Bupa Care Homes (ANS) Limited

Burrswood House Nursing and Residential Home

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 was an unannounced inspection carried out on the 7, 8 and 9 March 2016. We last carried out a routine inspection on 8, 9 and 27 April 2015 when we found four breaches in the regulations that we reviewed which related to, staffing levels, medicines management, control and prevention of infection and provision of food and drink. At this inspection, we found that breaches had been met or plans were in place to make improvements.

Burrswood House Residential and Nursing Home is registered to provide accommodation and support for up to 125 mainly older people. The home is a purpose-built, two storey building which comprises of four separate houses.

On the first floor, Dunster House provides general nursing care and Crompton House provides residential social care. On the ground floor, Peel House provides nursing care for people who are living with dementia who also have complex mental health needs and Kay House, which provides residential care to people living with dementia care.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was present throughout our inspection.

We saw improvements had been made in relation to medicines management, infection control and staffing. We saw that improvements had been made to food and nutrition arrangements with further improvements being agreed with the regional and finance managers during our inspection.

We found that all four houses were clean and clutter free and no malodours were detected. A person who used the service said, "They clean my room every day and do my laundry. They do a good job." Relatives said, "[Relative's] bedding is always clean. They are always cleaning," and "It's a lovely home. It's been painted and always clean and tidy."

There had been a reduction in staff sickness levels and therefore the use of agency care staff had ceased. This helped to ensure that people were provided with consistent care, treatment and support by staff who knew them well. Staffing arrangements at the home had improved by changes being made to the rota and an increase in staffing at busy times of the day. Additional staffing was also agreed to help support people who needed additional help to eat their meals.

People told us, "The food is very good," "It's lovely," "I like the sweets," and "If we don't like it then we can have something else. They make sure my wife when she visits can have a meal with me in the dining room. You can have anything you want at the drop of a hat!"

The staff we spoke with told that they had received safeguarding adults training. They were all able to inform us what they would do should they find that abuse was taking place. Staff members said, "I know the Speak Up number and I would use it" and "I would not hesitate to speak to [the house manager and registered manager] and they would definitely take action."

We saw that the required checks had been made when employing new staff. This helped to ensure that people were kept safe from potential staff who were unsuitable to work with vulnerable adults.

A major refurbishment program had been completed to make improvements to the home. This included people's bedrooms being redecorated, new carpets being fitted and new bedroom furniture. There was also a new lighting system, new radiators and a new 'nurse call' system had been fitted. Further work was planned to take place to improve the dining experience of people who lived with dementia on Peel House and Kay House. A quiet lounge with a seaside theme was also in progress of being developed on Peel House.

A pre-admission assessment was undertaken with the person and their relatives if appropriate before agreement was reached to provide care and support was reached. This helped ensure the person's needs could be met by the service. At the time of this inspection, the registered manager had agreed to stop new admissions to Peel House. This was so that the new house manager, a registered mental health nurse, could review all the people who lived with dementia and had complex needs that on occasion challenged the service.

The registered manager and staff we spoke with were able to demonstrate their understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions. When necessary applications had been made to the local authority, to lawfully deprive people of their liberty so that their rights were protected. Staff were aware that some people's capacity could fluctuate and this was reflected in their records.

People received the care and treatment they needed from a range of healthcare professionals. The service was taking part in a research project with a local university in the prevention and management of pressure ulcers.

We found that the atmosphere at the home was relaxed and friendly and interactions observed between people who used the service and staff were pleasant and polite. We saw there was plenty of fun and good humour. One person said, "If I have to be anywhere I would be here."

People who used the service said, "It is brilliant here. They have got me on my feet," "Every one of these girls are brilliant. [The house manager] is fantastic, very caring", "I get on with the staff. They are very kind" and "I am so happy here. I am so grateful for what they have done. I love them they are like my family."
People's care plans and monitoring records were regularly reviewed and updated so that people's current and changing needs were clearly reflected.
We looked at what activities were provided by the service. One person said, "We had a guitarist recently. He was brilliant." Other people told us that they preferred to keep to themselves. One person said, "I like to watch football in my room on Sky with my friend."

A relative told us, "There are garden parties and there is always a cake for people's birthdays. They have a cinema man comes in. It was Seven Brides for Seven Bothers last week and music man before Christmas and singers booked for April."
Systems were in place to show the service was under constant monitoring and review.

People who used the service spoke positively about the registered manager and the house managers. They said, "[Managers] have always got time for you" and "[The registered manager] is brilliant. All the improvements she has made here."

Relatives we talked with spoke highly about the registered manager, who with the support of the staff, had made many improvements since she had been at the home. Relatives described the registered manager as, "First class", "On the ball", "The buck stops with her" and "5*." Some relatives we spoke with talked about the atmosphere at the home. They said, "Two of our relatives have stayed here. It feels like a community. We are made to feel welcome by staff from the minute we enter the home to wherever we visit."

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 living at Burrswood House. Staff were able to demonstrate their understanding of the safeguarding policy and procedure. Staff knew what to do, to help protect people, if they suspected or witnessed abuse or the poor practice of colleagues.

Staffing arrangements at the home had improved by changes in the rota. There had been a reduction in staff sickness levels and therefore the use of agency care staff. This helped to ensure that people were provided with consistent care, treatment and support by staff who knew them well.

People received their medicines safely.

Is the service effective?

Good

The service was effective.

People who used the service told us the food offered was good. We saw systems were in place to monitor people's nutritional needs. Additional staff and improvements to the layout of the houses where people lived with dementia provided better support for people to eat their meals

Staff felt supported by their line manager in their roles. They had received the induction training they required to ensure they were able to carry out their roles effectively, before directly supporting people.

Managers understood their responsibilities in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) so that people's rights were protected.

People received the care and treatment they needed from a range of healthcare professionals.

Is the service caring?

Good

The service was caring.

We found that the atmosphere at the home was relaxed and friendly and interactions observed between people who used the service, relatives and staff were pleasant, polite and often good humoured.

Managers and staff knew people who used the service well and had good knowledge of their needs, likes and dislikes.

Is the service responsive?

Good

The service was responsive.

Care plans and risk assessments contained good information about the care and support people required. This included information where people lived with dementia about known triggers that may affect their behaviours.

A range of activities was in place at the home, which people enjoyed. Staff would like to develop a wider range of activities for people who lived with advanced dementia.

There was a system in place for recording, investigating and acting upon complaints about the service.

Is the service well-led?

Good

The service was well led.

The service had a manager who was registered with the Care Quality Commission (CQC). People spoke positively about the registered manager and the improvements they had made since they started at the home.

People who used the service, relatives and staff told us that the registered manager, the new regional manager, clinical manager and the house managers were approachable and supportive.

There were quality assurance systems in place for assessing, monitoring and reviewing the service. There were also systems in place for gathering people's views and opinions and acting upon them to help improve the service.

Burrswood House Nursing and 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 checked 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 was an unannounced inspection and took place on the 7, 8 and 9 March 2016. The inspection team comprised of two adult social care inspectors and a pharmacist inspector.

Prior to our inspection, we contacted the local authority commissioning and safeguarding teams and also the local clinical commissioning group (CCG) to seek their views about the service. We also considered information we held about the service such as notifications sent to us by the provider of any incidents or any events within the home.

We asked the provider to complete a Provider Information Return (PIR) prior to this inspection. 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 spent time talking with thirteen people who used the service and seven relatives. We spoke with the registered manager, the new regional manager, the finance manager, the clinical service manager, three house managers, two nurses, three senior care staff and ten care staff which included three staff who covered nights.

We also spoke with the maintenance person, the housekeeping supervisor, the new chef, a housekeeper and a hostess. We looked around parts of the building, observed how people were being supported and cared for, looked at twelve people's care records, staff training records and rotas as well as information about the management and conduct of the service.

Good

Is the service safe?

Our findings

At our last inspection, we found a breach in medicines management at the home. At this inspection, a pharmacist inspector looked at medicines management on all four houses.

We found the rooms used to store medicines were secure, with access restricted to authorised staff. Room temperatures were monitored daily to ensure they remained within recommended limits. Waste medicines were disposed of in accordance with the relevant regulations. There were appropriate arrangements in place for the management of controlled drugs, including record keeping, and regular balance checks had been carried out. Controlled drugs were stored in a controlled drugs cupboard; access to them was restricted and the keys were held securely.

Medicines, which required cold storage, were kept securely in a medicines fridge within the medicines store rooms. Maximum and minimum fridge temperatures had been recorded daily, but there were gaps in recording. For example, temperatures on the Peel House had only been recorded on six out of eight days in March 2016, 24 out of 29 days in February 2016 and 18 out of 31 days in January 2016. In some cases, temperatures had been recorded which were outside of the normal range and no action had been taken or documented. Records from Kay House showed a minimum temperature of zero Celsius had been recorded from 18 January 2016 to 08 March 2016; again no action had been taken. When we asked staff we found they did not know how to correctly operate and reset the thermometer; the temperature was within the recommended range during our visit. We noted that new fridges for storing medicines had been purchased and arrived on the first day of our inspection.

We looked at medication administration records (MARs) for 13 people during the visit and spoke with nurses and senior carers who were administering medicines on all four houses. Medicines had been given correctly as prescribed, and records were clearly completed to show the treatment people had received. Stock balances of medicines were checked and found to be correct.

All people who used the service had photographs and allergy details completed on their MARs; this helped to prevent medicines being given to the wrong person or to a person with an allergy. There were clear protocols in place for service users who had been prescribed when required medicines. These stated the indication, instructions for administration, and the minimum time between doses. Staff routinely recorded the number of tablets given from variable dose prescriptions, and the time they had been administered. Body maps were routinely used for topical treatments and pain relief patches to ensure they were applied to the correct area. We saw effective systems were in place to manage high risk medicines, and how these worked to keep people safe. We also saw special arrangements were in place to give time critical medicines, which were outside of normal administration times, for example to treat Parkinson's disease. This meant service users received medicines in a timely way, which best suited their individual needs.

We saw that were people requested 'as required' medicines for pain, this was given to them promptly and the nursed checked with them the underlying cause of the pain.

At our last inspection, we found a breach in the prevention and control of infection. Before this inspection, we received a copy of the report of an audit carried out by a health protection nurse. The audit was carried out on 8 January 2016 and the home achieved 74% out of 100%. We talked with the registered manager and the housekeeping supervisor about this and looked at what action had been taken to make improvements. A follow up visit will be carried out by the health protection nurse to ensure improvements have been made in the near future.

We found that all four houses were clean and clutter free and no malodours were detected. A person who used the service said, "They clean my room every day and do my laundry. They do a good job." Relatives said, "[Relative's] bedding is always clean. They are always cleaning," and "It's a lovely home. It's been painted and always clean and tidy."

We saw that there were systems in place to help prevent the spread of Legionella bacteria. We found the kitchen was clean and tidy. It had received a 5 star rating from the national food hygiene rating scheme. We saw that in the regional manager's monthly home review that they had found some concerns. We saw that action had been take to address these issues, which included purchasing new equipment and repairs. We also spoke with a new chef who had recently taken over the running of the kitchen and they had identified further improvements that needed to be made in respect of for example the layout and storage.

Red bags were in place to help ensure the safe transfer of soiled items from the houses to the laundry. Washing machines had sluice facilities and an oxygenated system to kill any bacteria that was in the red bags. The last wash of the day was an empty wash at a high temperature to clean and refresh the machines for the next use.

On staff files we saw signed agreements to report any infections they may have to the management team and to take appropriate action when caring for vulnerable people.

At our last inspection, we were concerned about staff use of Personal Protective Equipment (PPE), for example, the use of disposable gloves and aprons for intimate care tasks. Concerns had been raised that staff were not always using PPE correctly in relation to colour coding and on occasion not at all. We saw and staff confirmed that there was a constant supply of PPE and that staff always used them. One member of staff said that on the rare occasion that this might happen was because you were unprepared for a situation but this was rare. No other concerns were raised with us about infection control at this inspection.

At our last inspection, we found a breach in staffing levels. At this inspection, we found that improvements had been made which included, changes to the staff rota so that staff were better deployed to meet people's needs. This included the introduction of 'twilight' staff to help support people to get ready for bed. There had also been a reduction in the levels of staff sickness so that agency care staff were no longer used. This meant that people were supported by staff who knew them well. The rotas we saw supported this. The service was still using regular agency nurses who we were told knew the service well. Agreement to provide permanent hostess cover for the houses that provided support for people who lived with dementia was also in place.

From information we received from the provider in the PIR we saw that there had been a high turnover of staff. Some of the staff that we spoke with told us that they had worked at the home previously but had not liked it and left. They told us that they had heard that the atmosphere and morale at the home had improved. They had returned and confirmed that this was the case. The registered manager told us that new staff at the home had been retained. New staff told us that they had made to feel very welcome by the established team on the house they worked on. One established member of staff said, "The new staff are

really good."

There was a mixed response to staffing levels. One staff member said, "There are enough staff. Maybe too many at times." Another staff member said they thought that the staffing levels were right, "95% of the time." Some staff thought that it was difficult to assess what staffing was needed in advance because the needs of the people who used the service were often unpredictable. Other staff said that they would like to have more time to spend chatting to people. Relatives said, "There are enough staff and the house always feels calm.

The staff we spoke with told that they had received safeguarding adults training. They were all able to inform us what they would do should they find that abuse or poor practice was taking place. Records showed that staff training had been provided in this area. Staff were confident that their line manager would act on issues they may raise and if not they could approach the registered manager. The registered manager was also a member of the local authority safeguarding board and regularly attended meetings.

We saw that the home had a copy of the organisation's whistleblowing policy known as "Speak Up". This encouraged staff and others to speak out if they are worried about any issues or a wrongdoing, which affects other people. Staff members said, I know the Speak Up number and I would use it" and "I would not hesitate to speak to [the house manager and registered manager] and they would definitely take action."

We looked at the personnel records for three care staff who had recently been employed to work at the home. We found that relevant recruitment information, such as an application form which included a full employment history, written references, identification, medical questionnaire and interview records, were held on file. Criminal record checks were also carried out with the Disclosure and Barring Service (DBS). A further check was completed on nursing staff to ensure they had a current professional registration with the Nursing and Midwifery Council (NMC). This helped to ensure that people who used the service were protected from the risk of staff who were unsuitable to work with vulnerable adults.

During our last inspection there was a major refurbishment being undertaken to make improvements to the home. We saw at this inspection that work had been completed and improvements had been made to people's bedrooms, which included redecoration, new carpets fitted and new bedroom furniture as well as a new lighting system, new radiators and a new 'nurse call' system had been installed. However, plans for a new lift that would be big enough to accommodate a stretcher had not yet been signed off in agreement by the registered provider.

We saw that when people who used the service used a wheelchair footplates were always used. The maintenance person told us that if they saw a wheelchair without footplates it would be removed from use. We saw that safety checks were carried out by the maintenance person every month, including bed rails that were in use.

We saw two staff always supported people being transferred by use of a hoist. We saw that staff explained and reassured people during the transfer and ensured their clothes properly covered them to help maintain their dignity. We saw records that showed visual checks of hoists were undertaken and hoists were serviced as required, by a suitably qualified person. It was however noted that people did not use their own individual slings for hoists. A staff member also commented that some beds were difficult to move and the service would benefit from having more profiling beds.

The care records we looked at showed that risks to people's health and well-being had been assessed, such as poor nutrition, skin integrity, moving and handling and falls. Management plans had been put in place to help reduce or eliminate the risk. Where risks were high these were reviewed at the weekly management

team meeting.

We looked at the audit of accident and incidents that had happened at the home. We saw that they were analysed to see if there were any patterns occurring and to see if anything could be done to prevent them happening again.

Records showed that fire safety checks had been completed to check the fire alarm, emergency lighting and extinguishers were in good working order and the fire exits were kept clear. We saw there were personal emergency evacuation plans (PEEPs) in place for people who used the service which risk assessed what level of support a person would need in an evacuation. When we checked some 'keep locked when not in use', fire doors to storage areas on one house we found them to be open. However, when we returned later we found they had been locked.

Good

Is the service effective?

Our findings

At our last inspection, we raised concerns about mealtimes on Peel House and Kay House where people lived with dementia. This related to the layout of the floors and the numbers of staff available to support people to eat their meals. There were not enough tables and chairs available for people to eat their meals at and not enough staff available to support people with their meals at the same time in the small dining room, in the lounge and in their bedrooms. This meant that some people who lived with dementia became agitated because they could not understand why they had to wait and in other cases, people were eating their meals in an undignified way, for example, attempting to eat custard with their fingers.

At this inspection, we found similar circumstances. We were made aware that since our last visit a hostess had been deployed to one of the houses and that this had improved the dining experience, however they were not available on the first day of our inspection. People who used the service said, "I don't like to use the dining room it's too noisy" and "You really miss the hostess when they are not here." Where people were being supported this was done with great sensitivity and at a relaxed pace. We also saw that food and drinks were available at all times throughout the day and records were kept of what people had to eat and drink. We were told that people were offered small amounts of food and drink at regular intervals, for example, crisps, jelly, smoothies and milk shake. Food was fortified where possible to increase people's calorie intake. Our observations of mealtimes on Dunster and Crompton were a different experience, with full hostess service in the dining rooms and appropriate support offered.

We talked with the regional manager and the finance manager about our continuing concerns. They agreed to the employment of a hostess on Kay House with immediate effect and ensure that the plans to improve the dining experience in terms of the layout in the lounge included more tables and chairs for meals that could also be used for activities. We had confidence in the provider that the improvements would be made.

People told us, "The food is very good," "It's lovely," "I like the sweets," and "If we don't like it then we can have something else. They make sure my wife when she visits can have a meal with me in the dining room. You can have anything you want at the drop of a hat!" A relative said, "[Relative] can't swallow so they add thickener." Another relative said, "The food is good and I come in everyday to feed [relative]. If [relative] misses a meal they will always get [relative] something else."

We saw that menus were displayed and people who used the service were asked for the choice of what they wanted to eat the day before. The main meal of the day was served at tea time with a smaller hot meal at lunchtime. A choice of fruit juices were offered with the meal and after a hot drink.

We spent time with the chef in the kitchen looking at the arrangements for meals. We saw that the organisation had rotating menus in place that gave information about each meal's nutritional value. The meals we saw were of good quality. We saw that adapted crockery or aids were available and being used by people who needed it to help promote their independence.

We spoke with the new chef who had worked at the service since 15 February 2016. They had an extensive

employment history in working in food management for large corporate organisations. They said, "I have been made to feel very welcome at the home from the bottom to the top" and "If I would not be prepared to eat the food served then it is not good enough for people who use the service." The chef had an action plan in place for improvements they wanted in the kitchen to improve quality and make it more efficient.

There was a member of staff responsible for managing the referral process to ensure continuity of communication between the service and people who wanted to come and live at the home and their relatives and friends. We saw that they had received positive feedback from relatives of a person who had recently moved into the home, which stated, "Mum seems to have settled in really quickly and seems very happy."

The registered manager told us that a pre-admission assessment was undertaken by one of the care management team. The pre-admission assessment involved the person concerned and their relatives, if appropriate, to ensure the service could meet their needs before they moved into the home. We saw evidence of this in the care files we looked at.

Before our inspection, we looked at the information we held in relation to safeguarding notifications. We noted that the service was vigilant in sending notifications to us about incidents. We saw that we had received notifications, which on occasions related to altercations between people who lived with dementia on Peel House who had additional complex behavioural needs.

We were told that the registered manager had made the decision to suspend admissions to Peel House in October 2015. This was to enable the new house manager, a registered mental health nurse, to review the needs of the existing group of people living there and their compatibility with each other in relation to their complex needs and risk management. The house manager said that the house was becoming, "More settled." A nurse said, "It is miles better. We have a registered mental health nurse now and they are able to support staff better."

We also noted that were appropriate checks were made to see if there was an underlying source of infection that had affected the person's behaviour and a consultant psychiatrist was contacted to review the person's medicines. The house manager was to undertake all future admission assessments for Peel House to help ensure people were compatible and safe. We saw that changes to the layout of the house were being considered, for example, ways to monitor the 'T junction' on the corridor were people could not be seen. A new quiet seaside themed lounge was also in progress.

We saw that behavioural management plans were in place. Staff we spoke to told us that they would like to undertake additional training to help safely support people who lived with dementia whose behaviours were at times challenging, unpredictable and resistive to care, treatment and support. Training to help staff understand the experience of a person living with dementia was also considered by some staff to be an important consideration to help create a dementia friendly staff team and environment.

Relatives we spoke with told us that staff on Kay House where people lived with dementia had worked closely with the staff. They said that the staff supported them understand in a gentle way what was happening to their relative to help put their minds at rest.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We saw that where people were being deprived of their liberty safeguarding (DoLS) authorisations were in place or had been requested from the local authority. We saw on the staff team training records, that staff had undertaken Mental Capacity Act (MCA) 2005 and DoLS training. People who used the service had a mental capacity assessment undertaken to check their ability to make decisions. The record recognised that people's capacity could vary.

Staff we spoke with spoke consistently about good teamwork at the service. One new staff member said, "They are a good team but I don't think they realise it." Another staff member said that that the service was, "110% better than the last time you were here. The atmosphere is better and we are all singing from the same page. There are no sides. I am glad I stayed" and "This is the best team I have ever worked with. We all get on and have enough respect for each other to be open and honest."

We spent time listening to three handovers at shift changes where think its where staff passed on up to date information about people's needs. A written handover sheet was completed and a walk round of the house was undertaken by staff responsible for the shift. This was to check people were all right and the environment was safe.
New staff we spoke with told us they had received induction training from the organisation before they started working directly with people. Staff told us they felt safe and comfortable working at the home. Some staff that we spoke with told us that they were given three days as an extra member of staff to enable them to get to know people who lived at the house.

We saw a copy of the home's staff training record. The record showed that the majority of staff had received the training they needed to support people. Where they had not yet undertaken the training, or the training date had expired, we saw that arrangements were in place to undertake it. Basic training included safeguarding, mental capacity act and DoLS, pressure area care, moving and handling, nutrition and hydration, infection control, fire safety awareness, basic food hygiene, use of bedside rails and behaviour that challenges.

We asked people who used the service and their relatives about the care and treatment people received. One person who used the service that we spoke with told us that, "I was not expected to live. I was in a coma for four weeks. I am still alive and more alert than I have been in many years. My doctor thinks it is a miracle."

We saw on care plans that people had regular input from other healthcare professionals such as, chiropodists, opticians and the continence team. Doctors and district nurses were seen visiting the home.

A doctor visited the home weekly to enable people to carry out a 'ward round'.

The registered manager told us and we saw information confirming that the home was taking part in a research project in conjunction with Manchester University who were working closely with the local NHS Foundation Trust looking at the prevention of pressure ulcers. We talked with a nurse who showed us photographs of the treatment the nursing team had given to people with pressure ulcers when they came to live at the home. The photographs clearly showed the progress that had been made in the healing process to the ulcers and that people had put on weight and their skin integrity had improved.

During our inspection, we saw that staff responded quickly when a person became unwell and called 999 and paramedics attended.

Good

Is the service caring?

Our findings

We found that the atmosphere at the home was relaxed and friendly and interactions observed between people who used the service and staff were pleasant and polite. We saw there was plenty of fun and good humour. One person said, "If I have to be anywhere I would be here."

People who used the service said, "It is brilliant here. They have got me on my feet," "Every one of these girls are brilliant. [The house manager] is fantastic, very caring," "I get on with the staff. They are very kind," and "I am so happy here. I am so grateful for what they have done. I love then they are like my family."

Relatives told us, "It's lovely. They could not do more. They look after him. There is not one of the girls that is not lovely" and "It's relaxing in the lounge. It is like being in a hotel. We are very happy with the place."

People looked well cared for, were clean, appropriately dressed and well groomed. We saw that people's rooms contained their personal belongings as appropriate. People had brought in pictures, photographs and ornaments to help create a homely feel. Some people had keys to their bedrooms.

We saw that when people requested assistance staff responded promptly and positively to address their needs.

New staff spoke positively about how welcome they had been made to feel by existing staff. One staff member said, "[Staff team] were very welcoming, they gave me time to ease myself in and supported me to get on my feet."

The home was registered as a Six Steps home. This means that some staff had undertaken training to support people during the end of their life. The registered manager told us that the Six Steps co-ordinator was due to carry out a review of accreditation of the home.

A future decisions section within people's care records that was completed if people wanted or were able to do so.

Two relatives told us about the dedication of the staff in supporting people at the end of their life. They said they had seen staff stay long after their shift was over to provide care and support to people and their relatives. We were told by staff that relatives could stay at the home if they wanted to during this time.

Good

Is the service responsive?

Our findings

A person said, "I have a copy of my care plan in my room and I was fully involved in it." A relative said, "They have shown me the care plan."

We reviewed twelve care plans. We saw that the care plans covered a wide range of areas for example, people who used the service preferred daily routines were detailed in 'My Day My Life'. The plans were divided into section, for example, As well as senses and communication, choices and decisions in care and support, happier and healthier life, safety, moving around, skin care, washing and dressing, going to the toilet, eating and drinking, breathing and circulation and mental health wellbeing.

The care plans encouraged staff to consider what the person could do for themselves in these areas to help promote their independence and identify what support the person needed. Care plans were seen to be reviewed every month unless the person's individual needs changed in the interim period. Where risks were identified assessments were in place, for example, a moving and handling risk assessment, a Waterlow assessment for pressure area care.

We saw that daily notes were maintained and were positively written. One staff member said that they were clear that if, "It was not written down it did not happen."

We saw that staff encouraged people to do as much as they could for themselves. A relative said, "It is very, very good here. [Relative] can do a lot more now than when [relative] came in."

We looked at what activities were provided by the service. One person said, "We had a guitarist recently. He was brilliant." Other people told us that they preferred to keep to themselves. One person said, "I like to watch football in my room on Sky with my friend." A relative told us, "There are garden parties and there is always a cake for people's birthdays." "They have a cinema man comes in. It was Seven Brides for Seven Bothers last week and music man before Christmas and singers booked for April."

The home employed three activity organisers who worked across all four houses. We saw a notice board in each of the houses, displaying the activity program available. In Crompton House we saw a large group of people were in the lounge being entertained by a singer and those who wanted to enjoyed a glass of wine. On Peel House we saw an activities organiser singing tunes that people remembered and where able they joined in.

A record of the activities people were involved in was maintained on their care records indicating how well they had engaged or participated in the activity.

None of the people who used the service or the relatives that we spoke with had made any formal complaints. A relative said, "If I had a complaint I would tell them. I have no complaints."

Whilst walking around the home we saw copies of the complaints procedure was displayed for people to

refer to. Our records showed that we had received concerns from only one relative since our last inspection. The records at the service confirmed that this was the case. We talked to the registered manager about this and they showed us what action had been taken to resolve the issue. They said that the relative was now satisfied with the support the person received.

Good

Is the service well-led?

Our findings

The home had a manager who was registered with the Care Quality Commission (CQC). The home also had a clinical service manager (CSM) and three house managers responsible for the day- to-day management on their allocated house. The management team also comprised of the housekeeping supervisor, catering manager, the person in charge of activities, the maintenance person and an administrator.

Before our inspection, we checked the records we held about the service. We found that the service had notified CQC of accidents, incidents, safeguarding allegations and DoLS applications. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe. We were aware that there was a formal investigation being undertaken at the time of our inspection. We did not look at the details of this incident so as not to compromise the on-going investigation.

We were also aware that we had received a number of whistle blower concerns from the home, which were mainly anonymous and related to Peel House. We asked the registered provider to investigate these concerns, which they partially upheld. We saw that the registered manager at the last general staff meeting had discussed whistle blowing with the staff team. The registered manager asked staff to come forward and speak to them, the new regional manager or use the Speak Up process before contacting CQC to give the home an opportunity to address the situation.

At our last inspection, the registered manager had been in post for six months and was in the process of strengthening the management team to ensure that managers were clear about their roles and responsibilities in contributing to the day-to-day management and running of the home. At this inspection, we found that the management of the home had improved. We saw records of the weekly managers meeting that took place every Thursday that had a set agenda, which covered a range of incident reporting, care plan audits, staffing levels, successes and also barriers and issues. The house managers brought their red 'risk' folders of issues on the house they managed to share at the meeting.

People who used the service spoke positively about the registered manager and the house managers. They said, "[Managers] have always got time for you" and "[The registered manager] is brilliant. All the improvements she has made here."

Relatives we talked with spoke highly about the registered manager, who with the support of the staff, had made many improvements since she had been at the home. Relatives described the registered manager as, "First class", "On the ball", "The buck stops with her" and "5*." Some relatives we spoke with talked about the atmosphere at the home. They said, "Two of our relatives have stayed here. It feels like a community. We are made to feel welcome by staff from the minute we enter the home wherever we visit."

Staff described the registered manager as "Firm" and "Tough" but also "Approachable, friendly and fair." One staff member said, "I don't think [the registered manager] has always been given a chance. We have had to adapt and change. We needed to have clear professional boundaries."

People who used the service, relatives and staff said of the nurses that they were, "Excellent" and "[Nurse] is a brilliant nurse to all the residents and he has very high standards. He is on top of it." A relative said, "[Nurse] is so calm, almost serene." A staff member said, "It can be quite frightening for relatives at the end of life. [Nurses] do their best to put relatives at their ease."

Systems were in place to monitor the performance of the home in a number of areas. We saw copies of the January 2016 and February 2016 'Home Manager Quality Metrics Report'. Areas monitored included in the report were, acquired pressure ulcers, nutrition and weight loss, death rates, medication errors, the use of antipsychotic medication, GP reviews, use of bedrails, safeguarding and DoLS referrals, infections, care plan reviews, accidents and incidents, numbers of residents being cared for in bed and the numbers of residents who had been outside. Information was seen to be up to date.

We saw a copy of the last 'home review' carried out by the new regional manager in February 2016. We saw that the regional manager had focused on first impressions, reception, home managers office, the kitchen and satellite kitchens on the houses, the laundry, general observations and the environment on the houses, wellbeing and activity. The report cross- referenced the CQC regulations and domain areas of safe, effective, caring, responsive and well led. It was noted that the new regional manager was very visible on the houses throughout our inspection and spoke with people who used the service and staff.

There was a large 'barrier board' in the staff area. This board enabled staff to see what was happening in the service as a whole, for example, occupancy, sickness levels and agency use. The aims for 2016 were to have full occupancy, be compliant with CQC and have a happy and healthy workforce. Staff could use the 'barrier board' to raise concerns and share ideas for improvement anonymously.

We saw copies of staff meetings for two houses. These were detailed and showed that deployment of staff, keyworker responsibilities, communication, the dining room experience, personal protective equipment and the services policy were discussed. We saw that residents and relatives meetings were arranged in December 2015, however no-one attended. We saw a residents survey had been carried out by the registered provider in December 2015. However, we found the results were difficult to interpret.

The registered manager told us they carried out a 'morning walk around' to check what was happening on all the houses, as did the CSM and nurses. When we went round the home people who used the service who were able to, were seen to talk openly with the registered manager, as did the many visitors to the home. The registered manager told us they operated an open door policy and encouraged people to raise concerns with them.

House managers thought that some of the offices on the houses would benefit from computer access and in one case a phone that could be used privately, which had been lost during a change to the layout of the building.

Before our inspection, we contacted the local commissioning and safeguarding teams. They told us about on-going safeguarding investigations that we were already aware of.

It is a requirement that CQC inspection ratings are displayed. The provider had displayed the CQC rating and report from the last inspection at the entrance of each house.