

Medincharm Limited

Bourne House

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 inspection was carried out on 21 and 22 December 2016 and the first day of inspection was unannounced.

Bourne House is situated in the Ashton-under-Lyne area of Tameside. The home provides care, support and accommodation for up to 33 older people who require personal care without nursing.

All rooms provide single accommodation and 19 of the rooms are en-suite. Bedrooms are located over two floors and the first floor is accessed using a passenger lift or staircase. There are three communal bathrooms, communal toilets, one lounge to the front of the home, one dining room to the front of the home and one combined lounge / dining room to the rear of the home.

At the time of our inspection 32 people were living at Bourne House, with one new admission planned. The registered manager told us that the service had a waiting list of 13 people who would like to be accommodated at the home.

There was a registered manager in post at the time of this 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.

The overall rating for the service following the last inspection was found to be 'Requires Improvement'. This inspection was carried out to see if the required improvements had been made.

The service was last inspected in May 2016, at which time we found there were multiple breaches of the Health and Social Care Act (Regulated Activities) 2014. We found that significant improvements had been made since the last inspection and the breaches of Regulations identified in May 2016 had since been satisfactorily addressed.

People and their relatives told us they felt the care and support they received kept them safe and was of a good standard.

Staff we spoke with were aware and understood their roles and responsibilities in keeping people safe and protecting them from harm.

We found that medicines were managed safely and people were receiving their medicines in line with the prescriber's instructions.

Care plans, risk assessments and all supporting documentation had been had been updated to a new format. This documentation identified assessed risk and the measures in place to minimise the risk.

Personal emergency evacuation plans were in place detailing the assistance each person would need to safely exit the premises should there be an emergency situation.

The new care plans were detailed and person centred. The care plans we reviewed were all up to date, contained information and guidance from other health care professionals and had been reviewed on a regular basis.

The registered manager told us that since the last inspection of the service, each person had been assessed in line with the Mental Capacity Act 2005, and where a person had been deemed not to have capacity there had been a Deprivation of Liberty Safeguard (DoLS) applied for.

Staffing levels had been increased and sufficient staff were on duty at the time of this inspection to keep people safe and their support needs were being met in a timely manner.

Staff had undertaken appropriate training to make sure they had the skills and knowledge needed to carry out their job safely. The management team supported staff and provided them with individual supervision and appraisal meetings giving them the opportunity to discuss their personal development and performance.

Staff were supportive of people, patient and caring. People were treated with dignity and respect and staff supported people to maintain their independence where possible and were mindful to protect people's privacy.

People and staff were complimentary about the qualities of the registered manager and senior staff team and told us they felt supported and able to approach the management team.

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 told us they felt safe, and relatives told us they felt their relatives were kept safe in the home.

Care plans included risk assessments that were specific to the individual person. Each risk assessment included measures to manage the risk to keep people safe.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People were supported to maintain their health and to access appropriate healthcare services, for example, district nurses and general practitioners.

Staff had received training and regular supervision.

Nutritional support for people had much improved and health care professionals we spoke with confirmed this.

People's rights were protected and the consent of people was being sought in line with the Mental Capacity Act 2005. Deprivation of Liberty Safeguards were in place.

Is the service caring?

Good ●

The service was caring.

Staff were seen to be kind and caring in their approach when supporting people.

Where people lacked capacity to make decisions, we saw that arrangements had been made for them to be supported by an advocate.

Information was available to demonstrate that the staff and management of the service were caring and supportive at times of bereavement.

Is the service responsive?

Good ●

The service was responsive.

Care plans had been reviewed and the format updated. The details in care plans seen were person centred and included relevant information to inform staff about the needs of the person they were supporting.

There was a programme of activities in place and people confirmed that activities did take place on a regular basis.

People had access to a complaints policy and procedure. The details of complaints, investigation and outcomes had been recorded.

Is the service well-led?

Good ●

The service was well-led.

There was a clear management structure in the home. Staff felt confident in the abilities of the manager and management team.

Systems to monitor the quality of service had been much improved since the last inspection and records had been completed to demonstrate this.

Records were accessible to staff and were securely stored when not in use.

Bourne House

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 21 and 22 December 2016 and was carried out by one adult social care inspector.

Before we visited the home, we checked the information we held about the service including contract monitoring reports from the local authority and notifications sent to us by the provider. Statutory notifications are information the provider is legally required to send to us about significant events. We also reviewed the Provider Information Return (PIR) that the registered manager had completed in November 2016. 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. No concerns had been reported to us from the local authority since the last inspection of the service on 8, 9 and 10 March 2016.

During the inspection we spoke with the registered manager, the deputy manager, three visiting health care professionals, community policeman and the cook on duty, six people who used the service, two visiting relatives, the administrator and four care staff.

We reviewed a variety of records, including the care files of six people, medication administration records (MARs) of six people, three staff recruitment files, staff training records, staff supervision and appraisal records, records of servicing and maintenance of equipment and premises and records of audits.

Is the service safe?

Our findings

Arrangements were in place to keep people who lived at Bourne House safe and protected from abuse and avoidable harm.

One person using the service told us, "This is my home, of course I feel safe. I tell you, I'm well looked after and have no worries about my safety." Another said, "I'm happy with the place, no concerns, no worries, and yes, I do feel safe."

We spoke with two relatives who visited the service on a regular basis and asked them if they thought their relative was cared for in a safe environment. They both felt their relative lived and was cared for in a safe environment and their comments included, "They [staff] look after every person living here in a caring and safe way. I wouldn't let [relative] stay here if I didn't think it was safe" and "There is a wonderful atmosphere in the place and I know [relative] is kept safe from any harm."

As part of our inspection, we observed the lunchtime meal experience in the Sycamore lounge/dining room. We chose this area to observe as at our previous inspection of the service in March 2016, we found there were insufficient numbers of staff available to support people to have an enjoyable and safe lunchtime meal and this resulted in a breach of regulation being identified.

People who required assistance were supported to have their meals first, which meant that staff could concentrate on supporting people on a one to one basis. We saw that this support was done sensitively and at the person's own pace, with the member of staff encouraging and communicating with the person throughout.

The remaining people were then assisted into the dining room and staff asked each person where they would like to sit. We saw staff encouraging people to mobilise using their walking aids and, once sat at the table, people were asked for their choice of drink. Staff communicated with each other to say what they were doing and continued to support people whilst they made their choice of preferred meal. Staff informed each person what meal they had been served and then remained in the dining room to support, monitor and assist people as requested or as necessary. Three staff remained in the dining room whilst three staff remained available to assist those people sat in the lounge areas. This meant that people received the care and support they required in a timely manner.

At the last inspection of the service it was confirmed that the usual staffing levels were four carers and one senior carer during the day and three night care staff on duty throughout the night. Based on the evidence found at the time of our last inspection of the service, staffing levels at that time did not provide adequate care and support to reflect the dependency levels and care needs of the people who lived at the home to ensure that people received the care and support they required in a timely way. These findings resulted in a breach of regulation being identified.

The registered manager told us that they use an online dependency tool to help assess and calculate how

many staff are needed to ensure that people receive the required levels of care and support. The registered manager, and staff we spoke with, confirmed that the number of care staff had been increased on a permanent basis by one member of care staff throughout the day. This meant that there were now at least five carers plus one senior carer on each shift throughout the day. We were also informed that three laundry assistants had also been recruited since the last inspection, to help lessen the workload of the care staff and also improve the quality of laundry service being offered.

Prior to this inspection we received a completed Provider Information Return (PIR) that gave us some further information about the service and actions taken since our last inspection of the service. Within the returned PIR the registered manager told us, 'We take into account the requirements of staff time to meet Service Users person centred care plans, and ensure staff rotas are flexible to accommodate people's changing needs. This takes into account the layout of the building and rotas are then amended to ensure enough staff are on duty at all times and that periods of holiday cover and/or sickness are covered.'

We asked the care staff on duty about staffing levels in the home and their comments included, "We definitely now have enough staff each day", "No problems with staffing levels now" and "Things are a lot better, we now have more time to spend with people."

We asked visiting relatives about the staffing levels in the home and their comments included, "There is no problem, there is always enough staff [on duty] when I visit, and I come nearly every day" and "I know they bring in extra staff when needed."

We had the opportunity to speak with two visiting healthcare professionals who told us, "Staffing might be a bit of a problem if someone rings in sick at the last minute, but I know the office staff will always help out" and "I've never know there to be a shortage of staff, but I'm not here all the time."

At the last inspection of the service we found that staffing levels at Bourne House did not provide adequate care and support to reflect the dependency levels and care needs of the people who lived at the home and ensure that people received the care and support they required in a timely way. This resulted in a breach of regulation being identified.

During this inspection, we found that staffing levels had improved on a consistent basis and the previously identified breach of regulation had been satisfactorily resolved.

Staff we spoke with had undertaken relevant and appropriate safeguarding training and were able to demonstrate their understanding and knowledge of their role and responsibilities in keeping people safe from harm.

At our last inspection of the service we had concerns that the sample of people's care records we reviewed did not have specific risk assessments included. This meant that staff did not have the relevant information to show how they should keep people safe whilst supporting them in various aspects of their care, for example in relation to people at risk of poor nutritional intake, which could then place the person at risk of poor skin integrity. This resulted in a breach of regulation being identified.

In the PIR the registered manager told us, 'A risk assessment plan is put in place for each individual risk and is subject to planned reviews which form part of the care planning review process.' In one person's care plan we saw that comprehensive risk assessments had been developed and put in place for things such as, nutrition and hydration, falls, potential weight loss and support with manual handling and mobility. We saw that there were very specific instructions for staff to follow should this person fall to the floor and to

minimise any further potential risk to their health or safety.

At our last inspection of Bourne House no person had a Personal Emergency Evacuation Plan (PEEP) in place. A PEEP provides additional information on accessibility and means of escape for vulnerable people and includes a plan specifically designed for an individual who may not be able to reach a place of safety unaided in an emergency situation, such as a building fire.

We found that the registered manager had reviewed the individual needs of people should evacuation of the premises be needed in an emergency situation. Each person had a PEEP included in their individual care plan with a copy placed in a file that was accessible to the emergency services on arrival at Bourne House.

At the last inspection of the service we noted that no-one at Bourne House had a Personal Emergency Evacuation Plan (PEEP) in place. The lack of specific risk assessments and PEEP details being included in people's care plans resulted in a breach of regulation being identified. The findings from this inspection, identified that the breach of regulation had been satisfactorily addressed.

We reviewed the maintenance and safety certificate records for the building and found all relevant monitoring and checks had been carried out and certificates of confirmation were in place, for example, Landlords Gas Safety and Portable Appliance Testing (PAT).

We looked at the way in which medicines were managed at Bourne House. At our last inspection of the service we found concerns that meant medicines were not being safely managed and this resulted in a breach of regulation being identified.

During this inspection we found there had been significant improvements in the way medicines were being managed. Regular daily checks had been carried out to ensure medicines were being stored in line with manufacturer's instructions and records were being maintained to demonstrate this.

We reviewed the medicine administration records (MARs) for six people. We found there were no missing signatures, errors or omissions in these and records were neat and legible.

A relevant medicines policy was in place and most medication was delivered by a local pharmacy whose staff conducted audits of medicines management in the home approximately every six months. We saw the results of the last audit carried out by staff from the pharmacy on the second of November 2016. No concerns had been identified. All senior staff with the responsibility for medication administration had undertaken relevant medication training and records indicated this training was due to be renewed in March 2017.

Where people had difficulties with swallowing they had been prescribed a 'powder medication' known as 'thick and easy' used to specifically thicken fluids to aid safer swallowing. We had concerns at our last inspection of the service that this medication was being used inappropriately and was not being used by staff for the sole use of the person for whom it been prescribed. At this inspection however we observed staff following the individual care plan instructions for each person where such medication was prescribed to be administered. When questioned, staff were able to describe the correct consistency liquids should be for each person.

At our last inspection of the service we found that accident and incident records were incomplete and had information missing, such as, the time of the accident or incident, or the location. We also found that information was not being acted upon in order to identify specific patterns, such as accidents occurring in

specific areas of the building or at certain times, or if certain people needed a referral to the falls team or further medical investigations. This resulted in a breach of regulation being identified.

During this inspection we found that the registered manager had held a specific senior team meeting to discuss the importance of good, accurate, fully completed and timely recording of incident/accidents. We saw evidence of monthly auditing (checking) of incidents/accidents and action taken where required to prevent recurrence. We saw evidence of four incidents the Care Quality Commission had been notified of since May 2016 and all had been satisfactorily dealt with and resolved. This demonstrated that the breach of regulation identified at the last inspection of the service had been satisfactorily addressed.

At our last inspection of the service we had concerns about the cleanliness and hygiene in various parts of the home which resulted in a breach of regulation being identified.

We toured most parts of the home including 13 randomly selected bedrooms. We found each bedroom to be clean and tidy and communal toilets and bathrooms contained anti-bacterial hand gel, soap dispensers and paper towels. Items such as mattresses and pillows were checked for cleanliness on a weekly basis and all had protective covers to minimise soiling. Corridors and communal lounges/dining rooms were also found to be clean and tidy with no obvious unpleasant odours. Cleaning schedules were in place and we saw that these were being appropriately maintained to demonstrate the areas of cleaning that had been completed around the home. Since our last inspection of the service, each person requiring the use of a hoist had been assessed and provided with their own sling to minimise the potential risk of cross infections. This demonstrated that the breach of regulation identified at the last inspection of the service had been satisfactorily addressed.

One person using the service told us, "The home is comfortable, bright and warm. The cleaners keep my room nice for me and I never have to complain." Another person said, "All the staff keep the house clean and tidy, every day you see them mopping and Hoovering, they do keep very busy."

During our inspection the local Community Police Officer called in the home 'for a brew and a chat' and brought the people some cakes and biscuits. They told us that the staff and management of the service were very responsive to any advice given about making sure the premises and people were kept safe and that a good, positive relationship had been developed between the service and police.

During the inspection we looked at four staff personnel files to check that safe recruitment practices had been undertaken. We found that the files contained all relevant and required documentation to minimise the risk of unsuitable people being employed to work with vulnerable adults.

Suitable arrangements were in place to help safeguard people from potential abuse. Staff had access to a safeguarding adult's policy and procedure and, when asked, staff were fully aware of this procedure and were able to demonstrate that they understood the different types of potential abuse and what steps to take to report any concerns. A whistleblowing policy was in place and staff, we spoke with, were able to demonstrate a good knowledge and understanding of their responsibility to report any concerns they felt that appropriate action was not being taken by management.

Is the service effective?

Our findings

People who used the service spoke highly of all the staff that supported them. One person said, "The staff are very caring and helpful." Another person told us, "I find all the staff especially [name of staff] are kind and considerate when helping me."

Many of the staff working at Bourne House had done so for a number of years and staff turnover was low. This meant that people were being supported and looked after by a consistent team of staff who knew them well. We saw that a number of new people had joined the staff team since our last inspection of the service, including a new senior carer and laundry assistant.

Staff we spoke with told us they had completed an induction to their work role and all documentation and pre-employment checks had been fully completed before they were given a date to commence working in the home. We reviewed three staff personnel files, including the files of two of the most recently employed members of staff. We found evidence of induction, supervisions and a record of training. We were provided with an up to date training matrix that showed what training staff had undergone and when refresher training was next due. We saw that all care staff held a National Vocational Qualification (NVQ) at Level 2, 3 or 5. We also saw that four staff were enrolled on the Skills for Care, Care Certificate. This is a professional qualification to equip new staff with the knowledge and skills which they need to provide safe and compassionate care.

Staff supervision was carried out to teams of staff by the registered manager, deputy manager and senior care staff. Supervision records were kept in a separate file and we found evidence of regular and effective supervisions held to discuss staffs personal development, issues relating to the environment and any issues that staff may like to bring to the attention of the management team. Staff told us that they received supervision every three months that included a review of work performance, future work targets and training and support needs. Staff we spoke with told us, "I have supervision every three months with [name]; it is a good opportunity to talk about things about the home and the people who live here." Another person said, "I find supervision helpful to discuss anything you are not sure about, but the office door is always open for us to speak with any one of the management team." We also saw evidence of annual appraisals being carried out.

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 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 so that they can 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At our last inspection of the service in May 2016 we found that there were people living at Bourne House who

had not been assessed for whether they required a DoLS application. Since that inspection we had received a completed Provider Information Return (PIR) from the registered manager which told us, 'Where staff obtain the consent of Service Users, they must be familiar with the principles and codes of conduct associated with the Mental Capacity Act 2005, and are able to apply those when appropriate, for any of the people they are caring for. When a Service User lacks the capacity to make an informed decision, we will arrange best interest meetings with people who know and understand the person'.

We found that all people living in Bourne House had received an assessment of their mental capacity. Where an assessment found that the person did not have capacity to make specific decisions for example, about their individual care and support needs or making a choice about where they wanted to live, a best interest meeting had been held. On one file we examined, we saw that a best interest meeting had been held that involved other professionals including the person's doctor, social worker and an IMCA (representative). We found that an appropriate application had been made to deprive a person of their liberty (DoLS) and documented evidence was available to demonstrate that authorisation had been granted.

Two care staff spoken with were able to explain what DoLS were and were aware of the people where applications had been made to deprive a person of their liberty following assessment. This meant the service was protecting the human rights of people using the service and was working within the principles of the MCA.

We looked at how it was ensured that people had been asked for and had given their consent in agreeing to their individual care and treatment they received. Staff we spoke with explained how they would seek consent from people, including people that may have limited verbal communication.

Information recorded in care files demonstrated that people had access to a number of external health care professionals, including speech and language therapist, physiotherapist and district nursing services. Visits by these professionals were documented and any recommendations or advice given was then recorded within the care plan information. During our inspection we had the opportunity to speak to two visiting healthcare professionals, a doctor and a district nurse. The doctor told us, "I've been visiting this service for a long time. I get an excellent response from staff and all staff have good knowledge about the residents. All advice I give is strictly followed and I have no concerns at all about this service. There is always a very nice and relaxed atmosphere in the home." The district nurse told us, "This is a service I visit on a very regular basis and I have no concerns whatsoever about the care people receive. The staff are very responsive to any advice I give and they [staff] ask my advice if at all concerned. Any instructions I ask staff to follow, they follow 'to the letter'. This is one of the best services on my patch."

We also spoke with two relatives who visited the home on a regular basis. Comments from them included, "I know all about [name] care plan and I'm kept informed, the senior staff will ring me to discuss things" and "Each time I visit I am given an update how [name] has been."

Within the PIR completed by the registered manager were are told that people's nutrition and hydration is closely monitored and where there are any concerns or a person is identified at being at risk, a referral is sent to the community dietician to request a full nutritional assessment be carried out and for advice for staff to follow. Within the care plans seen, people who were identified at being at risk of malnutrition had nutrition and hydration assessments in place and were weighed and monitored on a weekly basis. We also saw that support was requested from a speech and language therapist (SALT) for those people identified as having more complex dietary requirements, for example, where suffering with swallowing difficulties.

The available menus were varied and nutritionally balanced and included a diabetic pudding option each

day. We observed people being assisted into the dining room by staff and being encouraged to sit down ready for their meal. The meal served looked appetising and was well presented. Where people required their food to be of a particular consistency, this had been provided and staff were able to tell us what that consistency should be like. Staff observed people throughout the meal time and, where a person showed signs of not eating, the member of staff gently encouraged or asked the person if they would prefer something different. For those people who found communication difficult, staff used photographs of different meals to show the meals on offer.

We spoke with the cook who was aware of people's specific requirements and likes and dislikes. The cook also had copies of people's current nutritional plans and was knowledgeable about the people and their nutritional needs. The cook also confirmed that they had been provided with guidance from the SALT and the different diet stages and fluid consistencies to be used to meet the individual needs of people at risk. The cook confirmed they were provided with individual resident details, for example, those people at risk of malnutrition and had copies of nutritional care plans. Staff ensured the cook was updated with any information shared by dieticians following their visit or assessment of a person. This meant that at the time of our inspection people were receiving the necessary nutritional support that had been prescribed for them.

Is the service caring?

Our findings

People we spoke with who used the service said they received good care and support from all the staff. One person told us, "All the staff are very good, helpful and very caring." Another person told us "I think the staff are great, we are well looked after by them, I have no complaints."

Visiting relatives we spoke with said, "[name] is given excellent care and the staff are very caring" and "I cannot say anything other than it is a wonderful service with wonderful and supportive staff."

We observed the interactions between all the staff working at the time of the inspection and people who lived at Bourne House. We found staff to be patient with people, caring and kind in their attitudes. We also observed staff interacting with visitors to the service, both professional visitors and visiting relatives. This was seen to be courteous, respectful and friendly.

At our last inspection of the service in May 2016 it was noted that, in some instances, staff did not have time to spend with people and often interactions were rushed and task led. At this inspection we found that the increase in staffing levels meant staff had more time to spend with people rather than being 'task orientated' and this was confirmed by the people we spoke with, including visiting relatives.

In our conversations with staff we found that they knew people well, and could describe to us their individual needs, likes and preferences. Staff also confirmed that they were kept up to date, on a daily basis (via daily handovers) about the health of each person and any changes that may have taken place to their needs within the last 24 hours. Relatives we spoke with also told us, "The staff know [name] really well and this has proved beneficial in their recovery" and "All the staff are very caring towards [name] and know how to help [name] in the best way possible. They [staff] are also very caring about how relatives are sometime feeling and provide us with support when we need it."

We looked at how people who may not have capacity to express their views and opinions were supported with such matters. Information in records seen identified that people had the support of their relatives or a nominated advocate where decisions needed to be made. An advocate is an independent person who speaks for and acts in the best interests of the person. One record identified that the person was supported by an IMCA (Independent Mental Capacity Advocate).

Staff respected people's privacy by knocking on bedroom, toilet and bathroom doors before entering and by making sure that doors were closed when undertaking personal care for people.

Within the returned PIR completed by the registered manager we were informed that end of life care was provided by the service. It was stated, 'The aim is to improve the quality of life of those Service Users who are at the end stage of their life. The plan is created with input from the Service User, their family, doctor, other involved health care professionals and the staff.' At the time of our inspection no person was receiving end of life care but 'thank you' cards and letters were seen from friends and relatives that had been supported through their relatives end of life stage.

Is the service responsive?

Our findings

We reviewed the care plans of six people. We found that a new care plan format was in place. Each care plan had been written in a person centred way and included family history information, work history and the person's current needs and abilities. A section was also included entitled 'My Memory' that included information such as, how can you assist me? What do I want to achieve? What could happen if I don't receive the assistance and support I need? We reviewed one of the completed 'My Memory' plans and saw that the details had been completed in a person centred way and each question had been fully answered, with the service user signing and dating the document to confirm their involvement.

Care plans we looked at had been reviewed on a monthly basis. Any agreed changes to care plans had been documented, with the reason for the changes also being recorded. Staff confirmed that they were kept informed of any changes to people's care plans during the daily handover meetings and in the handover notes recorded by the senior care staff.

During our inspection we had the opportunity to speak with a visiting healthcare professional that was in the home reviewing a particular service user's care plan documentation. They told us, "All paperwork is up to date and fully detailed and all previously agreed actions have been carried out and maintained. Staff have responded to people in an appropriate manner. I've been observing the staff whilst reviewing these notes and in all that time staff have maintained a presence to support people when they need it, I have no concerns or issues about this service at all."

Within the PIR completed by the registered manager we were informed that, 'The Service User's choice of interests and activities are established as part of the admission to the home which takes into consideration their history. Service Users are offered the opportunity of participating in activities of their choice'. An activities co-ordinator was employed by the service to provide mental and physical stimulation through a programme of activities. A notice board contained details of the weekly activities available and one regular visiting relative told us, "[Name of relative] enjoys activities and the good thing is that activities do actually take place, it is not just a 'lip service'".

We saw there was a complaints policy in place and all service users were given a copy of the service user's information pack which also contained the complaints procedure. This was confirmed by those service users we spoke with. In the PIR the registered manager told us that, 'The service takes all complaints seriously and sees them as an opportunity for learning and improving the service'. A complaints file was kept in which we found the complaints procedure, flow chart and complaints form. Since our last inspection of the service in May 2016 six formal complaints had been recorded and evidence was seen to demonstrate that each had been appropriately dealt with to the satisfaction of the complainant with all details recorded.

A number of people had made compliments about their experience of the services they had received. Such information provided the management team with an insight into how effective and responsive the service was in meeting people's needs. Compliments seen included, "The new carpet in [name] room looks great" and "All staff are so patient and caring and communicate well with the residents".

People and their relatives had the opportunity to attend residents and relatives meetings, the last one being held in October 2016 and minutes from this meeting were seen. The provider also provided people with the opportunity to complete a satisfaction survey sent out on an annual basis. We randomly selected five completed surveys from October 2016 which asked people a total of 22 questions that included, safety, complaints, involvement in care, staffing levels, timely support, medicines management, skills of staff, food and drink, choice, health care access, environment, dignity and respect, consideration of personal preferences, appropriate communication methods, decision making, activities and management of the service.

Comments included, "[Name] is happy here and we know [name] is safe", "We have never felt the need to complain", "Very much involved, communication is excellent", "There are always lots of staff on duty", "Staff regularly attend courses and the care and support given is excellent" and "They are all excellent (management team)".

An analysis of the survey results had been completed and was displayed in the hallway of the home with the results of each section of the survey being displayed in percentages, with no actions being identified or required from those results.

Is the service well-led?

Our findings

At the time of this inspection a Registered Manager was in post and was available throughout the time of the inspection.

The registered provider is not actively involved with the home, although they still own the building. The registered manager does not have an upward support network and runs the home entirely.

At the last inspection of the service in May 2016 we identified 13 breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014 and the provider / registered manager sent the Care Quality Commission (CQC) completed action plans identifying how these breaches would be addressed and within an acceptable timescale. During this inspection we reviewed each of those breaches, worked through the action plan completed by the registered manager and found that appropriate action had been taken.

People, relatives, staff and visiting health care professionals were complimentary about the management of the service and, in particular, about the registered manager. We spoke with two relatives and asked if they thought the service was well managed and the manager was approachable, their comments included, "This home has a wonderful and approachable manager" and "I know I could speak with the manager at any time, whenever I visit I see her about the home, she doesn't hide away in an office."

The information shared by visiting health care professionals and other community agencies involved in the care and support of people living at Bourne House demonstrated that good professional relationships had been developed. This enabled all parties to work collaboratively in order to achieve the best and most appropriate outcomes for people in terms of their daily living needs, health and welfare.

We asked staff about the management of the service and if they felt the service was well-led. Comments included, "[Name] is my inspiration, and she sets an example to us and shows you how to do things, especially around providing end of life care. She is supportive, encouraging and a good listener", "We have a very good manager", "Our manager is a good listener and is proactive in her management style" and "Both our manager and deputy manager are excellent."

General staff meetings were taking place every three months with senior staff meeting every Tuesday for a weekly meeting and update followed by a monthly senior staff meeting. Minutes from these meetings were provided.

We observed the management team throughout our two day inspection and found they remained visible within the home, interacting with people, staff, visiting relatives and visiting health care professionals.

Systems were in place to monitor the quality of service delivery including care plans, pressure care, medicines management, complaints, falls, weights, and accident and incidents.

Personal information about people who lived at the home was kept confidential. Information such as care

plans were securely locked away in a cabinet with a coded lock which only responsible staff had access to.