Runwood Homes Limited

Bracebridge Court

Inspection report

Friary Road
Atherstone
Warwickshire
CV9 3AL

Tel: 01827712895

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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?	Requires Improvement

Summary of findings

Overall summary

We inspected Bracebridge Court on 10 February 2016. The inspection visit was unannounced.

Bracebridge Court provides accommodation for people in a residential setting. There were 66 people living at the home when we inspected the service. People were cared for over two floors at the home.

A requirement of the provider's registration is that they have a registered manager. 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. There was a registered manager in post at the time of our inspection. We refer to the registered manager as the manager in the body of this report.

There were systems in place to ensure that medicines were stored and administered safely. However, improvements needed to be made in documenting the application of creams to people's skin to ensure the medicine they received was recorded.

Each person had a care and support plan with detailed information and guidance personal to them. Care plans included information on maintaining the person's health, their daily routines and preferences. However, we found care records were not always up to date and did not consistently document the care people received. We found people were supported with their health needs and had access to a range of healthcare professionals where a need had been identified.

Quality assurance procedures were in place to identify where the service needed to make improvements. However, we found the manager did not always act on the identified areas in a timely way to implement the necessary improvements to the service.

Staff received training in safeguarding adults and were able to explain the correct procedure to follow if they had concerns. All necessary checks had been completed before new staff started work at the home to make sure, as far as possible, they were safe to work with the people who lived there. The manager and staff identified risks to people who used the service and took action to manage identified risks and keep people safe.

There were enough staff employed at the service to care for people safely and effectively. New staff completed an induction programme when they started work to ensure they had the skills they needed to support people effectively. Staff received training and had regular supervision and appraisal meetings in which their performance and development was discussed.

The manager and staff understood their responsibilities under the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure people were looked after in a way that did not

inappropriately restrict their freedom. The manager had made applications to the local authority where people's freedom was being restricted in accordance with DoLS and the MCA.

Care staff treated people with respect and dignity, and supported people to maintain their privacy and independence. People made choices about who visited them at the home. This helped people maintain personal relationships with people that were important to them.

People were encouraged to eat a varied diet that took account of their preferences and where necessary, their nutritional needs were monitored.

People were supported in a range of activities, both inside and outside the home. Staff were caring and encouraged people to be involved in decisions about their life and their support needs. People were supported to make decisions about their environment and choose how their bedroom was decorated.

People knew how to make a complaint if they needed to. Complaints were responded to in a timely way to people's satisfaction. Complaints received were fully investigated and analysed so that the provider could learn from them. In addition, people who used the service and their relatives were given the opportunity to share their views about how the service was run.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt safe living at the home. People were protected from the risk of abuse as staff knew what to do if they suspected abuse. Staff identified risks to people who used the service and took appropriate action to manage risks and keep people safe. Staff had been recruited safely and there were enough staff available to meet people's needs. Medicines were stored and administered to people safely.

Is the service effective?

Good

The service was effective.

Staff completed induction and training so they had the skills they needed to effectively meet the needs of people at the home. Where people could not make decisions for themselves, people's rights were protected; important decisions were made in their 'best interests' in consultation with health professionals. People received food and drink that met their preferences and supported them to maintain their health.

Is the service caring?

Good

The service was caring.

Staff were friendly and people appeared comfortable in their company. Relatives spoke positively about the care and support received by their family member. People's privacy and dignity were respected and people were supported to maintain relationships that were important to them.

Is the service responsive?

Good

The service was responsive.

People were encouraged to take part in activities and follow their interests. Care plans provided staff with the information they needed to respond to people's physical and emotional needs. People and their relatives were involved in the development of care plans and frequent reviews. People were able to make

complaints about the quality of the service which were analysed to identify areas where the service could be improved.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The manager and staff were approachable and there was a clear management structure in place to support staff. The manager was accessible to people who used the service, their relatives, and members of staff. There were systems in place, so people who lived in the home could share their views about how the home was run. Checks were carried out to ensure the quality of the service was maintained. However, actions that had been identified following internal checks of the service were not consistently followed up in a timely way.

Bracebridge Court

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.

The inspection took place on 10 February 2016 and was unannounced. The inspection was undertaken by two inspectors.

We reviewed the information we held about the service. We looked at information received from statutory notifications the provider had sent to us and commissioners of the service. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are representatives from the local authority who provide support for people living at the home.

We also reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they planned to make. We found the PIR reflected the service provided.

We spoke with four people who lived at the home and four people's relatives. We spent time observing how people were cared for and how staff interacted with them so we could get a view of the care they received. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, an activities co-ordinator, two senior care workers, a kitchen assistant and two members of care staff. We also spoke with one visiting social care professional.

We looked at a range of records about people's care including six care files. We also looked at other records relating to people's care such as medicine records and fluid charts that showed what drinks people had consumed. This was to assess whether the care people needed was being provided. We reviewed records of the checks the manager and the provider made to assure themselves people received a quality service. We

also looked at personnel files for three members of staff to check that safe recruitment procedures were in operation, and that staff received appropriate support to continue their professional development.

Good

Is the service safe?

Our findings

There was a relaxed and calm atmosphere in the home and the relationship between people and the staff who cared for them was friendly. People did not hesitate to ask for assistance from staff when they wanted support. This indicated they felt safe around staff members. One person we spoke with told us, "I feel safe here even at night." They added, "When it comes to night time you push your door to and know you've got no worries. You feel safe." One relative told us, '[Name] has settled here really well. They feel comfortable and that's good as I know they're relaxed. They're definitely safe." A social care professional confirmed, "I think people are safe."

People were supported by staff who understood their needs and knew how to keep people safe. Staff attended safeguarding training regularly which included information on how they could raise issues with the provider and other agencies. Staff told us the training assisted them in identifying different types of abuse and they would not hesitate to inform the manager if they had any concerns about anyone's safety. One staff member said, "If there was an issue I would report this straight away to the manager. I know they would raise this with the appropriate authorities. If I was still concerned I know how to raise this myself or escalate any issues to the provider." They added, "I have no concerns, people are protected." We found the provider notified us when they made referrals to the local authority safeguarding team where an investigation was required. They kept us informed with the outcome of the referral and any actions they had taken.

The provider had recruitment procedures to ensure staff who worked at the home were of a suitable character to work with people who lived there. Staff told us they had to have their Disclosure and Barring Service (DBS) checks and references in place before they started. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use services.

The manager had identified potential risks relating to each person who used the service, and care plans had been written to instruct staff how to manage and reduce the potential risks. Most of the risk assessments we reviewed were detailed, up to date and were reviewed regularly. Risk assessments gave staff clear instructions on how to minimise risks to people's health and wellbeing. For example, one person needed assistance to move around. There were plans which informed staff how the person should be assisted including the number of staff required to support the person safely and the equipment staff should use. Staff confirmed they referred to the information in risk assessments and care records to manage risks to people. We were given consistent, detailed information by staff on the risks facing individuals.
In one person's care record we saw their risk assessment needed to be updated. The person was at risk of developing damage to their skin due to their limited mobility. The person used a specialist mattress as a preventative measure. Risk assessments directed staff to check the person's skin during personal care routines and to report any issues. However, we were concerned that the person was not using a pressure cushion when they were seated. We discussed this with the manager. The manager stated, "Although some people have been seen by the district nurse and were identified as not requiring pressure cushions, this had not been recorded in the person's care records." They added, "It has been highlighted to all staff that when reviewing care records these must be updated with the advice we have received."

The provider had taken measures to minimise the impact of some unexpected events happening at the home. For example, emergencies such as fire and flood were planned for so that any disruption to people's care and support was reduced. There were clear instructions for staff to follow in the event of emergencies. This was to ensure people were kept safe and received continuity of care.

We asked people whether there were enough staff at the home to assist them when they needed support. People told us there were. One person said, "There are enough staff for me. I can ring for them and they come." They added, "Falls can still happen but staff are on hand. There's the right amount of staff." Staff also told us they felt there were enough staff to meet people's needs. One staff member confirmed, "Yes there are enough staff." Another staff member said, "We pull together when someone is off sick. Staff try and help out and do extra shifts. Sometimes we use trained bank staff, but as a rule I would say there are enough staff. It's a loyal staff team."

We asked the manager how they ensured there were enough staff to meet people's needs safely. They told us staffing levels were determined by the number of people at the home, their needs and their dependency level. We saw each person had a completed dependency tool in their care records. This assessed how much care and support they required. The manager used this information to determine the numbers of staff that were needed to care for people on each shift. We asked the manager about the number of staff vacancies at the home. They told us they currently did not have any vacancies and they had enough staff to fill all the shifts so that agency staff were only used in emergencies.

We observed how care staff gave people their medicines and we checked that systems were in place to make sure medicines were administered safely. We found care staff were trained in how to administer medicines safely and received regular checks on their competency following their training, to ensure they continued to maintain their knowledge and skills. Medicines were stored safely and securely. Administration records showed people received their medicines as prescribed. We asked people whether they received their prescribed medicines when they needed them. People told us they did.

Each person at the home had a Medicine Administration Record (MAR) that documented the medicines they were prescribed. MAR records contained a photograph of the person so that staff could ensure the right person received their medicines. Some people required medicines to be administered on an "as required" basis. There were detailed protocols for the administration of these types of medicines to make sure they were given safely and consistently. Daily and monthly medication checks were in place to ensure medicines were managed safely and people received their prescribed medicine.

Some people were prescribed creams for their skin. These were administered by care staff. We found that MARs and daily records were not always completed to show when these creams had been applied. This meant people's care records did not consistently show when people received some of their prescribed medicines. We spoke with the manager regarding this. The manager stated, "People are receiving the creams, but the records are not always completed at the time of the application." Following our inspection visit the manager confirmed staff had received a briefing to reinforce the importance of keeping the records up to date. They also confirmed the records would be audited daily to ensure records consistently showed people were receiving their medicine.

Good

Is the service effective?

Our findings

People told us staff had the skills they needed to support them effectively and safely. One person told us how staff helped them to move around safely saying, "When they're moving me it's ok. They won't let you do anything that's a risk. They look after you." A relative told us how effective the care was at the home saying, "I'm quite impressed with the care. To see [Name] now is just amazing."

Staff told us they received an induction when they started work which included working alongside an experienced member of staff, and training courses tailored to meet the needs of people who lived at the home. One member of staff said, "The induction was very thorough." They added, "it covered everything I needed to know." The induction training was based on the 'Skills for Care' standards and provided staff with a recognised 'Care Certificate' at the end of the induction period. Skills for Care are an organisation that sets standards for the training of care workers in the UK. This demonstrated the provider was following the latest guidance on the standard of induction care staff should receive.

Staff told us the manager encouraged them to keep their training and skills up to date so they could support people at the home effectively. The manager maintained a record of staff training, so they could identify when staff needed to refresh their skills. One member of staff told us, "Yes, my training is kept up to date and the training is good here. Some training is re-done yearly as we are required to refresh our skills regularly." They added, "I can ask for further training to be arranged if I need to." The provider also invested in their personal development, as they were supported to achieve nationally recognised qualifications. One staff member commented, "I have asked for support with a level five qualification and this is being done at the moment."

We observed staff used their skills effectively to assist people at the home. We saw that staff communicated with people well and understood their individual needs. For example, some people at the home had limited language skills. Staff used their knowledge and communication skills to understand the wishes of people at the home. They communicated with people using clear language and tailored their communication according to the individual's abilities.

Staff told us they had regular meetings with their manager where they were able to discuss their performance and identify any training required to improve their practice. They also participated in yearly appraisal meetings where they were set objectives for the following 12 months and their development plans were discussed. Staff told us they found the meetings helpful with one staff member explaining, "We can discuss our personal development and training needs."

People told us they enjoyed the food on offer at the home. One person told us, "The food is very good. I never dreamed it would be that good." Another person said, "Excellent." We observed a lunchtime meal during our inspection visit. There were a number of dining areas available for people to use. Dining tables were laid with table clothes, drinks and cutlery to make the mealtime experience enjoyable. The dining rooms were calm, and there was a relaxed atmosphere. People told us they could choose where to eat their meal, one person said, "I like to eat in the lounge with my friends. I enjoy it." We saw people sitting together

were served their meals at the same time. Where people needed assistance to eat their meal, staff assisted people at their own pace and waited for people to finish before offering them more food.

People were offered a choice of meal each day before their meal was prepared. We saw a menu was on display in the dining room which showed pictures of the meal choices on offer. One person said, "You get a lot of things to choose from." However, people were also shown their meal choice before they were served their food. This enabled people to make a more informed choice. One staff member told us, "When people see their meal, if they don't like what's on offer, we can always provide an alternative." We saw one person changed their mind about their meal choice during the lunchtime. Staff immediately prepared the person an alternative.

People were offered food that met their dietary needs. Kitchen staff knew the dietary needs of people who lived at the home and ensured they were given meals which met those needs. For example, some people were on a soft food diet or fortified diets (where extra calories are added such as cream or butter). Information on people's dietary needs was kept up to date and included people's likes and dislikes. One member of staff said, "We are always informed of any specialist dietary requirements for people."

Food and drinks were available throughout the day. People told us they could request snacks and drinks whenever they wished. One person confirmed, "I get enough to eat here and I've got a tremendous appetite. After tea, if you want it you get a hot drink, biscuits or sandwiches. There is plenty of food.' We observed people and their relatives helping themselves to drinks and snacks in the kitchen and the café areas throughout our inspection visit. This assisted people to maintain their nutrition and hydration.

In one person's care records we saw they did not have the capacity to make all of their own decisions and required assistance with their nutritional needs. The care records stated the person was refusing their recommended diet. Records did not show whether the persons' care had been reviewed by a nutritional specialist or the reasons for refusing meals explored. Staff told us, "The person's diet has been altered following advice from a nutritional specialist. However, this advice had not been recorded." The manager confirmed following our inspection that the care records had been updated straight away.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the manager was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager was able to explain to us the principles of MCA and DoLS, which showed they had a good understanding of the legislation. The manager reviewed each person's care needs to assess whether people were being deprived of their liberties. Several people had a DoLS in place at the time of our visit which demonstrated the manager had made the appropriate assessments in accordance with the MCA.

Staff demonstrated they understood the principles of the MCA and DoLS. They gave us examples of applying these principles to protect people's rights, for example, assuming people had the capacity to make their own decisions unless it was established they did not. They described asking people for their consent and respecting people's decisions to refuse care where they had the capacity to do so. Where people could not

make decisions for themselves, staff understood important decisions should be in their 'best interests' in consultation with health professionals. One member of staff told us, "If people decline any care we record it. We then need to alert the senior. Whether they can refuse some things depends on their cognitive ability. If they don't have the capacity to make their own decisions in this area, we need to see what is in their 'best interests'."

Staff were able to respond to how people were feeling and to their changing health or care needs because they were kept updated about people's needs. There was a handover meeting at the start of each shift attended by care staff and senior care workers where any changes to people's health was discussed. Information was written down in a handover log, so that each member of staff could review the information when they started their shift. One member of staff said, "We're dealing with human beings and things happen between shifts. Handover gives us that information."

Staff and people told us the provider worked in partnership with other health and social care professionals to support people's needs. Care records included a section to record when people were seen or attended visits with healthcare professionals so that any advice given was recorded for staff to follow. Records confirmed people had been seen by health professionals when a need had been identified, these included their GP, speech and language therapists, dieticians and chiropodists. One person confirmed, "The chiropodist comes regularly every month." Another person said, "The doctor and nurse come to see me here." A social care professional commented, "I have asked for action to be taken on one occasion and this was done speedily."

Good

Is the service caring?

Our findings

We asked people if they enjoyed living at Bracebridge Court. They responded with smiles and said they did. One person told us, "The staff are very good." A relative told us, "The staff are kind and caring there's no doubt about that."

We observed the interaction between the staff members and the people for whom they provided care and support. We saw staff treated people in a kind and respectful way and they knew the people they cared for well. People laughed, smiled and chatted with staff and each other. One person told us about how staff interacted with them and put them at their ease. They said, "The staff vary but they are no different with their manner and attitude. They will help you and you can joke about with them."

People were treated with respect and dignity, staff asked people's opinion and explained what they were doing when assisting them, referring to people by their preferred name. One person said, "They don't half (treat you with respect), if anyone criticises them they need to see someone. They are very good." A social care professional said, "I'm impressed with the staff approach. They treat people with respect and that shines out." A member of staff explained the home was training some staff to become dignity 'champions', we asked them what they felt the most important thing was about maintaining peoples' dignity. They responded, "Being a dignity champion is about treating people with respect and treating people as you would want to be treated. You make sure everyone is okay, happy and their needs are met."

People were able to spend time where they wished, and were encouraged to make choices about their day to day lives. Staff respected the decisions people made. For example, we saw one person go out for a walk to the local shops. Another person went out with relatives. Some people spent time in the communal areas of the home chatting with their relatives and friends. Other people spent time in their room according to their preference. One person told us, "In the evening it's quite pleasant. I can watch TV. I don't sit in the lounge, I go to my room."

We observed a number of bedrooms at the home. We saw these were arranged differently depending on the person's wishes. There were ornaments and photographs of family and friends, personal furniture and their own pictures on the walls. People told us they had been involved in choosing the decoration and furniture in their rooms. One person invited us into their room. They explained, "I can decide how I want things."

We saw staff altered their communication style to accommodate the needs of each person, respecting people's diverse needs. For example, one person was unable to hear clearly but read lips. All staff approached the person at eye level with their face clearly visible so that the person could understand them.

People were encouraged to take part in daily tasks around the home which reminded them of their previous lives. Staff told us they encouraged people to do everyday tasks for themselves where they could, so that people felt as independent as possible. For example, we saw one person happily doing the washing up. People and their relatives were involved in care planning where possible and people made decisions about how they were cared for and supported. For example, people had information recorded in their records

about their religious beliefs and their personal history, so that staff could support people in accordance with their wishes. One person told us, "I am involved in the planning of my own care. I make all the decisions."

There were a number of rooms, in addition to bedrooms, where people could meet with friends and relatives in private if they wished. People made choices about who visited them at the home and were supported to maintain links with friends and family. One person told us, "My family or friends can come at any time." Another person said, 'I have known my friend for 87 years. I used to steal their Gran's cheese!" We saw the person they referred to was visiting them on the day of our inspection visit and they enjoyed eating their lunch together. People and their visitors were offered drinks and snacks and used communal areas of the home which helped to make them feel welcome.

We saw people's privacy was respected. People had keys to their rooms and were able to lock their bedroom door when they wished. Staff knocked on people's bedroom doors before announcing themselves. One person said, "They do respect privacy and dignity. They even shut the bathroom door when it's just me there." We saw people's personal details and records were held securely at the home. Records were filed in locked cabinets and locked storage facilities, so that only authorised staff were able to access personal and sensitive information.

Some people at the home had been consulted about their wishes at the end of their life. Those people who felt able to discuss this indicated who should be contacted if they became suddenly ill, their wishes for funeral arrangements and other important information relating to religious or cultural beliefs. This enabled people to make choices that were important to them. We saw some people at the home had a DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) order in place. In most cases these had been discussed with the person, their relatives and had been signed by a relevant health professional. However, we saw one person who had a DNACPR in place who had not been consulted about this. We were concerned that the DNACPR had been signed by a health professional at a time when the person was very ill and lacked the capacity to make this decision. We noted the person's circumstances had now changed and asked the manager about this. The manager agreed the person should now be consulted about the DNACPR. Following our inspection the manager confirmed the DNACPR had been discussed with the individual and the order had been removed. The manager stated, "In future we will review all DNACPR decisions with the individual and their health professionals regularly, and when people's health changes."

Good

Is the service responsive?

Our findings

Staff had a friendly and caring approach to people and were responsive when they requested support. The people we spoke with confirmed that staff helped them promptly when they required assistance. One person told us, "If you want anything, you might have to wait a couple of minutes, you might not, but you get it." Relatives told us staff were responsive to people's needs and kept them informed about anything that happened at the home. One relative said, "They keep us informed about things as they happen. They phoned straight away when [Name] had a fall."

Care records were available for each person who lived at the home which contained detailed information and guidance personal to them. Records gave staff information about how people wanted their care and support to be delivered. For example, records contained details about people's life history, individual preferences such as when people wanted to get up and go to bed, how they wanted their room lit and their food likes and dislikes. This information helped staff to support people as they wished.

People and their relatives told us they were involved in making decisions about their care and how support was delivered. One relative said, "They involve us with the care planning as my relative is unable to do this themselves." The Provider Information Return (PIR) confirmed care planning was undertaken with the person and their loved ones where appropriate. Care reviews were undertaken monthly by staff so that people's care records reflected their current support needs. Reviews also took place each year with the person and their representatives to ensure people continued to be involved in making decisions about their care and support needs.

People were supported to take part in activities which they enjoyed, according to their own personal preferences. During our inspection visit we saw people take part in group activities in different communal areas of the home, as well as individual one to one activities. Some people took part in a game of bingo, other people engaged in a 'sing-a-long' to music. Another person spent time doing handicrafts. We asked people whether they enjoyed the activities and events on offer at the home. People told us they did. One person told us, "I went out with staff in the van recently." A relative told us, "[Name] went out for afternoon tea the other day, which they enjoyed." They added, "It's bingo this afternoon, which we have played before."

People told us they were able to take part in the activities if they wished, or opt out of the activities without feeling pressured to join in. One person said, "It's marvellous here but I never have taken part in the activities." Another person told us, "I can do my own thing, sit in the garden or do a circuit of the home to see what's happening." We saw that there were things around the home that were designed to stimulate people's interests. There was a shop where people could purchase personal items, food and drinks that they might enjoy. The garden area was openly accessible to people with raised flower beds and patio areas. Some people at the home had expressed a preference to have chickens in the grounds. We saw one person who had chosen to help take care of the chickens. Photographs were on display at the home of a recent 'pub day' event which showed people laughing and enjoying the day. One person told us, "Yes that was really good, we played pub games together."

We asked the activities co-ordinator how people were involved in choosing the activities and events on offer at the home. The activities co-ordinator responded saying, "We ask people what they enjoy. Their preferences are recorded in their care records, which I regularly update. People are encouraged to do things individually when they want to, as well as group events." We saw the care records reflected the information the activities co-ordinator provided. We saw people were also asked to take part in regular meetings at the home where activities and events were discussed and planned. On the day of our inspection visit we saw a list of planned activities was on display at the home. The scheduled activity was discussed by people in the lounge area. People opted to have an improvised sing-a-long and a game of bingo instead of the scheduled activity. People told us, "We ask for the things we enjoy and plans can be changed if we want." This showed the activities were organised to suit the people who lived there.

We found Bracebridge Court had been specifically designed to assist people to walk around the home without becoming confused or lost. The PIR confirmed the provider had specialist staff employed at the service to assist with the design of their homes. This was to make sure the environment was stimulating and engaging for people living with dementia. The provider used external advice and 'best practice' guidance as a planning tool when designing their homes. Bracebridge Court was designed in a square with interconnecting corridors, so that people could walk around the home in a circuit. Signs were on display in writing and in picture form to direct people to communal areas of the home and facilities such as bathrooms, toilets and the café area. The provider had also designed a number of areas such as a reading area, a bus stop, and a shop which might be stimulating for people living with dementia. The environment had lots of objects for people to look at or pick up to engage their attention. We also saw pictures on the walls to remind people of events from yesteryear.

Each person had an individual front door to their room. Doors had pictures of the individual, or of items or events they remembered, to assist them in locating their room and to make the environment more personal. One person had a picture of Elvis Presley on their door. A member of staff told us, "This is because the person has chosen that picture for their room."

There was information about how to make a complaint and provide feedback on the quality of the service in the reception area of the home. People and their relatives told us they knew how to raise concerns with staff members or the manager if they needed to. One person said, "If there were any problems I would say so." Another person told us, "If I was concerned about anything I'd speak with the first staff I saw. I can't complain though." In the complaints log we saw that previous complaints had been investigated and responded to in a timely way. For example, following a recent complaint the manager had met with the complainant to discuss the issues they raised. In response aspects of the person's support plan had been altered. This showed the manager acted to improve the quality of their service. One relative told us, "I've only raised one thing. [Name] has two hearing aids and [Name] doesn't want to trouble them to help put them in. I mentioned it and there's been no problem since."

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager at the service. People and staff told us the manager was accessible and approachable. The manager operated an 'open door policy' and encouraged staff and visitors to approach them in their office. We saw people, visitors and staff approach the manager throughout the day during our visit. One person told us, 'The manager is approachable and I would talk to them about anything." Another person said, "The manager comes up and asks if everything is okay. They always speak with people."

The staff members we spoke with also told us the manager was approachable and they felt well supported. One staff member told us, "Yes the manager is really supportive and very approachable." A visiting social care professional confirmed the manager was available to speak with them when they visited, saying, "The manager has met me each time I've been here. I'm quite impressed. If I need 24 hour support in the next few years, this is where I want to come."

There was a clear management structure within Bracebridge Court to support staff. The registered manager was part of a management team which included a deputy manager and senior care staff. Care staff told us they received regular support and advice from managers to enable them to do their work effectively. Care staff confirmed there was always an 'on call' telephone number they could call outside office hours to speak with a manager if they needed to. This showed leadership advice was present 24 hours a day to manage and address any concerns raised.

The manager told us the provider was supportive of them and the staff at the home. Staff confirmed this saying, "It's a good organisation to work for. The manager and provider are very fair." Another member of staff told us, "We had a recent relocation and the provider has been paying for staff to travel here. This has really encouraged staff retention and staff morale is good."

The provider offered the manager regular feedback and assistance with their role. The manager said, "The provider visits the service quarterly to discuss issues around quality assurance procedures and areas for improvement at the home." The manager explained they were also supported in their role by other registered managers who worked for the provider. They said, "We have regularly managers' meetings to discuss all areas of our job. We all work as a team. I feel that being part of a team helps me in decision making and allows me to share ideas and concerns with others to reach a positive outcome for the people we support."

There was a system of internal audits and checks completed within the home to ensure the safety and quality of service was maintained. The provider directed the manager to conduct regular checks on the quality of the service in a number of areas. For example, the manager conducted checks in medicines management, care records and health and safety. The provider also conducted a yearly audit of all aspects of the service. We saw the most recent yearly audit undertaken in April 2015 had identified a number of areas that required improvement at the home. These included the monitoring of falls, actions taken following repeated falls and the recording of prescribed creams.

We found that the manager had not taken the action needed to improve these areas sufficiently following their internal audit. For example, one person was at risk of developing damage to their skin and had been prescribed creams to protect them from this risk. We saw there were gaps in recording the administration of the creams. It was unclear whether the person was refusing this treatment. The manager told us following our inspection visit they had implemented some improvements at the home with regard to the recording of creams. They had also updated the person's care records to show whether they had the capacity to refuse the application of creams to their skin. They stated, "Senior care workers now check the cream charts are completed accurately. Staff have been made aware of the importance to action any refusals of administration and to review any further action that may need to be taken."

We saw accidents and incidents were logged when they occurred so that these could be analysed and reviewed to identify any ongoing areas of concern or patterns and trends. This was so actions could be taken to minimise the risk of them reoccurring. However, we reviewed inconsistent recording of the falls one person had experienced. It was unclear from their care records whether the person had been referred to a health professional regarding their falls. Following our inspection visit the manager confirmed they had referred the person to a specialist regarding the number of falls.

The manager explained to us the learning they had undertaken following our inspection visit. They said, "On reflection we need to follow up the information in the falls analysis report at the end of each month and drawn up an action plan. We need to ensure we have made the necessary referrals to health professionals where required." This demonstrated the manager was now taking action following our feedback.

People could provide feedback about how the service was run and their comments were acted on by the provider. The manager told us they encouraged feedback from people, visitors and relatives. We observed there was a feedback form available in the reception area of the home which was accessible to everyone who lived there, visitors and relatives. The manager said, and the PIR confirmed, bi-monthly meetings at the home were scheduled with people who used the service. Meetings were planned in advance and included discussion on activities, events and menu planning. The provider also conducted yearly quality satisfaction surveys with people who lived at the home and their relatives. We were able to review the most recent survey. The survey showed people were happy with the care they received. One person had commented specifically on the food at the home saying, "The meals are very good."

Relatives told us they could take part in meetings to provide feedback about the quality of the service and to gain support from other relatives who visited the home. One relative said, "We have been invited to meetings." Another relative told us, "The manager has started a dementia support group and I do go when I can. It's helpful to speak with people in the same position."

Staff had regular team meetings with their manager and other senior team members, to discuss how things could be improved at the home. Staff meetings were held within teams. For example, regular night staff met to discuss procedures for their shift. An agenda was drawn up before each meeting and staff were able to contribute their suggestions for discussion. A recent meeting record showed staff had discussed the needs of people in their care, auditing procedures and working times. Staff told us they had an opportunity to raise any concerns they had, or provide feedback about how the service could be improved. Where staff had made suggestions, the manager had acted on the feedback they received. For example, in a recent staff meeting a change to staff shift times was discussed which was under consideration.

The manager conducted a daily 'walk around' to check whether people were happy with their care and that premises were being maintained. Where any issues were identified, these were followed up immediately to make any necessary changes. For example, we saw the manager identified an issue with an area of flooring

on the day of our inspection visit. There was a maintenance action log available in the reception area to record any issues as they occurred. The log was marked against each item, the date it was identified and the date action had been completed. These checks ensured the service continuously improved.