Brown Edge House Limited

Brown Edge House Residential Home

Inspection report

Nutgrove Road
St Helens
Merseyside
WA9 5JR

Tel: 01514264114
Website: www.brownedgehouse.com

Date of inspection visit:
26 November 2018
28 November 2018

Date of publication:
19 December 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 unannounced inspection took place on 26 and 28 November 2018.

Brown Edge House Residential Home is registered with the Care Quality Commission to provide accommodation and personal care for up to 20 residents. The home is in the Nutgrove area of St Helens, Merseyside. At the time of the inspection visit 20 people were residing at the home.

Brown Edge House Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

We last carried out a comprehensive inspection at Brown Edge House Residential Home in April 2016. At that inspection the home was rated good.
At this inspection visit carried out in November 2018, we found the registered provider had maintained their good rating but we identified some areas for improvement within the key question safe.

There was a registered manager in place. 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.

At this inspection visit carried out in November 2018, we found environmental risk was not always appropriately identified and responded to in a timely manner. We have made a recommendation about this.

The home had been supported by other professionals to ensure medicines were suitably and safely managed in line with good practice guidance. Although improvements had been made these were not yet firmly embedded. We have made a recommendation about this.

People who lived at the home and relatives told us the home was a good place to live. It was repeatedly described as 'home from home' with staff being referred to as extended family. We were told care provision was person centred and delivered in line with people's choice.

There was ongoing commitment from the registered manager to ensure staff had the appropriate training and skills to carry out their role. Staff told us they had the correct skills to enable them to carry out their role.

Relatives told us the home was good at meeting the needs of people. We saw evidence of multi-agency working to promote effective care. A visiting health professional praised the skills and knowledge of staff who worked at the home.

Staff retention at the home was good. This meant people were supported by staff who knew people well.

People who lived at the home and relatives praised the caring and helpful nature of staff. From observations we saw staff were patient and respectful with people.

Systems were in place to safeguard people from abuse. Staff could identify types of abuse and how to report any concerns.

People, relatives and professionals told us there were enough staff on duty to meet individual needs. We observed responses to call bells and noted they were answered in a timely manner.

People praised the quality and availability of food. The dining area was pleasantly decorated to enhance the dining experience for people. We observed meals being provided and noted there were sufficient quantities of food and flexible choice for people.

People and relatives praised the standard of cleanliness at the home. We found the home was well-maintained to ensure the comfort of people.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service supported this practice. We saw people had freedom to move throughout the building. Consent to care and treatment was routinely sought.

Staff who worked at the home described it as a good place to work. They praised the skills of the new registered manager and said the home was well-led. Staff said they had confidence in the new registered manager and the improvements they had started to make. People and their relatives told us they also considered the service to be well-led.

The registered provider liaised with health professionals when people required end of life care at the home to ensure people received care in line with good practice. We received positive feedback regarding the way in which staff worked with people at the end of their life.

We looked at how complaints were managed and addressed by the registered provider. At the time of the inspection no one had any complaints about how the service was delivered. We were told by relatives the manager was approachable and would take time out to listen to any concerns they may have.

Feedback from relatives about the home and how it was managed was positive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was sometimes safe.

Suitable arrangements were in place to manage individual risk. However, environmental risks were not always proactively identified and managed.

Staff were deployed to meet the needs of people who lived at the home.

Infection prevention and control processes were established to ensure the home was well-maintained.

Is the service effective?

Good

The service was effective.

The environment was appropriately maintained to ensure people who lived at the home had their needs met.

People's health needs were monitored and advice was sought from other health professionals in a timely manner.

Staff were aware of the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring.

People and their relatives told us staff were extremely kind and caring.

We saw people were treated with patience, dignity and respect.

Relatives told us they were always made welcome when they visited.

Is the service responsive?

Good

The service was responsive.

Care plans incorporated people's preferred needs and wishes. Staff had knowledge of these to deliver person centred care.

The service had a complaints system that ensured all complaints were addressed and investigated in a timely manner.

Advice and guidance was sought from health professionals when people required end of life care.

Is the service well-led?

Good

The service was well-led.

People and relatives told us the service was well managed.

We received positive feedback about the registered manager, their skills and attributes.

The registered provider was committed to ensuring continuous improvement within the home.

Brown Edge House Residential Home

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 26 and 28 November 2018. The first day of the inspection visit was unannounced.

Brown Edge House is a residential care home located in the Nutgrove area of St Helens, Merseyside. The home has a lounge, dining area, library, conservatory and outside garden area. All bedrooms are for single occupancy and have separate hand washing facilities.

As part of the inspection process we reviewed information held upon our database regarding the service. This included notifications submitted by the registered provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people. We used this information provided to inform our inspection plan.

Prior to the inspection taking place, information from a variety of sources was gathered and analysed. This included reviewing feedback placed on line and speaking with Healthwatch. Healthwatch is a national independent champion for people who use healthcare services. We used the information provided to inform our inspection plan.

The inspection was carried out by one adult social care inspector.

Throughout the inspection visits we gathered information. We spoke with ten people who lived at the home and three relatives to seek their views on how the service was managed. We found not all of those who lived

at Brown Edge House Residential Home were able to communicate fully with us. Therefore, during our inspection, we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with the registered provider the registered manager, the cook, the cleaner and four members of staff responsible for providing care and support. In addition, we spoke with two health and social care professionals for their views on how the home was managed.

To gather information, we looked at a variety of records. This included care plan files related to three people who lived at the home and medicines administration records for five people who lived at the home. We also looked at other information related to the management of the service. This included health and safety certification, auditing schedules, training records, team meeting minutes, policies and procedures, accidents and incidents records and maintenance schedules. We also viewed recruitment files and Disclosure and Barring Service (DBS) certificates related to three staff members employed to work at the home.

In addition, we walked around the building to carry out a visual check. We did this to ensure it was clean, hygienic and a safe place for people to live.

Following the inspection taking place, we asked the registered provider to forward further information to confirm action had been taken in response to some of our concerns identified during the inspection process. This information was received as requested.

Requires Improvement

Is the service safe?

Our findings

People and relatives told us they considered Brown Edge House Residential Home a safe place to live. Feedback included, "I feel safe here, it's not like my old place. I was scared in my last place." And, "[Relative] had a number of falls at home. I know they are safe here." Also, "I know they are safe. It is such a relief."

Risk assessments were in place within care records to address and manage risk. The registered provider had a number of risk assessments in place to ensure people were safe. These included risk assessments for moving and handling, falls and nutrition. We observed staff practice and saw staff routinely monitored naturally occurring risk within the environment. For example, prompting people to remember to use their Zimmer frame when walking. This was done in a subtle and discreet manner. Staff were aware of good practice guidance for management of falls and management of behaviours which sometimes challenged the service.

Although individual risk was suitably managed, on the first day of the inspection we noted some concerns about the management of environmental risk. Window restrictors were not consistently in use and in line with health and safety guidance. Health and safety guidance recommends that windows in care homes should be fitted with restrictors to prevent the risk of vulnerable people falling from height. We saw two people had their bedroom doors wedged open with equipment as they did not like their doors closed. The doors were fire doors which should not be blocked open as they serve to restrict the spread of fire. Also, we saw a bed lever was being used on a bed to support a person. Bed levers are pieces of equipment designed to enable a person to pull themselves up into a sitting position from lying and to provide support when getting in or out of bed. We spoke with the registered manager about the processes in place to ensure bed levers were appropriately used and maintained in line with health and safety guidance. The registered manager advised the bed lever had been fitted by relatives and they did not have risk assessment in place for the safe usage of bed levers.

We fed back concerns regarding the environment to the registered provider and the registered manager. They agreed to take immediate action to remedy these concerns. Following the inspection visit we received confirmation all the required improvements had been made to ensure the environment was safe and in line with good practice guidance.

We looked at maintenance records to ensure equipment within the environment was suitably maintained. We saw that equipment had been correctly serviced in a timely manner. For example, fire extinguishers, lifts and hoists had been serviced as required and routine checks on electrical and gas safety had been carried out. Although regular reviews within the environment had taken place, we saw there had been a delay in carrying out assessments on the water system and electrical lighting due to building works taking place within the home. The registered provider agreed to make arrangements for these checks to take place. Following the inspection visit we received confirmation these checks had been organised.

We recommend the registered provider consults with good practice guidance to ensure environmental risks are appropriately addressed and managed in a timely manner.

We looked at how the service managed people's medicines. We saw the home had been supported by external professionals and had worked hard to make improvements to ensure medicines were administered safely and in line with good practice. Additionally, the new registered manager had reviewed internal processes and had started to make some changes to improve systems. For example, they had ordered a new fridge to ensure safe storage of temperature specific medicines and had reviewed the storage of peoples individual boxed medicines.

People told us they received their medicines on time and in accordance with how they were prescribed. We observed medicines being administered. Staff were patient and respectful when supporting people to take their medicines and administered them in line with people's preferred wishes. Staff told us they were unable to administer medicines unless they were trained to do so. This included regular training and competency checks to ensure staff had the suitable skills to carry out the task safely. Medicines were stored securely inside a within a locked cupboard when not in use. Storing medicines safely helps prevent the mishandling and misuse of medicines.

PRN medicines were kept separate to medicines prescribed every day. PRN medicines are prescribed to be used on an 'as and when basis'. Staff could tell us why people had been prescribed their medicines and directions for use. However, protocols were not formally documented within the person's care record. We discussed this with the registered provider and registered manager who took immediate action to ensure PRN protocols were implemented within the care records.

We recommend the registered provider reviews processes to ensure medicines are consistently managed in line with good practice guidance

We looked at staffing levels to see if staffing levels met the needs of people who lived at the home. People and relatives told us they were happy with the staffing levels. Feedback included, "There are plenty of staff on duty. I very rarely need to press my buzzer but when I have they have responded." And, "Staffing levels are ok, sometimes they are running around but they are ok."

Observations made during the inspection demonstrated people who lived at the home did not have to wait for long periods of time for staff to meet their needs. Call bells were answered in a timely manner. When people requested help, staff were on hand to assist. Staff were not rushed and were patient with people who lived at the home.

Staff told us they were happy with staffing levels. They told us they had sufficient time to carry out their required tasks. We saw the registered manager also carried out hands-on care, when required, to support the staff team. Staff told us employee sickness was low and the home did not use agency staff. Additionally, the registered provider said they were in the process of recruiting an additional member of staff to support the staff team to cover planned and unplanned absence.

We looked around the home and found it was clean, tidy and maintained. People who lived at the home and relatives told us they were more than happy with the standard of cleanliness. One relative said, "I looked around a lot of homes. I picked this home because it didn't smell." The service employed a cleaner to undertake all cleaning duties within the home. The cleaner had a good understanding of the need to ensure the home was clean and well maintained to prevent the risk of cross infection and understood the principles of maintaining good hygiene. Following our inspection visit the registered provider confirmed they had spoken with a health professional to look at ways of enhancing infection prevention and control processes within the home.

We looked at recruitment processes within the home. We found suitable checks were in place to ensure staff employed were of suitable character to work with people who lived at the home. The registered provider had requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is a statutory requirement for people providing a personal care service supporting vulnerable people. In addition, people's work history was explored prior to staff being offered employment to work with people who could sometimes be vulnerable.

We looked to ensure people were protected from abuse and harassment. People told us they were treated with kindness at the home. Staff told us they had received safeguarding training. When asked, staff could describe how they protected people from potential abuse or poor practice. One staff member said, "I would go to a senior straight away if I thought someone was abused. I could report it to CQC or safeguarding if needs be." We reviewed systems for monitoring safeguarding concerns and noted the registered provider had a system for monitoring any concerns raised. This showed us the registered provider had oversight of any concerns identified.

We reviewed accidents and incidents and noted investigations took place after incidents occurring. Advice and guidance was sought from relevant professionals when appropriate to prevent reoccurrence of accidents and incidents.

Good

Is the service effective?

Our findings

People who lived at the home and relatives told us health needs were appropriately managed by staff. Feedback included, "They will call a doctor if I need one." And, "They have good contacts here with health professionals."

During our inspection visit we spoke with a health professional who was visiting the home. The health professional told us they were happy with the standard of care provided by staff and said they were confident the service met people's individual health care needs.

We saw evidence of input from a variety of health and social care professionals to promote people's health. This included general practitioners, professionals with experience of dementia and memory loss and community nursing teams. Individual care records showed health care needs were monitored and action taken to ensure optimal health was maintained.

The service worked proactively to ensure people's health was maintained. On the first day of the inspection the registered manager and another member of staff were unavailable as they were attending a training session on maintaining oral care for people. Additionally, the home had a dedicated champion who was responsible for ensuring good practice guidance was followed to promote mobility to reduce falls. This showed us the registered provider was committed to ensuring people's health care needs were understood and met using good practice guidance. We looked at care records related to three people who lived at the home. Care plans detailed people's own abilities to promote independence. They addressed a number of topics including health, personal care, tissue viability, mobility, nutrition and social care needs.

Although the registered provider had care plans in place to manage health conditions, we found relevant information was not always clearly documented. For example, one person's pre-assessment stated the person had a historical medical condition. There was no reference to this within the person's care record so staff could monitor this. We raised this with the registered manager. They told us they were in the process of reviewing all care records for accuracy and consistency. Following the inspection visit we received confirmation the person's file had been audited and the information added.

We looked at how people's nutritional needs were met by the service. People who lived at the home and relatives repeatedly provided us with positive feedback about the food. Feedback included, "The food is very good. I am getting three meals a day." And, "I am happy with the food. [Relative] is better fed here than they were at home. They have put weight on." Also, "The food is great, there is plenty of choice, something for everyone."

We discreetly observed meals being provided to people and saw there was flexibility when people ate. For example, one person had chosen to lie in so they had their breakfast just before lunchtime. Another person had opted to eat their lunchtime meal alone, later than the organised time and this was happily arranged for them.

We saw people's preferences, likes and dislikes were addressed before a person came to live at the home and this information was shared with the cook. Additionally, the registered provider looked to see if people had any food allergies or specific cultural needs so meals could so they could plan meals accordingly.

People told us they could have some choice over what they had to eat. We saw there were different options available to people at breakfast and in the evenings. Information was displayed upon table cards so people could choose what they would like. The cook said people could also have a cooked breakfast if they so wished.

We observed a lunch time meal being served. The main meal was slightly adapted to meet each person's needs. For example, some people had cauliflower upon their plate, others did not. We saw the meal was steaming hot when it was brought from the kitchen to the dining area. We raised concerns about the risk of scalding with the registered manager. They assured us people living at the home had the capacity to understand food was hot and would not scald themselves on the hot food.

When people were at risk of malnourishment we saw assessments were in place to monitor people's weights. When people required their weight monitoring this was routinely carried out as specified within the assessment. The cook was aware of the need to be creative and fortify diets when people were at risk of malnourishment.

People and relatives told us they were consulted with regarding care and treatment. One person said, "My [family member] deals with this for me." A relative who had legal responsibility for making decisions on behalf of their family member told us, "They consult with me about everything."

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 with appropriate legal authority in care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Staff were aware of the need to consider capacity and what to do when people lacked capacity. Although staff were aware of the principles of the MCA, care records did not consistently reflect the processes to be followed. For example, assessments of capacity and best interest meetings were not always formally documented. We highlighted this to the registered manager who agreed to act to address this.

We spoke with the registered manager about the Deprivation of Liberty Standards (DoLS). The registered manager demonstrated a good understanding of DoLS and said that due to the restrictions within the home DoLS applications had been made to the local authority to ensure any deprivations on people's liberty were lawful.

We reviewed the environment to ensure it met the needs of people who lived at the home. We found the home had suitable space for people to have privacy and companionship. The home had a conservatory, a dining room and a library area which people could use if they required privacy or peace and quiet. Signage was present around the home to aid independence. For example, individual photos were on display on

people's bedrooms so people could distinguish their bedrooms. Additionally, WIFI was available throughout the building and people had access to a phone in their bedroom. The home also had a secure garden where people could have access to outside spaces. People could walk freely around the home and were able to use their bedroom spaces as required. The registered provider was in the process of having an outbuilding built for storage as the lack of storage had been identified as a concern.

We looked at staff training. Staff said they felt they had the correct skills and knowledge to carry out their roles safely. Staff said the new registered manager had placed a focus on training since they had started at the home. We saw this was the case.

The new registered manager had developed a new training matrix so they could be assured the training matrix reflected all staff skills and training needs. We saw a variety of training had been provided at the home since the new manager had been recruited this included first aid, safeguarding of vulnerable adults, moving and handling and dementia awareness. Additionally, staff told us further training had been booked into the new year.

We looked at induction processes for new staff and saw there was a recruitment process for all new starters. We saw within employee records that staff undertook a structured induction process which was overseen by a more qualified member of staff.

We spoke with staff about supervision. Staff confirmed they received supervision from a more senior member of staff. Staff said the senior management team was approachable and they were not afraid to discuss any concerns they may have in between supervisions. We looked at supervision records and noted any staff performance was openly discussed and addressed within supervisions.

Good

Is the service caring?

Our findings

People who lived at Brown Edge House Residential Home told us staff were kind and caring. Feedback included, "I am happy with everything. There is nothing they could do better. They look after me." And, "The staff are wonderful. They are very good to us."

All relatives we spoke with told us they were happy with the care provided to their family members. They consistently praised staff for their positive attitude, patience and caring manner. Feedback included, "I am really happy. It has been such a big relief finding somewhere so good for [my relative]." And, "Staff are approachable, personable. [Relative] is happy here, settled. They are good with them, they love the carers." Also, "Staff have fun with [my relative]."

We observed care and support being provided to people. We noted care and support was provided at times to suit individual's choices. Staff were aware of people's individual preferences. One individual had preferences to where they liked to sit; staff supported the person to ensure they sat in a chair so they could communicate with their friends.

We observed staff promoting independence. One person liked to go out daily to buy a newspaper. Staff were aware of the person's routines and when they liked to go out. Staff were made available as required to support the person to go out.

During the inspection visit we observed positive interactions between people who lived at the home and staff. One relative told us staff always had time to sit and chat with people. We saw this was the case. Staff routinely enquired about people's welfare and responded to people's needs. For example, one person said they felt a little cold so a staff member went to the person's room and brought them an extra piece of clothing to warm them up. This showed us staff were committed to ensuring people were happy and content living at the home.

Relationships between people who lived at the home were developed and encouraged. One person who lived at the home told us, "It's wonderful here I have made some lovely friends." We noted people new to the home were introduced to other people with shared interests who lived at the home. For example, two people both enjoyed playing dominoes so staff encouraged them to get together for a game. On the first day of the inspection, one person told us they were lonely. We spoke with them on the second visit and they told us they were happy and had made some friends.

Staff demonstrated empathy. One relative praised the way in which staff responded to their family member when they were in pain. They said staff went out of their way to make them comfortable. On the first day of the inspection we observed a staff member offering reassurance to a person who had recently arrived at the home. The staff member demonstrated patience and empathy, telling us, "It's such a shame, they are lonely." The staff member arranged for another member of staff to spend time with the lady to help promote their well-being.

The registered provider had a policy to promote equality and diversity throughout the home. Staff had a good understanding of protecting and respecting people's human rights. They could describe the importance of respecting each person as an individual whilst promoting dignity and respect.

Relatives told us they were sent newsletters so they could be kept up to date with what was going on at the home. They praised the atmosphere at the home, with each relative describing the home as "homely." They told us the registered provider actively encouraged relationships to continue when people had moved into the home. One family member said, "We can visit anytime, my daughter came and visited last night, they spent time in [relative]'s room chatting." During the inspection visits we observed visitors at the home and noted they could access communal areas and family member's bedrooms.

We looked to see how people were supported to express their views. People told us they were encouraged to make decisions and express their views. When people did not have capacity, and did not have family to support them in making significant decisions we saw advocates were encouraged. Advocates are independent people who provide support for those who may require some assistance to express their views.

Good

Is the service responsive?

Our findings

People and relatives said that person-centred care was at the heart of the service. Feedback included, "I can go to bed when I want. Like to get up early but I imagine I could stay in bed. I can have a bath whenever I want." And, "I am very well treated here." Also, "It is very relaxed. Not rigid."

We spoke with one relative, they told us the registered provider understood the importance of providing a responsive service which reflected people's individual beliefs. The relative told us their family did not drink alcohol. They said they had been invited to a social gathering at the home where the registered provider had made sherry trifle. They had passed comment about not eating the trifle as it had sherry in it. At the next social gathering the registered provider had made an additional non-alcoholic trifle for the family to enjoy. The family member said, "They had adapted the trifle to include us. It is the little things they do that make the home so special."

The registered provider understood the importance of providing flexible, person-centred care. They told us, "I want it to be a happy home, not like an institution." This ethos was also shared by staff who responded to people's needs accordingly. One person who lived at the home experienced some restlessness at night time. The staff said this had been addressed by the person's GP but the intervention provided made the person drowsy and increased the risk of them falling. The staff therefore agreed if the person was restless through the night they would encourage the person to carry out one of their hobbies and interests. Staff said this occupied the person and developed a positive outcome for them. One staff member said, "You have to go with the flow with people." This showed us care was responsive and flexible to people's needs.

People who lived at the home were encouraged to provide person centred information documenting their life history, likes and preferences so that staff could understand each person and their background. During the inspection visit it was evident staff had a good understanding of people and their life experiences. For example, one staff member was able to tell us about a person's career and life before they moved into the home.

We asked people and relatives about the variety of activities on offer. Responses included, "We play bingo and dominoes." And, "Activities take place but I don't get involved. I like to chat with the ladies." Also, "There are plenty of things to do, newspapers tv, we play bingo, it gets an hour over with."

As part of the inspection process we spoke with the activities coordinator. They told us they were employed to work three days a week and offered a number of activities during that time. Organised activities included prize bingo, ring toss, singing and dancing and physiotherapy exercises. The activities coordinator said it was important to keep people active as this promoted good mobility and contributed to less falls at the home. This showed us that activities were meaningful and promoted good health and well-being. During the inspection visit we observed one person being supported on a one to one basis. This showed us that support for activities was provided in both group and individual settings.

Community links with the home had been established. We saw evidence of three schools planning on

visiting the home over the Christmas period to help people celebrate. Also, a choir from a nearby retirement village had attended the home to entertain people who lived at the home. The registered provider said they hoped to build on these links in the future. We saw people who lived at the home had also been invited to attend a local school event. The registered provider said they were going to make arrangements so people could attend the event.

We saw people who lived at the home were encouraged to celebrate special occasions with their families in attendance. At the time of our inspection visit the registered provider was beginning to prepare for Christmas. They told us every year they had a large party to celebrate the Christmas tree lights switch on. This was opened to families and children to attend. We saw one family had fed back on last year's Christmas party and had stated, 'The care residents receive is exceptional. The Christmas buffet is fantastic.'

We saw equipment was placed around the home to act as cues to keep people occupied. For example, CD's with music were placed in lounges for people to look at and choose from. The home had a library which was well stocked with a variety of books, including religious and historical books. Some books were printed in large print for people who had some loss of vision.

We looked at how accessible information was used within the home. The registered manager was aware of the importance of ensuring people received communication in an appropriate style. For example, information was available in picture format and large print. The registered provider said they were planning on purchasing more technology to assist and promote communication in the future.

We saw technology was considered and used within the home. Sensor mats were used in people's bedrooms to alert staff when people were mobilising. This allowed staff to be more responsive to care and manage any associated risks if required. The registered provider said they were hoping to introduce surveillance cameras within the home to promote people's safety in the near future. This showed us the registered provider was committed to introducing technology to improve the outcomes of people who lived at the home.

We reviewed systems for provision of end of life care for people who lived at the home. We spoke to one relative. They praised the way in which end of life care was delivered by staff. They said, "I have watched people receiving end of life care, staff have been so kind." The registered provider said they worked hard to ensure people who had lived at the home for a long time were able to remain at the home at the end of their lives. They said in these circumstances they would liaise with health professionals to ensure people had a dignified and comfortable death. We saw end of life care was included within the care plan so it could be discussed and considered to enable a person to have person centred care at the end of their life. This showed us the registered provider understood the importance of ensuring people had appropriate care and support at the end of life.

At the time of the inspection visits people and relatives we spoke with said they had no complaints about the service provided. Feedback included, "No complaints what so ever." And, "I have not made any complaints. There is nothing to complain about."

A copy of the complaints process was on show in the main entrance and the lounge area, highlighting people's rights to complain. The registered provider had received one complaint since the last inspection visit. We noted the registered provider had followed their own process and responded appropriately.

The registered provider told us they spoke regularly with people and relatives to ensure people were satisfied with the care provided. This prevented informal concerns becoming complaints. We spoke with a

relative who said this was the case and said they were always asked for feedback whenever they visited the home.

Good

Is the service well-led?

Our findings

People and relatives told us they considered the home to be well-led. Feedback included, "I have found the service very good." And, "[The owners] are great. I have only ever heard good things about this home."

Prior to the inspection visit taking place, we reviewed information held upon our database to inform our inspection plan. We saw we had requested information about the management of the home from the registered provider but this had not been received. We asked the registered provider about this who confirmed they had experienced technical difficulties in completing the document which meant information had not been received by the Commission.

The registered provider had worked proactively to ensure oversight at the home was maintained following departure of their registered manager in July 2018. A new manager was identified in a timely manner and was successfully registered with CQC on the first day of our inspection visit. The recruitment of a new registered manager enabled staff and people who lived at the home to continue to have oversight from a qualified and experienced member of staff.

People who lived at the home told us they liked the new registered manager. One person said, "[Registered manager] is lovely. She will listen if you want to talk about anything."

Relatives and staff told us they had seen a noted improvement at the home since the new registered manager had come into post. They were described as "efficient", "organised" and "approachable". All staff and professionals we spoke with said they had confidence in the registered manager and said they were committed to providing a high-quality service. One staff member said, "[Registered manager] has a good reputation as a manager. We have nothing to worry about."

Staff explained that team morale had also improved with the recruitment of the new registered manager. Staff described a home which was welcoming and said they enjoyed coming to work. They said teamwork was good. One staff member said, "Everyone mucks in, helps, we are all hands on."

We looked at auditing systems at the home. Auditing systems are an important aspect of good governance as they allow services to monitor their effectiveness. We saw there was an auditing system in place which included auditing accidents and incidents, falls and care plans. The registered manager had commenced auditing activity in the home and we saw improvements had started to take place. For example, the registered manager had carried out a medicines audit and had identified a faulty fridge which was replaced.

The registered manager said they had identified further areas to work on and were in consultation with the staff team about making changes. They said it was important that changes were made in consultation with the staff team so that changes could be appropriately managed by the team. This demonstrated the registered manager had an awareness of positive leadership and change management.

Staff were communicated with on a regular basis. One staff said daily handovers took place each day so that

individual needs and concerns could be addressed and discussed in a timely manner. Team meetings also took place when required.

The registered manager understood the importance of communicating effectively with staff when implementing changes within the home. They said it was important staff were consulted with so they understood why changes were being implemented. Staff confirmed they were consulted with for their views and opinions on how the service could improve.

People, relatives and staff praised the dedication and commitment of the registered provider. We were told they were approachable and had a good presence within the home.

We found the registered provider was keen to ensure the service provided was of high quality. There was evidence of ongoing building works taking place around the home. The registered provider had worked hard to improve the building to make it both practical and pleasing for both people and staff at the home. Additionally, staffing levels had been reviewed and additional support had been introduced at the home to help the registered manager with their administrative duties.

We saw evidence of partnership working with key stakeholders to ensure continuous improvement within the home. The registered provider had been working with the local authority to review systems and processes to make changes. The registered provider said they also networked with other providers and within forums to ensure good practice was considered and implemented at the home.

The registered manager was committed to ensuring good practice was spread throughout all aspects of care delivery. To do this the registered manager had identified staff to take on 'champion' roles within the home. Champions are key members of staff with specific interests and skills within designated areas. Champions work to ensure good practice is implemented within their areas of interest. This work was still in its infancy but the registered manager was keen to move forward with this.

The registered provider said feedback was sought from people through questionnaires and through an independent care home rating website. We reviewed questionnaires returned and noted information was positive. Comments included, "The caring nature of the staff make Brown Edge a true home from home" And, "We are always made to feel welcome and part of the family." Also, "The home from home feeling is lovely."

As part of the inspection process we looked to ensure the registered provider had their performance assessment on view as set out in the 2008 Health and Social Care Act. We saw the performance assessment was on view as required.