

Newline Care Home Ltd

Newline Care Home

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

The inspection took place on 9 and 22 January 2018 and was unannounced. There were 28 people who used the service at the time of our inspection.

Newline is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and we looked at both during this inspection. Newline accommodates 28 people in one adapted building. .

At the last inspection in November 2016, the provider was in breach of three regulations. These related to person centred care (Regulation 9), safe care and treatment (Regulation 12) and good governance (Regulation 17). Following that inspection the provider send us an action plan which showed what they would do to improve the key questions of safe, effective, responsive and well led to at least 'good'. During this inspection, we found the provider had made the required improvements and there were no breaches of regulation.

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

People told us they felt safe. Staff knew how to recognise and report any concerns about people's safety and welfare. The registered manager followed the correct safeguarding procedures.

There were enough staff and all the required checks were done before new staff started work. This helped to protect people. Staff were trained and supported and this helped to make sure they had the right skills and knowledge to support people.

Risks to people's health, safety and welfare were identified and managed.

People received their medicines as prescribed.

The home was clean and safe. The provider had a refurbishment plan in place. People who used the service and relatives had been asked for ideas and suggestions about changes to the make the home more 'dementia friendly'.

People's needs were assessed before they moved in and this information was used to develop individual plans of care. People's care plans had information about their needs and preferences. People were supported to plan for how they wanted to be cared for at the end of life.

People were supported to meet their nutritional needs and to have a varied diet.

People's rights were promoted and protected and staff had an understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff worked well with other health and social care professionals to make sure people received effective care and treatment. People had access to the full range of NHS services.

Staff supported people with kindness and compassion. People were treated with respect and encouraged to maintain their independence. Staff knew people well and supported people to make decisions about their care and treatment.

The service offered a range of social activities inside and outside the home.

People knew how to make a complaint if they needed to but none of the people we spoke with had any need to complain.

There were systems in place to check the quality and safety of the service and the provider was continuously looking at ways to improve the service. People who used the service, relatives and staff told us the registered manager was approachable and supportive.

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.

There were enough staff to keep people safe and meet their needs.

All the required checks were done before new staff started work and this helped to protect people. Staff knew how to recognise and report any concerns about people's safety.

The home was clean and safe.

People received their medicines correctly.

Is the service effective?

Good ●

The service was effective.

People were assessed before they moved into the home to make sure their needs could be met.

People were supported by a well-trained team of staff. Staff felt supported to carry out their roles.

Staff supported people to eat and drink a varied diet, which took account of their likes and dislikes.

Staff had an understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff worked well with other organisations and services to ensure people were supported to meet their health care needs.

Is the service caring?

Good ●

The service was caring.

People were treated with respect and their independence, privacy and dignity were promoted.

People and relatives were included in making decisions about

their care.

Is the service responsive?

Good ●

The service was responsive.

People's care plans reflected their needs and preferences

Staff knew about people's needs, their likes and dislikes.

People had the opportunity to take part in a range of social activities inside and outside the home.

People knew who to talk to if they had any concerns

Is the service well-led?

Good ●

The service was well led.

The provider had systems in place to monitor the quality and the safety of the service.

People were supported to have a say in how the service was managed.

People and staff told us the registered manager was approachable.

Newline Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.'

We carried out this inspection 9 and 22 January 2018 and it was unannounced on both days.

On the first day, the inspection team consisted of two adult social care inspectors 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. In this case, our experts experience was in the care of older people living with dementia.

Before the inspection visit, we reviewed the information we had about the service. This included information sent by the registered manager about things that had happened in the home. We contacted the local authority safeguarding and commissioning teams to ask for any information they held on the service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with five people who used the service, five relatives, two visiting health care professionals, four care staff, the activities organiser, the cook, the maintenance man, the care supervisor, the Human Resources manager, the registered manager and the business manager.

We observed people being supported in the communal areas and observed the meal service at lunchtime. We looked at five people's care records, medication records, five staff files, training records and other records relating to the day-to-day management of the home such as meeting notes, maintenance records and audits. We looked around the communal areas of the home and a selection of people's bedrooms.

Is the service safe?

Our findings

People told us they felt safe at Newline Care Home. People and relatives had confidence in the staff and told us staff would listen and deal with issues if there were any. One person said they felt safe at Newline because, "It's nice and comfortable and I am well fed. I have company, there are people about and I meet different ones, people are very good." Another person said, "I like it here." A third person said, "I have always felt secure here because staff care and they help you. I have never had anything stolen. The care is good and the food is good."

Relatives commented: "I have no issues with the home. Staff are friendly and my relative is happy here. My relative looks well looked after as do the others here. There is someone here 24/7. We were recommended to come here." "It is well organised. It's a cosy, homely and warm place with a community atmosphere. People are well looked after and my relative is happy here."

Staff had received training in safeguarding vulnerable adults and knew how to report any concerns about people's safety and welfare.

The service held some people's money for safekeeping. This was everyday spending money for small items; the service did not have any involvement with people's bank accounts or benefit payments. The money was held securely, receipts were given to relatives when they deposited money and all transactions were recorded.

At the last inspection in November 2016, we found the provider was in breach of Regulation 12 (Safe care and treatment). We found people's risk assessments did not have enough detail about their individual needs and were not up to date. During this inspection, we found the provider had made improvements. We saw risk assessments were in place for areas such as falls, nutrition and pressure sores. The risk assessments were up to date and reviewed regularly, typically every month. They included information about the measures in place to manage risks. For example, when people were at risk of falling, sensor mats were in place to alert staff they were moving about. Similarly, we saw when people had been assessed as being at risk of developing pressure sores equipment such as specialist mattresses and cushions had been provided. No one who lived at the home had a pressure sore at the time of our inspection.

We found the provider had systems and processes in place to make sure the building was safe. We looked at the maintenance records and saw there were up to date safety certificates including; employers liability insurance, gas, hot water and fire safety. There were service contracts in place for the nurse call system, the lift and lifting equipment. When we looked around the home we saw all radiators had safety covers and there were restrictors on all windows. We saw call bells were within people's reach so they could summon help from staff when they needed to.

We found regular audits were carried out to check the safety and cleanliness of the building. These included monthly checks on hot water temperatures, mattresses and cushions.

We saw a fire risk assessment had been carried out by an external agency in November 2017. An action plan had been put in place to address the recommendations and some work had already been completed. For example, the home had changed the smoking policy and people were asked to go outside to smoke. We saw information was clearly displayed about the actions to take in the event of a fire. At the last inspection we found the provider was in breach of Regulation 12 because there were no personal emergency evacuation plans (PEEPs) in place for people who used the service. During this inspection, we found PEEPs had been put in place. However, we noted many of them had not been dated. This was discussed with the registered manager who assured us they would deal with this immediately.

At the last inspection, we found accidents and incidents were not analysed to look for trends or patterns which could help to improve the service. During this inspection, we found the provider had made improvements, accidents and incidents were recorded and analysed. Overall, we concluded there were enough staff deployed to meet people's needs.

Feedback from people who used the service and relatives about staffing levels was mixed. One relative said, "It's a good place and my relative is happy here. There are always staff milling around keeping an eye on people." Another relative said, "It's not a bad place, I visit once a week but staff are not regular as there seems to be different staff on when I visit. I do not think staff chat enough to people" Most people who used the service told us they did not have to wait long for staff when they needed help. This was consistent with our observations during the inspection.

The Human Resources (HR) manager told us staffing levels were continually reviewed to take account of changes in people's needs. For example, at the time of our inspection the service was working with an additional member of staff on duty between 7am and 8am and between 4pm and 10pm as these had been identified as busy times. The HR manager told us the service was fully staffed but they were recruiting bank staff to work on an as required basis to absence of times of increased demand.

We found safe were recruited safely. The HR manager explained the recruitment procedures and confirmed staff were not allowed to start work until all the required checks had been completed. This included two written references and a criminal records check with the Disclosure and Barring Service (DBS). This was confirmed when we looked at staff files. This helped to protect people from the risk of being care for by staff unsuitable to work in a care setting.

We found the service managed people's medicines safely. All the people and relatives we spoke with told us there were no problems with medication. They said they received their medicines on time. We observed a staff member supporting people with their medicines. They were very patient and explained what the medicines were for and where necessary gently encouraged people to take them. We heard them asking people if they needed any medicines for pain relief.

At the last inspection, we found the provider was in breach of Regulation 12 because there was no guidance in place for medicines prescribed to be taken 'as required' (PRN). During this inspection, we saw PRN protocols had been put in place. PRN protocols help to make sure these medicines are used consistently.

Some people had medicines which were prescribed to be taken at specific times in relation to food. We saw there were suitable arrangements in place to make sure this happened.

We saw medicines were stored securely, this included medicines classified as controlled drugs. Controlled drugs are governed by the Misuse of Drugs Legislation and have strict control over their administration and storage. We found that they were appropriately recorded and the amounts tallied with the records held. We

looked at a selection of medication administration records (MARs). The MARs were well completed and showed people were receiving their medicines as prescribed.

No one who lived at the home was administering their own medicines at the time of our inspection.

All the people and relatives we spoke with told us the home was clean and hygienic. One person said, 'It's clean, the bedding is always clean, I feel secure.'

We saw the service had been given a score of five following an inspection of the kitchens by the City of Bradford Metropolitan District Council. This is the highest score which can be given and showed the service had very good standards of food safety and hygiene.

We spoke with the housekeeper who told us they took great pride in keeping the home clean and fresh. We saw gloves and aprons were readily available and were used by staff. There were cleaning schedules in place and cleaning clothes and mops were colour coded to reduce the risk of cross infection. The training records showed staff had received training on infection prevention and control and food safety. We found there were suitable arrangements in place for the safe disposal of waste.

The home had dedicated laundry staff on duty seven days a week. It was clear they knew each person who lived at the home and took care with their personal clothing. For example, they told us they used non biological washing products for one person's clothing because the person had dry skin.

We found the provider and registered manager monitored the service continuously. Lessons were learned and actions taken to make improvements when things went wrong or shortfalls were identified. For example, the registered manager told us they had received a complaint about relatives not receiving enough information. In response, the service updated their communication to relatives through a quarterly newsletter and offered people the option of receiving this by email.

Is the service effective?

Our findings

People's needs were assessed before they moved in. This helped to make sure the service would be able to meet their needs. The information gathered during the initial assessment was used to develop people's care plans. The registered manager told us whenever possible relatives and other professionals involved in the person's care were involved with the assessment. Following admission, people's needs were reassessed and care plans and risk assessments updated at monthly intervals and in response to any changes in their needs. This helped ensure effective care.

The registered manager told us they were in the process of implementing National Institute for Health and Care Excellence (NICE) guideline and pathways. They told us they also in the process of redeveloping their staff training programme to incorporate current best practice and changes in legislation. This showed the provider was committed to ensuring people experienced effective evidence based care.

Most of the people and all of the relatives we spoke with felt staff had received relevant training to support people. One person said, "Staff do everything you expect of them which at times can be an awful lot. You don't find yourself thinking they could have done this/that." Comments from relatives included, "The care here is good. Staff do a good job because they like doing it." "The care is okay. The staff are on the ball here." "The care seems okay. On the whole staff seem well trained."

The training matrix and training records showed us staff were able to access training and had completed various courses including; dementia awareness, infection control & food safety and Deprivation of Liberty (DoLS). The registered manager told us mandatory training was completed annually and twice a year dates were available in advance for staff to book. The HR manager told us all new staff completed a two-day induction course and there were dates set aside in the diary for February & April 2018. The registered manager had devised a new model for induction training for staff based around a fictional couple. The model helped to show staff the importance of capturing key personal, medical and social information. The registered manager used the model and a range of scenarios to incorporate all aspects of mandatory training including infection control, safeguarding, manual handling, nutrition, risk assessments and mental capacity. The model had received positive feedback from staff.

The registered manager was actively involved in training all staff and had completed a 'Training the Trainers' course. They told us staff had protected time for learning and development. We confirmed this in our conversations with staff and by looking at the duty rotas.

There was a programme of staff supervision in place. Staff told us they felt well supported by the management team.

Most people said the food was good and they offered a choice. Other people were not sure if there was a choice of meals. On the day of the inspection, we saw there was no choice on the menu for the lunch or evening meal. However, people told us they could have an alternative if they did not like what was on the menu and at lunchtime we saw people were offered alternatives. Staff told us they knew what people did

and did not like and would make sure there were provided with an alternative if they did not like what was on the menu.

People told us they had enough to drink. However, two relatives told us the people they visited had frequent urine infections and they wondered if this was because they were not encouraged to drink enough. We saw drinks and snacks were served mid-morning and mid-afternoon and the home had two suppertime services, one at 7pm and one at 9pm. We saw drinks were available in the communal rooms.

We observed the meal service at lunchtime. People were supported to have their meals where they felt most comfortable. For example, one person preferred to have their meals in the lounge. The atmosphere at lunchtime was relaxed and people looked comfortable with staff. There were plenty of staff available to support people and staff were good at encouraging people to stay at the table and finish their meals.

The service carried out nutritional assessments to check if people were at risk of poor nutrition. When concerns were identified, we saw appropriate action was taken. This included monitoring people's weight and referring to other professionals such as GPs and dieticians. We saw people's dietary needs and preferences were recorded. For example, staff had found that one person only liked to eat food of a certain colour. They had used this information to help the person improve their dietary intake.

We found the service worked well with other professionals and organisations to support people to meet their health care needs. People told us staff arranged for them to see a doctor without delay if they were unwell. This was confirmed by people's relatives. We spoke with two district nurses who visited the home on a regular basis and they told us they had a good working relationship with the home. They said staff were quick to report any concerns and followed their advice about treatment and prevention. Visits from health and social care professionals were recorded in people's individual care records.

During our visit we looked around the home. Newline Care Home accommodated people over two floors and there was a lift to facilitate people moving between floors. The home was going through a process of refurbishment at the time of our visit. The care supervisor told us the provider had identified improvements were needed to the environment. They told us they were consulting with people who used the service, relatives and staff about the proposed improvements to the home.

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).

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 found they were. The registered manager kept a record of all the applications, which had been made, and the outcome. The service used a colour coding system to let staff know when people had a DoLS authorisation in place.

At the last inspection, we found the provider was in breach of Regulation 17 (Good governance). Although we were satisfied staff were acting in people's best interests the processes to support this were not always

been followed. During this inspection, we found the provider had made improvements. An electronic care records system was being used to link and record decisions about capacity and best interests to individual plans of care.

Throughout the inspection, we saw examples of staff asking people for consent before providing support. Staff knew people well and were making decisions that were clearly in people's best interests.

Is the service caring?

Our findings

People told us staff were kind and caring and encouraged them to keep their independence. This was confirmed by our observations throughout the inspection visit.

One person said, "The staff are mostly quite pleasant and on the whole treat me with dignity and in a kind and caring way. Up until three days ago, I walked with a stick but they now have a Zimmer for me because it is safer and should help me keep my mobility longer. As for privacy they stay in the toilet with me when I go as that is my choice."

Another said, "Staff are alright, they are very caring people. They encourage me to use my Zimmer to maintain my independence. During personal care they put a little towel around me but at times it's a bit rushed and they do not knock and wait for a reply before coming in my room."

A third person said, "The staff are very nice, smart, very, very attentive and obliging. They don't carry you about they encourage you to do things for yourself, they give me a bowl and towel to wash myself even though it would be quicker for them to do it. They respect my privacy, make sure I am alright but leave me to do my own thing. If I want them to they will come and help me get dressed or take me to the toilet. If I ask for a cup of tea they will always get one for me; that is caring."

A relative told us, "Staff are very friendly and helpful; I have no concerns at all. When my relative first came here they could hardly walk, in fact refused to do so and therefore they were hoisted, but staff got them walking. Staff have a good rapport with my relative. They treat them with dignity and respect their privacy when doing personal care and taking them to the toilet and they don't rush them, allow them to take their time. They always knock and wait before entering my relative's room when we are in there." Another relative said, "The staff here are very good, I sing their praises all the time. They are very caring, touchy, feely; affectionate which is reassuring to people. They keep my relative and others here as mobile as they can." A third relative said, "It is caring, they do what it says on the tin."

We observed staff at lunch supporting people to eat independently, for example by cutting up food to make it easier for people to manage. Where needed we saw people received suitable help to eat. For some people this was staff assisting them to eat, for others staff providing adapted utensils to enable people to eat independently.

The service supported people to keep in contact with family and friends. In addition to having open visiting, they used technology to help people keep in touch. For example, people were supported to maintain contact via internet video calls and there was a Newline Facebook page. The Facebook page was a closed group and controlled by the administrator. Access was restricted and this helped to ensure people's privacy was protected. One member of staff told us how they had explained the Facebook page to a person who lived at the home. They told us much the person enjoyed seeing photographs posted by their family.

We observed good interactions between staff and people who used the service. For example, we saw staff

were very patient and took time to support people to walk into and out of the dining room at meal times. We saw staff treated people very kindly and with respect. Staff had good eye contact with people and were very good at getting down to people's level to engage with them and we saw them using reassuring gestures when interacting with people.

People who used the service and relatives told us staff knew people well and listened to what they had to say. During the inspection we saw staff were attentive to people's needs. For example, one person had a runny nose and staff got them a tissue straight away thus preserving their dignity. All the relatives we spoke to told us people were usually well groomed when they visited. We observed that people were well groomed and we saw a staff member was giving people, male and female, manicures on the day of the inspection. We noticed many of the women had their nails painted.

One relative told us they did not think staff spent enough time sitting and talking with people. However, during the inspection we saw staff sitting and talking with people at various times throughout the day.

When we asked people and relatives about their involvement with care planning the response was mixed. Some people were aware of their care plans, some people said they had been asked about their care and others were not sure. The majority of relatives told us they were involved in discussions about care planning. The registered manager told us they were in the process of doing annual care reviews and people and/or their relatives were always invited to contribute to the review. The care records we looked at showed people or their relatives were involved in decisions about care and treatment. We saw people's relatives were informed about events or changes in people's needs.

We looked at whether the service complied with the Equality Act 2010 and in particular, how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. We found no evidence of discrimination and the registered manager explained how equality and was incorporated into the induction training for new staff.

Is the service responsive?

Our findings

People who used the service told us they received the care and support they wanted. Similarly, relatives told us they were satisfied with the support provided.

At the last inspection, we found the provider was in breach of Regulation 17 (Good governance). We found some people's care plans were not detailed enough and had not been reviewed on a regular basis. During this inspection, we found the service had made improvements. Each person who used the service had care plans in place, which set out the support they needed with daily activities such as personal hygiene, eating and drinking, communication, mobility, personal safety, choice and control, living with dementia and medication. The care plans were up to date and had been reviewed at monthly intervals. Care plans included information about people's personal preferences, for example, one person's care plan stated they liked to wear bed socks at night. The care plans also showed people were supported to maintain their independence by setting out what people were able to do for themselves.

In the daily care notes completed by staff we saw some of the language used was not reflective of current best practice. For example, we saw staff referred to people walking about as 'wandering'. (The Alzheimer's Society Factsheet 501LP). We discussed this with the registered manager who said they would deal with it.

People's care records included information about their past lives, family, friends and interests. This helped staff to get to know and understand people as individuals.

We looked at what the service was doing to comply with the Accessible Information Standard. The standard applies to people who have information or communication needs related to a disability, impairment or sensory loss. We saw people's communication needs were assessed and recorded. Staff we spoke with had good understanding of how to support people with sensory impairments. For example, in the case of one person who had a visual impairment they told us the person was able to see shapes and explained how they supported the person using verbal prompts. In the case of another person who had a hearing impairment staff told us they made sure they were always facing the person when they spoke with them. They said this was what the person preferred.

People were supported to take part in a range of social activities. One person told us about exercises and ball games and said people were encouraged to get involved or not as they wished. Another person said, "There's not much to do here but sit like this, but I am well satisfied with what I get and how people treat me."

Most relatives were aware of activities but were not sure whether there were enough activities. Relatives told us about darts, bingo, ball activities, jigsaws, outside entertainers and trips to the garden centre as well as some arts and crafts work at Christmas, making decorations for the home. We observed some ball activities and people being given manicures. One person was playing a musical instrument, which was their hobby prior to moving into home.

Most people knew how to make a complaint but told us they had not done so. The service had a complaints procedure that explained how complaints were dealt with. The registered manager kept a log of complaints and we saw complaints were investigated. We found action was taken to reduce the risk of recurrence; this included the use of the provider's staff disciplinary procedures where appropriate.

The registered manager also kept a record of compliments so they knew where they were meeting and/or exceeding people's expectations. They told us they had received 29 compliments in the 12 months prior to October 2017. The themes emerging from the compliments were about the way the service supported people to celebrate special events such as birthdays, the support provided to relatives at events in the home and on days out and the care provided to people at the end of life.

The Gold Standards Framework had accredited the service for End of Life Care. They received a 'Commend' accreditation in September 2016. The accreditation process involves continuous assessment against 20 standards of best practice across a two-year period and an official inspection visit at the end. The registered manager was undertaking further formal training in end of life care. They told us they were looking at ways to enhance their accreditation. The service had an End of Life Champion whose role included ensuring all the records relating to people's end of life care plans and wishes were recorded. This showed the provider was committed to ensuring people received the best possible care at the end of their lives.

Is the service well-led?

Our findings

At the last inspection, we found the provider was in breach of Regulation 17 (Good governance) because they did not have effective quality monitoring systems in place. During this inspection, we found the provider had made improvements.

The registered manager told us numerous audits were carried out on a regular basis with appropriate action plans developed and implemented for any issues identified. Audits carried out included medication, infection control, accidents and incidents, complaints, safeguarding referrals, weights, mattresses and tissue viability. We saw evidence of this during our inspection. We saw there were action plans in place to address areas where improvements were needed. The provider had an on-going improvement plan for the service. This was reviewed formally four times a year by the senior management team. In addition to their internal audits, the provider engaged the services of an external agency to carry out an annual health and safety audit.

Throughout the inspection, we found examples of how the provider used their quality monitoring systems to improve the service. These included increasing the number of staff on duty at busy times and the refurbishment programme. This was supported by feedback from people. For example, one relative said, "There has been an improvement in the last six months. For example they now have table cloths on the dining tables which they did not before."

We saw information about the audit findings was discussed in staff meetings so that staff knew what they were doing well and what they needed to improve.

We found the culture in the home was open and inclusive. People who used the service and relatives told us the home was well managed. One relative said, "The manager is approachable and there are always staff about."

Staff told us the registered manager was very approachable and supportive. One staff member said, "{Registered manager} is very supportive of staff, the whole staff team work well together." All the staff we spoke with said they would recommend to home both as a place to work and for the care provided.

Most of the people we spoke with said they would recommend the home. One person said, "I would recommend it particularly if you wanted taking care of because they do care for you here. They welcome new people, so you don't feel very lonely for long here." Another person said, "They have a good attitude here, you are well looked after and the food is good." A third person said, "If you ask for anything they will try to get it."

One relative said they would recommend the home because, "You can have confidence to put them somewhere you know they will be looked after and if something goes wrong it will be sorted." Another said, "It is clean, the chairs are comfortable to sit in all day, they provided well at Christmas including putting Christmas trees in people's rooms." A third relative said, "I am going to put my name down. It is a clean,

cosy, homely place."

The registered manager told us they promoted an open door approach and encouraged people to raise any issues or questions as they arose. Annual care reviews provided the opportunity for people who used the service and their relatives to have a say in how their individual care was delivered. In addition, people who used the service and their relatives were given the opportunity to share their views about the service through quality assurance surveys. The home did not have meetings for people who used the service and/or their relatives. They told us they had tried this approach but it had not been successful.

The business manager told about their work with a number of different local and national organisations to develop new and better ways of working. These included the Bradford Care Association, the Clinical Commissioning Group (CCG), Skills for Care and Health Education England.

In addition, the provider had processes in place to make sure the service was continuously developing. In one example, we found had recently introduced an incentive scheme for staff to promote and recognise good practice. In another example, the service was in the process of implementing NICE guidance and looking at ways to enhance their Gold Standard Framework for end of life care.

The CQC rating from the last inspection was displayed in the home as required by law.