Borough Care Ltd

Reinbek

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

Summary of findings

Overall summary

This was an unannounced inspection which took place on 13 and 14 February 2017.

We last inspected the service on 8 and 9 September 2015 where we rated the overall service as Requires Improvement. At that inspection we identified four regulatory breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014, which related to the management of medicines the management of environmental risks, infection control and staff supervision.

This inspection was to check satisfactory improvements had been made and to review the ratings. We saw evidence to confirm that action required following our last inspection had been taken and the requirements of the regulations were being met.

Reinbek is registered with the Care Quality Commission (CQC) to provide 24 hour care and accommodation for up to 46 older people with a wide variety of conditions and frailties and some people who were living with dementia. People who used the service were cared for in accommodation over two floors. All rooms are single and 27 rooms have en-suite facilities The home also provides short stay and day care services.

A registered manager was in place at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service and their relatives were complimentary and positive about the support provided and attitude of the staff team and management. They felt the overall care provided was good and their bedrooms were clean. People spoken with said, "The service is very good", "The building is very clean; no complaints" and "Everything with the staff is perfect, they are very caring."

During both days of the inspection we saw people were supported by sufficient numbers of staff. Care staff we spoke with told us they had undergone a thorough recruitment process. They told us they had undertaken an employee induction and training appropriate to the work they carried out was always available to them. Staff we spoke with had gained a nationally recognised qualification in care such as a National Vocational Qualification (NVQ) in health and social care. This helped to make sure the care provided was safe and responsive to meet peoples identified needs.

Staff confirmed they had received safeguarding and whistleblowing training, and knew who to report concerns to if they suspected or witnessed abuse or poor practice. We saw records to show staff received regular supervision to help make sure they were carrying out their duties safely and effectively.

We saw written evidence that people and their relatives were involved in the decision making process at the initial assessment stage and during their care needs review. Where people who used the service did not

have the capacity to make their own decisions, the service ensured that decisions taken were in line with the principles of the Mental Capacity Act.

Care records were in place which reflected peoples identified health care and support needs. Information about how people wanted to be supported and their dietary requirements were also included in the care records we examined.

Systems to make sure the safekeeping and administration of medicines were followed and monitored were in place and reviewed regularly. Medicines were stored safely and administered by designated trained staff. Any specific requirements or risks in relation to people taking particular medicines were clearly documented.

Complaints, comments and compliments were encouraged by the provider and any feedback from people using the service or their relatives were addressed by the registered manager. People who used the service and their relatives told us they knew how to make a complaint and felt confident to approach any member of the staff team if they needed to.

Systems were in place to monitor the quality of the service. Surveys to ascertain people's views and opinions about their satisfaction of the service provided had been undertaken. Any feedback received was noted and used to make improvements to the service and the care and support being provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Employee recruitment processes in place helped to make sure new staff were suitable to work with vulnerable adults.

Safeguarding policies and procedures were in place and staff knew how to protect people from the risk of harm.

Risks to people were identified and detailed in their care records. Written information showed how to mitigate any risks to people.

Systems were in place to make sure medicines were administered safely by suitably trained staff.

Is the service effective?

Good

The service was effective.

Staff members received an employment induction, regular supervision and training to help make sure people were provided with care and support that met their needs.

Where people were being deprived of their liberty the registered manager had taken the necessary action to make sure people's rights were considered and protected.

People had access to external healthcare professionals, such as hospital consultants, specialist nurses and General Practitioner's.

Is the service caring?

Good

The service was caring.

People received care and support mainly from staff members who knew them well.

We observed positive interactions between staff and people who used the service.

People's care records were stored securely to maintain confidentiality.

Is the service responsive?

Good

The service was responsive. □

People's needs were assessed prior to them receiving a service. Care records identified risks to people's physical health, mental health and well-being.

People's health care reviews were held annually or more frequently if necessary. Specialist guidance was included in people's care records.

People told us they felt confident in raising concerns or complaints with the registered manager or staff members.

Is the service well-led?

Good

The service was well-led

There was a clear management structure in place. People who used the service; their relatives and staff members spoke positively about the management team.

The registered manager promoted a person centred approach to help make sure people's needs and preferences were met.

Systems were in place in order to monitor the quality of the service.

Reinbek

Detailed findings

Background to this inspection

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

This inspection took place on the 13 and 14 February 2017 and the first day was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we reviewed information we held about the service. This included notifications the provider is required to send us in relation to safeguarding, serious injuries and other significant events that occur within the service. We reviewed previous inspection reports and any information shared with us about the service through our contact centre, by email or online using a 'share your experience' web form.

We sought feedback from the local authority quality assurance team and health protection nurse, the clinical commissioning group (CCG) medicines management team and Stockport Healthwatch. We received positive feedback from the quality assurance team and CCG medicines management team. We used the information received to help plan our inspection.

During our inspection we spoke with 11 people who used the service, the registered manager, the deputy manager, the service administrator, a laundry assistant, the visiting general practitioner and eight care workers.

We looked at the care records that belonged to four people who used the service, five employee personnel files, records relating to how the service was being managed such as safety audits, records of training and supervision, records of maintenance servicing and quality assurance.

Good

Is the service safe?

Our findings

When we spoke with a group of 11 people who used the service they collectively told us they felt safe living at Reinbek. People said, "Overall the service is very good", "Everything with the staff is perfect", "We've been very lucky with staff", "They [staff] look after us well."

We saw systems to help protect people from the risk of abuse were in place. The service had a safeguarding policy and procedure which was in line with the local authority's 'safeguarding adults at risk multi-agency policy'. This provided guidance on identifying and responding to the signs and allegations of abuse. We looked at records that showed the registered manager had suitable procedures to help make sure any concerns about people's safety were appropriately reported. Management spoken with were knowledgeable and confident about the services safeguarding procedures.

Care staff we spoke with were able to give a good account of the risks associated to vulnerable adults, the safeguards in place to minimise these risks and explain how they would be vigilant about poor practice in order to recognise and report suspected abuse. They confirmed they had received safeguarding and whistleblowing training and shared their understanding of the service's whistleblowing policy (the reporting of unsafe and or poor practice by staff) They told us they would contact the registered manager or deputy manager to inform them about any concerns. Staff training records showed they had received training in both topic areas.

An accident and incident policy and procedure was in place. Records of any accidents and incidents were recorded, analysed to check if there were any themes and had been reported appropriately to the Care Quality Commission and the local authority adult social care team. Records to show all of the people living at Reinbek had a Personal Emergency Evacuation Plan (PEEP) were in place. These plans detailed the level of support a person would require in an emergency evacuation situation such as a fire evacuation. We saw records to show that all staff had undertaken fire safety training at regular intervals.

A recruitment and selection procedure was in place which was also used for the recruitment of agency staff. We looked at five employee personnel files and found that all of the staff had been recruited in line with the regulations including the completion of a disclosure and barring service (DBS) pre-employment check and at least two recent references from previous employers. Such checks help the registered manager to make informed decisions about a person's suitability to be employed in any role working with vulnerable adults. All staff members were issued with an employee handbook which contained information about Borough Care Ltd policies, procedures and the organisational expectations of staff. We spoke with eight staff members in various roles, who described their recruitment to the service. They told us that after completing an employee application form, they were invited to attend a face to face interview to assess their suitability for the job. Following a successful interview the registered provider carried out the necessary pre-employment checks which included proof of the employee's identification (ID) and two references, one from a recent employer. When we examined a sample of staff recruitment records we saw evidence that staff members were not assigned any work until the appropriate ID, references and clearance from the DBS had been received and found to be satisfactory.

We examined the care records that belonged to four people. The care records showed that risks to people's health and well-being had been identified. Environmental and equipment risk assessments had been completed for all people who used the service, for example when being assisted to mobilise via the use of a hoists. Risk management plans in relation to people's daily living routines were also in place and were linked to the person's care plan. For example, where there was a high risk to a person of choking or falls, their risk management plan clearly showed the factors which might increase the likelihood of the risk occurring and the action staff should take to reduce the risk. Staff spoken with understood their role in relation to people's identified risks and what to do should the risk occur.

People who used the service told us overall there were enough staff to meet their needs, although sometimes in the afternoon they felt they were "left alone." A person who used the service said, "For me sometimes it gets difficult if I can't get a staff to take me to the toilet when I need to go. That's because they're dealing with other people who also need to use the stand aid in the home which is shared between both floors" When we spoke with this person's relative they confirmed that on occasions it had been difficult to summons staff immediately. They said, "There does seem to be a lack of carers; she [relative] is reliant on the carers to get her to the toilet, which can become distressing for her. But I do think [relative] is safe, very safe".
When we spoke with the registered manager about the comments made by the person and their relative about staffing levels, the registered manager told us that Borough Care Ltd had an ongoing recruitment drive for the services they ran including Reinbek. In addition to this the registered manager told us that a new stand aid had been purchased to promote people's mobility. They told us that this had reduced the waiting time for people who required this equipment because there was now a stand aid located on both floors of the home. When we examined the staff roster we saw that the ratio of staff to people was one staff to every seven people. Whilst the registered manager was hopeful they would be able to increase the care staff hours for the service we saw that staffing levels were maintained in order to safely meet the support needs and level of dependency of people who used the service.

At our last inspection in September 2015 we identified concerns in relation to the safe storage of hazardous substances such as cleaning fluids as these were not stored in a locked area. We found this to be a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we saw that the provider had made the required improvements and cleaning materials were now stored in a locked cupboard or room and there were no longer any breaches of this regulation.

When we walked around the building we saw that all doors with signage to "keep locked shut" were closed or locked shut as instructed. All cleaning fluids and cleaning equipment were stored within a locked cupboard or room that could only be accessed by an authorised key holder. At the time of the inspection a corridor in the home was being redecorated and there was appropriate signage indicating to people decorating was in progress. We saw people were being redirected by staff to use an alternative route in the home and carefully escorted to their destination. We saw the building was clean, well maintained and secured. The registered manager was responsible for making sure health and safety audits were carried out on a regular basis and a maintenance team carried out regular checks on windows, doors, lighting and heating. Records indicated that fire equipment checks and fire drills were carried out frequently. We examined records that showed regular checks had been undertaken for water temperature, electrical appliances and portable appliance testing. Environmental risk assessments had been undertaken using a system for documenting and recording any maintenance work required.

At our last inspection in September 2015 we identified concerns in relation to the safe management and storage of medicines including prescribed skin creams. We found this to be a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the

required improvements had been made. A medicines policy was in place to ensure the safekeeping and administration of medicines. This had been monitored and reviewed.

We examined the systems in place to monitor the way medicines were being managed at the home and to ensure people received their medicines safely. We found the services medicines improvement officer (MIO) had made three visits to the home in September 2016 to audit the quality of medicines management and to ensure compliance was maintained in this area. We found the home had two medicine trolleys in place, one for each floor of the home. Medicine stock was now being stored in the ground floor clinic whilst a smaller room on the first floor held only a medicines trolley for the people who had rooms on that floor. Both medicine storage rooms were kept securely locked. We saw records to show medicines delivered to the home were checked by two staff, one being the deputy manager and prescriptions were checked before being dispensed. We saw medicines, skin creams and when required medicines such as pain relief medication had been appropriately recorded on individual medication administration records (MAR) and there were no missing signatures. An up to date list of authorised medicine handlers [staff members] was in place and had been signed by designated staff. The deputy manager carried out staff medicine administration spot checks and we saw records to show all staff designated to administer medicines had undertaken a medicines competency assessment. This meant risks associated to the management of medicines were reduced.

People prescribed anticoagulant medicines had been identified on the front cover of their MAR so that staff were aware of the risks associated with this type of medication. Whilst this medication is highly effective, it is also associated with significant bleeding risks. Therefore specific guidance to contact the emergency services and risk assessments were in place for these people. For example staff were aware to contact 999 should any person prescribed an anticoagulant medicine sustain an injury that might lead to bleeding, such as a fall, head injury or body bruising. Anticoagulants are medicines that help prevent blood clots and are given to people at high risk of getting blood clots, to reduce their chances of developing serious conditions such as strokes and heart attacks.

Staff spoken with knew about the process for checking the right dose according to the General Practitioners (GP) and showed good knowledge of why people required their medicines, the dosage, the desired effect and the action they should take in the presentation of possible side effects. They told us that in the case of a medicines error they would seek advice from the person's general practitioner (GP), the out of hours GP or NHS 111. NHS 111 is the NHS non-emergency number where people can speak to a highly trained adviser; supported by healthcare professionals should they require any health or medical advice. We asked 11 people who used the service if their medicines were administered on time and they confirmed they were. This was confirmed when we observed a medicines round being undertaken in the home.

At our last inspection in September 2015 we identified concerns in relation to the proper disposal of clinical waste and the lack of personal protective equipment (PPE) accessible to staff in a ground floor bathroom. We found this to be a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found any clinical waste was being disposed of appropriately and safely and there was no longer a breach. We saw staff had access to personal protective PPE such as disposable aprons and gloves to help reduce the risk of cross infection and this was being used when providing personal care to people. Staff members we spoke with told us the registered manager provided them with personal protective equipment, which helped to protect them and people using the service from the risk of cross infection whilst delivering care. They were aware of the need to make sure they used the protective equipment available and confirmed to us there was always plenty of PPE available for staff to use.

Good

Is the service effective?

Our findings

At our last inspection in September 2015 we identified concerns in relation to the lack of regular supervision provided to staff. We found this to be a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the registered manager had made improvements and was meeting the requirements of the regulation. We saw there was an on going annual staff appraisal and supervision system in place. The system was used at regular intervals to discuss and evaluate the quality of staff's individual performance and best practice was in place. Staff we spoke with confirmed they received supervision at least every four months and an annual appraisal. Staff supervision records examined showed that individual staff member supervision sessions had taken place. This provided staff with the opportunity to speak in private about their training and support needs as well as being able to discuss any issues in relation to their work.

Staff spoken with told us they had undertaken a full employment induction before starting work at Reinbek. They told us they were given a seven day mandatory induction that covered topics such as fire evacuation, first aid, safeguarding, whistle blowing, food hygiene, infection control, the use of hoists, first aid and control of substances hazardous to health (COSHH). This is the law that requires employers to control substances such as chemicals and cleaning products that are hazardous to health. This induction was followed by a two week period of shadowing (working under the supervision of an experienced staff member) within the home. This gave the new staff member the opportunity to get to know the people who used the service. A probationary period of three months could be extended if required. Non care workers such as kitchen and domestic staff underwent a similar induction period and learning was specific to their job. National Vocational training in Health and Social care and induction training was provided and staff new to care were enrolled on to the Care Certificate was in place and undertaken by staff at the home. The Care Certificate is a professional qualification that aims to equip health and social care staff with the knowledge and skills they need to provide safe and compassionate care. This meant staff members had received training appropriate to their role and helped to make sure people received safe and appropriate care.

Refresher staff training was available in topics such as dementia awareness, falls prevention and end of life care. The registered manager told us that training would be arranged for staff where it was identified particular skills and knowledge would help to meet people's specific health and wellbeing needs. This was confirmed when we examined a staff training record which showed they had undertaken training in catheter care to provide appropriate care and support to people who used a catheter. When we spoke with people who used the service they were complementary about the staff and their ability to provide them with care and support required. One person said, "We like everything about it here. Staff are skilled. Everyone learns as they're going on."

We looked at what consideration the provider gave to 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.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. This legislation sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need safely and where there is no less restrictive way of achieving this.

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. Where mental capacity assessments had been completed we saw that best interest decisions were recorded including any consultation undertaken and a rationale for reaching the decision made. The registered manager and staff members were knowledgeable about the MCA and the need to carry out mental capacity assessments for people who required them.

The service supported people with varying levels of support needs ranging from people being able to mobilise around the home to requiring high levels of support including supporting people to make decisions about their care. Following this inspection we spoke with a relative of a person who used the service. They told us that wherever possible consent about their relatives care, treatment and wellbeing was sought and documented. They said, "I have power of attorney for her [relative] and the manager always includes me in decisions about my [relative] Staff members we spoke with had a good understanding of how and why consent must be sought to make decisions about specific aspects of people's care and support. The registered manager told us that where consent from people could not be sought they would always approach the person's relative or arrange for a meeting to be held with appropriate professionals in attendance.

We saw people had choices about what they wanted to eat and where required they were assisted to eat or supported to eat their meals with prompts from staff. Dining tables were set for each meal time and where people preferred to eat in their rooms they were supported to do so. We examined the menu and saw that a variety of meal options were available at different times of the day. We saw the meals served were well presented, looked appetising and nutritionally balanced. When we spoke with the cook it was apparent they were knowledgeable about people's dietary and nutritional risks and the need to follow the speech and language therapist (SALT) instructions. For example making sure that people at risk of choking received a pureed diet. SALT provides treatment support and care for people who have difficulties with communication or with eating, drinking and swallowing. Care records and daily records we examined showed attention was paid to people's dietary requirements and what they ate and drank. We examined people's daily observation and weights records which indicated the type and amount of food people had eaten which meant people's nutrition and hydration was monitored to ensure their nutritional needs were being met.

Borough Care Ltd use 'Dine Contract Catering' a private catering company, to provide all meals at the home. Some people who used the service told us that the meals served at Reinbek were good and they had a varied choice of food. For example when we spoke with a group of 11 people who used the service most of the people made positive comments about the food and said, "We have a good choice here", "We have a choice of soup, sandwiches; it's quite nice" and "There's always plenty to eat", "We always get a choice if we don't like what's served." However two people spoken with were unhappy with the quality of ingredients used at the home and said, "The quality is all cheap stuff" and "Last Sunday we had roast beef and I couldn't cut it up." When we spoke with the registered manager about the Sunday lunch, they told us that whilst the provider had no control over the majority of the food served, people were offered a varied menu. However they would speak to the cook and in addition raise this issue with the senior management team.

Care records showed people had access to external healthcare professionals, such as hospital consultants, specialist nurses such as tissue viability nurses, dieticians, and GPs. Notes of such visits were included in people's care plans. Other care files showed attention was paid to general physical and mental well-being, including risk assessments to identify where people were at risk of for example, developing pressure sores. Care records that recorded people's weight, dental and optical checks were also in place and reflected the care being provided to people.

On the first day of the inspection a team of surveyors visited the building to assess the building for planned scheduled work to be undertaken in the near future. Whilst people who used the service were aware of the surveyors visit, they told us they had been advised of the visit and felt this brief visit had not disrupted their daily routines. The registered manager told us that people had been involved in discussions about the planned changes to be made to the building and the decorating. People spoken with confirmed they had been consulted about future building works and had been advised about any decorating prior to it taking place. When we walked around the home we saw the design and layout of the home were suitable to accommodate the number of people using the service. There was sufficient suitable equipment in place to promote people's mobility such as handrails, hoists and wheelchairs. Shared toilets, showers, bathrooms and lounge areas with signage assisted the people with dementia to navigate around the home safely. Appropriate raised seating provided pressure relieving cushions were well maintained and in good condition. Corridors were clutter free and wide enough for trolleys, hoists, wheelchairs and other mobility aids to manoeuvre adequately. The service maintained a homely environment to enable people's planned activities and routines to be supported effectively by staff members.

Good

Is the service caring?

Our findings

People who use the service told us they were happy living at Reinbek and felt they were receiving good care and support from the staff. When we spoke with a group of 11 people they collectively made positive comments about the staff team, their approach and their attitude towards them. They said, "They [staff] look after us well", "They're like our family", "Everything with the staff is perfect", "They help me a lot", "The staff are respectful and compassionate", "I've never heard any staff shouting or being rude to anybody here" and "We've been very lucky with staff." A relative of a person who used the service said, "The staff are very dedicated and very nice. The laundry ladies are marvellous and provide an excellent service. The cook always accommodates choices for meals and is always available. I'm happy with [relatives] care and I'm happy that [relative] is at Reinbek." The visiting GP said, "The staff are very caring and dedicated. I have observed good work being done, often with limited information being sent from the hospital. They work very hard."

We saw staff had developed a good rapport and understanding of the people who used the service and treated the people and their belongings with respect. Staff understood people's particular communication styles and how to interact positively with them. Where people had difficulty communicating staff remained patient and took time to listen to them in a respectful way which helped promote the persons dignity. We observed good interpersonal relationships between staff and people who used the service. For example we saw staff showing warmth and empathy towards people at meal times and when serving meals, always asking if they were enjoying their food and if they had eaten enough at that particular mealtime. Staff interacted with people well, engaged them in conversations that were interesting to them. Some staff shared friendly conversation with people and we observed staff laughing and joking with people whilst escorting them to their appointment to see the visiting hairdresser. On their return from the hairdressers staff made complimentary and flattering comments about people's hair styles and hair- cuts.

Care records showed and we saw people were encouraged to remain as independent as possible. Staff supported people to manage tasks such as maintaining personal care and mobilising around the home within their capabilities. Care records examined had been written with empathy and understanding of people's individual needs. For example the care records we reviewed described why people preferred to spend time in their room. Another care plan described in detail a short term plan to manage a person who was at risk of falls and explained what the person was able to do despite having recently moved into Reinbek with a fracture. Throughout our inspection we observed and saw evidence within people's care records there was a culture of promoting and maintaining people's independence wherever this was possible. When we spoke with staff about people's identified needs they were able to demonstrate they knew people very well and gave examples of how people preferred their care and support to be given. We saw these details had been accurately reflected in people's care plans which showed the staff had a good understanding of individualised care.

We saw a leaflet which advised people of the home's 'Zero Tolerance' protocol was prominently displayed on a service user notice board. The notice made clear that all people living at Reinbek must be treated with dignity and respect. We saw the deputy manager verbally reminded any visitors such as the visiting

hairdresser and visiting decorators about the protocol.

The registered manager told us the service was able to link in with a local advocacy service to ensure that people who did not have any relatives living nearby had someone they could turn to for advice and support when needed. An advocate is a person who represents people independently of any government body. They are able to assist people in ways such as, writing letters for them, acting on their behalf at meetings and/or accessing information for them.

The registered manager told us the registered provider was in the process of delivering the 'Six Steps' model of end of life care training to all staff at the home. This model of care helped to support staff to develop their roles in the delivery of end of life care. An end of life coordinator who specialised in palliative care (care for the terminally ill and their families) supported the home when necessary.

We looked at the home's end of life care policy and procedure which was person centred and geared towards helping the person, and their relatives to have as much control as possible about decisions relating to the person's future care and end of life needs. We looked at the care records of a person who was receiving end of life care. We saw that all necessary steps had been taken to make sure the person's needs and wishes were identified and the care provided was of high quality, dignified and provided in a manner of their choosing. The registered manager told us that specialist health care professionals and nurses would always be available to ensure people had experienced personalised, compassionate and dignified care at the end of their lives. Staff training would always be provided in this topic for new employees, and the relevant professionals such as district nurse and GP would be involved.

Records showed people and their relatives were involved in decisions about their care, care plans were reviewed every month and where possible had been signed by the person living in the home or their relative where a Lasting Power of Attorney (LPA) was in place, this showed they had been involved in the decision making process about the care provided. LPA is a legal document that lets the person appoint one or more people (attorneys) to help make decisions on their behalf. Types of LPA can relate to health, welfare, property and financial affairs.

We saw that all records and documents were kept securely in locked filing cabinets accessible only by designated key holders and no personal information was on display. This ensured that confidentiality of information was maintained.

Good

Is the service responsive?

Our findings

People's needs had been assessed before they moved into Reinbek. The needs assessment was used to complete the care plan which enabled the person to be cared for in a person centred way. Records showed staff used the information to develop detailed care plans and support records that would identify people's abilities and the support required to maintain their independence. Assessments showed people and their relatives had been included and involved in the assessment process wherever possible. Care plans were reviewed annually or more frequently if the person experienced any health changes. They contained a detailed personal history and gave clear guidance for staff to follow. For example instructions to check a person with visual impairment had enough space to manoeuvre to prevent the risk of falls was in place. These checks responded to the person immediate environmental needs to help promote their independence which gave them reassurance when mobilising around the home.

People who required a high level of support, such as those receiving end of life care received care that was responsive and person centred. For example we saw repositioning records in place which showed the person's resting position at specified times of the day and staff signed to confirm each time the person was repositioned whilst being cared for in bed. Repositioning is provided to people at risk of developing pressure ulcers, who are unable to reposition themselves and are helped to change their position. We saw these people were regularly provided with a drink and oral care such as, moistening their lips and mouth to prevent them from becoming dehydrated or experiencing having a dry mouth.

We saw records to show any care intervention was updated at frequent intervals. People unable to tell staff when they needed assistance relied on staff being attentive, anticipating and recognising their needs. For example we observed staff delivered care and support for a person being cared for in bed. We saw the person had received regular checks and monitoring and staff had updated the care records with the details of the care and support provided.

We examined four care records which contained clear information about each person and sufficient detail to guide staff on the care and support to be provided. They contained relevant information about people's health diagnosis and associated needs, nutrition and hydration assessments. Care records included information about recent weight loss, appetite, difficulties chewing or swallowing, mobility assessments, moving and handling, tissue viability pain, sleeping, behaviour, emotions, hopes and concerns for the future, cultural, spiritual and social values. Care records included the person's emergency contact details such as their next of kin, and General Practitioner (GP), risk assessments, a risk management plan, their current support needs, the care to be provided and the desired outcome following the care provided.

Systems to help manage/ prevent risks were in place. For example where care plans identified that people were at risk of pressure sores specialist equipment such as pressure relieving mattresses and pressure relieving cushions, were in place. A body map to record and highlight any bruising or injuries sustained, was kept in the persons care record. Where people's support needs were identified as requiring two staff, the reasons why were clearly documented. People's weights were recorded monthly or more frequently if necessary to ensure people's nutrition and hydration needs were being met. This meant staff could respond

appropriately to help make sure people's health and wellbeing were being appropriately responded to and maintained.

Person centred care reviews were held annually or sooner if required and involved the person who used the service where they had the capacity to be involved, family members and a staff member. Where necessary a social worker or another appropriate professional would also attend the review meeting. Where issues were identified such as changes to the person's care needs these were noted and follow up action recorded. Staff spoken with were aware of the importance of the care review system and understood information about the person was reviewed to make sure it fully reflected their current support needs. A relative of a person who used the service said, "They [staff] always keep me informed about [relatives] care. We [family] visit regularly and the staff tell us everything we need to know about [relative] which is reassuring for us [family].

When we spoke with the visiting GP about how staff responded to people's needs they said, "I think the staff work very hard under difficult circumstances. They deal with people who have very complex needs demonstrating caution and concern at all times."

People were supported to take part in hobbies and interests and this information was recorded in their care records. Daily individual and group leisure activities were provided for people who used the service and records of the person's involvement were kept in people's individual care records. All of the people spoken with were happy with the activities provided and told us about the recent activities they had been involved in. They said, "Sometimes we could do with a better variety of entertainers, but overall there's things going on if you want to get involved. The staff don't force you. We know it's there if we want it." A relative spoken with said, "The Christmas party was excellent. They [service] really made the effort and everyone who could do joined in. They [service users] have had barge trips and visit paces of interest. They paint [relatives] nails and [relative] enjoys that. [Relative] was so happy last week because they had a proper chippy dinner from the chip shop."

A complaints policy was in place. People spoken with told us they knew how to make a complaint if they needed to and guidance telling people how to make a complaint was displayed on the notice board in the foyer of the home. The complaints policy in place allowed for a full investigation into the complaint and all complaints were taken seriously. The policy allowed complaints to be escalated to the local government ombudsman if the complainant remained dissatisfied with the outcome. We reviewed a selection of complaints the service had received over the previous six months and noted the registered manager had followed the organisations complaints process. Actions had been recorded and the complaints resolved to all parties satisfaction.

Good

Is the service well-led?

Our findings

A registered manager was in place at the time of our inspection. 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.

We spoke with a group of 11 service users who collectively told us they felt the service was very well led. They said, "The manager very good and always comes around to say hello, she's very busy ", "Everything with the staff is perfect" and "We like everything about it here".

The management team comprised of a registered manager and a deputy manager. The management team and staff understood their role and responsibility to the people who used the service was to ensure people were looked after properly whilst making sure avoidable risks were prevented and people received high quality safe care and treatment. The registered manager demonstrated her commitment to the service by having clear visions and values about the home and saw her role as pivotal to the overall service growth and development. This included being instrumental in making sure risks to people were mitigated during the building refurbishment plans to be completed by 2020.

People who used the service, their relatives and staff spoke positively about the registered manager. Staff members spoken with told us they had confidence in the management team and described the culture in the home as, 'team work' and 'like family'. The management team were open to new ideas and encouraged staff to seek new schemes and services that would be beneficial for people who used the service. For example because Borough Care Ltd is a non for profit organisation, the staff and management had considered different fund raising options to support any initiatives that would improve the service provided to people such as sponsored fundraising activities and car boot sales. The proceeds from these events had helped to fund visits to places of interest for people who used the service.

Borough Care Ltd published business information states "The company has over twenty years' experience in supporting people living with dementia and is committed to providing excellent support through a range of services that include residential care. The company's aim is to offer the people control and choice in how they live their life as well as a feeling of safety and security." They aim to ensure their living environments are suitable for meeting the living needs of each individual and people's lives are enhanced by activities according to the person's interests and abilities. Staff told us they were aware of the company aims and shared their views about this. One staff member said, "We do this job because we care about people and want the residents to have a safe and comfortable life here". The service was in the process of developing and reorganising the way in which it was managed to help to drive forward continuous service improvement.

Records showed staff meetings had been held to discuss changes to practice, legislation and developments within the wider organisation. Meetings held also helped enable staff to reflect and discuss what worked well at Reinbek and what changes could be made to improve the service provided.

Meetings were also held with people who used the service and their representative or relatives. People were given an opportunity to say what they liked about the service but also what, if any, improvements could be made. We saw meeting notes were kept to ensure an accurate account of people's verbal contribution and improvements noted were actioned.

Systems were in place to monitor and improve the quality of care provided, and measure good practice and support staff to consistently review their own practices to improve the quality of the services provided.

Quality visits, regulations and compliance visits were undertaken by the business compliance officer. We saw audits and checks for areas such as care records, medicines management, manager daily walk around, staff supervision, equipment and environmental checks. Any action required to address identified shortfalls in service provision were undertaken within appropriate timescales by management.

The registered provider had a system in place to gather feedback on the views of people who used the service, relatives, representatives and stakeholders that recorded and measured good practice and system improvements. Whilst the last service user satisfaction survey was undertaken in 2015 we saw that when issues were raised from any feedback, these were analysed, reviewed and actioned. For example where it had been reported that a person's bedroom heating had failed, the registered manager reported the issue to the business maintenance team and arrangements were made for the heating contractors to attend the home. In the interim the registered manager provided supplementary heating in the form of a free standing heater to be put in place. Appropriate risk assessments were put in place following the business health and safety policy. When we spoke with the person's relative about this they confirmed the registered manager had acted immediately to make sure the person's room was returned to a comfortably warm temperature. They said, "When [relative's] under floor heating broke, they [registered manager] gave her [relative] a new heater and extra duvets. It was a question of dignity. The room was much warmer and pleasant for [relative]. We were very pleased".

Accidents and incidents were recorded and had been regularly monitored by an internal auditing team to ensure any trends were identified and addressed. We were told that there had been no identifiable patterns in the last 12 months. Similarly, any safeguarding alerts were recorded and checked for any patterns which might emerge.

The manager understood their responsibilities to provide notifications to the Care Quality Commission (CQC) regarding significant events such as; serious injuries and deaths. Before this inspection we checked our records to see if appropriate action had been taken by management to ensure people were kept safe. We saw that the registered manager had made appropriate notifications as required.

The registered manager shared with us copies of the services policies and procedures such as, complaints and suggestions, safeguarding adults, accidents and incidents, medicines, staff recruitment and whistle blowing. Some of the policies were under review and the registered manager told us the business were considering purchasing new policies which would assist in making the service more efficient. A business contingency plan was in place which identified the actions the registered provide would take in the event of an electrical, water or gas failure to ensure the continuity of service and safety of people who use the service.

In 2014 the provider was awarded the Investors in People (IIP) silver award. The standard defines what it takes to lead, support and manage people for sustained business success. This award is valid for three years.