Bridge Care Residential Limited

Burn Brae Lodge

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 18 and 21 September and was unannounced, which meant the provider did not know we were going to visit. We last inspected this service in May 2016. At that inspection we found the provider was in breach of Regulations 17 and 18 in connection with staffing and good governance.

Burn Brae is a residential care home situated in a rural location on the outskirts of Corbridge. The service is able to provide accommodation to 31 people, some of whom have physical and/or mental health conditions, including people who live with dementia. At the time of our inspection 29 people lived at the service.

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

There were policies and procedures in place to support the smooth running of the service. These included a safeguarding policy which staff told us they understood along with their responsibilities towards protecting people from harm. They told us they would report any concerns without hesitation.

People told us they felt safe. Everyone we spoke with told us they had no major concerns about staffing levels, although people, relatives and staff all told us that at times it was busy.

Checks on the safety of the home were routinely carried out by maintenance staff and by external contractors when required. Personal emergency evacuation plans (PEEPS) were in place and the provider had an emergency contingency plan which would be used in any crisis.

We observed medicines being administered to people during the inspection. People received their medicines in a timely manner, and were treated with dignity and respect during the process. Records were well maintained. We found on occasions the medicines trolley was left unsecure while medicines were given to people. Staff were nearby but when we spoke to the registered manager and deputy about this they recognised that this should not have happened.

Risks to individuals had been identified and assessments to reduce the hazards to people put in place. Accidents and incidents were recorded and monitored to identify trends. Where people needed additional advice or support, they were referred to external healthcare professionals as necessary.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. We found that the registered manager had an understanding of the principles and had acted in accordance with the law. MCA is a law that protects and supports people who do not have ability to make their own decisions

and to ensure decisions are made in their 'best interests'. It also ensures unlawful restrictions are not placed on people in care homes.

Staff received an induction and had received suitable training with a staff member dedicated to monitor this. Staff supervisions and appraisals had been undertaken although we have made a recommendation to the provider in connection with this. Staff told us they felt supported by the manager and senior staff. Meeting for staff had taken place but not regularly, we therefore made a recommendation regarding this.

People were supported by staff to maintain a well-balanced, healthy diet and their comments were positive about the food and refreshments they received. We have however, made a recommendation that the provider incorporates the use of various menu formats to support people during meal experiences.

We observed staff respected people, and their privacy and dignity was maintained. Staff displayed caring and kind attitudes and treated people as individuals. We saw staff offered people choices and encouraged them to make decisions about daily life where this was appropriate.

People participated in a range of activities. The service was continually developing their activities programme to better suit the needs of the people who used the service. Staff supported people to maintain links by welcoming family, friends and visitors into the service.

Everyone we spoke with told us they knew how to complain and would do so if they thought it was necessary. We saw complaints had been recorded and investigated, although we noted that not all verbal complaints had been recorded. The registered manager told us they would rectify this.

'Residents/Relatives' meetings and surveys were used to gather feedback about the service and the care provided.

The registered manager had improved quality assurance with a range of checks and audits in place to monitor the care and the overall service provided at the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us they felt safe living at the service and relatives confirmed this. The registered manager and staff displayed a good understanding of safeguarding people from harm.

Medicines were managed well and people received theirs in an appropriate and timely manner.

Staff were recruited safely and there was enough staff employed to meet the needs of people who lived at the service.

Is the service effective?

Good

The service was effective.

Staff received training relevant to their role and was regularly updated. Staff were inducted, supervised and monitored and competency checks were carried out by senior staff.

People were supported to maintain healthy nutrition in line with their dietary needs.

People's consent was sought. The provider followed the law in relation to the Mental Capacity Act 2005.

External healthcare professionals were involved with people's care as required.

Is the service caring?

Good

The service was caring.

Staff displayed positive and caring attitudes and interacted well with people. Staff knew people well, including their backgrounds.

Staff involved people in making decisions about their care and support where they could.

Staff had an understanding of equality and diversity and treated

people with dignity and respect.

Is the service responsive?

Good

The service was responsive.

Care records were person-centred and documented how staff were to meet people's individual needs.

Activities took place and the service continued to develop the programme to ensure they meet the needs of everyone.

There was a complaints procedure in place and people told us they knew how to complain if they needed to.

Is the service well-led?

Good

The service was well-led.

The service had a homely atmosphere. Staff told us they felt supported by the registered manager.

We saw that people who used the service were consulted to obtain feedback.

Audits and checks were carried out to ensure people received appropriate care and support.

The registered manager had improved governance. Records were kept to monitor the quality and safety of the service.

Burn Brae Lodge

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 inspection took place on 18 and 21 September 2017 and was unannounced on the first day and announced on day two. The inspection team consisted of one 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.

Prior to the inspection we reviewed all of the information we held about the service, including any statutory notifications that the provider had sent us and any safeguarding information we had received. Notifications are made by providers in line with their registration obligations. They are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of.

We contacted the local authority commissioning and safeguarding adult's teams. We also contacted the local fire authority, infection control teams for care homes, and the area Healthwatch team. Healthwatch is an independent consumer champion which gathers and represents the views of the public about health and social care services. We used their comments to support the planning and judgement of the inspection.

We also asked the provider to complete a Provider Information Return (PIR) prior to the inspection. The PIR is a form that asked the provider to give some key information about the service, what the service does well and improvements they plan to make. This information informed our planning of the inspection.

During our inspection we spoke with 12 people who lived at the service. We also spoke with eight relatives and friends who were visiting during the inspection. We spoke with the registered manager, the deputy manager, one senior member of care staff, three care staff, two cooks, the activity coordinator, the hairdresser and one domestic. We spoke with a challenging behaviour specialist and GP who visited people at the service during our inspection.

We spent time observing care delivery at various times throughout the day, including the lunchtime experience in dining rooms and other communal rooms; and we observed people engaging with activities. We carried out some of our observations using the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed five people's care records, including in relation to medicines. We checked five staff personnel records, including a mix of staff who carried out care and non-care related roles. Additionally, we examined a range of other management records related to the quality and safety of the service. We also further contacted GP's and social workers after our visit and where we received responses used their feedback to support our judgement.

Good

Is the service safe?

Our findings

People told us they felt safe. We received comments from people such as, "I feel very well looked after"; "I am safe, yes" and "Yes, I have not concerns about my safety." A visiting professional told us, "Residents seem safe." We observed people moved safely around the service and staff used appropriate moving and handling techniques when they assisted people. The atmosphere in the service was relaxed and homely.

The staff we spoke with were able to tell us about safeguarding procedures and told us they would not hesitate to report any concerns they had. They told us they were not afraid to speak up and one said, "The manager is very approachable, I would have no hesitation going to them." Senior staff were aware of their responsibilities to report any concerns to the local authority and to the Care Quality Commission (CQC) where relevant. Staff had received training and continuous refresher training was in place.

We observed staff administer people their medicines. People received their prescribed medicines in a timely manner with staff following best practice guidelines. Information was available to support staff with the safe management of medicines, including details of when 'as required' medicines should be administered. 'As required' medicines are medicines used by people when the need arises; for example tablets for pain relief used for headaches. We noted that two 'as required' medicine information sheets were not available. The deputy manager said this was an oversight and would put these in place immediately. Medicines were ordered, stored, administered, recorded and disposed of in a safe manner. Although we noted that the medicines trolley was not always locked while not in use. We brought this to the attention of the registered manager and they said they would address this immediately and apologised.

The local pharmacist had visited the service to complete a through audit of medicines procedures with very little that needed to be addressed and what was noted had been actioned.

People's individual identified risks in relation to their care needs had been assessed and were recorded. They documented risks which people faced; such as falls risks, choking risk and pressure area damage. If a change of incident occurred, risks documented were updated to ensure they remained up to date. Personal Emergency Evacuation Plans (PEEP's) were in place and accessible to emergency services should they need to be used to support the evacuation from the service by the fire authority for example.

The provider also had an emergency contingency plan in place. This documented what measures staff would take should an unforeseen crisis arise. This included what to do if poor weather conditions arose, if the provider had electricity or other utility cut off. The plan also included details of where the people who lived at the service could be evacuated to if an issue arose and could not be dealt with quickly.

We noted from a recent letter sent out to relatives that the provider had mentioned the recent tower block fire and disaster in London. They reassured relatives they took fire safety very seriously and had on place all appropriate measures to keep their loved ones safe.

The premises were well maintained and cared for, although some parts were a little dated in terms of

decoration. There was no malodour present and all communal areas were clean and comfortable. There were maintenance staff in post and we reviewed their records which showed they had attended to minor repairs and safety checks around the service. We examined other records related to the safety of the premises. We found for example that gas, electrical and fire safety checks to be up to date. All of these checks were carried out by external professional contractors where necessary.

Accidents and incidents which had occurred in the service were recorded. We saw these were checked by management and used to track trends such as, nature of injury and timings. This meant the service was able to put preventative measures in place to keep people safer in the future.

Staff recruitment was safe. Staff files contained evidence of pre-employment vetting. Potential employees had completed an application form, been interviewed and had their identity verified. Two references were obtained and full checks from the Disclosure and Barring Service (DBS) were carried out. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. We noted that updates of staff DBS checks had not been completed for a number of years in some cases. We discussed this with the registered manager and the best practice guidelines of more regular checks, usually three years. They told us that they would start the process of reviewing the timescales of refreshing the DBS checks for all staff.

We examined staffing rotas and saw that planned staffing levels were appropriate to meet the needs of people who were living at the service. Comments from people and their family members included, "I have never had trouble finding a member of staff"; "Its busy sometimes and you might have to wait a little longer, but not too bad"; "The staff are always busy, but still have time to have a chat…it can be busy in the morning but that's expected" and "I think they can be busy at times but nothing I would say is out of the normal." The people and staff we spoke with did not raise any major concerns with us about the numbers of care staff on duty. We observed staff responded to calls for support quickly and spent time talking with people.

We checked a sample of people's personal money which was safely held by the provider. We saw any purchases were recorded with attached receipts. For example, hairdressing, newspapers or toiletries. All money checked was correct and in order. Two staff signed off any transactions which is good practice but we noted that two staff who were related had signed off a small number of transactions. There was no issue with the actual transaction or the balance, but we deemed this as poor practice. We discussed this with the registered manager and they agreed that this practice would not happen again.

Good

Is the service effective?

Our findings

At the last inspection we found a breach of Regulation 18 in relation to concerns with the induction, training and appraisal of staff. The provider sent us an action plan to tell us how they were going to address these shortfalls and during this inspection we found they had improved this area and now met the regulation.

Discussions with people and their families indicated they thought the service was effective at providing people with care which was based on best practice. People and their relatives comments included, "It's good on the whole (care)"; "The staff here act straight away if they think [person] is not well; cannot fault them there"; "They [care staff] do what is asked of them" and "One of the things we looked for in a care home was a home where the staff were good at their job, looked after residents well and told us when things weren't right….they do that here and more."

One relative told us, "Our [relative] is so much happier here, she has gained weight and her condition has improved greatly." A friend of one person who visited regularly told us, "From what I see she is well cared for."

The provider had improved induction processes. Staff had undertaken appropriate induction which included the Care Certificate and shadowing of permanent staff members. The Care Certificate assesses the fundamental skills, knowledge and behaviours that are required by staff to provide safe, effective, compassionate care. One recently appointed staff member explained they had been shown fire safety procedures and other general processes during their first few days of starting work. Proficiency checks were carried out with staff around the fundamental skills as well as routine competency checks on all staff.

Staff files showed that training had taken place. A staff member said, "We have regular training and specialist training when it is required." The staff team was made up of varying experience. There were many long term employees as well as newly appointed staff members. The staff team had a mix of knowledge, skills and qualifications. The provider had identified a number of training modules that they considered mandatory for staff to undertake, to be able to safely support the people who used the service. This mandatory training included moving and handling, safeguarding, fire safety, end of life and health and safety. A senior carer had been appointed as the lead for staff training and showed us a training matrix they monitored. A Training analysis of each staff member was in place and a number of staff showed us a variety of courses they had either completed or were signed up to complete, including for example a diabetes management course. This course included workbooks which staff needed to be completed and then staff would send these away for marking.

Supervision and appraisals had taken place. Records in staff files showed that routine supervisions were held as well as those for people returning from sick leave for example. All of the staff files we examined contained recent supervision session notes, although the detail was minimal. Staff appraisals had not fully detailed objectives, goals or the development plans for each staff member.

All staff we spoke with told us they felt supported and that the provider helped them to enhance their skills.

We noted that on one occasion a supervisor who had family members working at the service had completed their supervision. We brought this to the attention of the registered manager and they confirmed that although this had taken place, they recognised it should not have and said it would not happen again.

We recommend that the provider enhances supervision and appraisal recordings to ensure they follow best practice guidelines.

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 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 checked whether the provider was working within the principles of the MCA. Care records showed, and the registered manager confirmed that 16 people living at the service were subject to a DoLS. We reviewed the records regarding the applications to the local authority and outcomes of these decisions. The provider had also notified the CQC of these applications and decisions. People who lack mental capacity may still have the ability to consent to some aspects of their care and treatment. People should be included in the best interest decision making process along with their supporters. We saw in care records that people were routinely involved in the decision making process as far as reasonably possible.

During the inspection we observed the lunchtime experience. Dining areas were laid out with table cloths, cutlery and condiments. People were asked in the morning what choice of meals they would like at lunch time. However, we noted there were no picture menus to support this.

We recommend the provider utilises a range of formats including pictures, to ensure people living with dementia are made aware of the choice of meals available to them.

People told us they enjoyed the food served. They also told us they were able to have items they preferred by asking for something different if they did not like the options for the meal in question. One person said, "I love the food - you get plenty on your plate"; "All good, and if you don't like it you can ask for something else" and "It's fresh and usually very nice." Relatives often stayed to have meals with their relatives. One relative told us, "Often have a meal. Yes all very good home cooked." Another relative told us that since their family member had come to live at the service, they had increased their weight and told us their health had "greatly improved". They said, "We are very happy with the care [person] is receiving."

We spoke with kitchen staff and examined the kitchen environment, including the food types available. We found good quality food had been purchased, including fresh, frozen, tinned and dry. The cook told us, "There is no skimping on spend, we buy what is needed and don't buy cheap rubbish…We have Lurpack and full cream" The kitchen staff were aware of people who required special diets including those people who had allergies and people who were diabetic. The cook gave us an example of one person who was allergic to shell fish. They said, "If I make Ocean pie, I would just leave out prawns for them." Records were updated as needs changed on information held within the kitchen, however, we found one person's details were not up to date. We spoke with the registered manager about this and they said they would look into this to ensure it was addressed and information updated.

People were supported to eat and drink if that level of care was required. We observed one person being supported by care staff and this was done appropriately and with the utmost care, ensuring each mouthful was suitably timed to ensure that the person did not feel rushed.

A daily handover was given to the oncoming staff. This ensured information was communicated effectively and incidents or actions to be taken were not overlooked. We were made aware that one person was in need of seeing their GP. Staff contacted the GP surgery and later in the day the GP visited the person at the service. The people we spoke with and their relatives told us that there was good access to external healthcare professionals when the need arose to address any healthcare needs. A relative stated, "They [staff] let us know when something is not right and if a GP is needed." The records we reviewed showed people had seen GP's, chiropodists, and dietitians if they needed to. We also saw people had been visited at the service by an optician. Details about these visits and any instructions for care staff to follow were documented in the person's care records. A GP we spoke with during the inspection said, "Referrals are appropriate, I have no concerns."

The service had a secure garden area which was accessible to everyone. One healthcare professional told us, "There is good use of the garden area." We were also shown a designated outdoor 'smoking area' for people who wished to smoke. The activity coordinator told us more work was underway for people living with dementia including planting flowers to form a sensory area within the garden when the weather permitted. She was aware of good practice websites which she had utilised, including 'Stirling University'. The activity coordinator told us that the provider had previously paid for her to visit Stirling University to gather some ideas and best practice procedures. The registered manager told us that they were in the process of updating some of the signage in the service to improve orientation for people, particularly those living with dementia.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring and we observed this to be the case. People's comments included, "I am grateful for the care I receive here"; "Everyone is very understanding and caring, I couldn't complain about anything"; "I am so happy here, the carers couldn't be more helpful. I have this lovely room and some of my own things from home - very happy" and "Very kind dear…always."

Relatives told us that the staff team were caring and kind to their family member. One relative told us, "It is absolutely brilliant here, I visit regularly - but couldn't ask for better care for my mother." Another said, "The care for [person] is brilliant. I feel at ease when I leave and know [person] is been well cared for."

We saw many 'thank you' cards and letters of praise received from a variety of relatives. All of these communications recognised the caring and kind attitude of staff and thanked them for the care they had provided to their loved ones. We also saw email communications from healthcare professionals which thanked staff for the positive work they had undertaken.

One relative confirmed that their family member smoked and told us care staff took the person to the dedicated smoking area when needed. We observed a person smoking in the outdoor space dedicated for this. A staff member was with them and a conversation was underway about the scenery and how the weather was changing. It was clear that a good rapport was in place as they chatted for some time before the person decided it was time to come back inside.

Relatives said that they were contacted immediately should an incident occur or their family member's health decline. One relative said, "It's reassuring to know that the least thing and the staff will ring me."

Staff told us they loved their jobs and really enjoyed caring for the people who lived at the service. One staff member said they never thought they "Could not work with the elderly now can't think of doing anything else."

Relatives confirmed that they were always made welcome which included being offered a drink. Two relatives confirmed that they often participated in meals with their family member at the service and this was provided free of charge. During the inspection we observed one relative having lunch with their family member in the dining room. One relative told us, "I am always offered refreshments when I visit my mother – and that is any time of the day."

Staff approached people with a positive and caring attitude. The home had a happy and inviting atmosphere. We saw staff carry out their roles with kindness and thoughtfulness. Staff had lists of people's birthdays and the deputy manager confirmed that cake was made and a celebration tea was provided. The activity coordinator told us that at Christmas people were all bought a gift.

The staff we spoke with were able to tell us about individual people's care needs and their life histories. One staff member explained that one person was from a farming background and appeared to know them well.

Family members we spoke with confirmed that the provider had gathered information about their relative to ensure that staff had personalised information in order to support them better. We observed people had personalised their own bedrooms with furniture, photos and ornaments.

Staff treated people with respect and dignity. One person said, "The staff definitely do treat us with dignity and respect." A relative said, "Staff are very respectful, which is how it should be." One staff member told us, "I always treat people with dignity and respect because it is the right thing to do. It makes people feel comfortable and happy."

Interactions, showed staff were aware of the need to promote equality and diversity. We observed staff treat people as individuals and saw them take people's preferences and different needs and circumstances into account. For example religious preferences were considered and the service welcomed various groups to the service if required. Staff told us they had sometimes supported people to attend their own church.

We observed staff maintained confidentiality. Records about people and staff were kept locked away and confidential information was protected. On a number of occasions, we saw staff discreetly talking with people about their care needs. A relative told us, "I have no doubt that the staff here maintain everyone's confidentially. Never heard anything we shouldn't have."

Regular meetings took place for people and their families to attend. A relative told us, "I am fully involved and have to say they do take notice if a suggestion is give. I mentioned [suggestion] to them and it was no sooner said than done." The record of the meetings held showed that a range of discussion items had taken place, including how 'trip out' activities had been received by people, variations to menus and conversations in connection with church services. We noted that minutes from these meetings were not available to people and their relatives. We discussed this with the registered manager who agreed it would be a good idea to type them up and put them on display for people and visitors to review.

The care records we reviewed demonstrated that people had been involved as much as possible in the development of a plan about their care and support. One person told us, "The staff ask me how I want to have things done. You know...like washing and how I want them to help me get ready for bed." Relatives confirmed they had been included in discussions regarding the care delivered to their family member. One relative said, "Oh yes, fully involved from day one. The staff collated information on [person] with us to establish exactly what they needed help with. They speak to us regularly regarding any changes and there is a regular review."

The registered manager issued quality monitoring surveys to people who used the service and their relatives. Everyone we spoke with confirmed they had received surveys to complete. One relative told us they normally filled their survey with their family member and made it a joint effort.

There was information and explanations on display around the service which included details about the care provided, how to complain, how to gain additional support and various information about the provider and the local area. People were also given information upon admission which included information about the service; what to expect, what is on offer and the local amenities available.

We asked the staff whether any person using the service currently used advocacy services. An advocate is a person who represents and works with people who need support and encouragement to exercise their rights, in order to ensure that their rights are upheld. We were told that the service could access an advocate if people needed one. The support provided to people who lived at the service was mostly from family members who acted on their behalf informally. Some people had legal arrangements' in place with relatives

acting as a lasting power of attorney for finances and health matters and this was evidenced in their care records, although copies of documents were not always in place. The provider assured us that they would arrange for copies to be taken and stored.

We observed people, with the ability, moved freely and independently around the service. They accessed communal rooms and activities as they wished. Staff provided assistance only when necessary and promoted people to be as independent as possible with tasks such as personal care, eating and activities.

Good

Is the service responsive?

Our findings

Care records were detailed and informative and person centred. For example, one person had recorded they preferred cold drinks, including sherry while another person's preferred drink was cranberry juice. Another person had recorded that they wanted to have their spiritual needs met at the service by visiting clergy. The records contained information taken at pre-admission in order for the service and external health and social care professionals to determine that the service was a suitable place to meet the person's needs. The records we reviewed contained assessments of all aspects of people's care and support needs such as mobility, medicines and nutritional needs. Care plans had been drafted to support the staff to care for people appropriately. We saw specific care plans and risk assessments relevant to people's needs such as falls, continence and skin integrity. Care records were reviewed monthly to ensure they were kept up to date and full reviews of care were held regularly with the person (where possible), the family and other healthcare professionals. We saw that on a small number of occasions not all information was updated on a monthly basis as was the provider's policy, although we also were able to confirm that there had not been any impact on the people who lived at the service. We spoke with the registered manager about this and he said he would check the records and ensure this was corrected.

One healthcare professional we spoke with told us, "The staff are very responsive. They don't give up on people and do everything they can to support people to remain…and when they ask for help it is valid."

During general or local elections the provider had gathered information on the preferences of how and if people wished to vote. One person was recorded as being now no longer interested in this process. As this information was kept up to date, should an election be called then the provider could respond appropriately to ensure each individuals needs were met.

Each person had been given a named keyworker. These staff had the responsibility to ensure people were happy and that they had no concerns or issues that needed to be addressed. One staff member told us, "I look after [two people's names]. I check everything is ok with them." Another staff member said, "I realised that [person] needed toiletries so next time [relatives name] came in I let them know." Key workers also completed a separate monthly review of the care provided to the person they supported. This information provided an overview of how the person was and any changing needs.

Monitoring information and daily records were available to record data about weight, food and fluid intake, body mapping and the actions taken by staff on a day to day basis. We checked this information for a number of people with their care plans and found staff were recording and monitoring relevant information. For example, one person was at risk of dehydration and staff were recording all fluids to ensure they reached the recommended intake as instructed by their GP. We observed staff over the course of the inspection record each offer of refreshment and the actual intake, although we noted totals were not always in place. The registered manager told us they would look into this issue and have it rectified. One visitor we spoke with felt that the person they visited had lost weight. When we checked their records and reviewed their care plans, we found their weight was stable and suitable measures were in place with no concerns noted.

The service had emergency health care plans in place for a number of people. Staff used these documents to share important information with other professionals in the event of an emergency admission to hospital in order to ensure effective communication took place.

There was an activities programme in place and an activity coordinator had been employed for a number of years to support this. An activity questionnaire had been completed with people to gain their views on what they would enjoy being involved with and we viewed these records. There was also a care plan in place for activities to ensure that people's individual needs regarding social interventions could be met.

We saw that a variety of entertainment was provided, including day trips out. The provider hired a locally adapted mini bus to take people to venues such as North Shields fish quay and a local farm and ice cream parlour. A notice board on display showed photos of recent outings. We discussed a number of activities aimed at those people living with dementia with the activity coordinator, including the use of APPS. APPS are 'applications' which are used on a mobile phones, computers or similar devises. One particular APP was an award winner to be used for people living with forms of dementia. The activity coordinator had a number of ideas for the months ahead and said she would discuss the use of these APPS with the provider.

The provider held an annual BBQ for people and their relatives. One relative commented, "They [registered manager] have it out there (and pointed to the rear area of the property and enclosed garden). It's very good, with lots of food and just a nice time for everyone."

A hairdresser made regular visits to the service and during the inspection a planned visit took place. We saw people enjoyed the quality time and being pampered. We also observed from pictures and from conversations with people, staff and the activity coordinator that a specially trained 'Pat' dog regularly visited the service. The activity coordinator told us, "We have to make sure to take it to [person's name] as they love it and it makes such a difference to them." They referred to a person who was living with dementia.

People told us they were given choices in their daily life. One person said, "I can go to bed when I want and get up when I fancy." Throughout the inspection we heard staff offering choices to people with regards to food, drinks and activities they may have liked to be involved with. The provider had taken measures to ensure that people were able to have choices in having male or female care staff supporting them with particular care tasks and employed a number of male workers to support this.

The service had a complaints policy in place. This was available around the service on notice boards. One person said, "I have never had to complain but if I did, I am sure they (registered manager) would sit up and take notice." Everyone we spoke with knew how to complain. A relative said, "I would speak to the deputy or go to the manager." Another relative added, "The manager (registered) asks if everything is okay when I see them but the deputy is often asking too. I have no issues and would complain if I felt it was needed." A healthcare professional told us, "I feel that if you needed to go to the manager about anything, they would have no hesitation in looking into your concerns." There had been no formal complaints recorded. However, we noted that not all minor concerns had been recorded as one relative told us of an issue which had been dealt with, but we found this not recorded on any documentation. We raised this with the registered manager during feedback and they said they would put a system in place to capture even minor concerns or complaints and the actions taken.

Good

Is the service well-led?

Our findings

At the last inspection we found a breach of Regulation 17 in relation to Good governance as the provider had not identified issues we had during the inspection and had not evidenced checks were completed fully. The provider sent us an action plan to tell us how they were going to address these shortfalls and during this inspection we found they had improved and now met the regulation.

The registered manager at the service was also the registered provider and had been registered since 2010. They were a trained mental health nurse and a qualified social worker by background. People, relatives and staff were complimentary about the registered manager and their approach to providing good quality care. One relative told us, "The manager (registered) lives next door, they are very good and open to discussion. If something is wrong, they want to get it put right." Another relative commended the management team as a whole and added, "The deputy manager always has time to talk. She knows everything and keeps me informed. She is my rock."

The staff we spoke with told us they were happy at work and felt supported by registered manager, deputy manager and senior staff. One member of staff stated, "The manager (registered) is very fair. I can go to the [deputy manager name] too. Never been a problem that they could not help with." Another staff member said, "It's a relaxed place to work, we are well looked after. He is an easy boss and will bend over backwards (meaning flexible)."

Everyone we spoke with told us the registered manager was approachable and they had no hesitation to speak with him if required. One relative said, "I have a positive relationship. They have taken on board comments made to improve the service so I have no qualms with that." Relatives said they were confident to approach the staff with any issue or problem they may have. One relative told us, "The manager (registered) listens and acts on any concerns we may have." We observed the management team and staff talked with people and relatives during the inspection, and displayed an open and positive culture. The registered manager promoted an 'open door' approach and encouraged people and relatives to speak with them.

During the inspection and afterwards during feedback, the management team displayed openness and transparency towards the evidence we presented to them and were proactive in their response to our findings.

Audits were routinely carried out on the safety of the building, infection control and medicine management for example. Actions noted had been carried out. For example, in the infection control audit it had been recognised that new bins were required. We saw these had been ordered and were now in place. The provider also carried out a range of checks to help ensure people received good care. This included checks of people's dependency levels, complaints and falls. The findings from these checks were analysed to check appropriate action had been taken and to look for any trends and patterns. The provider used feedback from people and their relatives to continually look to improve the quality of the service provided. One relative told us, "They [registered manager] does listen to us [relatives] and acts. I mentioned lighting could be better in some areas and this has improved."

Prior to our inspection we checked whether statutory notifications were being submitted to the CQC and we found they were. The provider had sent several notifications to us about applications for DoLS and notifications of deaths or other incidents which had occurred at the service. The previous inspection rating was displayed in the entrance foyer and although the provider did not have a current website, they planned one in the future and were aware of the need to display the rating on there too.

Regular staff meetings were not held as often as they should have been to ensure that staff were kept abreast of any pertinent issues arising. A member of staff told us, "We don't have very regular staff meetings but it's a small team and we talk to each other all the time." Another member of staff said, "It's been a while since we had a meeting for the staff; there are regular residents and relative meetings though." We discussed this with the registered manager and he said that this was something they planned to do more regularly.

We recommend that the provider hold regular staff meetings to ensure staff are up to date with best practice.

The staff worked well with other healthcare professionals. One visiting healthcare professional told us, "We have held sessions to formulate a plan and there is always a good attendance by staff and that is all staff – even domestic staff attend." This showed the provider encouraged partnership working for the benefit of the people they cared for.