A Better Carehome Ltd

Breton Court

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?	Requires Improvement

Summary of findings

Overall summary

We inspected the service on 29 June 2018. The inspection was unannounced. Breton Court Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

Breton Court Care Home is registered to provide accommodation and personal care for 28 older people. There were 18 people living in the service at the time of our inspection visit.

The service was run by a company who was the registered provider. The company was formed of two directors both of whom were present during our inspection visit. Although there was a manager who had applied to be registered with the Care Quality Commission, we had not finished our consideration of their application. 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. In this report when we speak about both the company's directors and the registered manager we refer to them as being, 'the registered persons'.

At the last comprehensive inspection on 30 and 31 March 2017 the overall rating of the service was, 'Requires Improvement'. We found that there were five breaches of the regulations. The first breach was because there were shortfalls in the arrangements that had been made to provide people with safe care and treatment. This included concerns that could have reduced the level of fire safety protection provided in the service and oversights in the arrangements made to safely assist people who lived with reduced mobility. There were also shortfalls in the arrangements that had been made to support a person who lived with a particular healthcare condition.

The second breach was because people had not been fully safeguarded from the risk of abuse and the third referred to shortfalls in the way care staff were given training and guidance. The fourth breach was because suitable provision had not always been made to fully enable care staff to provide people with care that promoted their dignity. This included shortfalls in the arrangements made to support people at the end of their life and in the management of complaints. The fifth breach referred to shortfalls in the systems and processes used to ensure that people received high quality care that had led to the occurrence of the other breaches of regulations we found.

We told the registered persons to send us an action plan stating what improvements they intended to make to address our concerns. After the inspection the registered persons told us that they had made the necessary improvements.

At the present inspection we found that sufficient progress had been achieved to meet all of the breaches of regulations. Suitable provision had been made to provide safe care and treatment and people were

safeguarded from situations in which they may be at risk of experiencing abuse. Care staff had received all of the training and guidance they needed and suitable arrangements had been made to provide people with care that promoted their dignity. The systems and processes used to assess and monitor the operation of the service had been strengthened, although further improvements were needed to ensure that progress in the service was sustained.

Our other findings were as follows. Medicines were managed safely and pre-employment checks on new care staff had been completed in the right way. Most of the necessary provision had been made to promote good standards of hygiene in order to prevent and control the risk of infection. Lessons had been learned when things had gone wrong so that there was less chance of accidents happening again.

Appropriate arrangements were in place to assess people's needs and choices so that care was provided to achieve effective outcomes. This included providing people with the reassurance they needed if they became distressed. People were helped to eat and drink enough to maintain a balanced diet. Suitable provision had been made to help people receive coordinated care when they moved between different services. People had been supported to access all of the healthcare services they needed. Suitable arrangements had been made to obtain consent to care and treatment in line with legislation and guidance. Some parts of the exterior of the building were poorly maintained. However, the registered persons had an action plan to address these defects in the near future.

People were given emotional support when it was needed. They had also been supported to express their views and be actively involved in making decisions about their care as far as possible. This included them having access to lay advocates if necessary. Confidential information was kept private.

People received responsive care that met their needs for assistance. This included care staff supporting them to have access to written information that was relevant to them. Suitable arrangements had been made to promote equality and diversity.

There was an open and inclusive culture in the service. Suitable arrangements had been made to ensure that regulatory requirements were met. The registered persons were actively working in partnership with other agencies to support the development of joined-up care.

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 received safe care and treatment.

People were safeguarded from the risk of abuse.

Medicines were consistently managed in line with national guidelines.

There were suitable and sufficient care staff to promptly give people all of the care they needed.

Background checks had been completed in the right way before new care staff were appointed.

Most of the necessary provision had been made to prevent and control of infection.

Lessons had been learned when things had gone wrong.

Is the service effective?

Good

The service was effective.

Care was delivered in line with national guidance and care staff had received training and support.

People were supported to eat and drink enough to maintain a balanced diet.

People were assisted to receive coordinated care and to access ongoing healthcare support.

Suitable arrangements had been made to obtain consent to care and treatment in line with legislation and guidance.

Most of the accommodation was designed, adapted and decorated to meet people's needs and wishes.

Is the service caring?

Good

The service was caring.

People's privacy, dignity and independence were promoted.

People were supported to express their views and be actively involved in making decisions about their care as far as possible.

Confidential information was kept private.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs.

Suitable provision had been made to support people at the end of their life to have a comfortable, dignified and pain-free death.

There were arrangements to listen and respond to people's concerns and complaints in order to improve the quality of care.

People were supported to pursue their hobbies and interests.

Care staff recognised the importance of promoting equality and diversity by supporting people to follow life-course identity choices.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Systems and processes used to assess and monitor the service needed to be strengthened further to ensure that progress that had been made in the service was sustained.

There was no registered manager.

Care staff understood their responsibilities so that risks and regulatory requirements were met.

The service worked in partnership with other agencies to promote the delivery of joined-up care.

Breton Court

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 registered persons continued to meet 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.

We used information the registered persons sent us in the Provider Information Return. This is information we require registered persons to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the commissioning bodies who contributed to purchasing some of the care provided in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 29 June 2018 and the inspection was unannounced. The inspection team consisted of a single inspector.

During the inspection visit we spoke with nine people who lived in the service and with one relative. We also spoke with four care staff, the chef, a housekeeper, the activities coordinator and the maintenance manager. We also met with the manager and both of the company's directors. We observed care that was provided in communal areas and looked at the care records for five people. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

In addition, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not speak with us.

After the inspection visit we spoke by telephone with a further four relatives.

Good

Is the service safe?

Our findings

At our last inspection on 30 and 31 March 2017 we found that there was a breach of regulations. This was because suitable arrangements had not consistently been made to provide people with safe care and treatment. In particular, there were shortfalls in the arrangements that had been made to ensure that people could quickly be moved to a safe place in the event of a fire. There were also shortfalls in the guidance care staff had been given when assisting a person who needed help to manage a healthcare condition. In addition to this, care staff had not been fully supported to assist people who lived with reduced mobility so there was less chance of them falling.

After the inspection the registered persons wrote to tell us that they had made all of the improvements that were necessary to put right each of the shortfalls.

At the present inspection we found that action had been taken to address our concerns. Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. Suitable arrangements had been made to ensure that people could quickly be moved to a safe place in the event of a fire. The improvements included providing care staff with more detailed guidance about how to assist each person in the right way by taking into account things such as a person's physical and/or sensory adaptive needs. Records also showed that on-going checks had been completed in the right way to confirm that the service's fire safety equipment remained in good working order.

Suitable provision had been made to ensure that people who lived with a particular healthcare condition were supported in the right way. This included care staff knowing how to recognise when a person was becoming unwell and needed to be referred to a healthcare professional. In addition to this, care staff had received extra guidance about how to safely help people who lived with reduced mobility and we saw them assisting people in the right way in order to reduce the risk of injuries and falls.

There were systems and processes in place to help people avoid preventable accidents. Examples of this included the service having hoists that were necessary to enable people to transfer safely. Other examples were hot water being temperature controlled and radiators being fitted with guards to reduce the risk of scalds and burns. In addition to this, suitable arrangements had been made to enable people to receive harm-free care. This included people being helped to keep their skin healthy and free from pressure ulcers by regularly changing position and by using special soft mattresses and cushions.

Care staff were able to promote positive outcomes for people if they became distressed and were at risk of harm. We noted that when this occurred care staff followed the guidance in the people's care plans so that they supported them in the right way. An example of this was a person who was worried because they could not recall when a particular member of their family was next due to visit them. A member of care staff noticed that the person was becoming loud in their manner and that action needed to be taken to keep the person and others around them safe from harm. We saw the member of care staff gently reminding the person about the day of the week when their relative usually called to the service. This information reassured the person who was then pleased to accept a cup of tea.

The registered persons had made suitable provision to provide people with safe care and treatment and this had resulted in the breach of regulations being met.

At our inspection on 30 and 31 March 2017 we found that there was a breach of regulations because suitable arrangements had not been made to safeguard people from situations in which they may have been at risk of experiencing abuse. In more detail, some members of staff had not been given all of the training they needed and were not confident about the steps they needed to take if they were concerned about a person's wellbeing. We also found that the registered persons had not always carefully considered whether they needed to notify the local safeguarding authority when people had become distressed and placed themselves and others at risk of harm.

After the inspection the registered persons wrote to tell us that they had made the necessary improvements to ensure that there were robust arrangements to safeguard people from the risk of abuse.

At the present inspection we found that people were suitably safeguarded from situations in which they may experience abuse. Records showed that staff had received training and knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. They told us they were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. In addition to this, the arrangements used by the registered persons to notify the local safeguarding authority had been strengthened so that there was more explicit and more checks made to ensure that referrals were made in the right way.

People told us they felt safe living in the service. One of them said, "I'm very pleased with this place. It's homely and welcoming. The care staff are just so lovely to me." Relatives were also complimentary about the service. One of them remarked, "I think that the staff at Breton Court are very kind to the residents and I'm confident that my family member is safe and well cared for."

The registered persons had made robust arrangements to safeguard people from the risk of abuse and this had resulted in the breach of regulations being met.

Medicines were safely managed in line with national guidelines. These included there being a sufficient supply of medicines that were stored securely. They were also kept at the right temperature which is important so that they do not lose their therapeutic effect. The care staff who administered medicines had received training and had been assessed by the manager to be competent to complete this task. There was written information about the medicines each person had been prescribed to receive and records showed that these had been administered in the right way. We also saw care staff correctly giving the medicines at the right times. When medicines were no longer needed they had promptly been returned to the pharmacy.

The registered persons told us and records confirmed that they had accurately established how many care staff needed to be on duty. This involved taking into account the number of people living in the service, the care each person needed to receive and the layout of the building. Records showed that sufficient care staff had been deployed in the service during the two weeks preceding the date of our inspection visit to meet the minimum figure set by the registered persons. We also noted that during our inspection visit there were enough care staff on duty. This was because people promptly received all of the care they needed and wanted to receive.

We examined records of the background checks that the registered persons had completed when appointing two new care staff. The registered persons had completed the necessary checks including obtaining a disclosure from the Disclosure and Barring Service to show that the applicants did not have

relevant criminal convictions and had not been guilty of professional misconduct. The records also showed that references had been obtained from people who knew the applicants well and who could confirm their previous good conduct.

Suitable provision was in place to analyse accidents and near misses so that lessons could be learned to help keep people safe. This had been done so that the registered persons could quickly establish why they had occurred and what needed to be done to help prevent a recurrence. An example of this was people who were at risk of falling being considered for referral to specialist health care professionals so that care staff could be advised about how best to keep the people concerned safe.

There were systems and processes in place to prevent and control the risk of infection. These included the manager assessing, reviewing and monitoring the provision that needed to be made to ensure that good standards of hygiene were maintained in the service. The accommodation had a fresh atmosphere and that soft furnishings, beds and bed linen had been kept in a hygienic condition. Care staff recognised the importance of preventing cross infection. They regularly washed their hands using anti-bacterial soap and wore disposable gloves when assisting people with close personal care. However, light cord pulls in communal bathrooms were not easily cleanable and were not clean. This oversight had increased the risk of people acquiring an avoidable infection. We raised this shortfall with the registered persons who shortly after our inspection visit confirmed to us that the cord pulls would immediately be replaced with cleanable fitments.

Good

Is the service effective?

Our findings

At our inspection on 30 and 31 March 2017 we found that there was a breach of regulations because suitable provision had not been made to give care staff all of the training and guidance they needed. In particular, we were concerned to find that some care staff had not received training in how best to support people who lived with reduced mobility.

After the inspection the registered persons wrote to tell us that they had provided care staff with additional training as a result of which they had all of the knowledge and skills they needed to provide people with the right care.

At the present inspection we found that new care staff had been provided with introductory training before they started to provide care for people. Records also showed that new care staff had been offered the opportunity to complete the Care Certificate. This is a nationally recognised training scheme that is designed to ensure that care staff are competent to care for people in the right way. We also found that care staff had received additional training in a number of key subjects including how to safely assist people by using hoists and other specialist equipment. Furthermore, the manager told us and records confirmed that they had regularly observed care staff when providing care so that they could give them advice and guidance about their professional practice. We observed care staff when they were providing people with various types of practical assistance including help to transfer and change position. We also asked them questions to assess key parts of their knowledge. We concluded that care staff had the knowledge they needed and were using this to consistently care for people in the right way.

People told us they were confident that care staff knew what they were doing and had their best interests at heart. One of them said, "The staff are great with me and they give all of the help I need. At the same time they don't take over and leave me to get on with the things they know I like to do for myself." Relatives were also confident that the service was run in an effective way. One of them told us, "Whenever I call to see my family member I'm reassured to find them well in themselves and comfortable. When I leave the service I never have to worry if they're all right because I know that they are."

The registered persons had made suitable arrangements to ensure that care staff had the competencies they needed and this had resulted in the breach of regulations being met.

Suitable provision had been made to assess people's needs and choices so that care was provided to achieve effective outcomes. Records showed that the manager had carefully established what assistance each person needed before they had moved into the service. This had been done to make sure that the service had the necessary facilities and resources. Records also showed that the initial assessments had suitably considered any additional provision that might need to be made to ensure that people did not experience discrimination. An example of this was the manager carefully asking people if they had particular expectations deriving from cultural or ethnic identities about how their close personal care should be provided and who should deliver it.

People told us that they enjoyed their meals. One of them remarked, "The meals here really are very good and I get more than enough to eat and drink. Too much actually and I have to be careful not to put weight on." People were being supported to eat and drink enough to maintain a balanced diet. The menu showed that there was a choice of dish served at each meal time. The meals that we saw served at lunchtime were attractively presented and the portions were a reasonable size.

Records showed that people had been offered the opportunity to have their body weight measured. This was so that any significant changes could be noted and referred to a healthcare professional. The manager had also liaised with healthcare professionals when people needed extra assistance because they were at risk of choking. This included the people concerned being offered the opportunity to have their food specially prepared so that it was easier to swallow.

Suitable arrangements had been made to ensure that people received effective and coordinated care when they were referred to or moved between services. This included the manager preparing written information likely to be useful to hospital staff when providing medical treatment. Another example of this was the registered persons offering to arrange for people to be accompanied to hospital appointments so that important information could be passed on to healthcare professionals.

People were supported to live healthier lives by receiving ongoing healthcare support. Records confirmed that people had received all of the help they needed to see their doctor and other healthcare professionals such as dentists, opticians and dietitians.

There were suitable systems and processes in place to ensure that national guidelines were followed to promote positive outcomes for people by seeking consent to care and treatment in line with legislation. The Mental Capacity Act 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The law 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 in order to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the registered persons were working within the principles of the Mental Capacity Act 2005 by applying to obtain authorisations to deprive a person of their liberty when necessary. We also checked whether the registered persons had ensured that any conditions on authorisations were met.

People had been consulted about the care they received and had consented to its provision. The registered persons had correctly established when a person lacked the necessary mental capacity to make decisions about important things that affected them. When this had occurred they had involved key people in a person's life to help to ensure that decisions were taken in their best interests.

The registered persons told us that none of the people living in the service at the time of our inspection visit were having their freedom restricted. Documents showed that suitable provision was in place to make applications for DoLS authorisations in the future should they be needed.

The internal areas of the accommodation were presented to a normal domestic standard including communal rooms and bedrooms. However, some of the wooden window frames at the back of the building

overlooking the gardens were in a poor state of repair. On some of them the paintwork was discoloured and peeling off. On others some of the wood was rotten. All in all these windows were unsightly and gave the building the appearance of being run-down. As such, they detracted from people's ability to enjoy the gardens as a relaxing and well maintained space. We raised our concerns about this matter with the registered persons. They told us that although they intended to replace the windows in question a clear timescale for the completion of the work had not been set. Shortly after our inspection visit the registered persons informed us that they had made definite plans for the work to be undertaken by 1 October 2018.

Good

Is the service caring?

Our findings

At our inspection on 30 and 31 March 2017 we found that there was a breach of regulations because suitable provision had not been made to ensure that people consistently received care in a way that promoted their dignity. In particular, care staff had not been given sufficient guidance about how people wanted their care to be provided. There were also other shortfalls that contributed to the breach which we describe in the next section of this report.

After the inspection the registered persons wrote to tell us that they had strengthened the provision made in the service to ensure that people consistently received care that promoted their dignity. This included giving care staff more guidance about how best to deliver care in a compassionate and person-centred way.

At the present inspection we found that care staff had been given the support they needed to provide people with respectful care that was consistent with their preferences. At lunchtime, we noted that when necessary people received individual assistance to eat their meals in a relaxed way. Some people were offered the opportunity to use napkins or pinafores if they wanted extra help to keep their clothes clean. When a person did accidentally spill some of their drink care staff quickly and tactfully responded so that the person could continue to enjoy their meal without embarrassment.

People were positive about the care they received. One of them said, "The staff here are very caring towards me and I genuinely like them all." Another person remarked, "I've no concerns on that score at all as the staff are lovely and helpful. I don't think that it's just a job to them." Relatives impressed upon us their positive assessment of the service. One of them remarked, "The staff are at the heart of the service really. They more than make up for the building being a bit rough at the edges."

We saw that people were treated with consideration and that they were given emotional support when needed. We witnessed a lot of positive conversations that promoted people's wellbeing. An example of this occurred when we saw a member of care staff sitting with a person in their bedroom. They both looked out of the window at the garden pond and chatted about the birds who regularly sat by the water's edge.

People's privacy and independence were respected and promoted. We noted that care staff recognised the importance of not intruding into people's private space. Bathroom and toilet doors could be secured when the rooms were in use. Care staff knocked and waited for permission before going into bedrooms, toilets and bathrooms.

Care staff were considerate and we saw that a special effort had been made to welcome people when they first moved into the service. This had been done so that the experience was positive and not too daunting. The arrangements had included asking family members to bring in items of a person's own furniture so that they had something familiar in their bedroom when they first arrived. Records showed that care staff had asked newly-arrived people how they wished to be addressed and had established what times they would like to be assisted to get up and go to bed. Another example was people being consulted about how often they wished to be checked at night and whether they wanted to have their bedroom door closed or left ajar.

The registered persons had suitably enabled care staff to provide care that promoted people's dignity and this had resulted in the breach of regulations being met.

People had been supported to express their views and be actively involved in making decisions about their care and treatment as far as possible. Most people had family, friends or solicitors who could support them to express their preferences. Records showed and relatives confirmed that the manager and deputy manager had encouraged their involvement by liaising with them on a regular basis. We also noted that the service had developed links with local lay advocacy resources. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.

People told us that they could speak with relatives and meet with health and social care professionals in private if this was their wish. Records also showed that care staff had assisted people to keep in touch with their relatives by post and telephone.

Suitable arrangements had been made to ensure that private information was kept confidential. Written records which contained private information were stored securely when not in use. Computer records were password protected so that they could only be accessed by authorised members of staff.

Good

Is the service responsive?

Our findings

At our inspection on 30 and 31 March 2017 we found that there was a breach of regulations because suitable arrangements had not been made to provide people with responsive care at the end of their lives. A further concern had been people not being given sufficient information about how to raise a complaint with the registered persons about their experience of living in the service.

After the inspection the registered persons wrote to tell us that both of these shortfalls had been addressed. They said that people had been consulted about the assistance they wished to receive at the end of their lives. They also said that the complaints procedure had been strengthened so that people had all of the information they needed about how to make a complaint should the need arise.

At the present inspection we found that suitable provision was in place to promote people's dignity. People told us that care staff consistently provided them with assistance that met their needs, expectations and preferences. One of them remarked, "The staff help me all day and then I know they're close by at night if I need help. It stops me worrying." Relatives were also positive about the amount of assistance their family members received. One of them commented, "I'd know immediately if something wasn't right by how my family member would be in themselves. I absolutely have never had reason for any concerns as I can see how well the staff care for them."

People were supported at the end of their life to have a comfortable, dignified and pain-free death. Records showed that since our last inspection the manager had consulted with people about how they wanted to be supported at the end of their life. This included establishing their wishes about what medical care they wanted to receive and whether they wanted to be admitted to hospital or stay at home. We also noted examples of care staff having kindly supported relatives at this difficult time. This included making them welcome so that they could stay with their family member during their last hours in order to provide comfort and reassurance.

Suitable arrangements were in place to listen and respond to people's concerns and complaints. We saw that the registered persons had provided each person with a more detailed account of their right to make a complaint. This included an explanation of how to progress an issue if it was not resolved to their satisfaction by the registered persons. There were also systems and processes to ensure that complaints were thoroughly investigated so that complainants' issues could be addressed and any necessary improvements made. Records showed that the registered persons had not received any complaints since our last inspection visit.

Records showed and our observations confirmed that people were reliably being given the assistance that they had agreed to receive in line with their care plan. This included assistance with washing and dressing, getting about safely, promoting their continence and managing healthcare conditions. Furthermore, we saw care staff gently speaking with people about the care they received so that they understood and were satisfied with the arrangements that had been made on their behalf.

The registered persons had suitably enabled care staff to provide care that promoted people's dignity and this had resulted in the breach of regulations being met.

The activities coordinator told us that it was important to offer people a wide range of opportunities to pursue their hobbies and interests and to enjoy taking part in a range of social activities. We were told that this involved both inviting people to attend regular small-group activities and offering them one to one support. During the course of our inspection visit we saw a number of people enjoying singing along to their favourite tunes. We also saw other people being helped to enjoy artwork. All in all there was a lively and engaged atmosphere in the service that promoted people's wellbeing. Records showed that there were external entertainers who called to the service to lead activities such as gentle exercises and playing musical instruments. The activities coordinator also told us that plans were in place to support people to visit places of interest in the local community over the summer months.

Suitable provision had been made to acknowledge personal milestones. An example of this was people being helped to celebrate their birthdays in a manner of their choice. This usually involved the chef baking them a special cake. People had also been supported to share in community events. An example of this was people being helped to participate in national events such as Remembrance Sunday. Another example was people being supported to exercise their citizenship right to put their name on the electoral roll and cast their vote if they wished to do so.

Care staff understood the importance of promoting equality and diversity. This included arrangements that had been made for people to meet their spiritual needs through religious observance. Furthermore, the registered persons recognised the importance of appropriately supporting people who adopted gay, lesbian, bisexual, transgender and intersex life-course identities. This included being aware of how to help people to access social media sites that reflected and promoted their lifestyle choices.

Requires Improvement

Is the service well-led?

Our findings

At our inspection on 30 and 31 March 2017 we found that there was a breach of regulations because suitable provision had not been made to assess, monitor and improve the quality and safety of the service. In more detail, we found that quality checks had not always been sufficiently robust to ensure that problems in the running of the service were quickly put right.

After the inspection the registered persons wrote to tell us that new and more detailed quality checks had been introduced. They said that this would better enable them to quickly put problems right and to ensure the smooth running of the service.

At the present inspection we found that the systems and processes used to monitor and evaluate the operation of the service had been strengthened. The registered persons had introduced a number of additional quality checks including a detailed audit that was designed to ensure that people reliably received care that met their needs, expectations and preferences. Records showed that they had also further developed existing quality checks so that they were more comprehensive. Nevertheless, we noted that these improvements had not been wholly successful given the shortfalls we have described earlier in this report had not been quickly put right.

A number of arrangements had been made to support people who lived in the service and their relatives to suggest improvements to their home. These included being invited to attend regular residents' meetings at which people were offered the opportunity to give feedback about their experience of living in Breton Court Care Home. We also noted that the registered persons had regularly met with people and their relatives on an individual basis to discuss their experience of living in and using the service. There were a number of examples of suggested improvements being put into effect. One of these involved changes that had been made to the way seats were arranged in the lounge so that people could more easily enjoy looking out over the gardens.

The improvements made by the registered persons in monitoring and resolving problems in the running of the service had resulted in sufficient progress being made to meet the breach of regulations. Nevertheless, we concluded that more progress still needed to be made to ensure that the consistent development of the service could be maintained.

There was no registered manager and there had not been a registered manager in post for more than 12 weeks before our inspection visit. This shortfall had occurred because the registered persons had not acted quickly enough to appoint the new manager. As a result, there had not been sufficient time left for the manager to apply to the Care Quality Commission to be registered within the timescale we require. However, the necessary application had been made and the registered persons assured us that they would continue to progress it by providing us with any supporting information that we needed.

Everyone with whom we spoke considered the service to be well run. Summarising this view a person said, "In general, I do think that the place is well run because I have everything I need." Relatives were also

consistently complimentary about the management of the service. One of them remarked, "I like seeing the owners about the place pretty much all of the time and they plainly have a personal interest in giving the service a family feeling."

The registered persons understood and managed risks and complied with regulatory requirements. This included operating systems and processes that were intended to ensure that we are quickly told about any significant events that related to the operation of the service. This is necessary so that we can be assured that people are being kept safe. The registered persons had also suitably displayed in the service the quality rating we gave to the service at our last inspection. This is important so that people know what we have said about how well the service is meeting people's needs and expectations.

There were a number of systems and processes to help care staff to be clear about their responsibilities. This included there being a senior person on duty who was in charge of each shift. Care staff could also contact the manager or the deputy manager during out of office hours if they needed advice or assistance. These measures all contributed to care staff being suitably supported to care for people in the right way.

The registered persons told us there was a 'zero tolerance approach' to any member of staff who did not treat people in the right way. As part of this care staff told us that they were confident that they could speak to the registered persons if they had any concerns about people not receiving safe care. They told us they were confident that any concerns they raised would be taken seriously so that action could quickly be taken to keep people safe.

The service worked in partnership with other agencies. There were a number of examples to confirm that the registered persons recognised the importance of ensuring that people received 'joined-up' care. One of these involved the registered persons attending a professional workshop where they met with other service providers to receive training about national initiatives in the provision and to share examples of good practice.