Blackberry Hill Limited

Bridgeside Lodge Care Centre

Inspection Report

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Overall summary

Bridgeside Lodge is a purpose built care home, near the Angel Islington. The home provides long term care for people with physical disabilities, learning disabilities and dementia. It also offers four beds for respite and those who are ready to leave hospital but require some rehabilitation before going home. The service has four floors and can accommodate up to 64 people, all rooms are single with en suite facilities. The home had three vacant beds on the day we inspected.

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 regulations associated with the Health and Social Care Act 2008, to pilot a new inspection process under Wave 1 and to check whether improvements had been made since our last inspection of the service. At our inspection in October 2013 we found people were at risk of receiving inappropriate care and treatment as the provider was not completing and maintaining accurate and up to date care records. At that inspection we saw care plans for people were not updated, and staff had an inconsistent approach in recording of important information such as wound assessments.

At our inspection of the service on the 22 April 2014 we found some improvements had been made since our last inspection. We saw care plans for people were being updated, recording of important information such as wound assessments were being completed and staff understood the importance of keeping records up to date. However in three people's records it was difficult to find the most recent information as information was not regularly archived. Therefore there was a risk that visiting professionals and staff may not have the most up to date information on the person when treating or caring for them.

We reviewed people's care records and saw important documents were not fully completed such as, Do Not Attempt Resuscitate (DNAR) forms. However people and relatives we spoke with were confident that their end of life wishes were recorded in their care plans and understood by the staff.

Most of the people we spoke with said they felt safe living at the service. The service kept medicines safely and followed its own policy and procedures in storage, dispensing and disposal of medicines. Relatives and people commented on how clean the service was and we saw staff were knowledgeable in infection control.

Some people we spoke with were involved in planning their care. However others told us they would like to be more involved in planning their care. We saw a GP visited the service regularly and people told us the GP "listened." Referrals to other professionals such as district nurses and physiotherapy were completed promptly.

Staff were receiving regular supervision and felt supported by the management. However the provider had not ensured staff had received an appraisal in 2013. We reviewed records that showed the provider had started to give staff appraisals in 2014, and some staff we spoke with confirmed this.

We observed lunch on all floors of the service on the day we inspected. We saw that the food was hot and well presented. Some people told us they were offered choice and that the food was "ok." However others told us they did not like the food.

The staff we spoke with were aware of people's personal histories before they came to the service and 'life history' documents were completed. However staff had not used this information to ensure that activities available at the home were personalised to people's interests.

We saw the service had conducted a resident and relative's survey in August 2013. The results showed that people were unhappy with the standard of their rooms, quality and choice of food. We could see the provider had acted to attempt to address these concerns.

Staff we spoke with understood the importance for people to be able to make their own choices and if they were unable to do this, the staff were aware of how to get support from relatives and the local authority to assess a person's capacity to ensure any decisions were made in the person's best interests.

Summary of findings

Audits were completed by the registered manager, in areas such as health and safety and medicines management. We saw evidence that when problems had been identified, the service was quick to resolve these.

People and relatives knew how to complain and who to contact, and staff were also aware of their role in helping and supporting people and relatives if they wanted to complain. The provider had a whistle blowing policy and staff we spoke with fully understood how to use it.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Most people we spoke with felt safe at the service. One relative said, "It's safe here, I have no concerns leaving my relative when I go home." However two relatives we spoke with were concerned for their family member's safety as some people who lived at the service who were disorientated to time and place often wandered into their rooms and staff were not always available to remove them. The registered manager told us that this was challenging to manage.

Staff we spoke with could tell us the signs that may suggest someone is being abused, such as change in behaviour. CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards.

Risk assessments were completed for people and regularly updated. Staff were aware of people's risks. We saw the provider had improved how they recorded other risk documents, such as the nutritional assessment tool (MUST) and Waterlow assessments (a risk assessment used to determine the level of risk of people obtaining pressure sores). These were completed fully and this ensured the service and staff were aware of the risks of developing a pressure sore and any loss or gain of weight.

The service ensured people received the medicines they were prescribed in a safe way. Staff we spoke with were aware of the importance of infection control and keeping the service clean. People and relatives commented on how clean the service was. One person said, "They keep it as clean as my home, no bad smells here."

Are services effective?

The care records that we reviewed had improved since our last inspection in October 2013. However in some people's care notes it was difficult to find up today information they contained letters and documents that were no longer relevant to the person's care.

Do Not Attempt Resuscitate (DNAR) were not completed correctly. These documents did not show that people or their relatives had been involved in discussions in respect of people's individuals DNAR wishes.

We saw that some people were involved in planning their care. Some people told us that staff sat with them and completed care plans. However, others did not agree. One person said, "I've not

Summary of findings

been asked about my care plan, it would be good if I was." The service had access to an advocacy project and this information was displayed at reception. Staff we spoke with told us that advocacy project visited the service.

The staff had a good relationship with a GP, who visited weekly. Staff were able to easily contact the GP and we saw that referrals to other professionals were made promptly. People told us that the GP "listened," and was available. Professionals we spoke with said they felt confident in the care provided at the home.

The staff files we reviewed showed that staff had received supervision. However staff had not received appraisals in 2013. The registered manager told us she had spoken to staff about performance and future plans but this had not been recorded. Some staff we spoke with confirmed this had happened. The provider told us that every staff member would have an appraisal by the end of 2014, we saw evidence this was occurring and staff confirmed this.

People had mixed views about the food at the service. Some people told us it was "ok." However most said they did not enjoy the food. The registered manager said the food was of a good quality and nutritious but would talk with people about their concerns about the taste and presentation.

Are services caring?

Most people we spoke with told us staff were kind and caring. People told us staff were "wonderful and helpful."

We observed staff treating people with respect and dignity, for example they knocked on doors before they entered rooms and closed doors and curtains when giving personal care. People we spoke with confirmed this.

Are services responsive to people's needs?

Staff understood the need to listen to people and their relatives. One staff member said, "The family knows best for their loved ones."

We met with the activities coordinator and observed some of the activities available to people. We saw a bingo session that people looked to have enjoyed. However, other people we spoke with at the service did not think the service provided activities they would like to be involved in. One person said, "I'm not elderly. I have no interest in bingo and nothing else is on offer for younger people." Therefore the service did not cater for different age group and interests when providing activities.

Summary of findings

Are services well-led?

The provider undertook several internal quality audits and we saw evidence of these. We saw that people had raised concerns about the quality and taste of food and the provider had acted on this. We saw the provider had some plans in place to review the quality of the food.

Complaints we reviewed had been dealt with in line with the service's complaints policy. People and relatives we spoke with knew how to complain and to whom and felt confident they would be listened too. Staff we spoke with knew how to support people and relatives should they wish to make a complaint.

Summary of findings

What people who use the service and those that matter to them say

We spoke with the registered manager, nine people who used the service, nine relatives and eight staff. After the inspection we spoke with four staff of community services who visited the service frequently.

Most of the people and relatives we spoke with were happy with the service they received from the staff and the manager. Their comments included, "The manager makes herself available to us all"What people who use the service and those that matter to them say20140422Bridgeside Lodge Inspection report April 2014 – v1 00 5and "the staff look after us well." However others were concerned about people who lived at the service who entered the rooms of other people who were physically unwell and unable to call for help.

Professionals who regularly visited the service told us they had confidence in the quality of the care that the staff provided. They said the manager was a good leader and that staff "listened, wanted to learn and responded appropriately to people's changing needs."

People and their relatives knew how to make a complaint and felt confident that the service would listen. One person said, "Staff listen when you complain and get the manager to come and talk to you."

The service provided activities for people, and we saw lots of people left the service to attend external activities which they told us they enjoyed. However people who were unable to leave the service premises did not believe that the activities available at the service were always suitable for their needs and interests. Several of the younger people we spoke with said, "No activities on offer that would interest me." However we did see other people enjoying a game of bingo.

The service had undertaken a 'resident and relative survey' in August 2013. We saw that people were positive about the quality of staff. Comments included "always cheerful, happy and ready to help." People commented on the environment such as curtains that could not be closed easily and carpets that were worn out. Comments were also received in relation to the food. These included "the food here is unpleasant and does not taste very good." The action plan for the 2013 included improvements to the environment. We saw that the home had been painted and people commented it was "much better."

Bridgeside Lodge Care Centre

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 regulations associated with the Health and Social Care Act 2008, to pilot a new inspection process under Wave 1 and to check whether improvements had been made since our last inspection of the service. At our inspection in October 2013 we found people were at risk of receiving inappropriate care and treatment as the provider was not completing and maintaining accurate and up to date care records.

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.'

We visited the home on the 22 April 2014. The inspection team was made up of an inspector, a specialist nurse in tissue viability, a specialist nurse in dementia and an expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We spoke with the registered manager, nine people who used the service, nine relatives and eight staff. We observed the support given to people in the dining area and other communal areas of the service. We also spent time looking at records, which included people's support records, and records relating to the management of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Following our visit we spoke with four health care professionals involved in the support of people using the service. We also asked the manager some further questions and reviewed records that the manager gave us during the visit.

Are services safe?

Our findings

People we spoke with told us they felt safe at the service. One relative said, "I have no worries about my relative's safety." Another said, "I feel my relative is quite safe here." However two relatives we spoke with were concerned about people who used the service who entered the rooms of other people who were physically unwell and unable to call for help. Staff told us when they saw this happening they would encourage the person to leave the room.

The staff we spoke with understood safeguarding and how to raise an alert if they had concerns. They were able tell us signs to look out for that may suggest someone was being abused, such as bruising and changes in behaviour. Staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The manager and staff were aware who the local safeguarding lead was and how to contact them. In one of the care records we viewed we saw that staff had contacted other professionals to help assess the person's capacity to make decisions. In one person care records we saw an Independent Mental Capacity Advocate (IMCA) had helped assess someone's capacity.

The registered manager told us she encouraged people to continue to have links with clubs and activities they had before moving to the service. We saw risk assessments were completed when people took part in community activities. One person said, "It's nice I can still go out to my regular club and see my friends, the staff have arranged transport for me twice a week." Another person we spoke with said, "I'm very happy here, staff help me to go to my balcony to have a smoke and have a drink." We saw this was recorded in this persons' risk assessment. Staff we spoke with were aware of identified risks associated with people's support, such as for one person who wanted to walk without their walking frame and how this may increase the risk of a fall. This person's risk assessment showed in simple steps how staff encouraged this person to use their walking frame.

The service completed a nutritional assessment tool (MUST), falls assessments and Waterlow assessments (a risk assessment used to determine the level of risk of developing pressure sores) and these were kept within people's care records. We saw risk assessments were updated regularly and discussions occurred with people, their relatives and professionals when changes were made.

During our inspection, we looked at how the service supported people with their medicines. We saw that all rooms where medicines were stored were locked, and staff recorded the temperature of the fridge in which medicines were stored. This ensured medicines were kept at the correct temperature. Systems were in place for ordering, storing, dispensing and returning medicines. Staff were aware of these systems and the registered manager completed regular audits. People we spoke with confirmed they received their medicines on time and systems were in place to support people should they choose to dispense their own medicines. However where a medicine was administered as a patch, there was no record of the site of application to be used. The registered manager had implemented body maps for all people who received this type of medicine before we left, which would ensure this medicine was dispensed safely.

Staff we spoke with had been trained in infection control. The service had cleaning schedules for each floor as well as a copy of the service's infection control policy. The cleaners and care staff understood their roles in keeping the service clean. Nursing and care staff were aware of the infection control policy in relation to Methicillin-resistant Staphylococcus aureus (MRSA) and clostridium difficile diarrhoea (c diff). We saw posters in rooms which assisted staff and relatives to understand the need for increased infection control measures. Staff were able to explain what measures were put in place when caring for people who were infectious.

People and their relatives commented on how clean the service was. One person said, "Staff are always cleaning. Another said, "Staff always wear aprons and gloves when giving personal care." We saw that bathrooms and toilets had supplies of hand wash and disposable hand towels. However these were not available in the dining areas. The service had a pet rabbit which was kept in one of the dining rooms. We did not see hand washing facilities available in this room, and therefore it may have been difficult for people to wash their hands after handling the rabbit.

The registered manager told us that she was currently reviewing the infection control policy as changes had occurred in waste collection procedures. We reviewed the infection control audits that had taken place, some of which resulted in action plans with a named person responsible for each action as well as target dates and review dates. We saw that action had been taken to

Are services safe?

address identified issues. For example, a stained mattress had been removed from the person's room and a new mattress bought. We saw people had their own slings for moving and handling when using a hoist. These were kept in people's bedrooms. Staff we spoke with were aware slings should not be shared. These measures reduced the risk of cross infection.

Are services effective?

(for example, treatment is effective)

Our findings

Although the care records had improved since our last inspection in October 2013, of the 10 care records we reviewed we saw three people's care records contained letters and documents which were no longer relevant to the person's current care and which made it difficult to find the most up to date information contained within the records. Therefore there were risks that staff or visiting professionals might not see the most up to date information on the person.

We reviewed 10 peoples care records. We saw that six of the 10 Do Not Attempt Resuscitate (DNAR) orders were not fully completed. For example, one person's end of life care plan stated they were for resuscitation and hospitalisation. However the DNAR stated they were not for resuscitation and did not want to go hospital. In the other five DNAR forms these were only completed and signed by the GP. The Resuscitation Council UK states, best practice is that DNAR orders should be reviewed as changes occur and updated annually. The DNAR orders we reviewed had not been updated annually. Although relatives and people we spoke with confirmed they had discussed end of life care this had not been recorded in people's DNAR orders.

Some people and their relatives told us they were involved in planning their care. One relative said "I'm very involved in my relative's care." Another said, "The staff keep me up to date with any changes in my relative's care." However, one person who used the service said "I'm not asked about my care plan, but I would like to be involved." Another said, "Staff have never sat down with me to talk about my care, it would be good if they could."

Most care records that we reviewed showed that people or relatives had signed care plans. One relative said, "Staff asked the family lots of questions about our relative when we first arrived so they could really understand them and what's important to them and us as a family." The service had access to an advocate and used either an advocate or the person's social worker if the person had no relatives or was unable to communicate their needs. We saw that information regarding the advocacy service was displayed on the notice board in the reception area. In one person's care records we saw that staff had involved an advocate.

Care records we viewed reflected people's needs, choices and preferences. For example, we saw that one person's care records highlighted they liked their glasses cleaned daily and we saw this happened. Another person told us they liked to watch TV and read books and this was reflected in their care plan.

We viewed people's care records and spoke with them, relatives and staff to understand how the service supported people to maintain good health and have access to health care. Two people and four relatives told us they were confident when discussing their health needs with staff. One person said, "They know how to support all my health needs." However two relatives we spoke with said, "I'm not sure all the staff fully understand everyone's health needs here as each person has such different needs."

The registered manager told us that the staff had a good relationship with their GP. We saw that the GP visited weekly, and the staff told us that they could either call the GP or visit the surgery if someone needed to be seen sooner. The service had access to an out of hours GP service. People we spoke with confirmed the GP visited and that they "listen." Staff said the GP made referrals promptly to other services, which ensured people's changing needs were met. A visiting health professional confirmed this.

We saw from care records that people were referred to other services promptly when needed, such as tissue viability nurses (TVN), speech and language therapy (SALT) and palliative care. For example people had been prescribed thickening powder, to prevent them from choking. We saw staff were aware of what they should be doing and information was available in the kitchen of each unit and in people's care plans. This helped reduce people's risk of choking.

One relative told us, "My relative is receiving support from speech therapy. I'm pleased to say staff here are involved and encourage their work." We saw the plan was recorded in this person's care records. Another relative told us, "The staff fully understand my relative's end of life plans and what they want." We saw this was recorded in the person's care records. During our visit we met with the palliative care nurse who visited the service frequently. They commented that the nursing and care staff made appropriate referrals requesting support from the palliative care team and then acted on the advice given. They also commented on the registered manager's 'hands on' approach and knowledge of end of life care. They believed this was why people received effective end of life care at the service.

Are services effective?

(for example, treatment is effective)

Staff told us that they reviewed care plans weekly to ensure they were up to date. We saw that most care plans were up to date. The ten care plans we viewed had up to 25 individual care headings such as, personal care, diet and weight and medication. We saw that in one person's care records information had been recorded in the medication care plan that the person needed eye drops due to glaucoma. This need was not recorded in the sight care plan. In another care plan we saw a person "sometimes complains of pain" the care plan did not state where the pain was and what the person wanted staff to do, such as try to reposition them or offer pain relief. Although there were improvements to the way records were maintained by the service we saw that further improvements were required.Staff we spoke with told us they all received an induction when they first started at the service. This included training such as manual handling, fire training and equality and diversity. We saw that all staff were 'shadow staff' for three months.Staff received supervision every three months and this could be individual or group supervision.

Staff we spoke with and records we saw confirmed this. The registered manager was completing appraisals for each staff member, which they told us would be completed by December 2014.

Staff told us that individual training needs were discussed at appraisal and supervision meetings and that each staff member had a training folder. When a training need was identified, staff were referred to a 'link trainer' who visited the service twice a month. The trainer met with staff to discuss how best to meet their training need. However, we saw that, several staff had not completed end of life care training. We were shown training dates for staff who were due to completed this training in May 2014. All the staff we spoke with understood their roles in people's end of life care. One relative we spoke with was very happy with the staff skills. They said, "All the staff seem to have the skills they need to provide the care."

During the inspection we observed lunch time on each floor of the service. We saw that people had a choice about what time they came for breakfast. Each floor had a dining room and people could choose to eat in their rooms, or in the dining room. All the tables in the dining room had tablecloths and salt and pepper was available as well as a choice of drinks. The service had a picture menu. We saw the pictures were very small and people who relied on these would not have been able to make an informed choice about their meal. However we saw that staff asked people what they would like to eat, and there was a choice available. People who did not like what was on the menu were offered other options.

The service used a 'cook-chill' system, food is delivered pre-cooked to the service and staff heat it up. Staff were aware the temperature all food should be served at and we saw that this temperature was reached before food was served. The food looked hot and was well presented on people's plates. We asked people if they enjoyed the food that was available at the service, and some told us that it was "ok" and "not too bad." However other comments included, "food is terrible, food here is yuk, they hardly change the menu" and "mush, horrible." One person told us they get their own food and keep it in their own fridge. We spoke with the registered manager about people's comments. She told us the food was of a good quality and nutritious but would talk with people about their concerns about the taste and presentation of the food.

Are services caring?

Our findings

Most people and relatives told us the staff were kind and caring. One relative said, “In general the staff are very good,” Another said, “the carers are lovely.” One person we spoke with said, “Staff are kind, caring and loving.” However another person told us, “Staff do not treat me kindly.” We reported this person’s concerns to the registered manager. The registered manager told us they would investigate this further.

We saw staff closing doors and curtains when they supported people with personal care. People and relatives confirmed this happened. One person said, “The staff always close the door and always knock when they want to come into my room.” Some staff had recently undertaken diversity, dignity and privacy training and the service had a comprehensive policy on this. Staff we spoke with explained how they would encourage people to be involved in their day to day care such as choosing their own clothes or deciding when they wanted to get up.

During the inspection we saw that staff understood people’s individual needs. At lunch time on one floor, we saw that staff catered for one person who liked food from their own country by helping them purchase food they liked from a local shop. Staff were aware that this person liked to add different sauces to their meal and we saw these were available.

Staff we spoke with were able to tell us about people’s personal history before they came to the service, such as people’s past occupations, family and friends who were important to them and what they liked to do each day. We saw that the service completed a ‘life history’ for each person.

The service kept all care records in a locked cupboard. We did not see people’s notes left unattended. Staff we spoke with understood the importance of confidentiality and keeping people’s records safe.

We used SOFI to observe care on two floors during the inspection. We saw that staff spoke with people kindly and chatted to them during lunch. One person could not find their glasses and was unable to read the menu. Staff helped them find their glasses in a calm and supportive way and then asked if they could clean them, which the person agreed to.

Staff understood how to communicate with people. We saw staff writing information on paper for someone who was struggling to hear. On another floor we saw people walking around the communal areas of the home. We saw staff stopped and talked to people, encouraged them to use walking sticks or frames and reminded them of an activity that was due to happen. People appeared happy and comfortable with staff members. The registered manager knew people by name and people knew who she was and were comfortable talking to her about any needs they had.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Staff we spoke with understood the importance of listening to people and their relatives. One member of staff said, "The family knows best for their loved ones." Another said, "We listen to what people tell us this helps us provide the best care." People and relatives said that staff sometimes listened to them. One person said, "I cannot fault the staff they listen and do as I ask."

While we were at the service we noticed that the call bells were continually going off and that staff took some time to respond to these. However it was difficult to tell if it was a door alarm or a call bell that was being activated. We spoke with the registered manager and staff, who explained that none of the doors that lead outside were locked but were alarmed so staff were aware of people entering and exiting. This allowed people the freedom to move around the home and access the outside area. However when outside doors were opened alarms were activated, which occurred very frequently. People and relatives we spoke with said they sometimes found the constant alarms distressing as they did not know if people needed help or if someone had gone outside. Staff said that they "got used to the constant alarms going off." Staff had been told that the provider was reviewing the current system and hoped changes would come soon. The registered manager confirmed this but had no further information when this may happen.

During the inspection we spoke with the activities co-ordinator who was employed at the service as well as watched activities taking place. The activities co-ordinator told us that she was aware of and used the National Association for Providers of Activities for Older People (NAPA) for ideas for activities at the service. Group activities took place in the morning linked to calendar events such as Easter with an Easter egg as a prize. We were told by the activities co-ordinator of a St George's Day event that was planned and people we spoke with were aware of this event. We observed a bingo session with two staff members helping and the people taking part all appeared to enjoy the session. This session took place in the dining room on one of the floors. We viewed the activities co-ordinator's store cupboard to see if the service had appropriate age related activities or orientation equipment such as reminiscence resources. We saw that the service did not have access to specialist equipment that would have assisted the activities co-ordinator in her role.

The manager told us that the service had a monthly barbecue and the local community was invited. The service had links with a local school and the children visited several times a year to sing. We also saw the service took an active role in the yearly 'canal festival'.

People and relatives we spoke with said activities were often not suitable for them. One person and their relative said, "I'm not elderly, I have no interest in bingo and nothing else is on offer, so I stay in my room." Other people said, "There is nothing on offer that I would like to join in as I'm younger than most people here the activities are not for me." Relatives of people who were bed bound said they were unaware of activities available for individual people. We did not see any individual activities taking place in the afternoon while we were at the service. Staff we spoke with confirmed that they did not have time to support people to undertake individual activities such as painting, reading or going into the garden. Therefore we could not be confident that all the people at the service who wanted to access activities had their preferences met.

The service encouraged people to visit at any time. We saw that many people had visitors throughout the day we inspected.

Are services well-led?

Our findings

During the inspection we reviewed feedback from people who used the service and their relatives. The registered manager showed us copies of relatives and residents meetings dated 13 March 2013 and 1 August 2013. We viewed the minutes of the meetings that had taken place and noted that items discussed included lack of activities, menus and meals the type of food on offer and if appropriate for time of year. At the August meeting it was agreed the next meeting would be in three to five months. This had not occurred and therefore not all concerns had been addressed from the last meeting.

During this inspection, people told us they were still unhappy with the quality and taste of the food However we saw that the provider had acted on feedback from people and had updated the menu in December 2013 and had plans to further review the quality of the food.

The registered manager completed several internal audits, such as health and safety, incidents and accidents, medication and care planning. The service analysed incidents and accidents monthly looking at areas such as falls, bruises and pressure ulcers. The registered manager reviewed each floor and looked for any trends occurring. We saw recommendations were acted upon such as referrals to the falls clinic as well as staff training if needed.

We reviewed how the service managed accidents and incidents, and complaints. We saw that after an accident or incident the registered manager reviewed the accident/ incident documentation contacted family members and the person to discuss what had occurred. People and relatives we spoke with confirmed this happened. She would also review the action that had been taken by the service, such as updating risk assessments and staff training. The registered manager told us she made time to meet with the staff members who had been involved and discussed if there was a better way to have managed the incident/ accident and if any lessons had been learnt. Staff we spoke with confirmed that the registered manager did meet with them after an accident or incident.

Staff we spoke with told us that they were informed of accidents and incidents in their general staff meetings and health and safety meetings. Records of staff meetings we reviewed confirmed this.

The registered manager told us how the service dealt with complaints. We saw complaints were responded to within the provider's agreed time scales. Staff were aware of what to do when someone wanted to complain and a copy of the complaints policy was available on each floor. The registered manager told us that each room had a 'service user's guide.' In this guide it explained how people could complain. This information was also available in the main reception of the service. The registered manager said her "door was always open" and we saw that both staff, people who used the service and relatives knew who she was and where they could find her. People and relatives told us, "She is nice (the manager)", and "The staff are well managed." People and relatives said they knew who to complain too. One person said, "The manager is always around you would tell her." Another said, "The staff would help, but if that did not work I would go downstairs and talk to the manager."

We reviewed staff rotas and talked with the registered manager, staff, people and relatives. The registered manager said that she had sufficient numbers of staff on each floor daily to meet people's needs. The provider had completed a needs analysis which helped determine sufficient staffing levels. She also explained that she was a registered nurse and was able to assist with hands on care if required. The service did not use agency staff, but did use their own bank staff for four to six shifts a week. All of these bank staff had been working at the service for many years. When we spoke with people and relatives, some said there was enough staff to meet their needs quickly. One person said, "If you need staff, they are available." Another said, "Staff are around when you need them." However others said, "Staff are not always around when you need them, they take forever to answer your call bell," and "It took a very long time for staff to come and change my wet relative after lunch today that's not right."

We spoke with staff who confirmed the service was very busy. One staff member said, "It's hard to look after people with such different needs, all at the same time, it's a good job the atmosphere of the home is so good that's why staff stay." Staff confirmed that the registered manager was supportive and available. One staff member said, "The manager is an excellent leader." Staff told us they started work 15 minutes early each morning to allow time for a

Are services well-led?

hand over of care and that night staff left 15 minutes late. Although staff told us they were not paid for this extra time, they said, “we are not complaining, it’s between ourselves, we do it to help each other.”

The service had a whistle blowing policy and staff told us they knew how to use this if they needed to. We saw a poster giving information on whistle blowing in the staff room. Staff also said they had been given a staff employee handbook which gave details on how to access the whistle blowing number. We saw the service had conducted a questionnaire in August 2013 and had asked people and relatives for their views on areas such as people’s rooms, nursing and caring staff, and catering and activities. We saw that results of this and most people appeared be happy with the level of care. However others said, the food did not look appetising, has an unpleasant smell and does not taste good. Other commented on the good barbecues and birthday parties.” Feedback from people and relatives about individual rooms were, carpet is worn out, and flaking plaster. The registered manager told us that the home had an ongoing improvement plan, and we saw that some of the plan had been completed such as rooms and corridors being painted. However, the service was still awaiting the new art work, curtains in people’s rooms as well as visually improving the garden area.

There was currently no forum where the registered manager could feedback changes in the service and listen to people and relatives’ ideas and concerns. Therefore we could not be confident that people were encouraged to make their views known. Each person who used the service and relative we spoke with told us they had not attended one of the relative and resident meetings but thought they were a good idea. However one person said, “I would join in something like this as I would like to know what is happening, but I’m unable to do more due to my age and my relative’s needs, maybe the manager needs to run these and we will come along.” Other relatives said that the registered manager was always available if you had any concerns, “you just pop into her office for a chat.”