

Bondcare Willington Limited

Brancepeth Court

Inspection report

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Date of inspection visit: 19 and 20 October 2015
Date of publication: 07/01/2016

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 

Overall summary

This inspection took place on 19 and 20 October 2015 and was unannounced. This meant the registered manager or the registered provider knew we would be inspecting.

At our last inspection in December 2014 we found the provider had not taken appropriate steps to ensure staff were appropriately supported to enable them to safely deliver care and treatment to people. The registered provider had also not protected service users against the

risks of unsafe care by not regularly assessing and monitoring the quality of the service provided. Following the inspection the registered manager sent us an action plan to tell us how they intended to improve the service.

Brancepeth Court is part of a complex of care facilities located on one site, called the Willington Care Village. Brancepeth Court is registered to accommodate up to 49 people. The home is split into two separate units; the main nursing and residential unit, and Rose Cottage

Summary of findings

which accommodates 8 people with learning disabilities. At the time of our inspection there were 23 people living in the residential/nursing unit and eight people living in Rose Cottage.

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 the time of our inspection there was a registered manager in post.

The registered provider had put in place robust recruitment checks to ensure people were cared for by staff with appropriate background.

We saw people had personal emergency evacuation plans (PEEPs) in place. Each PEEP specified the support required for people to safely evacuate the building.

We found the property was well maintained and actions had been taken which ensured the building was safe. This included weekly fire alarm testing, hot water testing and portable appliance testing (PAT).

We found people's medicines were safely stored and administered in a caring and patient manner.

We observed people eating their meals and found staff gave people a choice of meals and supported people to eat with dignity and at their own pace.

We found the provider met the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant the provider had sought authorisation from the relevant local authority to keep people safe.

Consent to provide care had been obtained by the registered provider either from the person concerned or their family member in the absence of the person having capacity to understand consent issues.

Since our last inspection the decorating of Brancepeth Court had been completed. We saw the new decoration included using different colours for bedroom doors and having handrails which could be differentiated from the wall by people living with dementia.

During our inspection we observed staff having meaningful conversations with people and listening to what people said. We found the staff approached people in a caring manner and gave them the time to respond.

We found relatives for those people living with dementia had been involved in the care planning of their close family member.

We found people who lived in the home had person centred care plans in place which met their needs. Where people required additional care plans for example regarding falls, the use of a hoist and challenging behaviour these needs had been identified and care plans put in place.

The home could not be clear with us about the information they had sent to hospital when people needed to be admitted.

The service had addressed behaviours which had challenged them and this had ensured people were protected.

During our inspection we discussed ways of working with the registered manager and staff, where we found there were ways to improve the service, for example improving people's hydration records; we found the registered manager and the staff responded immediately to consider the improvements and put actions in place.

We found the registered provider and the registered manager carried out a number of audits to monitor the quality of the service.

We found the service had worked in partnership with GPs, social workers, optician, dentist, chiropodists and dieticians to meet people's needs.

We saw there were arrangements in place to enable people who used the service, their representatives, staff and other stakeholders to affect the way the service was delivered. Although these arrangements were in place the registered manager had received a limited response to questionnaires which made it difficult to measure the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Good



We saw people had personal emergency evacuation plans (PEEPs) in place. Each PEEP specified the support required for people to safely evacuate the building.

We found there were sufficient staff on duty to meet people's needs.

We found the property was well maintained and actions had been taken which ensured the building was safe.

Is the service effective?

The service was effective.

Good



We observed people eating their meals and found staff gave people a choice of meals and supported people with dignity to eat at their own pace.

We found the provider met the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

A new staff training programme had been put in place and the registered manager had oversight of when staff had completed their required training.

Is the service caring?

The service was caring.

Good



During our inspection we observed staff having meaningful conversations with people and listening to what people said. We found the staff approached people in a caring manner and gave them the time to respond.

We found people were treated with dignity and respect. We observed staff knocking on people's bedroom doors before they entered.

We found relatives had been involved in the care planning of people who lived in the home. We saw they had been involved in pre-admission assessments and given information about people's lifestyles and preferences.

Is the service responsive?

The service was responsive.

Good



People told us if they needed a doctor the staff quickly helped them.

Summary of findings

In people's records we saw the service responded promptly to people's requests for support. For example one person asked for new glasses and the provider had contacted the optician to get an appointment. The home was unable to account for what information had been sent to hospitals about the people who had been admitted.

People's care plans were person centred and described their needs. Where people required additional care plans for example regarding falls, the use of a hoist and challenging behaviour these needs had been identified and care plans put in place.

Is the service well-led?

The service was well led.

During our inspection we discussed ways of working with the registered manager and staff, where we found there were ways to improve the service we found the registered manager and the staff responded immediately to consider the improvements and put actions in place.

We saw all records were kept secure in locked filing cabinets, up to date and in good order, and maintained and used in accordance with the Data Protection Act.

We saw there were arrangements in place to enable people who used the service, their representatives, staff and other stakeholders to affect the way the service was delivered. Although these arrangements were in place the registered manager had received a limited response to questionnaires which made it difficult to measure the service

Good



Brancepeth 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 provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 and 20 October 2015 and was unannounced.

The inspection team consisted of one adult social care inspector and a specialist advisor. The specialist advisor on the inspection team had a background in nursing.

Before we visited the home we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. We also contacted professionals involved in

caring for people who used the service, including; Healthwatch, commissioners of service and Local Authority safeguarding staff. No concerns were raised by any of these professionals.

We spoke with seven people who used the service and three relatives. We carried out observations of people who were unable to communicate with us using speech. We reviewed ten people's care records. We looked at four staff recruitment files and checked 12 staff supervision records. We spoke with eleven staff including the registered manager, a nurse, senior care staff and care staff, catering and domestic staff.

Before the inspection we did not ask the registered provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. During the inspection we asked the staff about what was good about Brancepeth Court including Rose Cottage.

Is the service safe?

Our findings

People told us they felt safe living in Brancepeth Court. One person said, “100% can’t fault anybody, couldn’t get better”. A relative told us they thought their family member was safe living in Brancepeth Court.

We saw people had personal emergency evacuation plans (PEEPs) in place. Each PEEP specified the support required for people to safely evacuate the building. The PEEPs file was accessible to emergency services.

We reviewed the accidents and incidents reports and found both day and night staff had recorded accidents. The registered manager had overseen each report and considered what actions if any to take. This meant staff were learning from events and were trying to prevent any reoccurrence.

During the inspection we looked at the management of people’s medicines. We observed part of a medicines round with the nurse in charge who was the key holder for the treatment room and the controlled drugs cupboard. We found people’s medicines were administered in a caring and patient manner. We saw Boots deliver the drugs promptly and we saw a monthly delivery arriving for next month’s run with plenty of time for staff to check medicines in and sort out any problems. We found the procedure was accurate and every resident was spoken with about their wellbeing even though not all were on lunch time medicines. We found people’s medicines were supplied boxed in a 28 day supply; the medicines for each person were placed in each person’s own locked cupboard in their bedroom. We randomly sampled people’s medicines and found the amounts to be correct. There were no signatures missing on the Medication Administration Records (MARs) and we found these were appropriately completed with additional information on the back of each MAR when required.

Medicine audits were carried out monthly by the registered manager and staff carried out their own audit weekly of people’s medicines. We discussed with the staff on duty methods for safeguarding people regarding correct administration, discarding spoilt meds, covert medication, homely medications, self-administration and found they had knowledge of all these methods. We found there was a clear audit trail from ordering to receiving people’s medicines to administration and returns.

We found prescribed creams for topical application were dated on opening and all were discarded every month. A topical administration chart was available for creams. This was placed with the MAR sheets and therefore not accessible to the care staff applying the creams. This was discussed with nurse on duty who agreed to address our findings by putting topical administration charts in people’s rooms. This work had begun before we left the building.

The CD cupboard and any extra drugs were in a locked cupboard. The controlled drugs were correct and a record showed these were checked when given and also as a daily check. The book was correctly indexed so there was no difficulty finding the correct page. We alerted the nurse on duty to the fact that one person had excessive amounts of their PRN (as and when required) medicine in stock. It was agreed that no more would be ordered and some could be returned as the opened bottle containing 300mls would be out of date before it was used.

We spoke with the registered manager about the staffing levels in the home. They showed us how

they used the ‘Regulation and Quality Improvement Authority’ guidance to monitor the numbers of staff required and told us this was a guide and they took into account any additional needs people may have. The Regulation and Quality Improvement Authority is the independent health and social care regulatory body for Northern Ireland. We looked at the rota and found there were consistently more staff on duty than the guidance prescribed. During the day all resident’s needs were attended to promptly and no-one was hurried or stressed. One staff member said, “There is plenty of time to chat to the residents.” This meant there were sufficient staff on duty to meet people’s needs.

We looked at the employment records for three new staff and saw that appropriate checks had been undertaken before staff began working at the home. Staff had completed an application form detailing their previous experience and learning before being interviewed. We found interview notes and assessment on file. The assessment included if there any gaps in a staff member’s employment history, if there were, these were then addressed. The registered provider had sought proof of identity, two references for each staff member and carried out a Disclosure and Barring Services (DBS) check before

Is the service safe?

staff began to work in the home. This meant that the registered provider had a robust recruitment and selection procedure in place and carried out all relevant checks when they employed staff.

We saw the registered provider had in place a safeguarding policy. We looked at the safeguarding records and staff updated us regarding a recent safeguarding incident. We saw that staff had received training in safeguarding and staff confirmed they had the training. One person told us

they would report any concerns to their line manager. This meant staff were aware of safeguarding

practice requirements.

We found the property was well maintained and actions had been taken which ensured the building was safe. This included weekly fire alarm testing, water testing and portable appliance testing. (PAT). We saw a file with maintenance receipts; this indicated maintenance of equipment had been carried out.

The home had in place fire drills which were carried out on a regular basis. We found a simulated fire situation was put in place e.g. a toaster had allegedly caught fire and the drills were carried out for both day and night staff. All staff, therefore regardless of their shifts were familiar with fire evacuation procedures.

We found the registered provider had in place a whistleblowing policy. During their induction period we

saw staff were given a copy of the policy and required to sign on receipt. The registered manager told us there were no current investigations following whistleblowing by staff members.

The registered provider had in place risk assessments specific to the running of the home where actions had been put in place to mitigate any risks to people. We saw that these included removing rubbish, catering risks in the kitchen and mopping floors. We also saw people had their own personalised risk assessments appertaining to their own needs. This meant the home had identified risks to people and considered ways of reducing those risks.

We found the registered provider had taken action to ensure the risk of infection was reduced. We found all areas of the home including the laundry, kitchen, lounges and bedrooms and en-suites were clean, pleasant and odour-free. Staff confirmed they had received training in infection control.

We observed people in Rose Cottage who were unable to use speech to tell us they were safe. We found the arrangements for people in Rose Cottage kept people safe. This included staffing levels and the supervision provided by staff, arrangements of the physical environment and the measurement of risks to people. Following a notification sent to us after the last inspection we spoke with staff about what risk assessments had been put in place and actions taken to keep people safe. We found staff were knowledgeable about the risks and what had been required to keep people living the home safe.

Is the service effective?

Our findings

We spoke with people about their meals. People told us they enjoyed their meals. One person said, “The food is good here, I have no complaints. You can have what you want.” Another person said, “You can have what you want, I had peaches last week and there are bananas if you need them”. One person said “The food is terrible and I can’t eat most of it, I only like things like sausage, egg and chips which I do get once or twice a week.” We spoke with the manager about this person’s needs and they agreed to take further action. We observed people eating their meals and found staff gave people a choice of meals and supported people to eat at their own pace.

People’s personal and dietary needs were documented in their care files. Catering staff told us how they were made aware of people’s dietary needs and demonstrated they were knowledgeable about people who required soft and pureed diets. We found there was evidence that other health professionals had been contacted appropriately for example dieticians and the SALT team. Everyone who lived in the home was weighed on a weekly basis. We found the weights were recorded in documents using the Malnutrition Universal Scoring Tool (MUST). We looked at people’s weights and found where people had lost weight action had been taken by the service. A certificate on the wall indicated the service had been reviewed by the ‘Focus on Nutrition’ group and the home was continuing to meet the required standards. This meant the registered provider had put in place arrangements to ensure people’s dietary needs were met, were monitoring the impact of their food intake and taking action where necessary. We found people with diabetes had their blood sugars regularly monitored.

One relative had spoken to us about their family member becoming dehydrated. We looked at people’s hydration records and spoke with the registered manager and the nurse on duty about the lack of clarity in the hydration records. On hearing how we found the records to be unclear the registered manager and the nurse immediately addressed our concerns and put in place a new recording method to ensure people were prevented from becoming dehydrated. On leaving the home at the end of the inspection laminated sheets were available to staff with the amounts of liquid in various cups and glasses on display. This meant staff were enabled to more accurately record the amounts people had drunk.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We discussed DoLS with the registered manager who had ensured DoLS applications had been submitted for people living in the home. Staff had received training in MCA and DoLS. We found there were mental capacity assessments on people’s files and appropriate action had been taken to involve relatives in best interests decision for example we found mental capacity assessments had been carried out in relation to people having their winter flu jab. One person had been judged to have capacity and made their own decision to have the flu jab whilst another person’s relatives had been involved in a best interest’s decision to administer this vaccination. We found the service was meeting the requirements of the MCA and DoLS.

Consent to provide care had been obtained by the registered provider either from the person concerned or their family member in the absence of the person having capacity to understand consent issues. We saw consent was documented in people’s care files.

At our last inspection we found there were staff who had not received updated training in 2014 to

meet people’s needs. We found during this inspection there was a greater emphasis on the registered manager directing staff to their required learning. The registered manager showed us a new e-learning training programme which had been introduced. The registered manager showed us how they can allocate e-learning to staff, provide additional modules and require staff to complete the learning in a specified time period. Each learning course gave managers a follow up supervision to carry out

Is the service effective?

with staff members to ensure they had absorbed the information. The registered manager told us they had yet to implement the supervision. Staff confirmed to us the new e-learning was in place and we saw certificates in place for staff who had completed the new e-learning modules.

During our last inspection we found staff had not received supervision in line with the registered provider's policy and were not appropriately supported to enable them to safely deliver care and treatment to people. We looked at the staff supervision records and found there had been improvements in the number of times staff received supervision, although this was not at regular intervals. We spoke with staff about the supervision and support they received. They told us the registered manager's door was always open and they could raise concerns. We saw all of the staff who responded to the staff survey said they could approach the registered manager if they had any concerns. We spoke to one staff member who told us they had been given support to help them in their new role. Another member of staff told us they had felt supported by the registered manager when experiencing personal difficulties. This meant that although the staff felt supported in the home there continued to be some gaps in recorded staff supervision.

Since our last inspection the decorating of Brancepeth Court had been completed. Staff commented to us about how the unit had improved. We saw the new decoration included using different colours for bedroom doors and having handrails which could be differentiated from the wall by people living with dementia. This meant the registered provider had made improvements to the environment which supported the needs of the people who lived in the home.

People had in their care files communication plans which described how they communicated and what actions staff were required to carry out to enable people to communicate with them. This included for example giving people time and patience to respond to any questions asked. We found there was a handover system in place, where information was passed from shift to shift. Staff handed over to the next shift any concerns about people, observations which were required and any special instructions to each other. This meant people received continuity of care.

Is the service caring?

Our findings

One person told us they had no complaints about the staff and said, “The girls are pleasant, that’s what they get paid to do.” One relative in their survey reported, ‘My mother really likes the staff who are kind and friendly’. One person told us they could not “Fault anybody” and they, “Could not get better staff.” Another relative told us there was, “More professional staff now.”

During our inspection we observed staff having meaningful conversations with people and listening to what people said. We found the staff approached people in a caring manner and gave them the time to respond. Staff spoke with people respectfully and addressed them by their preferred name.

We saw people’s rooms were personalised with items they had brought from their own homes including ornaments and photographs. This meant people had familiar things around them to support them and make them feel at home.

Staff were able to describe to us people’s likes and dislikes and what promoted their wellbeing. We found in one person’s file a description of what they liked to do and how their room should be set out including the location of puzzle books and pens. We went into the person’s room to speak with them and found their room was laid out as described including having puzzle books and pens within reach of their bed. This meant staff had followed guidance to ensure the person’s well-being was maintained.

We saw on a notice board advice to staff on how to maintain people’s dignity. The board was entitled ‘Dignity Champion’, and although no member of the care staff were able to tell us who was their dignity champion we found people were treated with dignity and respect. We observed staff knocking on people’s bedroom doors before they entered. One person told us they were “Always treated with dignity.”

The registered manager told us there was no one on end of life care; however staff were aware of the procedures and had the resources to deal with the situation. People had in place care plans which stated their future wishes and their

preferences if they had a long term illness and whether or not they wanted to be admitted to hospital. We found people had in place ‘Do Not Attempt Resuscitation’ (DNAR) forms. These were in date and relatives had been consulted. We spoke with the nurse on duty about people having Emergency Health Care Plans in place. Emergency Health Care Plans involve discussion with the person concerned and their relatives to address any foreseeable emergencies and what they would like to happen. The nurse on duty said they would speak to the local GP before actioning any plans.

We found relatives had been involved in the care planning of people who lived in the home. We saw they had been involved in pre-admission assessments and given information about people’s lifestyles and preferences. We also saw relatives had been involved in people’s reviews and their views had been recorded. In one person’s file it was recorded, ‘[Relatives] say they have no concerns over [person’s] care and would be happy to approach staff if concerns arose’. We observed one relative in the home engaged in supporting their family member, staff offered to help the relative who expressed a wish to support their family member on their own. The staff facilitated the relative’s wishes. This meant relatives were supported by the home to be involved in the care of their family members.

We found family members had spoken up for their relatives and acted as natural advocates for people who lived in the home. Staff had responded to individual requests and accepted the family members as acting in the best interests of their relatives. We found the home had engaged an advocate to support a person to express their wishes. The registered manager told us this was because the staff thought the person’s wishes was different to that of their visitors. We found the home accessed advocacy to support and protect people.

We saw people were supported to live the life they chose with full regard to their gender, age, race, religion or belief, and disability. One person told us what they liked to do and were supported by staff to live the way they wanted to live. Another person told us about their preferred routines alongside a friend of theirs in the home and they told us how staff supported them with their routines.

Is the service responsive?

Our findings

One relative told us they were, “Quite happy with everything.” One person said, “If I want to go to the toilet I ring and they come in two minutes.” They told us they liked to watch specific morning TV programmes and were given the choice of what they wanted to do. One person told us they were sitting next to their friend to watch the TV together; this meant they were not watching the TV on their own.

In people’s records we saw the service responded promptly to people’s requests for support. For example one person asked for new glasses and the provider had contacted the optician to get an appointment.

We saw people had been assessed by the service prior to admission. The assessments included people’s health conditions, risk of falling and their likes and dislikes. A draft care plan was drawn up before the person came into the home; this meant staff had immediate guidance on how to care for the person.

People told us if they needed a doctor the staff quickly helped them. We found the home was supported by one GP practice that visited regularly with the help of an advanced nurse practitioner. We found the home responded to people’s needs and rang the practice on the morning for a visit; residents were visited that day.

We found people who lived in the home had person centred care plans in place which covered their needs. Where people required additional care plans for example regarding falls, the use of a hoist and challenging behaviour these needs had been identified and care plans put in place. We saw where people’s needs had changed new plans were put in place, for example a GP had recently stopped a person’s medicine for their condition and the staff had completed a new medicine’s care plan. We found the risk assessments in place were relevant to people’s care planning. People’s care plans were reviewed each month, and we saw each month’s review referred directly to the person’s needs. For example one person required both hearing aids and glasses. We saw in their communication plan staff reviewed the person’s wishes to wear their hearing aids and glasses were monitored. This meant people’s care plans and reviews were up to date.

We found the service had in place arrangements to manage people’s transition to other services. Two people had recently been admitted to hospital and the registered manager described to us the information they sent to the hospital including people’s MAR and background information about them. Hospital staff then had information which enabled them to support and treat the person.

Staff supported people to attend hospital appointments. We saw one person’s attendance at a hospital appointment had proved challenging for them, and the home had put in place arrangements to ensure their medical needs could be met without causing them any further trauma. This meant the service had responded to concerns and improved how they accessed the required treatment.

We found there was an activities timetable but on one of the days of our inspection the activities organiser was on leave and none of carers organised anything. This meant people in the home were not engaged in activities for the day. We found there were notices around the home to alert residents and relatives of forthcoming events and activities.

In Rose Cottage staff explained to us how time allocated to them from the activities coordinator was most likely to be spent carrying out one to one activities. We observed staff giving people a choice to be engaged in activities and then engaging people in adaptations of the game ‘Connect Four’.

The registered provider had in place a complaints procedure and we saw the registered manager had recorded complaints made since our last inspection. They had carried out an investigation on each complaint and provided an outcome with their findings to the complainant. One complainant confirmed they had received a response. Relatives we spoke with told us they would speak to the registered manager if they had a complaint, but had not felt the need to complain.

Concerns had been raised with us since our last inspection about one person whose behaviour was challenging the service. We found actions had been put in place to support the person and appropriate assessments of the person’s needs had been carried out. Similarly concerns about a person moving into Rose Cottage had been addressed and support put in place. The person had made a successful transition to living in the home.

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. At our previous inspection we found breaches of our regulations. The registered manager sent us an action plan on how they would improve the service in line with their registration requirements. We found actions had been carried out which meant the registered provider and the registered manager had responded to our concerns.

A member of staff said “It’s a happy place to work and we all cover for each other “We saw the registered manager was visible on the unit and found her having regular conversations about people’s needs with staff. We observed the registered manager had respect for the staff. The staff told us they felt she was always there for them if needed but didn’t interfere and listened to opinions as well as being open to discussion. We found this led to a positive atmosphere in the home where staff felt valued.

We found the service had in place policies and procedures that had a clear vision and set of values that included honesty, involvement, compassion, dignity, independence, respect, equality and safety. The registered provider therefore had the frameworks in place to establish the culture in the home.

At our last inspection we found the provider had not protected service users against the

risks of unsafe care by regularly assessing and monitoring the quality of the service provided. During this inspection we found the registered provider and the registered manager carried out a number of audits to monitor the quality of the service. The registered provider conducted a monthly audit check under the five domains of the CQC – safe, effective, caring, responsive and well-led. We saw these audits had resulted in areas of improvement being identified and actions put in place to remedy the finding. Each month the registered manager was expected to complete key performance indicator report to the registered provider. The report demonstrated what actions had been taken in relation to the CQC and local authority inspections. We also saw the report looked at any safeguarding issues, staff disciplinary issues and people’s

weight loss. The registered manager had accounted for people losing weight and what actions had been taken to prevent further weight loss. This meant the registered manager was accountable to the registered provider through monthly reports of events in the home.

The registered manager conducted audits in the home. We found for example, people’s care files were audited and actions were required by the registered manager to improve the files. Mattress audits were also carried out. Other staff in the home also conducted audits; we found the cook carried out kitchen audits and highlighted when new equipment was required. We found they had highlighted the need for a new blender and this was on order. They had also highlighted that whilst the freezers continued to work they were old and could do with replacing. The registered manager was aware of the issues.

The registered manager had tried to put in place staff meetings on Brancepeth Court but she found attendance was poor as staff did not want to attend on their days off. They told us they found this disheartening but would continue to try to engage staff in meetings.

We saw there were arrangements in place to enable people who used the service, their representatives, staff and other stakeholders to affect the way the service was delivered. Although these arrangements were in place the registered manager had received a limited response to questionnaires which made it difficult to measure the service.

During our inspection we discussed ways of working with the registered manager and staff, where we found there were ways to improve the service we found the registered manager and the staff responded immediately to consider the improvements and put actions in place. This demonstrated the service was open to improving.

The service worked in partnership with other organisations to make sure they met people needs. We found the service had worked with GPs, social workers, optician, dentist, chiropodists and dieticians. This meant the service did not work in isolation but sought the support of other relevant professionals.

We saw all records were kept secure in locked filing cabinets, up to date and in good order, and maintained and used in accordance with the Data Protection Act.