. Information in people's daily records regarding accidents, incidents or falls had an associated accident/incident form completed. This information was given to the acting manager who currently had oversight of accidents and incidents, who added this to a monitoring form. The monitoring form detailed what the incident was, who it involved and what actions had been taken in response to the incident. It also detailed whether the incident had been reported to other outside professionals. This analysis had been used to identify any trends or themes and information recorded was clear and up to date. This formed part of the on-going system to ensure accident and incident systems were maintained and reviewed regularly and people's safety was reviewed.

Staff told us about people's care needs and associated risks in relation to their nursing, mobility and care needs. Risk assessments had been written for identified risks and corresponding information was recorded in people's room folders to ensure staff were kept informed of any risks to people's mental and physical health. For example, moving and handling needs including people who had equipment in place to prevent pressure area breakdown, information about specific nutritional needs, mental health and support needs. As people had lived at Bryher Court for some time, staff also knew them well and had an understanding of how to keep people safe and provide appropriate care and support for them.

Risks associated with the safety of the environment and equipment were identified and managed

appropriately. The maintenance employee had a robust record to show all systems and equipment checks had taken place. These included legionella/water checks, gas, fire, electrical checks, including personal appliance testing (PAT). The maintenance employee carried out maintenance around the building as required. Staff attended fire safety training. A fire safety risk assessment and checks were completed, these including fire alarm checks and fire drills. Staff and people had access to clear information to follow in the event of an emergency. Including personal emergency evacuation procedures (PEEPs). PEEPs included individual information about people and things which need to be considered in the event of an emergency evacuation. Evacuation equipment was located in the building in the event an emergency evacuation was required.

People were protected, as far as possible, by a safe recruitment system. Checks were undertaken, including references and criminal records checks with the Disclosure and Barring Service (DBS). Staff did not start work until satisfactory checks had taken place. There were copies of other relevant documentation including references and interview notes in staff files.

Staff told us that people's care needs had increased over time, due to deterioration in health or mobility. People spent more time in their rooms and required a higher degree of support throughout the day and night. This meant that staff were busy and call bells were being used frequently by people who were in their rooms. We looked at staffing rotas and asked the deputy manager to tell us how staffing levels were determined. Dependency levels were assessed to monitor staffing levels and the deputy manager told us they were fully aware that staffing levels may need to be reviewed if they had a higher occupancy. Call bells were being responded to in a timely manner and people told us they received help and assistance promptly when they needed it. Staff felt that staffing levels were fine as there were a reduced number of people living at Bryher Court, but felt that staffing would need to be reviewed if more people started to move into the home if the restriction on admissions was lifted by the local authority.

While we were talking to people in their rooms we observed care staff carried out regular checks on people and documented these in people's room folders. Care staff told us about people's specific needs and how often checks were needed. For example, one person had 30 minute checks when sat in their chair due to the increased risk of falling and hourly checks when they were in bed. People told us staff were able to spend time with them "People come and chat during the day". And, "They check on me regularly, but are sometimes very busy".

Systems were in place to ensure people received their medicines safely. Medicine policies and procedures had been updated and were available for staff to assess when needed. We looked at MARs and saw that these included relevant information regarding allergies, photos of people for identification and a signature list for staff including agency. Medicines were ordered, stored and disposed of safely. Medicines had been regularly audited to ensure safe systems were being maintained. 'As required' or 'PRN' medicines prescribed by a GP to be taken when needed were clearly documented on MAR charts. PRN protocols had been completed and staff had documented when and why these had been given. People's medicines were securely stored in locked medicine trolleys kept on each floor. Each trolley was checked and all medicines were stored correctly with stickers on items to show the date of opening and expiry date if appropriate. There was also a clinical room, this included other medicines which were stored appropriately with documentation for specific medicines including stock levels and when medicines were given to people. Medicines were given by registered nurses (RN's) Care staff were responsible for helping people to apply topical creams. These were recorded daily on cream charts which included a body map to show where each cream was to be applied and when this had been done.

People were able to be involved in how they received their medicines and people able to take medicines

themselves were supported to do so. One person told us, "I have regular medicines, I try to manage to take them myself to keep my independence." People who had their medicines given to them by staff told us, "I'm diabetic and I used to do my own injections but now the staff do it, my injections used to be a bit erratic but now we have got it sorted." "Medicines are managed very well". And, "My medicines are given to me regularly, I ask what they are for and the staff explain what they are".

Is the service effective?

Our findings

At the last inspection in July 2017 Bryher Court was rated as Requires Improvement in Effective as improvements were on-going. Training and competencies had taken place for staff and new systems needed time to become fully embedded into practice. At this inspection we found that improvements had continued and the service was effective.

People told us they were well looked after by staff who knew them and their needs. One told us, "Staff know what I like". Relatives said, "I am very confident that staff know how to look after him. I can't speak highly enough of the home".

Staff were trained and training was monitored with competency assessments completed to ensure staff were appropriately trained and competent to meet people's needs. Training was overseen by the administrative employee. A computerised system highlighted when training was due and completed, this included colour coding to identify when training was due or out of date. Training was audited each month with an action plan completed to respond to any issues. For example, the action plan included all training that was booked, further training being sourced and why a staff member's training was out of date, this was highlighted as training completed but the follow up questionnaire needed to be redone when they returned from annual leave. This meant that the provider had a clear and detailed record of training to ensure this was completed when needed. Training included amongst others, safeguarding, manual handling, mental capacity, food hygiene, infection control, fire and health and safety. Medication was overseen by RNs and medicine competencies had been completed. Staff told us that they felt they received the training they needed to be able to provide appropriate care for people and welcomed new training being introduced to further enhance their skills and knowledge, this included further catheter and wound care training currently being sourced.

Any new staff recruited would complete a full induction. This would include shadowing permanent staff members and receiving regular supervision throughout the induction period. Staff would be assessed as competent and confident before working unsupervised. A supervision programme was on-going and staff received regular supervision throughout the year. Appraisals had not yet taken place but would be scheduled in the coming months. Supervision was further supported by staff meetings to ensure staff were supported and kept informed of any changes. Staff told us they used supervision to discuss any further training or support needed and that meetings were a good way of making sure staff were aware of any changes taking place.

The Care Quality Commission (CQC) is required to monitor how providers operate in accordance with the mental capacity act 2005 (MCA). Information was available to support MCA and DoLS, for example, policies and procedures were in place. Mental capacity assessments had been completed to support decisions around people's care, treatment and support. The deputy manager told us they had been working to ensure that decisions regarding people's care were clearly recorded and this was still on going. For people who had been assessed as lacking capacity to make their own decisions best interest decisions had been recorded for each plan of care. This included a clear rationale behind how the decision had been made and who had

been involved in this decision. Deprivation of Liberty Safeguards (DoLS) referrals had been made when people were assessed as at risk. When people had designated Power of Attorney (PoA) this information was recorded to inform staff who was legally entitled to be involved in decisions made about people's care. Staff involved people in choices and decisions throughout the day. People told us staff always asked their permission before they entered the room or provided any care and support.

People's nutritional needs were met. Staff had a good understanding of people's dietary needs, likes and choices. We spoke to the cook and kitchen staff working on the day of the inspection. They told us they were kept informed of people's nutritional needs and any specific information regarding allergies, preferences and if any changes were made after people had been assessed by the Speech and Language Therapist (SALT), for example pureed or fortified meals required.

There was a designated dining area in the conservatory. However, due to people's increased nursing support needs or by choice, no one was seen to eat in the conservatory. Three people had their lunch in the lounge area supported by staff. Everyone else ate in their room. Feedback from people regarding the food included, "We have a choice and I am supported to eat because of my stroke and limited use of my hands". "We have a choice of food and plenty of drinks". "Food not bad at all" "I have breakfast in my room and lunch in the lounge". And, "Food is good; Spaghetti Bolognaise is my favourite and Fish and Chips on a Friday". One person did tell us they had some issues with the size of their meal and some of the food they were served. Staff we spoke with told us they were aware of these issues and did all they could to support this person's dietary preferences. Relatives told us, ""Food is good, I used to stay and have my lunch and food was lovely". "I think the food is great, mum can be very fussy, and I bring some food in for her".

People were offered regular drinks throughout the day with appropriate support provided by staff when needed. One person told us, "I get lots of cups of tea". For people who had limited or poor fluid intake due to their health, charts were in place to monitor how much people had to drink each day, with actions clearly documented to advise staff what to do if levels were low. One person had intravenous fluids prescribed. These could be given when fluids were not being taken consistently.

One relative told us their husband had thickened drinks and it was important that he swallowed his drink as he was prone to keep it in his mouth which put him at risk of choking. This was clearly documented throughout this person's care documentation. Staff were aware of this and told us how this person was supported. Their relative was also able to assist this person with their drinks when visiting, which they told us they liked to do.

People's weights were regularly monitored, with a weight tracker used to identify any changes which may require monitoring or referral. People were supported to assess other health professionals. We saw that referrals to GP's took place and people had visits to Bryher Court by opticians, chiropodist and SALT. One person told us, "Staff come with me to the dentist and my daughter meets us there".

Is the service caring?

Our findings

People spoke highly of the care they received. Telling us, "Delighted at the care I get" "Never have a problem with any of the staff they are all very gentle". "Don't think you'd get anyone better they are very nice". And, "Wonderful care". Relatives commented "He's looked after really well, they feed him, they dress him, and they look after him lovely". People felt that staff worked very hard. One person did share with us that they struggled with new staff and for this reason they found it difficult when they had their care supported by new or agency staff. Although they had no specific concerns about the way their care was provided this was just a personal preference.

We observed staff providing support for people. When people came to the lounge, a member of staff checked they had everything they needed. People were offered drinks and staff stopped to chat when they were passing. For people who stayed in their rooms, staff ensured they were comfortable and provided support when needed. Care staff knew people really well. One told us they were taking tea and biscuits to someone who stayed in their room. The staff member took a specific brand of biscuit which they told us were the person's favourite. This person looked delighted when the staff member entered the room and there was a lovely interaction between them, with the staff member stopping to tell us the person liked to look out of the window at the birds. When the staff member left the room the person told us, "We enjoy it in here, I love my bananas and pink wafers". Another said they could not praise staff highly enough, telling us, "They are marvellous to me I can't say anything against them since I've been in here they have saved my life".

The management and staff recognised that dignity in care also involved providing people with choice and control. Throughout the inspection, we observed people being given a variety of choices of what they would like to do and where they would like to spend time. People were encouraged to make their own decisions. People's privacy and preferences were respected. Information was recorded regarding people's preferences and whether they wished for their care to be provided by male or female staff. People's care records were stored securely in the nurses' room on two floors, with a folder kept in people's rooms which contained information for staff, including daily charts.

People felt that staff treated them with dignity and respect. Staff knocked on doors and ensured they spoke to people in a discreet manner in communal areas when discussing care needs. People said, "They close my curtains for personal care", And, "Staff knock on the door and draw my curtains and ask before they do my personal care but some talk to one another across the bed, although this is not a big issue." Relatives shared that staff were respectful, telling us, "They always have the door shut and the curtain over during his personal care and I hear them talking to him throughout explaining what they are doing". And "They always knock before they go into mum's room and always pull the curtains and close the door for personal care". Relatives felt that communication was good and they were welcome to visit the home at any time. People were able to maintain relationships with those who mattered to them. Visiting was not restricted and guests were welcome at any time. People could see their visitors in the communal areas or in their own room. Relatives confirmed they were always contacted if there were any concerns or incidents.

People were well dressed and told us they were involved in choices about what they wore each day and how they spent their time, telling us, "I choose my own clothes in the morning although sometimes the carer makes a suggestion as to which colours go together". Another said, "I get spoilt every day, my carer trained as a hairdresser with my granddaughter and we have a personal connection which makes all the difference". Involving people in day to day choices and considering their preferences meant that people felt valued. This had a positive effect on their overall wellbeing.

People were supported to remain as independent as possible, which they told us was important to them, "I wash myself it helps me keep a little of my independence". And, "Staff knock before they come in the door and draw the curtains, I wash my own face to keep a little independence". People were able to spend their time how they chose. We saw that some people came to sit in the lounge whilst others told us they preferred to stay in their room and watch television. When people wanted to return to their room they called staff who assisted them promptly.

Equipment was available for people whose mobility was restricted. We saw that when equipment was used, staff did so offering reassurance and information to people so that they were aware what was happening, this meant the experience was calm and did not cause any distress for the individual.

Is the service responsive?

Our findings

At the last inspection in July 2017 Bryher Court was rated as Requires Improvement in Responsive as improvements in relation to a consistent level of record keeping needed time to become embedded into practice. Work was continuing to ensure improved care assessment, planning and reviews. At this inspection we found that improvements had continued and the service was responsive.

People told us they received care in the way that they chose. People told us, "I am fully involved in my care and treatment and my care plan is reviewed regularly". Relatives said "I have access to his care plan all the time it is in his room", "The care plan is updated regularly" And, "Care plan is reviewed six monthly". Relatives were pleased with the level of communication between themselves and the home "If he ever needs the doctor they ring me". "There is always good communication between the home and myself", And "Good communication, they notify me straight away if there is a problem".

The care planning format had been changed. Care plans and associated risk assessments were combined into one easy to navigate document. People's care plans were person centred and included a level of detail which meant that staff had access to appropriate and up to date information. Care records were assessed, reviewed and updated when changes had occurred. Information was provided in a methodical and clear format. Care records identified the care need, any risks associated with the care need and how appropriate care should be provided. Care and nursing needs were written to meet people's needs and based on up to date assessments.

Daily records were included within the main care folders. Daily notes were completed by care and nursing staff to give a picture of the person's care, support and nursing needs throughout the day and night. Daily records included relevant information about people's moods, behaviours and health. When incidents or accidents had occurred or if a person had a wound, relevant documentation had been completed. Information in the main care folders and information kept in room folders corresponded. All relevant information was available for staff and when care plans were updated information in room folders was also updated. This gave staff clear and consistent information so that people received the right care and support.

People had the choice of bath or shower, we were told, "I can shower when I like". And, "I shower whenever I like". Some people told us they no longer had a bath or shower only a full body wash, although they were aware that they could request a shower or bath if they wanted one. One person did say "Showers have stopped, don't know why, now I have a body wash every day and a hair wash on a Sunday". We asked staff to clarify this and the acting manager told us they would speak to this person to remind them they had a choice and could request a bath or shower when they wished.

The activities leader worked full time at Bryher Court covering Tuesday to Saturday, they were not working on the day of the inspection. They had been in post a few months and in that time they had attended activity based training and implemented a new activity schedule. There was a monthly timetable of activities with photographs displayed in the main hallway and future activities advertised, this included fireworks and other themed activities. Due to the number of people who stayed in their rooms, group activities had been

difficult to arrange, but all staff told us they were working to improve this. We saw from documentation that the activity person visited people in their rooms on a one to one basis for those who were unable to attend the lounge due to poor health. All staff did their best to encourage people to attend group activities with mixed results. Those who did attend told us they enjoyed them. "I join in with the activities. We had a barbecue in the summer and I have been on an outing to Asda for coffee." "Go out on the trips if there are any". And, "I join in when they are organised, he tries his best but there is nobody in the lounge". Others said "The activity man organises stuff but it is all in the lounge so I just stay in my room and watch television and do word searches". Relatives felt that activities were varied and available but that people were reluctant to participate, preferring to sit in their rooms.

People were able to spend time how they chose, telling us, "I can get up when I like and go to bed when I like" "I can go to bed when I like". And, "They ask me 'what time would you like to go to bed, and I say 7 o'clock please". People were encouraged to continue with things they liked to do at home. One person told us how they used to make cards. They were being encouraged to continue this hobby and the home were purchasing some craft materials for them. The hairdresser was available on Tuesdays and worked as a member of the care team at other times. People told us they really enjoyed having their hair washed and dried regularly.

There was a complaints policy and procedure in place and this was on display in the main entrance hallway. People told us they were listened to and the service responded to their needs and concerns. They were aware of how to make a complaint and felt they would have no problem raising any issues. One person told us "I would tell my daughter and she would sort it for me". Relatives said, "I have made a complaint in the past but if you have a problem or query you only have to speak to someone and it is sorted". And, "I'd be happy to make a complaint if I needed to".

Is the service well-led?

Our findings

CQC took enforcement action against the provider in June 2016 due to the lack of provider oversight and consistent leadership at Bryher Court. Since this time CQC been monitoring the service and liaising with the local authority and quality monitoring team to ensure that improvements were made at the home. At our inspection in July 2017 we found that people did not have accurate, contemporaneous records maintained in relation to their care and welfare. Systems and processes needed to be introduced to assess, monitor and improve quality of service provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan detailing how this issue would be addressed. At this inspection we found improvements had been made and we have withdrawn the enforcement action previously issued. The provider is now meeting all regulations. We will continue to monitor the service to ensure this level of service is maintained.

The registered manager had left employment at Bryher Court Nursing Home although at the time of the inspection they were still registered with CQC. A new manager had just been employed and was starting their induction at the home. The provider informed us the newly employed manager would be registering with CQC at the earliest opportunity. The deputy manager had been in charge of the home supported by the independent consultant employed by the provider. The provider was also involved and instrumental in the improvements which had taken place. The provider was now present at the home on an almost daily basis. They were aware of their responsibilities as the registered person and had become more involved in the day to day running of the home. This meant that there was consistent provider oversight and improved leadership.

People and staff told us they were aware there had been changes to the leadership and staffing and that this had been unsettling, but they were happy the home was improving. Staff spoke positively about the improvements and were dedicated and supportive of the management and provider to continue to improve to ensure the home met regulation and provided good care for people.

At the last inspection we found that care records and risk assessments were not up to date. Records were not accurate, complete and contemporaneous. The provider had focussed on improvements in other areas including medicines and training. Improvements to documentation were scheduled but had not yet been completed. At this inspection we found that all care documentation had been updated and a new format introduced to address these concerns. Although information was updated on the computer, a paper copy was printed off and kept within the care folder for each person. As changes and reviews were completed, updates were printed and placed into the files. This meant that information was accurate and relevant. Care documentation was checked and audited frequently to ensure these improved standards were maintained. Further work was in progress to ensure everyone had information recorded including best interest decisions where relevant.

There were numerous quality assurance audits which were embedded to ensure a good level of quality was maintained. Audits were completed regularly, these included amongst others, care documentation, medication, equipment, activities, pressure area monitoring, wound care, health and safety, accident,

incidents, falls and near misses. The results of which were analysed in order to determine trends and introduce preventative measures.

There was open and on-going communication facilitated by regular handovers between staff, meetings, questionnaires and feedback. A newsletter had recently been started by the activity person. Residents, relatives and professionals questionnaires and feedback had been sought. People received regular questionnaires about the service. They told us, "It's lovely, I am happy here". "Good service, you can't expect it to be like home" "I think it is very good" "Wonderful". And, "Great can't fault them". Relatives' comments regarding the care and service provided included, "The care is good and it is excellent". "11 out of 10" "They are always helpful when you ask and mum is well looked after". And, "I am very happy with the service she is getting you can't beat it". Agency staff who had worked shifts at the home had completed forms which gave very positive feedback about the service and the support they received.

Staff were aware of their responsibilities and told us they had access to policies and procedures to support them in their role. Meetings took place regularly and these covered all areas of the service. There had been quality assurance meetings attended by heads of department, senior, care staff and RN meetings, some of which had been used as a group supervision to share information and discuss changes or newly implemented documentation. The information gathered from regular audits, monitoring, questionnaires and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered. For example at a staff meeting it was identified that more slide sheets were needed to assist with moving and handling. We saw in the minutes that ten had been purchased in response to this request.

Visiting professionals had completed feedback. These included positive feedback, one in relation to a specific staff member who had assisted them and another regarding how well staff knew people and had supported them during their visit.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The deputy manager and provider had informed CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The deputy manager and provider were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.