

Browfield Residential Home Limited

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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

This inspection was unannounced and took place on the 29 and 30 August 2018.

We last carried out a comprehensive inspection of this service on 8 and 9 January 2018. At that inspection we found 13 breaches of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. The breaches related to the person-centred care, dignity and respect, need for consent, safe care and treatment in relation to risks within the environment, people's health and well-being, management of medicines and infection control, safeguarding from abuse premises and staff training and development. We also issued a warning notice with regards to the lack of evidence to demonstrate Good Governance. Due to the breaches found the service was rated Inadequate in the Safe and Well-led domains and Requires Improvements in the Effective, Caring and Responsive domains. The service was given an overall rating of Inadequate and placed in Special Measures.

Following the inspection, we required the provider to complete an improvement action plan to show how they would improve all key questions; safe, effective, caring, responsive and well led to at least good.

Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

Browfield 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 (CQC) regulates both the premises and the care provided and both were looked at during this inspection.

Browfield provides accommodation for up to fourteen people with enduring mental health needs who require support with personal care. Accommodation is provided on three floors. There is no passenger lift. On street parking is available to the side of the home. The home is situated approximately one mile from Bury town centre and is close to all local amenities and public transport. At the time of our inspection there were 12 people living at the home.

The service had a registered manager, who is also the owner of the home. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. People said the registered manager was approachable and they could talk with them.

Audits and checks were completed to monitor and review the service provided. We recommend information gathered as part of the quality monitoring is consolidated and used to inform the development of the homes improvement plan. This will help to demonstrate sustained and ongoing improvement so the people

receive a quality service which meets their needs.

Action had been taken to ensure the safety of building. Up to date risk assessments, maintenance records and fire safety checks were in place to help keep people safe. On-going redecoration was to be completed to enhance the appearance of the home.

Suitable arrangements were in place to protect people from abuse. The provider had worked in partnership with the local authority to address recent issues. Staff were provided with procedures to guide them and recent training had been completed. Staff spoken with knew what action should be taken so that people were protected.

A safe system for the management and administration of people's medicines was in place.

Sufficient numbers of staff were available to support people living at Browfield. Relevant recruitment checks were completed prior to new staff commencing work at the home.

Suitable arrangements were in place to ensure people were protected against the risks of cross or spread of infection.

Consent had been sought from people about the care and support they wanted and needed. Where necessary people had access to independent advocates to help ensure their wishes and feeling were considered when important decisions needed to be made. Where people were being deprived of their liberty, lawful authorisations were in place.

On-going training and support was provided for staff. Further opportunities were being explored to help staff develop the knowledge and skills to meet people's changing needs. Staff said the team worked well together and were supported in their role.

Suitable arrangements were in place with regards to the mealtime arrangements. People told us they were supported to access relevant health care professionals so that their health and well-being was maintained.

Care records contained good information about people's individual needs and wishes. Plans were reviewed and updated and provided guidance for staff about how people wished to be supported. Where risks to people's health and well-being had been identified these were assessed and planned for.

People told us they liked living at Browfield and had choice and control over their daily routines following activities of their own choosing. Staff were said to have a good understanding of their individual needs and wishes and treated them with dignity and respect.

Systems were in place for the reporting and responding to any complaints brought to the registered managers attention.

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.

Up to date maintenance certificates and risk assessments were now in place to demonstrate the safety and suitability of the building. Internal safety checks were completed to protect people from harm or injury.

Safe systems were also in place with regards to infection control procedures, the management of medicines as well as protecting people from the risk of harm or abuse. Risks to people's health and well-being had been assessed and planned for.

Sufficient numbers of staff, that had been safely recruited, were available to support people.

Is the service effective?

Good ●

The service was effective.

Relevant authorisations were in place for those people being deprived of their liberty. Records clearly showed people had been consulted with and consented to their care and support.

Improvements had been made to the training, development and support opportunities offered to staff.

People told us they enjoyed the choice of food provided. People had access to the relevant health care support so that the health and well-being was maintained.

Is the service caring?

Good ●

The service was caring.

People living at Browfield had lived together for many years. People said they enjoyed living at Browfield and that staff were kind and friendly and supported them when needed.

Staff were able to demonstrate they had a good knowledge and understanding of people's individual care and support needs.

People were involved in the development of their care records. Information was stored securely in the office. This meant people's information was kept confidential.

Is the service responsive?

Good ●

The service was responsive.

Care plans provided person-centred information about people's individual needs and preferences. Sufficient information was available to guide staff in the delivery of people's support.

People had autonomy and choice over their daily routines. People were involved in a range of activities and opportunities based on their individual wishes.

Suitable arrangements were in place for the reporting and responding to complaints.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Audits and checks were completed to monitor and review the service provided. Opportunities were also made available for people and other parties to comment on the quality of service provided. We recommend information gathered is consolidated to help demonstrate sustained and ongoing improvement of the service.

The provider had submitted notifications to CQC as required by law.

We saw the CQC rating had also been displayed within the home.

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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.

Before our last inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service, including notifications the provider had sent us. A notification is information about important events such as, accidents and incidents, which the provider is required to send us by law.

We also contacted the Bury and Rochdale local authorities, who commission services from Browfield and Healthwatch Bury. It was acknowledged that improvements had been made since our last inspection in January 2018.

This inspection took place on 14 and 16 August 2018 and was unannounced on the first day. The inspection was undertaken by one adult social care inspector and an Expert by Experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During our inspection we spoke with six people who used the service, the registered manager and three members of the staff team.

We looked at the environment and the standard of accommodation offered to people. We also reviewed four care files, medication administration records (MARs), staff recruitment, training and development records as well as information about the management and conduct of the service.

Is the service safe?

Our findings

During our last inspection in January 2018 we found the registered provider was not meeting the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to Safe care and treatment and Safeguarding service users from abuse and improper treatment. Due to our findings requirement actions were made and the overall rating for this key question was rated as Inadequate, Following the last inspection, we asked the provider to complete an improvement action plan to show what they would do and by when to improve the key question to at least good.

At this inspection we looked to see if the required improvements had been made. We found improvements had been made to meet the regulations.

During our last inspection in January 2018 we found that the home was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because robust systems were not in place to protect people from the risk of abuse or improper treatment.

At this inspection we were aware of two issues which were currently subject to review. The registered manager had been working with the local authority to resolve these matters. We were told that these were close to being resolved. As required by law, the registered manager had notified CQC of any issues or concerns.

Since the last inspection further training in safeguarding people from abuse had been provided for the staff team. Staff spoken with were able to demonstrate what procedure should be followed if people were potentially at risk or had suffered harm. Information about safeguarding people from abuse was also available to guide staff.

During our last inspection in January 2018 we found that the home was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not taken reasonable steps to ensure the premises and equipment were in safe working order.

At this inspection we found work required had been completed to keep people safe. We saw up an up to date 5-year electric circuit check had been carried out in March 2018 and showed that action needed had been completed so that the system was safe. A further check had been made of all small appliance in January 2018 as well as gas safety, fire detection and alarm, fire equipment and the stair lift.

We saw a legionella assessment had been completed in April 2018, along with weekly water temperature checks. This is important and helps to minimise the risk of scalding.

Up to date environmental risk assessments were in place. These explored areas such as meal preparation, slips, windows, radiators, medication, fire and electrical appliances. Assessments in relation to infection control also covered illness, contamination, isolation, PPE, hand gel and dress codes All risk assessments were dated April or May 2018 and identified potential hazards, level of risk, probability and control measures

to help minimise potential risks so that people are kept safe.

During our last inspection in January 2018 we found that the home was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had failed to ensure that suitable arrangements were in place to help maintain the safety and protection of people and staff in the event of an emergency arising.

At this inspection we found a safe system was in place. Work identified following a visit by the Greater Manchester Fire and Rescue Service (GMFRS) had been addressed. A comprehensive fire risk assessment had been undertaken in 2016 and reviewed again in April 2018, by someone competent to do so. Action required within the assessment had also been taken. We saw fire compartmentalisation had been completed; this helps to reduce the risk of fire spreading, new fire doors had been fitted, a night time fire drill had been carried with people responding promptly and fire training was planned for the team for November 2018.

We saw there was a 'grab' file which would be used in the event of an emergency such as a fire. This contained information that would be useful to emergency services. This included individual personal emergency evacuation plans (PEEP's), which had been updated and a copy of people's hospital passport so that relevant agencies were aware of people's needs and abilities.

A review of records showed that internal fire safety checks continued to be completed to check the fire alarm, emergency lighting and extinguishers were in good working order and the fire exits were kept clear.

During our last inspection in January 2018 we found that the home was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had failed to adequately identify, assess and manage risks to people's safety and wellbeing.

At this inspection we reviewed the records for four people. Areas of risk had been identified and planned for. These included; people's mobility, risk of falls, continence, nutrition and behaviours. Records showed that additional monitoring records were completed where necessary. Staff spoken knew what to do should people's needs change and additional support and advice was needed.

During our last inspection in January 2018 we found that the home was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because suitable arrangements were not in place to ensure people were protected from the risks of cross infection.

At this inspection we found action had been taken to address the issues identified at our January 2018 inspection. The downstairs toilet had been retiled, an alternative storage area had been provided for mops and buckets, bedding had been removed from the cellar and cobwebs had been cleared away. Staff had also completed up to date training in infection control. This helps staff keep up to date with current good practice guidance in the management and prevention of cross infection.

We found the home was clean and tidy. A part time domestic was employed and worked each week day. Any additional tasks were completed by support staff. Staff told us that personal protective equipment (PPE) was always available and worn. We saw that staff wore appropriate aprons and gloves when carrying out tasks.

The registered manager continued to complete audits of the environment including infection control.

Previous inspections have also been carried out by the local authority health protection team and food hygiene team. In June 2017 the service was rated 93% compliant in relation to infection control systems and in March 2016 were awarded a food hygiene rating of 5, which is the highest rating.

During our last inspection in January 2018 we found that the home was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not ensured systems were in place for the safe management and administration of people's medicines.

At this inspection we found the management and administration of people's medicines were safe. Action required following the last inspection had been addressed. Guidance was available for staff, temperature checks were being completed where medicines were stored, a signature list was on file and protocols were in place for those people prescribed 'when required' medicines. We found stocks were well managed, records showed that items were checked on receipt at the home and items 'carried forward' from the previous month were identified. Medicines were stored securely and the medication administration records (MAR's) was completed in full including body maps and charts for topical creams.

Staff spoken with and records reviewed confirmed training in the 'bio-dose' system used at the home had been provided by the supplying pharmacist. Further competency assessments had also been completed to check staff practice was safe.

The staff team had remained stable with only one new appointment. The registered manager told us that due to long term sickness and the departure of the deputy manager, further recruitment was taking place to ensure sufficient levels of staff covers was maintained. We were told and records confirmed that in addition to the registered manager there were two support staff on duty throughout the day, three support staff covered the evening shift with one staff member on the 'wake-in' night. In addition, a part time domestic worked each week day. Staff spoken with felt that sufficient staff were made available each day and where necessary covered each other's shifts so that continuity was offered to people. We were told that agency staff were not used.

We looked at the recruitment and selection process in place when appointing new staff. The registered manager told us as part of the systems review within the home a recruitment pack had been developed. This included templates of letters and forms to be used when recruiting new staff. We reviewed the recruitment file for the newest member of staff. We found all relevant information and checks had been completed prior to them commencing work. This included an application form with employment history, written references and a disclosure and barring check (DBS). This information helps to ensure that only those applicants suitable to work with vulnerable people are offered the post.

Is the service effective?

Our findings

During our last inspection in January 2018 we found the registered provider was not meeting the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to Need for consent, Premises and equipment and Staffing. Due to our findings requirement actions were made and the overall rating for this key question was rated as Requires improvement. Following the last inspection, we asked the provider to complete an improvement action plan to show what they would do and by when to improve the key question to at least good.

At this inspection we looked to see if the required improvements had been made. We found some improvements had been made to meet the regulations.

At our last inspection in January 2018 we found that the home was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider did not have system in place to ensure staff were aware of their responsibilities in ensuring people were not being unlawfully restricted and where necessary the appropriate action was taken to ensure people were protected.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

During this inspection we checked again 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 found authorisations were held on people's care records for staff to refer to if needed. Notifications had also been forwarded to CQC as required by law. Where necessary people were supported to make important decisions with the support of an Independent Mental Capacity Advocate (IMCA). During the inspection we were told three people were meeting with an advocate who was visiting the home. This helps to ensure people views are listened and represented so that any decisions are made in their 'best interests'.

A review of people's records showed that people were involved in making decisions about their care and supported. People had signed their consent to the care and support they wanted from staff, assistance with medication and help to manage their finances or cigarettes.

Records also showed that policies and procedures were in place to guidance staff on the MCA and DoLS procedures. A review of records and discussions with staff also showed that training in these areas had been

provided. Staff spoke with said they would encourage people to be as independent as possible and would listen to what they say. One staff member told us, "Residents choose and I support them in their decisions."

During our last inspection in January 2018 we found that the home was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people were not protected against the risks of unsafe or inappropriate care as staff had not received all necessary training and support needed to carry out their role.

During this inspection we found that improvements had been made. Staff spoken with and a review of records confirmed that training had been completed with the local authority, pharmacist as well as the training partnership group. Recent training had included mental capacity and DoLS, safeguarding from abuse, medication, fire safety, first aid, moving and handling, health and safety, infection control and food hygiene. Two staff had also complete training in 'React to red'. This is a pressure ulcer prevention campaign that is committed to educating as many people as possible about the dangers of pressure ulcers and the simple steps that can be taken to avoid them. Their learning was being shared with all members of the team. Where staff had yet to complete all areas of training we saw information show this had been planned.

The registered manager told us they had yet to source training in relation to mental health aware. They were to liaise with a neighbouring home for ideas about where this was provided. They were also exploring other areas of training due to the physical needs of people. This will help to ensure staff have the knowledge and skills needed to support people's current and changing needs so that people are protected. One person we spoke with described staff as, "Very understanding and very knowledgeable."

In addition to the programme of training other opportunities were provided to support staff in their role. All new staff completed an induction outlining their role and responsibilities. Occasional supervision and appraisal meetings were held exploring staff attendance, attitude to work, training needs. Objectives were set and then reviewed at the next meeting. In addition, there was a communication book and handovers at each shift change. Staff told us that as the team was small there was opportunity to work with each other, sharing information when needed.

During our last inspection in January 2018 we found that the home was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people were not provided with safe, well maintained accommodation in which to live. We found accommodation appeared tired and in need of some redecoration. We also saw radiators and pipework were uncovered and both the front and rear doors were left unsecure posing a risk as unauthorised people could gain access to all areas of the home.

At this inspection we walked around the home with the registered manager to check the work completed. We saw radiator covers had been fitted to those assessed as needed. The registered manager had a maintenance book in place for the environment. Work had been priorities to make all aspect to make the home safe had been completed in the first instances. Plans had been made for a decorator to work at the home and address the areas of redecoration needed. During this inspection we found the front and rear entrances were safe.

We found that people's nutritional needs continued to be met. Meals were prepared and cooked by support staff. We were told that people were consulted about the menu options. People told us; "We tend to discuss issues over lunch times", "Meals are nice and fresh" and "The meals are okay." Another person also told us that they liked to help staff in the kitchen, adding, "I help out in the kitchen" and "I like helping staff, I brush the floors or wash up."

A review of people's records showed their needs and risks in relation to their nutritional intake were monitored. This included the completion a Malnutrition Universal Screening Tool (MUST) tool, which was reviewed on a monthly basis or more frequently if necessary. The MUST is an assessment tool, used to calculate whether people are at risk of malnutrition. We saw evidence to show referral had been made to the person's GP and dietician where risks had been identified and supplements had been prescribed. This helps to ensure risks to people are minimised.

People continued to have regular access to a range of health care professionals including GP's, dietician, district nurse, chiropody as well as clinic appointments. Where necessary people had support from the mental health team to help monitor and review their well-being. We saw records were kept of any visits or appointments along with any action required. People we spoke with confirmed they attended all health appointments on a regular basis and that support was provided if needed. People said they preferred this rather than going alone. One person commented, "[Registered manager] takes me to the GP and hospital appointments." This helped to ensure people's healthcare needs were met.

As previously identified, people's records included a 'Hospital passport'. This used a traffic light system; for example; red was used to highlight what was most important to and for the person. These provided important information for hospital staff about the person and their needs and abilities so that continuity of support could be provided.

Is the service caring?

Our findings

During our last inspection in January 2018 we found the registered provider was not meeting the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to Privacy and dignity. This was because the privacy and dignity of people was not always maintained. Due to our findings a requirement action was made and the overall rating for this key question was rated as Requires improvement. Following the last inspection, we asked the provider to complete an improvement action plan to show what they would do and by when to improve the key question to at least good.

At this inspection we looked to see if the required improvements had been made. We found some improvements had been made to meet the regulations.

The registered manager told us only the two current occupants in the ground floor bedroom used the en-suite facilities. The practice of staff and people routinely using this room had ceased. We were told that people were now using the communal bathrooms and toilets available within the home. Previous practice of accessing this room was not seen during this inspection.

People we spoke with said staff considered their privacy and dignity when offering help and support. All those we spoke with felt staff understood their needs and knew how they liked to be supported. They told us; "They help me with washing and dressing, they are very nice to me and kind", "They look after me in the shower", "They look after me", "They are kind and caring", "Staff are good and kind", "I like the home and staff", "Staff are very good and caring", "They are very helpful, kind and caring, they always wash my back and feet for me" and "They respect my privacy and talked to me in the office."

People told us staff were approachable and always treated them with respect. Their comments included; "Staff have time for me", "Staff understands", "Staff listens to me and make me feel at home", "Staff are polite to me", "They listen to what I have to say", "Staff are cheerful, friendly and kind to me" and "They always have time for me." Staff spoken with could demonstrate they had a good understanding of people's individual needs. They told us; "Residents come first", "We talk and listen and try to solve their problems" and "We are here for the residents". Our observations of interactions between people and staff supported what we had been told.

During the inspection we saw people spend their time as they wished. Some people liked to spend time in the communal areas with others, whilst others preferred the quieter lounge areas or their own rooms. This was respected by staff. One staff member we spoke with said; "They have the choice to be alone or if they want to join in when there is something going on."

We looked at how people were helped to maintain their independence. Staff told us that most people were independent, whilst others required with daily living skills. Aids and adaptations were provided to enable people as much as possible to do things for themselves. These included walking frames and adapted toilet and shower facilities. One staff member told us, "The home encourages independence and we do our best to have a holistic approach to care."

People were seen coming and going throughout the day. Staff continued to support people to maintain relationships with friends and family. One person told us they had been out with their partner, shopping.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We saw records about people were provided in a pictorial and written format, which were easy to follow. One person had a writing book which enable them to communicate better with staff. People also had access to a tablet magnifier, which enlarged written information so that it could be easily read. Staff were aware of people's abilities and communicated with people in a way they understood.

All the people we spoke knew they could access an independent advocate if they need help to make decisions about their care and support.

People's care records were stored securely in the staff office so that confidentiality was maintained.

Is the service responsive?

Our findings

During our last inspection in January 2018 we found the registered provider was not meeting the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to Person centred care and Safe care and treatment. Due to our findings requirement actions were made and the overall rating for this key question was rated as Requires improvement. Following the last inspection, we asked the provider to complete an improvement action plan to show what they would do and by when to improve the key question to at least good.

At this inspection we looked to see if the required improvements had been made. We found some improvements had been made to meet the regulations.

During our last inspection in January 2018 we found that the home was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because not everyone living at the home had a care plan to direct staff in the safe delivery of care and support.

At this inspection we saw all the people living at the home had care plans and risk assessment in place regarding their care and support. Files had been revised so that current information was easily accessible. We reviewed information for four people. Records included a support plan detailing people's support needs, routines, rising and retiring, goals and aspiration, monthly review sheets and relevant risk assessments. Information had been reviewed and updated reflecting the current needs of people. All the people we spoke with were aware of the care plan and confirmed they had been consulted with. This was evident on the records we looked at.

Personalised information was also held on file. A document titled 'This is me' had been completed outlining people's likes and dislikes, level of support needed, what they like and don't like about the support, gender preference regarding support and hobbies and interests. Some people had also recorded their wishes at the end of their lives and any funeral arrangements. This information would help staff deliver care and support in a way people wanted.

During our last inspection in January 2018 we found that the home was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because People had little interaction and stimulation throughout the day so that their social needs were met.

During this inspection we explored further how people spent their time. Most people were independent and had autonomy and choice over their lives. Those we spoke with told us they made their own decisions about the things they did each day. Their comments included, "If I want to go shopping staff take me", "Staff take me places, shopping, cinema or walking", "I go out on my own", "We're going to Blackpool to see the lights", "I help out in the kitchen", "I like helping staff, I brush the floors every day" and "I can go to any staff member." People also said they 'liked' structure to their day and that knowledge of the day made them feel "secure". One person added, "Knowing what I am doing every day and when meal times are makes me feel ok." Staff said they too encouraged people to take part in activities, adding, "Love taking them to different

venues", "We take them to different places" and "The Activities are their choice".

The registered manager told us several games had been introduced such as bingo, darts and dominoes, which people were seen to take part in and enjoyed. We were also told people attended a local day centre, enjoyed helping staff around the home, went out shopping or visited family and friends. An outreach worker also now supporting a person to access activities within the local community. The registered manager said that this person seemed; "better as they were more stimulated." We were told one person had gone away on holiday and arrangements were also being made for a nine people to visit Blackpool Illuminations. A review of the activity records confirmed what we were told.

We asked the registered manager how they considered areas of equality and diversity of people when planning their care and support. A policy was available to guide staff which reflected the protected characteristics exploring people's religion or beliefs, race and sexual orientation and the implications for care practice. We were told and information showed that these areas were explored as part of people's care plans. A discussion with the registered manager demonstrated consideration was given to people's sexual orientation and relationships with others. This helped to promote people's human rights.

We again asked people what they would do if they had any complaints and concerns. None of the six people we spoke with said they had needed to complain but would go to a staff member or the manager. People told us, "I feel listened to", "If I had a problem staff would sort it out straight away", "They are quite reasonable", "I like it here and have no complaints" and [Registered manager] and staff always resolve my problems and I get on with all the staff".

The registered manager told us no issues had been raised with them since the last inspection. Information was displayed within the home about how people could complaint should they need to. This included details of external agencies which could be contacted.

Is the service well-led?

Our findings

During our last inspection in January 2018 we found that the home was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not ensured the service had an effective quality monitoring system in place. Due to our findings a warning notice was issued to the registered provider requiring them to take immediate action to address the breach. The overall rating for this key question was rated as Inadequate.

During this inspection we found systems had been improved to help demonstrate effective monitoring and oversight of the service. A thorough overhaul of records had been carried out. Clearer management systems had been introduced with regards to staff recruitment, training and development, incidents, care records, activities, health and safety and checks to the facilities. We saw a programme of monthly checks were being completed and included a review of all care plan documentation, infection control, environmental and medication audits as well as oversight of training and development.

The service is required to have a manager that is registered with the Care Quality Commission (CQC). The registered manager at Browfield is also the owner of the home and has been responsible for the service for many years. They were supported by a deputy manager and a stable staff team. We were told the current deputy manager had resigned. A new appointment was to be made and interviews had been scheduled. Delegated responsibilities were to be shared between the management team to provide better management and oversight of the services.

We asked people who used the service and staff their views about the management and conduct of the service. People told us; "It's a nice place", "Real home", "[Registered manager] and staff are approachable", "Nice people, nice place", "They are always there for me" and "Always have a chat with [registered manager]."

Those staff we spoke with expressed their disappointment following the previous inspection and said that the registered manager and team had been working hard to make the necessary improvements. Their comments included; "Any problems [registered manager] is there for you", "[registered manager] is approachable", "He's a good manager" and "It's a happy home."

It is recommended that information gathered as part of the quality monitoring is consolidated and used to inform the development of the homes improvement plan. This will help to demonstrate sustained and ongoing improvement so that people receive a quality service which meets their needs.

We looked again at what opportunities were made available for people, staff and third parties to comment on the service provided at Browfield. People told us that 'resident meetings' were held, although most people preferred not to attend. We were told that discussions were generally held during mealtimes when people were together. We were also told and information showed that annual feedback surveys were distributed. These had been sent out in April 2018; 11 responses had been received. When asked what the service does well, two relatives/friends commented, "Keeps [person's name] safe and well", 'Treat [person's

name] with respect and hopefully encourage her to fulfil her potential', [Person's name] is very happy at Browfield and I am sure if there was anything they could do better they would consider every avenue."

There were also nine responses from health and social care professionals involved with people. Their comments were, 'The patient always seems well cared for by caring staff', "Care is delivered in an organised holistic manner", "Good management", "I feel it's a well-run home and good support" and "[Registered manager] knows the patients and has a good/sensible approach."

At the last inspection we also identified a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 as the registered provider had failed to submit notifications of events. Registered persons are legally required to inform the CQC of any incidents which potentially impact on the health and well-being of people. Prior to this inspection we reviewed information sent to us by the registered provider. Formal notifications had been sent to us as required. This information helps us to monitor the service ensuring people are protected.

During our last inspection the provider had failed to display the homes rating within the home. From 1 April 2015 it has been a legal requirement of all services that have been inspected by the CQC and awarded a rating to display the rating at the premises and on the service's website, if they have one. Ratings must be displayed legibly and conspicuously to enable the public and people who use the service to see them. During this inspection we saw that information was displayed.

Staff had access to a range of policies and procedures to help direct staff in areas of their work. Policies included; safeguarding, mental capacity, confidentiality, whistle blowing, bullying, recruitment and philosophy of care.