Mr BT Rawlinson & Mrs ML Knight

# Bradmere Residential Care Home

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

We carried out an unannounced inspection at Bradmere Residential Care Home on 24 July 2017. The service had not been previously inspected since registering with the Care Quality Commission in June 2016.

Bradmere Residential Care Home provides rehabilitation and continuing care for up to 16 people. It offers a flexible, person-centred service that is personalised to individuals who have experience of mental ill health and or a learning disability. The home is situated in the Eccles area of Salford, close to local shops, pubs and public transport routes. The home is a large modern style house with car parking at the front and a small garden at the rear.

At the time of the inspection there was a registered manager who had been registered at the service since June 2016. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People indicated satisfaction with the service and spoke positively about the staff team who were employed to support them. People looked relaxed in the presence of the staff team. People told us they were, "Happy" and "Felt safe." People told us they could access the community alone whenever they wished. We saw evidence of people leaving the service without any restrictions placed on them.

We noted the service had developed processes and procedures to maintain a safe environment for people using the service and for staff and visitors. This included environmental risk assessments health and safety checks on the building, appliances and controlled substances hazardous to health (COSHH).

Fire audits were in date and compliant. Fire safety checks and fire exercises were carried out and staff had received fire training. The service had clear procedures to follow in case of an emergency. All people using the service had a personal emergency evacuation plan (PEEP).

Staff displayed knowledge of the various signs and indicators of abuse and were clear about what action they would take if they witnessed or suspected any abusive practice. Training in safeguarding and whistle blowing had been completed and procedural guidance was evident to support this.

We saw suitable staffing levels at the time of inspection and within the rotas we reviewed. Staff told us staffing arrangements were good and they felt they had the time to carry out daily tasks and support people safely. People corroborated this by telling us they had the support they needed when they needed it. We also observed a good level of staff interaction with people during the inspection to support this.

Recruitment systems were in place which ensured the service took appropriate steps to verify people's identity, previous conduct and any criminal behaviour before being successfully appointed. Induction

processes ensured the correct amount of training and support was given to new staff. Staff corroborated this by telling us the induction process was detailed and allowed time for the staff member to familiarise themselves with people living at the home. Disciplinary procedures were in place to support the provider to take action in the event of staff misconduct.

The service had processes in place for the safe administration of medicines and staff had received appropriate training. Medicines were stored safely and in line with current National Institute for Health and Care Excellence (NICE) guidance. NICE provides national guidance and advice to improve health and social care practice.

Support files were in date and regularly reviewed and detailed information which was individual to each person such as consideration to their needs, wishes, feelings and health conditions. It was evident that the person had contributed to these files and had signed to confirm this when appropriate. Risk assessments captured important information and contained guidance around how to mitigate the perceived risk, whilst taking into consideration positive risk taking.

Appropriate training was provided. Staff confirmed they received a variety of appropriate training to equip them too safely and knowledgably support people living at the service.

The service was working within the principles of the Mental Capacity Act 2005 and ensured any conditions or authorisations to deprive a person of their liberty were being met. These provide legal safeguards for people who may be unable to make their own decisions. At the time of inspection these safeguards were being appropriately managed.

Meal times were relaxed and people could choose what they wished to eat. People freely used the kitchen area to prepare meals, snacks and drinks with the support of staff when required. Weight management and dietary care plans were in situ when there was an identified need and appropriate referrals had been made to health professionals.

During the inspection we noted positive staff interaction and engagement with people using the service. Staff addressed people in a respectful and caring manner and the service had a calm and warm atmosphere. We observed people enjoying each other's company, conversing and accessing the community.

People told us they were happy to approach the manager with any concerns or questions.

We found the manager to be very approachable and they assisted us professionally with our inspection by providing us with any requested documentation without delay. The manager displayed an awareness of people's current needs and circumstances and was committed to the principles of person centred care and inclusion.

## 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.

There were sufficient staff to meet people's care and support needs and staff knew how to recognise and report any concerns to keep people safe from harm.

People's risk assessments were reviewed and updated to take account of changes in their needs. There were arrangements in place to check the environment.

There were appropriate arrangements in place to manage and support people with their medicines.

### Is the service effective?

Good

The service was effective.

Staff had received training and were well supported via a system of supervision and appraisal.

People were supported to access a range of health care professionals to help ensure their general health was being maintained.

People were encouraged and supported to make their own choices and decisions. The service was meeting the requirements of the Mental Capacity Act 2005 (MCA).

### Is the service caring?

Good

The service was caring.

Staff provided person-centred care in a warm and friendly way.

Staff encouraged people to maintain their independence and to exercise choice and control over their lives.

People told us they were treated well and their privacy and dignity was respected by staff.

## Is the service responsive?

Good

The service was responsive.

Staff knew people as individuals and provided care that was responsive to each person's personal preferences and needs.

People chose how to spend their leisure time.

People felt able to raise concerns and had confidence in the registered manager to address their concerns appropriately.

## Is the service well-led?

Good

The service was well-led.

The service had a manager who was registered with the Care Quality Commission.

There were quality assurance processes in place to monitor the quality of the service by means of audits, observation and gathering feedback from people who used the service, staff and visitors.

Staff told us they felt well supported in their caring role by the management structure and felt able to approach them with any issues.

# Bradmere Residential Care 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 was 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 24 July 2017. The inspection was carried out by one adult social care inspector from the Care Quality Commission (CQC). At the time of our inspection there were 16 people receiving personal care at the service.

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 the service plans to make.

Prior to the inspection we reviewed information we held about the service, including statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. We also reviewed the information we held, including complaints, safeguarding information. In addition to this we contacted the local authority contract monitoring team who provided us with any relevant information they held about the service.

During the inspection we looked around the building and spoke with nine people who used the service. We spoke with four staff members including the registered manager, assistant manager. We looked at the care records of three people and other associated documents such as policies and procedures, safety and quality audits and quality assurance surveys. We also looked at three staff personnel and training files, service agreements, staff rota's, minutes of staff meetings, complaints records and comments and compliments.

Good

# Is the service safe?

## Our findings

People we spoke with indicated they were happy living at the service. When asked one person said, "Yes I am, I have lived here a long time and I feel very safe." People did not voice any concerns during the inspection about the way they were supported and everybody looked relaxed and settled in their environment. We saw people were able to leave the house alone when they wished and risk assessments were in place to support this, with actions to follow in the case of somebody not returning. This ensured the freedom, security and protection for all people using the service. Those with legal restrictions placed upon them were supported by staff to leave the house and pursue activities when requested.

Throughout the inspection we observed positive staff interaction with people which was safe and patient. People appeared comfortable and happy in staff presence.

We looked at what processes the service had in place to maintain a safe environment and protect people using the service, visitors and staff from harm. The provider's general statement highlighted the provider's commitment to promoting the highest standards of health and safety to prevent any accidents or ill health to people using the service, visitors and employees. We noted that arrangements were in place to identify any hazards and clear assessments were evident to remove or reduce the risk. Staff were also trained in these procedures as part of the services staff training and induction process. Water temperature, control of substances hazardous to health (COSHH), legionella testing, electrical / gas appliances and equipment, use of stairs, outdoor area and general maintenance of the building were some of the areas considered.

Fire audits were in date and fire safety checks were done. Appropriate fire signage and extinguishers were seen around the home. We noted training had been given to staff to deal with emergencies such as fire evacuation and personal emergency evacuation plans (PEEPs) were in place for people using the service. This meant staff had clear guidance on how to support people to evacuate the premises in the event of an emergency.

Business continuity plans were in place detailing steps to follow in the event of any unforeseen or anticipated significant disruption to the operational practice and management of the business, including failures of utility services and equipment. The service also had policies to support these procedures.

We looked at how the service protected people from abuse and the risk of abuse. The service had ensured appropriate referrals were made to the Commission and local authority, offering details about safeguarding incidents and concerns. Safeguarding training was in date and there were safeguarding vulnerable adults procedures and 'whistle blowing' (reporting poor practice) procedures for staff to refer to. Safeguarding vulnerable adult's procedures are designed to provide staff with guidance to help them protect vulnerable people from abuse and the risk of abuse. Staff we spoke with demonstrated they were aware of the various signs and indicators of abuse and were clear about what action they would take if they witnessed or suspected any abusive practice. One staff member told us, "I would tell my supervisor or the manager if I had any concerns. We are very lucky here, we do not really have any incidents. Everybody seems to get on well together, but any small incidents are resolved effectively."

We looked at three people's support files and noted suitable risk assessments were in place which recognised and perceived risk behaviours and strategies and how to manage this and promote positive risk taking. These documents identified the level of risk and any measures implemented to minimise the risk in that area, whilst taking into consideration the environment and how this could impact on the person's safety. Use of stairs, mobility, bathing, accessing the community alone, self-harming behaviour, risk to self and others, preparing meals and hot drinks, use of sharps in the kitchen were some of the areas considered.

Changes in people's behaviour were recorded and monitored and people were supported to manage individual risk via a 'mental health recovery star tool'. This tool is used to promote positive risk taking and help people manage their own risk. It looks at areas in the person's life such as social networking, the management of their own mental health and self-care and identity. The registered manager stated, "We aim to assist people using the service in achieving their own recovery and self-reliance; inspiring residents to recognise their personal targets and lead a fulfilling life of their definition, with a positive focus on health, strengths and wellness." He added, "We have been very successful in rehabilitating service users who have moved on to supported accommodation and independent living."

We looked at three staff records to assess how the provider managed staff recruitment. We noted the recruitment process included a written application and proof of identity was also requested. Following successful interview, two references were requested and a disclosure and barring service check was carried out, (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. The registered manager informed us, "People using the service are also involved in staff selection and employee's career enrichment. Resident's views are obtained, processed and documented in the employee's application/interview form, staff induction and training programme and staff supervision/appraisal forms."

We looked at staffing rotas dating from the 19th June 2017 through to the 6th August 2017 a sufficient amount of staff was evident. We observed a good staff presence during the inspection and people indicated they were supported effectively and without delay. Staff told us they never felt rushed and confirmed there was always enough time to complete their daily tasks. The registered manager added, "We have never felt it necessary to employ agency staff in 27 years of operation and I feel this promotes tremendous continuity for our residents in maintaining relationships and rapport. Our staff are extremely well valued and as a result most have been with us between four and ten years."

We looked at how the service managed people's medicines. There were specific protocols for the administration of medicines prescribed "as necessary" and "variable dose" medicines. These protocols ensured staff were aware of when this type of medicine needed to be administered or offered.

Medicines were kept securely and only handled by trained support workers. Stock was managed effectively to prevent overstocks, whilst at the same time protecting people from the risk of running out of their medicines.

Medicines records we looked at were clear, complete and accurate and it was easy to determine that people had been given their medicines correctly by checking the current stock against those records. Where appropriate, staff had recorded the reason why medicines had not been given.

Good

# Is the service effective?

## Our findings

People living at the service told us they liked the staff and felt they were good at the job. One person told us, "There is always someone around if I need them. They are all very nice and help me." A second person told us, "Staff will help cook meals, the food is very nice. They also help with jobs around the house."

Staff confirmed they had received a new employee induction prior to working unsupervised. They felt the induction was detailed and provided them with a good understanding of the role and what was expected of them. One staff member said, "My induction was good, they do it different here to other places, I found it a lot more thorough. It was a good six weeks before I was able to work nights and administer medicines." A second staff member told us, "I spent a good few weeks shadowing experienced members of staff. The longest bit of the induction is getting to know the people living here. The induction definitely allowed for the opportunity."

We reviewed how the service trained and supported its staff. The service had a 'training matrix' which had been created showing dates and topics of training booked and completed by each staff member. Training topics covered areas such as, first aid, safeguarding, mental health, equality and diversity, learning disability awareness, record keeping, risk assessment and safety of people and premises. Staff we spoke with felt they received the right amount of training required to effectively and safely support people. The registered manager added, "We have an extremely comprehensive training matrix which covers 26 areas of certified training which can be achieved over constant assessment in the workplace as well as in their own time at home. All staff are positively supported and encouraged to achieve NVQ Level 2 or higher dependent upon their personal development and ambitions."

The service carried out a daily information sharing meeting. This was to ensure essential information was handed over about each person using the service. Staff told us that this process was useful. Daily hand over sheets were also completed which covered areas such as, who had accessed the community that day and who was on the premises, cleaning chores, which medicines had been administered and daily monitoring such as fire and fridge temperatures had been completed. Each hand over sheet we saw had been completed and signed by the staff member on duty.

Staff told us they received regular supervision, one staff member informed us they had supervision booked in for the following month. Appraisals were also completed and in addition to this, staff were encouraged to approach a member of management at any time should they have anything they needed to discuss or wanted to raise, for example further training requirements. The registered manager told us that due to the small nature of the service, staff worked in the presence of the assistant managers and himself each day, therefore staff had the opportunity to raise any issues

We saw that people's capacity to make their own decisions and choices was considered within the care planning process. This was in line with the Mental Capacity Act 2005 (MCA) which 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 the 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 or authorisations to deprive a person of their liberty were being met. At the time of inspection we noted the service was appropriately managing active DoLS. The registered manager and staff were aware of such restrictions and showed a good understanding around the principles and when to submit an application to the local authority. At time of inspection there were currently two people subject to DoLS authorisations.

People's consent and wishes had been recorded in areas such as the provision of care and medicines management. People had signed documentation to confirm their consent. Support plans and risk assessments were detailed and documented people's needs and how they should be met, as well as their likes and dislikes and had again been signed by the person where appropriate. Staff displayed a good understanding of the needs and requirements of people. We noted staff routinely asking people for their consent and opinion when providing care and support. One staff member told us, "I see myself as a guest in a person's house. I know I have a job to do but it is still only right to ask for people's permission before doing things. Especially if it is anything to do with direct support for somebody." The registered manager added, "We always present to residents it's their home, in which we work for and with them.

Meal times were relaxed and people had the freedom to choose what they wanted to eat. We saw people freely using the kitchen to make themselves drinks and snacks. People told us that they did not have a set menu as they would choose on a daily basis what they wanted to eat. Staff supported people to the local shops and supermarkets so they could choose food and snacks. People's dietary requirements were also considered and any nutritional issues were documented in each person's support file and catered for by staff. The registered manager told us, "We shop locally and reinvest in local community as priority and whenever possible, we are mindful of the benefits to local economy as well as environmental matters. Our employee who helps people with our menu and shopping has a massive interest and is knowledgeable about food and diet, they are our Nutrition Champion." We noted the service had a food hygiene rating of five. This is the highest rating you can attain.

We looked at how people were supported with their health. Records had been kept of healthcare visits including, the mental health team. Where appropriate people had plans in place such as, 'physical/ mental health wellbeing' and 'dietary requirements'. These provided detail to staff on how best to support the person to meet these goals. The plans had also been agreed with the person. The registered manager added, "The service also has a personal development document which discusses nutrition, smoking cessation, mental and physical health- local dentists and doctors' practices to choose from. It includes information relating to sexuality and sexual health- subjects that some people may find difficult to talk about. We have used words, illustrations and large print to make the file more accessible. Staff can work through this with people to help inform awareness in these issues and inform decision making."

Good

# Is the service caring?

## Our findings

During the inspection we observed staff interaction which was approachable and helpful and staff presence was welcomed by people in the communal lounge as they sat and conversed. People indicated they were well cared for and happy. Staff told us they did not enter a person's room without permission unless there was an emergency.

The registered manager told us, "Residents views are most important and help drive our development. We have a friendly open-door policy to discuss any matter at any time and we formally seek resident's views at house meetings, support programme reviews and service questionnaires." We saw evidence over the day of inspection that these were being done by viewing documentation.

House meetings allowed people to voice concerns and new ideas and to also keep people informed of proposed events, which meant people had the opportunity to be consulted and kept up to date with any new issues.

Quality questionnaires were also used to gather feedback from people using the service. These were sent out annually and asked questions around the quality of care received, the environment and food quality. The assistant manager told us that at present no collective data was documented. However, any people's issues would be rectified and spoken about, if appropriate in house meetings or on a one to one basis. He added that the service had now rectified this and had just, 'rolled out' a new system where all information would be captured and complied into a visual report. This meant the service could now evidence the collated results. We saw evidence that this had been done and was being applied to the next group of questionnaires.

We saw people freely expressing their views and wishes during day to day conversation and choosing activities and daily living chores they wished to undertake. The registered manager's door was open at all times and people were free to walk in and ask questions and ask for support at any time. During the inspection we witnessed the registered manager support a person who had requested to make a telephone call to another professional involved in their care. This was done without delay.

Staff we spoke with displayed a sound knowledge and understanding of the needs of people they supported. Staff members added how they enjoyed working at the service, one staff member told us, "I wish I had started here years ago. I absolutely love it." A second staff member told us, "It's like a little family, I actually look forward to coming to work."

The service had a 'key worker' system. This ensured each person was allocated a named staff member who would provide oversight and support in the maintenance of toiletries, cloths and food. Although each person had a key worker people knew they could approach any member of staff at any one time. The registered manager added, "I feel we operate a successful key worker system where each resident has at least two key persons that they can relate to best in working together to help achieve positive outcomes." Staff and people also confirmed this was an effective way of working.

Support from advocates was promoted within the service and information was offered in the, 'client handbook' on how to access advocacy services. The registered manager told us people were currently accessing advocates for varying reasons.

We noted there was a strong emphasis on daily living, domestic and social skills being promoted. Staff had a good understanding of people's personal values and needs and placed people at the heart of the service they provided. All activities were focussed on the person gaining their independence both in the house and in the community. The registered manager added, "Additional one to one support in the community is offered for some residents to help supervise therapeutic activities or personal goals outside of the home. This is either funded by the home or in special circumstances funded by outside authorities where bespoke support plans are sourced by the home on behalf of the resident. This is an aim to support people to become as independent as possible and hopefully move on to live in their own tenancies in the community."

It was evident that people had been encouraged to personalise their bedrooms and had input into the décor of the house along with soft furnishings. Each bedroom was individual to the person and contained their personal possessions such as small furniture items and ornaments. The registered manager added, "People are encouraged to personalise their rooms because we wish to promote the feeling of security, comfort and homeliness. We aim to provide safety, wellbeing, warmth, socialisation, privacy and security to all people living here."

Staff confidentiality was a key feature in staff contractual arrangements. Staff induction also covered principles of care such as privacy, dignity, independence, choice and rights. This ensured information shared about people was on a need to know basis and people's right to privacy was safeguarded.

Good

# Is the service responsive?

## Our findings

People indicated they felt listened too by staff. We observed people speaking freely and openly with staff about any worries and asking questions.

The service had adopted a suitable pre-assessment and transition plan. This considered areas such as the person's wishes and feelings, background, historical and current risk, aims and goals. The transition plan was agreed by the person and all professionals involved with the person's recovery programme. The registered manager added, "I attend discharge meetings and ward rounds if a person is being discharged from hospital to ensure I get the best picture of the person. I always meet with the person and they spend days, afternoons and overnight stays before moving into the service. I always ensure it is a phased transition to ensure they settle in as best as possible and get along with the other people living here."

We also noted the service worked very closely with other agencies such as the community mental health team and psychologists to ensure robust support plans and risk assessments were created which captured the person's strengths and areas the person wished to develop.

Support files were written in a respectful and dignified way. We found adequate pre assessment documentation to support the development of detailed support plans and support the delivery of care to each individual. We saw evidence people had been part of their support planning process and reviews. This ensured people received the care and support in a way they both wanted and needed.

Staff displayed suitable knowledge of people's needs and could explain how support was provided to each individual in areas such as those relating to safety, choice, personal preferences and leisure pastimes in a person centred way. One staff member stated, "Care is person centred and about people. We are always saying to people, this is your home, we are guests in your home."

Daily reports provided evidence that people had received care and support in line with their support plan. We viewed a sample of records and found they were written in a sensitive way and contained relevant information which was individual to the person. These records enabled all staff to monitor and respond to any changes in a person's well-being. This was evidenced by people's comments during the day of inspection. One person stated, "I'm supported to do all the things I like." Whilst another said, "It's my choice what I do each day."

Due to the nature of the service, the provider did not employ an activity co-ordinator. People who used the service pursued their own hobbies and accessed the community alone or with staff support on a daily basis. Staff were employed in a support role to assist with essential living skills and support with outings when required. The registered manager told us, "Bradmere funds a visiting hairdresser and podiatrist for the convenience of residents. We have also recently purchased a minibus so we have our own transport for day trips, holidays and social visits."

It was evident that people were involved in decisions and discussion about their lives and activities they may

like to take part in. Plans were made in partnership with people using the service for the day and weeks ahead. The registered manager added, "We have put together a personal development file to be used to inspire residents and staff whilst support planning and setting targets. The file contains information that relates to the locality;- shopping, sports/leisure, spiritual activities, places of worship. It also includes signposts to work experience, voluntary work, benefits/advocacy advice, training and education."

We noted the service had received no formal complaints over the past year, however, there were processes and policies to follow in the event of a formal complaint being made about the service. This included timescales for responses. Contact details for external organisations including social services and the director of the service were also evident. Staff and people using the service were aware of how to make a formal complaint when required and were confident these would be dealt with thoroughly and professionally.

The service held a file which contained compliments cards, letters and emails. We looked at a sample number of these and noted positive comments complimenting staff and the service for the support and kindness shown to them.

Good

# Is the service well-led?

## Our findings

At time of inspection there was a registered manager who had been in post since June 2016. The registered manager provided oversight into the development and day to day running of the service. Due to the small nature of the service, the registered manager's constant presence was seen around the house and people were aware of his role and responsibilities. Staff told us they received a good level of support from the registered manager and felt he was, "Very approachable and supportive." The registered manager was supported in his role by an assistant manager. However at the time of the inspection the assistant manager was on holiday. Throughout our discussions we noted the registered manager to have a good knowledge of people's current needs and circumstances and was committed to the principles of person centred care and inclusion.

People and staff we spoke with indicated they felt able to approach the registered manager with any questions or worries they may have and that these would be resolved effectively. One staff member told us, "I think the manager is brilliant, very approachable." A second staff member stated, "The management will always accommodate anything. If you have a personal appointment cover is always found so we can attend. Nothing is too much trouble." A further comment made by a member of staff supported the registered manager's commitment to the service and the wellbeing of the people who lived there, they stated, "I have always found that the managers priority is definitely to keep people safe and happy. That goes for both people living here and staff."

The service had a wide range of policies and procedures. These provided staff with clear and relevant information about current legislation and good practice guidelines. We were able to determine that they were regularly reviewed and updated to ensure they reflected any necessary changes. Staff had been given a code of conduct and practice they were expected to follow. This helped to ensure the staff team were aware of how they should carry out their roles and what was expected of them. The registered manager added, "We are mindful to ensure our policies and procedures are available in a language and/or format that meets each person's individual needs, so this may be by means of poster form, or easy read document."

The service had an infrastructure of auditing and quality assurance in place to monitor the quality of service delivery. These audits were sectioned into monthly, weekly and quarterly audit and covered areas such as medicines, documentation, health and safety, slips trips and falls, infection control, weekly fire alarms and other fire equipment, support files, staffing levels and complaints.

The registered manager also informed us that the service employed an independent business consultant to review and oversee staff contracts, handbooks, policies and support staff with any disputes they may have.

Frequent staff meetings were held. These meetings were used to discuss any issues and feedback any complaints and compliments. Good and bad practice was also noted and discussed in full. We noted that ideas from staff were listened to and actioned if appropriate. Staff confirmed these happened at regular intervals and found them a useful arena to share ideas and concerns.

As identified in the report the service used a range of other systems to monitor the effectiveness and quality of the service provided to people and to seek people's views and opinions about the running of the home, such as day to day discussions, house meetings, quality questionnaires for people using the service and in addition to this their relatives, staff and other professionals involved in people's care.

The philosophy of the service was very much to, "Meet people's needs and help them to recognise and achieve their personal targets with a positive focus on health, strengths and wellness. The registered manager added, "Bradmere respects and celebrates individuality and provides a flexible person centred service that is tailored and personalised to the individual." It was evident that the philosophy of the service was to promote a positive and compassionate attitude in its staff team towards people with mental health issues which was inclusive of respect, dignity and a person centred approach.