Brook House Care Ltd

Brook House Residential Home

Inspection report

391 Padiham Road
Burnley
Lancashire
BB12 6SZ

Tel: 01282413107
Website: www.brookhouseresidentialhome.co.uk

Date of inspection visit:
21 August 2017

Date of publication:
07 September 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This unannounced inspection took place on 21 August 2017.
Brook House is registered to provide personal care and accommodation for up to 10 people with a learning disability. The home is a large semi-detached house situated in a residential area of Burnley. Accommodation is provided in single rooms with en suite facilities. The home has two lounges, a dining kitchen and utility room. There is a garden area to the rear of the home and parking facilities at the front. There were 10 people who lived at the service at the time of our inspection.

The service had a registered manager in post. 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.

This inspection was the first inspection since the service was registered with the Commission on 16 February 2016.During this inspection we found the service meet all regulations. However we made a recommendation in relation to seeking consent.

There were policies and procedures on how the service protected people against bullying, harassment, avoidable harm and abuse. Staff had received introductory training in safeguarding adults.

Staff had sought advice from other health and social care professionals where necessary. There were risk assessments which had been undertaken. Plans to minimise or remove risks had been drawn up and reviewed in line with the organisation's policy. These were robust and covered specific risks around people's care and specific activities they undertook in a person centred manner.

People were protected against the risk of fire. Building fire risk assessments were in place and fire fighting equipment had been maintained.

There was a medicines policy in place and staff who administered medicines had been trained to safely support people with their medicines.

We looked at recruitment processes and found the service had recruitment policies and procedures in place to help ensure safety in the recruitment of staff. These had been followed to ensure staff were recruited safely for the protection and wellbeing of people who used the service. Records we saw and conversations with staff showed the service had adequate care staff to ensure that people's needs were sufficiently met.

We found care planning was done in line with the Mental Capacity Act, 2005. Some of the staff showed awareness of the Mental Capacity Act, 2005 and how to support people who lacked capacity to make particular decisions. They had received mental capacity training. Improvements were required in relation to mental capacity and consent.

People who used the service gave positive feedback on the quality of the service. Some people were unable to give us feedback due to their complex needs. We spoke to their relatives. Feedback from relatives about care standards was positive.

People using the service had access to healthcare professionals as required to meet their needs. Staff had received training deemed necessary for their role. Staff competences had been checked in medicine management. Staff had had also been provided with annual appraisals.

We found that people's care needs were discussed with care commissioners before they started using the service to ensure the service was able to meet their assessed needs. Care plans showed how people and their relatives were involved in discussion around their care. People were encouraged to share their opinions on the quality of care and service being provided. People's nutritional needs were met. Where people's health and well-being were at risk, relevant health care advice had been sought so that people received the treatment and support they needed. There were a variety of activities provided to keep people occupied in and out of the service.

We received positive feedback from people, relative and staff regarding management of the service
There were established management systems at the service. The director had been involved in the day to day management of quality at the service. The registered manager had provided oversight on duties they delegated to other staff.

Quality assurance systems were in place and various areas of people's care been audited regularly to identify areas that needed improvement. We found audits had been undertaken of medicine records, finances and infection control. Further improvements were required to ensure other areas of the service were regularly audited. There was a business contingency plan to demonstrate how the provider had planned for unexpected eventualities which may have an impact on the delivery of regulated activities. Some of the records in the service had been adapted to an easy format to ensure they were accessible to people who used the service.

Feedback from relatives showed they felt their relatives received a good service and they spoke highly of the staff. Relatives told us the staff were kind, caring and respectful and were considerate in their approach to dealing with some challenging situations. Professionals we spoke to confirmed this.

We found the service had a policy on how people could raise complaints about their care and treatment. Relatives told us they could raise concerns and felt listened to.

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

This service was safe.

People and their relatives told us they felt safe. Feedback was positive.

Risks to the health, safety and well-being of people who used the service were assessed and plans to minimise the risk had been put in place.

People's medicines had been safely managed. Staff had been trained and competence tested for safe administration of medicines.

Recruitment checks had been undertaken to ensure safe recruitment of staff.

The premises had been maintained to reduce risks to people.

Is the service effective?

Requires Improvement

This service was not consistently effective.

The rights of people who did not have capacity to consent to their care were protected in line with the MCA principles. However not all records had been completed to demonstrate people's ability to consent to care and treatment and their mental capacity to make decisions for themselves.

Staff had received training, induction and supervision to ensure they had the necessary skills and knowledge to carry out their roles safely.

People's health needs were met and specialist professionals were involved appropriately.

Is the service caring?

Good

The service was caring.

Relatives spoke highly of care staff and felt their family members were treated in a kind and caring manner.

People's personal information was managed in a way that protected their privacy and dignity.

Staff knew people and spoke respectfully of the people they supported.

Is the service responsive?

Good

The service was responsive.

People had well written plans of care which included essential details about their needs and outcomes they wanted to achieve.

The provider had gained the views of people who used the service and their representatives. Care was reviewed regularly. People had been supported with their independence and had access to the community and various activities of their choice.

There was a complaints policy and people's relatives told us they felt they could raise concerns about their care and treatment.

Is the service well-led?

Good

The service was well led.

People felt the service was well managed and staff felt supported by management to do their role.

There were adequate governance systems within the service. Management oversight had been provided to care staff and the overall running of the service.

Systems for assessing and monitoring the quality of the service and for seeking people's views and opinions about the running of the service were implemented to improve the care and treatment people received.

Brook House Residential Home

Detailed findings

Background to this inspection

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

This inspection took place on 22 August 2017, and was unannounced. The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The expert involved in this inspection had expertise in the care of older people.

Before the inspection, we had asked the provider to complete 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 took this into account when we inspected the service and when we made the judgements in this report.

Before the inspection we gained feedback from health and social care professionals who worked together with the service. We also reviewed the information we held about the service and the provider. This included safeguarding alerts and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law.

During the inspection, we used a number of different methods to help us understand the experiences of people who used the service. We reviewed records of care and management systems used by the service for care delivery. We observed the environment and staff supporting people. We spoke to five people who were able to share with us their experiences of living at Brook House. We spoke with two relatives by telephone. We also spoke with the deputy manager of the service, the registered manager, one professional who had

visited the service, and four care staff. It was not possible to gather the views of the other five people who lived in the service due to their communication needs. However their relatives were able to share their views with us.

We looked at care records of the five people of which two records were pathway tracked.

Pathway tracking is where we look in detail at how people's needs are assessed and care planned whilst they use the service. We also looked at a variety of records relating to management of the service. This included staff duty rosters, four recruitment files, the accident and incident records, policies and procedures, service certificates, minutes of staff meetings, reports from safeguarding professionals and also quality assurance reports, audits, and medicine records.

Good

Is the service safe?

Our findings

We asked relatives of people who used the service whether they felt safe receiving care from the service. All people we spoke with told us they felt safe. Examples of comments included, "The staff here really care about us. If anything was wrong I would be able to speak to one of the staff and I could always go to the boss (owner) to complain. Everything's fine with my medication. I really love living here and would not choose to live anywhere else." and "I have no concerns with safety and the care workers." "I'm very safe here and there is no bullying. I have lived here for about [number of] years. I would speak to the manager or the owner if there was a problem." And, "It's good here. Were all safe and have no worries. Staff are great." A relative we spoke with told us "My [relative] is 100% safe."

Feedback from professionals was equally positive. Comments included; [Registered manager] and the team at Brook House work hard to ensure are safe."

We looked at how the service protected people from abuse and the risk of abuse. Staff spoken with expressed a good understanding of safeguarding and protection matters. They were aware of the various signs and indicators of abuse. They were clear about what action they would take if they witnessed or suspected any abusive practice. Staff confirmed they had received training and guidance on safeguarding and protecting adults.

There were policies and procedures to support an appropriate approach to safeguarding and protecting people. Information on safeguarding adults at risk, including guidance from the local authority was on display in the service. There was an easy read version of the policy for people to access. Staff told us they were aware of the service's 'whistle blowing' (reporting poor practice) policy and expressed confidence in reporting any concerns. We discussed and reviewed some of the previous safeguarding concerns and action taken with the provider. We found appropriate action had been taken.

We looked at how risks to people's individual safety and well-being were assessed and managed. Individual risks were considered as part of the care planning process. The risk assessments included: skin integrity, malnutrition, choking and risk of falls. Strategies had been drawn up in care records to guide staff on how to monitor and respond to identified risks. The assessments were kept under review monthly or earlier if there was a change in the level of risk. Referrals were made to relevant health and social care agencies as appropriate. There were separate risk assessments to support independence, including people accessing the community and risks of people going missing. This meant that the service had identified people's risks and put measures in place to minimise them.

We looked at information that we had received from the service regarding care staff who had been alleged to have acted unprofessionally. We found disciplinary measures had been instigated to ensure people were kept safe.
We looked at the risk assessments in place concerning fire safety and how people would be supported in the event of an emergency. We saw the service had contingency plans in place, and building evacuation plan. We noted that people's records did not contain personal emergency evacuation plans. The registered

manager took immediate action and completed these during the inspection. These documents gave guidance to care staff on how people needed to be supported in an emergency, including the closest fire escape to their room. There was an overall fire risk assessment for the service in place. We saw there were clear notices within the premises for fire procedures and fire exits were kept clear. Records showed that staff had been involved in fire safety practice drills.

Maintenance records showed safety checks and servicing in the home including the emergency equipment, fire alarm, call bells and electrical systems testing. Maintenance checks had been done regularly and records had been kept. Faults and repairs had been highlighted and addressed. These measures helped to make sure people were cared for in a safe and well maintained environment.

We found there were plans in place to respond to any emergencies that might arise and these were understood by staff. The provider had devised a continuity plan. This set out emergency plans for the continuity of the service in the event of adverse events such as loss of power or severe weather.

We looked at the arrangements in place for managing people's medicines. People and their relatives were satisfied with the way their relatives' medicines were managed. Staff designated to administer medicines had completed a safe handling of medicines course and undertook competency tests to ensure they were competent at this task. Staff had access to a set of policies and procedures which were readily available for reference. We saw staff administered medicines safely, by checking each person's medicines with their individual records before administering them. This ensured the right person got the right medicine.

As part of the inspection we checked the procedures and records for the storage, receipt, administration and disposal of medicines. We noted the medicines administration records for medicines were well presented and organised. Medicines audits (checks) were in place and we saw daily and monthly checks carried out by the senior staff and management. Concerns and errors had been identified during the audits and actions had been taken to ensure people continued to receive their medicines safely. Where errors have been found, staff had been provided with support to improve their practice.

There were appropriate arrangements in place for the management of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse); they were stored in a controlled drugs cupboard or secure safe, access to them was restricted and the keys held securely. Staff regularly carried out balance checks of controlled drugs in accordance with the home's policy.

We found there were suitable arrangements for the management of creams such as topical creams. Cream charts and body maps had been introduced which guided care staff on where to apply the creams. Staff had recorded and signed when they had applied the creams.

We looked at how the provider managed staffing levels and the deployment of staff. On the day of the inspection there was adequate staff to meet people's needs. We requested a month's staffing rotas including the week of the inspection. We found the rotas indicated there were sufficient staff available for the ten people who lived at the home. The registered manager was on duty five days a week to oversee care and senior staff or the deputy manager was on the day shift across the week and at the weekend to help supervise staff.

The registered manager also told us that the staffing levels were kept under review and were flexible in response to the needs and requirements of the people who lived at the home. This monitoring of staffing against dependency would be essential when people's needs changed and more staff were needed to meet

people's individual needs.

We looked at the records of four staff members employed at the service. We saw that all the checks and information required by law had been obtained before staff had been offered employment in the home. Staff files were well organised, which made information easy to find. All the files we looked at contained evidence that application forms had been completed by people and interviews had taken place before an offer of employment. At least two forms of identification, one of which was photographic, had also been retained on people's files. Staff members we spoke with confirmed they had been checked as being fit to work with vulnerable people through the Disclosure and Barring Service (DBS). This meant the provider had taken appropriate steps to ensure only suitable staff were employed to work in the home.

We looked at how the service minimised the risk of infections and found staff had undertaken training in infection prevention and control and food hygiene. There were policies and procedures for the management of risks associated with infections. Staff wore gloves and disposed used gloves appropriately.

Requires Improvement

Is the service effective?

Our findings

Relatives of people who lived at Brook House told us they felt the staff were appropriately trained and had the necessary skills and abilities to meet their needs. Comments included; 'They would get my doctor if I wasn't feeling well.", "I don't feel that I've got any restrictions here. The managed and [owner] have helped me more than anyone else.", "The staff listen to me, for example, I wanted to change my GP to a nearer one that I can visit and pick my prescriptions independently." And; "I have had input into my care plan and I have an advocate to help me set my personal goals. I like the food here, for example I like pot noodles and tonight I'm having sausage and chips."

We received positive feedback from a visiting professional who worked with the service. They told us, "The staff are very good and try to encourage independence. There has been recent referral in regard to health issues. This is being monitored by our service. The staff do inform me of any changes."

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 make 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. People's records showed that the provider had applied to relevant supervisory authorities for deprivation of liberty authorisations for people. These authorisations had been requested when it had been necessary to restrict people for their own safety and these were as least restrictive as possible. Follow ups had been done to check the progress of the applications that had been submitted to the local authority.

We reviewed how the service gained people's consent to care and treatment in line with the MCA. We looked at people's care records and found that in one of the four files we checked mental capacity assessments had been completed to identify whether the person could make their own decisions regarding their care and treatment. Best interest's processes had been followed. We noted that the provider had ensured people's liberties were promoted as much as possible while minimising the risks to staff and people. However we found shortfalls in respect of mental capacity assessments for some people whose ability to make decisions around their own care was compromised.

Although the care staff we spoke with demonstrated some understanding of the legislation as laid down by the Mental Capacity Act (MCA) 2005. Staff and the registered manager required further support to develop their skill and knowledge in relation to their role in the application of mental capacity principles. Following the inspection we referred the service to a MCA lead professional at the local authority to support with coaching and further training.

We looked at how the provider trained and supported their staff. We reviewed the training records for the whole service and found a number of training courses had been provided to care staff. Staff had been supported to obtain further qualifications such as national vocational qualifications. Some had attained NVQ levels two, three and five. There was an induction policy for new employees and staff we spoke with informed us they had received a two week of induction programme. Additional training had been obtained from the local clinical commissioning groups such as training in pressure ulcer prevention known as 'react to red skin'.

We saw records which demonstrated that staff had received supervision and appraisals. Staff spoken with confirmed they had received supervision and found it useful. They informed us that during the supervisions they discussed any concerns they had about their role or the people they supported.

Staff spoken with told us meetings were held, so the staff team could get together and discuss any areas of interest in an open forum. This also allowed for any relevant information to be shared with staff. Records seen confirmed meetings had taken place. We saw that during a recent meeting the safeguarding procedures had been discussed. Guidance and changes to practice had also been shared during the meetings.

We looked at how people's nutrition was managed. We found the provider had suitable arrangements for ensuring people who used the service were protected against the risks of inadequate nutrition and hydration. Systems and processes for monitoring people's nutritional needs were in place. Where people required their diet to be monitored, staff had completed monitoring records consistently showing whether the minimum targets were met each day. People's records showed people's preferences and risks associated with poor nutrition had been identified and specialist professionals had been involved where appropriate. People were supported if they wanted to pursue healthy eating options or weight loss programmes.

We found information in the service had been written in an easy read format to ensure people in the service were able to read and understand it. This meant that information had been made accessible to people.

We looked around the premises and noted that the environment was adapted to suit the needs of people using the service. We found people had been encouraged and supported to personalise their rooms with their own belongings. This had helped to create a sense of 'home' and ownership. On person showed us their bedroom and told us 'My room has been recently redecorated. I really like it in here. I like having my own things around me.' We were also shown the improvements to the garden, ramps had been provided and pathways were kept clear to help with access.

People's healthcare needs were considered as part of the care planning process. We noted assessments had been completed on physical and mental health and there was a detailed section in each person's care plan covering people's medical conditions. Annual health checks were carried out by primary health professionals. This helped staff to recognise any signs of deteriorating health. We also found arrangements had been made with primary health care professionals to visit a person in the home instead of treating them in a clinical environment which the person found intimidating. There were links with the local primary health services and professionals such as local doctors, learning disabilities teams and the local Clinical Commissioning Group.

Good

Is the service caring?

Our findings

We received positive comments about the care staff and the service delivered to people. Comments from relatives included, "The staff are kind and respectful and they listen, but they are sometimes very busy. They always knock on my door and I think that I am quite independent. I do things here for myself, for example, I make my bed and keep my room tidy and clean. I help around the at home as well, for example, I help with cooking and washing up.", "The staff are kind and caring. They like me and listen to what I say. They always knock on my door.", "The staff are kind, they treat me with respect and listen to me. They also act on what I say, such as with the change of GP. They do respect my privacy. I often spend time alone in my room."

One relative added that, "The staff are lovely with my [relative]. They are kind and caring in every way. Independence is fostered. For example, they have days out and some of the residents had a four day holiday in Blackpool recently, which [my relative] thoroughly enjoyed."

Staff spoken with and the registered manager had a sound knowledge and understanding of the needs of people they cared for. Staff members told us how they enjoyed working at the service. Comments from staff included, "We care for people like they are our family really" and "I like my job and I enjoy supporting people."

Staff had a good understanding of protecting and respecting people's human rights. Some staff had received training which included guidance in equality and diversity. We discussed this with staff; they described the importance of promoting each individual's uniqueness. There was an extremely sensitive and caring approach, underpinned by awareness of the Equality Act 2010. The Equality Act 2010 legally protects people from discrimination in the work place and in wider society.

We considered how people's dignity was maintained and promoted. We noted people's daily records and care plans had been written in a way that took consideration of their choices and preferences. People had been asked about their likes and dislikes and this had been included in their daily support. Staff we spoke with talked about people in a respectful, confidential and friendly way.

People's privacy was respected. One person chose to spend time alone in their room and this choice was respected by the staff. Staff described how they upheld people's privacy, by sensitively supporting people with their personal care needs and maintaining confidentiality of information. We observed staff knocked on bedroom doors before entering and ensured doors were closed when people were receiving personal care.

We saw people being as independent as possible, in accordance with their individual needs, abilities and preferences. We observed people helping in the home for example setting tables and preparing meals. We also observed people who were able to go in the community independently could come and go as they pleased. We asked people their views on independence and autonomy. They said, "They let me get on with things. They let me be independent because they are helping me with budgeting. I also clean my own bedroom and bathroom. I do my own washing too, but they would take over if needed. I've become good

at cooking here. We make a lot of things. I like making cakes and jam tarts." Staff explained how they promoted independence, by enabling people to do things for themselves.

There was information available about advocacy. Two people who lived at the service had access to advocates who were supporting them regularly. Advocates support people to access information and make informed choices about various areas in their lives. Relatives that we spoke with informed us that they had been more involved in the care of their family members and that this had improved the quality of the care they received. The care staff we spoke with displayed a real passion in relation to the care of people and it was evident that the ethos of the service was based on the care and compassion of the people using the service.

Good

Is the service responsive?

Our findings

People and their relatives made positive comments about the way staff responded to people's needs and preferences. Comments included, "I keep good links with my family and my friends. I also go to Freshfields, which is a club. On Tuesdays, it's 'make it and eat it'; on Wednesdays, it's craft; and on Thursdays, it's dancing", "I asked if I could have a walker and they got me this one which is brand new. I can get about now and feel safer with it.", "I like to keep links with my family. My brother comes to take me out. We go walks together, sometimes bowling and sometimes we get a meal out." And, "I can come and visit anytime.", and "I like shopping, swimming and bowling. I go to Nelson and Colne to do these things. I'm learning to do more cooking here than I've ever done before. In door is, I like arts and crafts." And "I've never been to any service user meetings here, but I would speak to staff to change anything. Moving here has been the best thing that has happened."

Relatives felt that staff were approachable and had a good understanding of people's individual needs. One relative said, "The staff were very good though and appreciated the need to handle things in a particular way for [my relative] to cope. She always needs full explanations and will often check with two or three people to ensure that there is a consistent response before she accepts new information."

Similarly we received positive comments from professionals. Comments included; "We suggested changes to resolve the issues we found. The staff are following the plan well. This will help to resolve the issues."

We reviewed how the service aimed to provide personalised care. We looked at the way the service assessed and planned for people's needs, choices and abilities. We saw examples of the assessments carried out before people moved into the service. The assessment involved gathering information from the person and others, such as their families, social workers and health care professionals. Where possible people were encouraged to visit, to see the facilities available and meet with other people and staff. This would help people to become familiar with the service before making a decision to move in. The registered manager would had carried out pre-admission assessments. This would help them determine if the service and the care staff would be able to meet the person's needs.

We looked at what arrangements the service had in place to ensure people received care that had been appropriately assessed, planned and reviewed. We looked at five people's care files. They were organised, detailed and clearly written. They also included people's personal preferences, life histories, and objectives and achievements. Care staff had full access to this information. People's care plans, were supported by a series of risk assessments. The plans were split into sections according to people's needs and were easy to follow and read.

All five files contained assessments and care plans also known as support plans. The plans contained a range of strategies which not only focussed on the individual's needs, but also included ways to ensure the people had access to things that were important to them. Additional assessments were also evident in some of the files we looked at, for example assessments completed by the Local Authority. This helped to provide a more detailed and holistic assessment of people's needs.

We noted procedures were in place for the monitoring and review of care plans. Care plan reviews were carried out regularly and wherever possible people using the service and their families, if appropriate, were involved. The reviews were comprehensive and detailed.

Daily reports provided evidence to show people had received care and support in line with their care plan. We noted the records were detailed and people's needs were described in respectful and sensitive terms. We also noted records were completed as necessary for people who required any aspect of their care monitoring, for example, weight, falls, fluids and behaviour.

During our visit we observed people were routinely encouraged to make choices and that staff responded to their requests. Residents meetings were held; this provided the opportunity for people to be up-to-date, be consulted and make shared decisions. Some people told us they had attended the meetings. Their comments included, "We had a residents meeting. They say what's happening" and "They tell us what's going on. They ask our opinion in things." Records kept of meetings showed various matters, such as menus, activities and the programme of refurbishment had been raised and discussed with people. A relative told us "We have regular meetings with the managers in regard to [my relatives]'s personal development. [name removed staff member] has encouraged [relative] to get involved.

People had access to various activities to occupy their time. People indicated they were mostly satisfied with the range of activities provided at the service. We noted a schedule of activities had been set for people including arts and craft, walks and drives. People had access to community facilities such as day services swimming. One person told us "I go to the church in Accrington sometimes, or Preston. I love to go to the library. I like looking at the books and DVDs." People who could have communication difficulties had been provided with interactive toys to keep them occupied.

The service had a complaints procedure in place. The procedure provided directions on making a complaint and how it would be managed. This included timescales for responses. We saw complaints and compliments guidance was provided to people when they joined the service and was easily accessible. Staff we spoke with confirmed they knew what action to take should someone in their care, or a relative approached them with a complaint. There were no complaints received at the time of our inspection.

Two of the relatives we spoke with confirmed they were aware of the complaints procedure and how to access any information around making a complaint. They told us they were confident should they have any issues that these would be dealt with appropriately.

Good

Is the service well-led?

Our findings

We received positive feedback about the management and leadership of the service. People told us, "The manager is good she listens", "I can talk to all the staff here. They're all good.", "All the staff here are approachable, the owner is also here most of the time and is friendly." Throughout the inspection we observed people who used the service, and staff frequently approached the managers who responded to them in a professional and courteous manner. All the staff spoken with described the registered manager as approachable. One told us, "The home is run fabulously. I find the manager and deputy are both approachable." and "They support you with your personal and family matters"

A professional told us, "I have found the registered manager to be willing and keen to improve the service. They take advice and recommendations on board.

The service was led by a manager who is registered with the Care Quality Commission. They had responsibility for the day to day operation of the service. There was a clear leadership structure in place within the organisation. All staff we spoke with were aware of their roles and responsibilities as well as the lines of accountability and who to contact in the event of any emergency or concern. There were up to date policies and procedures relating to the running of the service. Staff were made aware of the policies at the time of their induction and when new changes came into place.

We spoke with the registered manager about the daily operations of the service. It was clear they understood their roles and responsibilities and had an understanding of the operation of the service. This included what was working well, areas for improvement and plans for the future. They were supported in their role by the deputy manager, senior care staff, care staff and the owner. In their PIR the registered manager said, "We will continue to promote an open and fair culture to staff, service users, and family and friends, management have an open door policy so that they can come and talk when the need arises. Management also monitor the staff and service users, the homes routines and also engage and work alongside staff and service users within the home. We continuously carryout meetings, supervisions and appraisals, key worker appraisals, updates in training, audits, surveys, engage in provider forum, infection control meetings, we work in partnership with the NHS framework. We have an activities co-ordinator amongst staff, pressure ulcer prevention (PUP) champion."

The owner and who was the provider was actively involved in ensuring the service was compliant with regulations and delivering good quality care. We found evidence to demonstrate that there was management oversight from the registered manager. For example, staff with delegated tasks had been supervised by the registered manager and discussions had been undertaken on what was expected of the staff and how progress was going to be monitored. The registered manager was in turn supervised and monitored by the owner who was based at the service and monitored compliance. Staff had been made aware who they were accountable to. This meant that the service had arrangements in place to ensure staff had clear guidance and lines of accountability.

The registered manager used various ways to monitor the quality of the service. There were audits of the

systems to manage medicines, health and safety, fire safety equipment. The audits and checks were designed to ensure different aspects of the service were meeting the required standards. We saw completed audits during the inspection and noted action plans were drawn up to address any shortfalls.

There were quality assurance consultation systems and tools in place. We saw there were policies on undertaking surveys to seek people and their relative's views and opinions about the care they received. Relatives we spoke with informed us that they could share their views anytime. People's views on the staff who supported them were sought.

We looked at how staff worked as a team and how effective communication between staff members was maintained. Communication about people's needs and about the service was robust. We found meetings, were used to keep staff informed of people's daily needs and any changes to people's care and regulations. Staff had been invited to contribute to the meetings. Information was clearly written in people's daily records showing what care was provided and anything that needed to be done. We also found a' handover meeting' system was in place to ensure information relating to people's care was shared between care staff. For example information relating to changes in people's needs.

We checked to see if the provider was informing the Care Quality Commission (CQC) of key events in the service and related to people who used the service. We found the registered provider had fulfilled their regulatory responsibilities and statutory notifications were being submitted to the Commission. A notification is information about important events which the service is required to send us by law.

We found the organisation had maintained links with other organisations to enhance the services they delivered, this included affiliations with organisations such as local health care agencies and local commissioning group, pharmacies, and local GPs. Challenges associated with working with other agencies had been identified and the service had engaged other services effectively to ensure safe and effective provision of care service.