

Braeside Home for the Elderly Limited

Braeside home for the Elderly Ltd

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 8 and 9 January 2018. The first day of the inspection was unannounced. The service was last inspected in October 2016 when it was rated Requires improvement. This was because six breaches of regulations were identified. These were in relation to the management of medicines, safeguarding people from harm, staffing, records, good governance and notifications.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of safe, effective, responsive and well-led to at least good. This inspection was carried out to check the required improvements had been made.

Braeside Home for the Elderly (HFE) is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home is a detached property and accommodates up to 24 older people on two floors. At the time of the inspection there were 13 people accommodated in the home.

The home had 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. The registered manager had been in post since January 2017.

We found that since the last inspection, the new registered manager had made significant improvements to the way the home was run; this meant all the regulations we reviewed were now met.

People told us they felt safe in Braeside HFE and that staff treated them well. Our observations showed they were cared for by staff that were kind, caring and respectful of their dignity and privacy.

Staff had completed training in safeguarding adults and knew the correct action to take if they witnessed or suspected abuse. Staff told us they would be confident to use the whistleblowing policy that was in place should they witness poor practice in the service.

People told us there were enough staff on duty to meet their needs in a timely manner. During the first day of the inspection we noted staff did not regularly check on people who were sitting in one of the lounges. However, this improved on the second day of the inspection.

Records we reviewed showed all staff had been safely recruited. Improvements had been made to the training, supervision and support provided to staff by the registered manager. Staff spoken with highlighted training as one of the areas which had been vastly improved by the new registered manager.

We found there were appropriate policies and procedures in place for the safe management of people's medicines and that people received their medicines as prescribed by health care professionals. Improvements had been made to the way medicines were stored to help ensure they were not accessible to people other than trained staff.

Care records we reviewed were personalised and provided a good level of detail for staff to follow. The initial assessment, completed before people were admitted to Braeside HFE, was used to formulate care plans and risk assessments; these records had been regularly reviewed and updated when people's needs changed. We noted that people who lived in the home and, where appropriate their relatives, had been involved in these care plan reviews.

People's communication needs were clearly documented within care plans as well as how staff should support them to express their views and wishes. Staff spoken with demonstrated a good understanding of people's diverse needs and preferences.

Although all areas of the home were clean, we noted some improvements needed to be made so that people were properly protected from the risk of cross infection. A downstairs shower room needed to be refurbished and appropriate arrangements needed to be made to the way personal protective equipment (PPE) was stored in the home.

Staff had received training in fire safety and first aid. However, there was no business continuity plan in place to provide guidance for staff about the correct action to take in the event of an incident which caused disruption to the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff had received training in the Mental Capacity Act (MCA) 2005. The registered manager was aware of their responsibility under the MCA and the Deprivation of Liberty Safeguards (DoLS) to ensure that people's rights were considered and protected. Six applications had been submitted to authorise the care arrangements for people who were unable to consent to their care in Braeside HFE; one of these applications had been authorised by the local authority.

People were supported to be as independent as possible. Care records reminded staff about the need to encourage people to do as much as possible for themselves.

Systems were in place to help ensure people's health and nutritional needs were met. People told us they enjoyed most of the meals they received. They were provided with a nutritionally balanced diet that catered for their dietary needs and preferences. Staff worked in cooperation with health professionals to help ensure that people received appropriate care and treatment.

People had the opportunity to engage in a range of activities. Staff told us it was sometimes difficult to engage people in activities; for this reason the registered manager had developed a system of 'residents of the day'. This meant that staff on duty were asked to spend individual time with two identified individuals to help reduce social isolation and promote people's sense of well-being.

People who lived in Braeside HFE and their relatives knew about the home's complaint's procedure. All said they were confident any complaints would be fully investigated and action taken if necessary to rectify matters.

The registered manager and provider conducted regular checks to make sure people were receiving appropriate care and support. The registered manager took into account the views of people using the service, their relatives and staff through meetings and surveys. Staff said they enjoyed working at the home and considered communication and paperwork had been vastly improved since the new registered manager had started work Braeside HFE.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Since the last inspection, improvements had been made to the way medicines were handled in the service.

People told us they felt safe in the home and there were enough staff to provide them with the support they needed.

Some improvements needed to be made to ensure people were always protected from the risk of cross infection. A business continuity plan also needed to be developed to provide staff with information about the action to take in the event of an emergency at Braeside HFE.

Is the service effective?

Good 

The service was effective.

Staff told us improvements in staff training had been one of the main changes implemented by the new registered manager.

Staff had developed their understanding of the Mental Capacity Act 2005 and its relevance to their role. Appropriate action had been taken to ensure people's rights were protected when they were unable to consent to their care in Braeside HFE.

Staff worked in partnership with healthcare professionals and people had access to a range of services to help ensure their health needs were met.

Is the service caring?

Good 

The service was caring.

People were very complimentary about staff. People who lived in the home told us staff always respected their dignity and privacy when providing care.

Care records were personalised and provided a good level of detail for staff to follow. Staff demonstrated a good understanding of people's diverse needs, wishes and

preferences.

People who used the service and, where appropriate their relatives, were involved in developing and reviewing plans of care.

Is the service responsive?

Good ●

The service was responsive.

Each person's records contained individualised plans of care to ensure staff knew how to meet their needs, wishes and preferences.

A range of activities were provided. In addition, a system had recently been introduced to help ensure staff spent meaningful time with people on an individual basis

Systems were in place to respond to and investigate any complaints people raised about the care in Braeside HFE.

Is the service well-led?

Good ●

The service was well-led.

A new registered manager had been appointed since the last inspection. Our findings showed they had made significant improvements to the way the service was run.

Staff enjoyed working at Braeside HFE and found the registered manager to be supportive and approachable.

Effective systems were in place to monitor the quality and safety of the service.

Braeside home for the Elderly Ltd

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 8 and 9 January 2018; the first day of the inspection was unannounced. The inspection team on 8 January 2018 comprised of 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. One adult social care inspector returned on 9 January 2018 to undertake the final day of the inspection.

In preparation for our visit we contacted Healthwatch, the local authority contracting unit and safeguarding team for feedback and checked the information we held about the service and the provider. This included statutory notifications sent to us by the service about incidents and events that had occurred at the home. A notification is information about important events, which the service is required to send us by law.

When planning the inspection 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 our inspection, we spent time in communal areas observing how staff provided support for people to help us better understand their experiences of the care they received.

During the inspection, we spoke with five people who lived in the home, two relatives, the registered manager, one of the owners of the service, the cook (who was also employed part time as a carer in the home), the domestic and three members of care staff. We also spoke with a visiting healthcare professional.

We had a tour of the premises and looked at a range of documents and written records including a detailed examination of three people's care files and medicines administration records (MARs), four staff personnel files and staff training records. We also looked at a sample of policies and procedures, complaints records, accident and incident documentation, meeting minutes and records relating to the auditing and monitoring of service provision.

Is the service safe?

Our findings

At our last inspection in October 2016, we found medicines were not always managed safely. During this inspection we saw required improvements had been made.

We noted all medicines were now stored securely in a locked room, including those waiting to be returned to the dispensing pharmacist. The registered manager had also arranged for a new cabinet to be installed to store controlled drugs; these are medicines that require stricter controls by law due to their potential for misuse. We checked a sample of controlled drugs against the records held and found these to be accurate.

We looked at the medicines administration record (MAR) charts for three people, including those relating to the administration of prescribed creams. With the exception one minor error, we found all the records were fully completed to confirm people had received their medicines as prescribed. A staff member we spoke with told us they always started work at 7am to ensure people were given any medicines which needed to be taken before breakfast. We asked the manager what happened in relation to these medicines when this member of staff was not on duty. They told us in these circumstances medicines which needed to be given before breakfast were administered by night staff.

Staff told us they had received training in the safe handling of medicines. Although the registered manager told us they were carrying out observations to check staff were competent to administer medicines safely, these observations were not formally recorded. The registered manager told us they would seek advice from the dispensing pharmacist to the home regarding tools they could use to document the competence checks being undertaken.

There were protocols in place for when people were prescribed medicines on an 'as required' basis. Although these informed staff of the dosage to be given, they did not contain information about how people might display symptoms of pain should they be unable to request pain relief. However our discussion with staff showed they knew people extremely well and were aware of the non-verbal communication people used when they were in pain. During the inspection, we observed a staff member asked a person whether they required pain relief and if so, how many tablets; this information was recorded on the MAR chart to help ensure the maximum dose was not exceeded and required intervals elapsed between doses.

During our last inspection we found systems and processes were not operated effectively to investigate immediately any allegations of abuse. We therefore asked staff about their understanding of procedures in place to safeguard adults at risk of harm. They were able to demonstrate they understood how to protect people from abuse and were clear about the action to take if they witnessed or suspected abusive practice. A staff member told us, "We use body maps to record any bruises. We have to be careful as people's skin can be very thin." We noted posters were on display throughout the home to alert people who used the service, staff and visitors about how they could report any concerns they might have.

All the staff we spoke with told us they would feel confident to use the whistleblowing policy for the service to report any poor practice they observed. They were confident any concerns they raised with the registered

manager or the owners would be taken seriously and acted upon.

People who lived in the home told us they had no concerns about their safety and had never experienced any discrimination. One person told us, "If I didn't feel safe I would talk to a member of staff." Another person said they felt safe as, "All the staff were very helpful, nice and caring." In addition the relatives we spoke with were confident their family members were safe in the home. One relative said, "I do feel she is very safe; the ladies [staff] are very good at that." Another relative commented, "The staff are very good. I have no concerns or worries."

We looked at how the service managed risk. Environmental risk assessments were in place and there were procedures to be followed in the event of emergencies. Individual risks had been identified in people's care plans and kept under review. Records were kept of any accidents and incidents that had taken place at the service. This information was reviewed on a monthly basis to check for any patterns or trends. Staff told us they had also received additional training on how to keep people safe that included moving and handling, the use of equipment, infection control and first aid.

People's care plans included risk assessments related to their individual and diverse needs and abilities. Care plans explained the equipment and the number of staff needed and the actions staff should take to minimise risks to people's health and wellbeing. All the risk assessments had been reviewed on a regular basis and updated to reflect when people's needs had changed.

We checked whether there were sufficient staff available to meet people's needs. We were told that, due to the low numbers of people currently accommodated in the home, the numbers of care staff on duty had been reduced to two. They were supported by the registered manager, a domestic and a cook.

During the first day of the inspection we noted there were significant periods when staff failed to enter the lounge area which was situated off the dining room. During this period we heard one person request they be provided with a drink on two occasions but staff failed to respond. When we discussed this with the registered manager and owner they told us they thought staff were reluctant to enter the room, due to the presence of a member of the inspection team. On the second day of the inspection we observed there was much more interaction between staff and people in this area of the home. We also noted that call bells were answered promptly throughout the inspection.

People who lived in the home told us they did not have to wait for staff to attend to their needs. Comments people made included, "There are enough staff definitely and they are very helpful" and "I am not sure if they have enough staff but I always get looked after."

All the staff we spoke with told us they considered they had sufficient time to spend with people and did not feel rushed when carrying out personal care tasks. They told us they would usually have time in the afternoons to sit and chat with people.

A large number of staff had been employed at the home for many years. In order to check that staff were safely recruited, we looked at the staff personnel files for two staff who had recently been employed by the home. We saw that these records contained an application form as well as two references and confirmation of each person's identity. Checks had also been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. The recruitment process was tracked using a checklist and supported by policies and procedures, which reflected current regulatory requirements.

We found that all areas of the home were clean and free from odour. However, we noted the downstairs shower room needed slight refurbishment to help protect people from the risk of cross infection. In addition, bins in some bathroom and toilet areas were uncovered which is not in line with current infection control guidance. We also noted that aprons provided to protect staff from the risk of infection when providing personal care were stored on handrails throughout the home prior to their use; this meant there was a risk of cross infection. The registered manager told us they would take immediate action to ensure covered, foot operated bins and dispensers for aprons were put in place.

We noted the service had been given a 3 hygiene rating at the last food safety inspection in November 2017; this indicated food safety practices were generally satisfactory. We were told all required actions had been completed following this inspection and the home was now waiting for the premises to be re-inspected.

We looked to see what systems were in place to protect people in the event of an emergency. Inspection of records showed that a fire risk assessment was in place and regular in-house fire safety checks had been carried out to check that the fire alarm, emergency lighting and fire extinguishers were in good working order.

Records were kept of the support people would need to evacuate the building safely in the event of an emergency. In addition, staff had completed training to ensure they were able to take appropriate action in the event of a fire. The registered manager told us two evacuation drills had been carried out with staff since January 2017, although no formal records were maintained of these drills; such evaluations are important to help ensure any lessons learned from the evacuation drill are documented and discussed with the staff team.

There was an 'emergency file' in place which included some information which would be required in the event of an emergency at the service. However, we were told there was no business continuity plan in place to advise staff of the correct procedure to follow in the event of utility failures or other emergencies that could affect the provision of care. The registered manager and owner told us they would ensure such a plan was put in place as soon as possible.

Is the service effective?

Our findings

At our last inspection we found staff were not provided with effective support, training and supervision to enable them to carry out their duties. During this inspection we found the required improvements had been made. Staff we spoke with during this inspection highlighted training as an area which had been vastly improved by the new registered manager. Comments staff made to us included, "[Name of registered manager] has done well with pushing us all to do training" and "We get good quality training. The manager has got dates lined up for what we need to do."

We found the registered manager had developed a matrix to record the training completed by staff in topics including safeguarding, fire safety, first aid, medication, moving and handling as well as equality and diversity. However, we noted this only contained details of the year in which any training had been completed rather than actual dates; this meant it would be difficult for the registered manager to identify and plan any required refresher training. Immediately following the inspection, the registered manager sent us an updated matrix which clearly identified all dates when staff had completed any training courses.

We looked at the systems in place to support staff through supervision and appraisal. These meetings provide an important opportunity for staff to discuss their progress and any learning and development needs they might have. Records we looked at showed staff received regular supervision and that the registered manager used these meetings to give feedback to staff about their performance. Training needs were also discussed; this helped to ensure staff were supported to keep up to date with the knowledge and skills necessary to provide effective care.

People we spoke with during the inspection told us they considered care staff had the right knowledge and skills for their role. Comments people made included, "Staff seem very well trained and know what they are doing", "I am not an expert. I can only speak for my relative's care but I think they [staff] are good at what they do."

All the staff we spoke with during the inspection had been employed at the home for a number of years. We therefore looked at records to check what induction procedures were in place for new staff. We saw that new staff completed an induction period during which they were supported by a more experienced staff member. During this period new staff were informed about the routines, practices and policies of the home. All the staff personnel files we reviewed contained a checklist that confirmed staff had successfully completed the induction period.

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 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.

At the last inspection it was identified that staff had limited understanding of the MCA, due to the fact that they had not received training in this area. During this inspection we found all staff had an understanding of the principles of the MCA and had received training in this legislation.

Staff told us that, wherever possible, they supported people to make their own decisions. This was confirmed by our conversations with people who lived in the home. They told us staff always respected their rights and preferences. Comments people made to us included, "I tell them [staff] what I want", "Oh yes I decide what I do" and "They [staff] explain what they are doing and ask me before they do anything." Throughout the inspection, we observed staff offered people the opportunity to make choices about their day to day care.

We noted people's care records included an assessment as to whether they were able to consent to their care and treatment in Braeside HFE and whether an application for DoLS was required. The registered manager told us that six applications for DoLS has been submitted to the relevant local authority and that one of these had been authorised.

We noted that assessments of capacity were decision specific as required by the MCA. We saw that care records reminded staff that, although individuals might be unable to make some decisions, they were still to be treated respectfully and allowed to make whatever choices they could. One person's records stated, "Staff must remember that even though [name of person] is confused, they can still make some choices about their day to day living."

We saw that people's healthcare and support needs were assessed before they moved into the home. These assessments covered areas including, moving and handling, mobility, nutrition, communication, sleeping, emotional and spiritual needs, activities, medicines, continence and end of life care. The registered manager told us that care plans were developed using the assessment information and kept under regular review. Staff told us they regularly looked at care plans to help ensure they were up to date with people's needs and wishes. One staff member commented, "Paperwork is a lot better since the new manager came. You can go to the care plans and find all the correct details."

We looked at how people were protected from poor nutrition and supported with eating and drinking. People told us the quality of food was generally very good. Comments people made included, "The food is lovely, plenty of it; put it this way I don't leave any and you get a choice of what you have", "The food is beautiful, delicious. If I wanted a snack in-between they would arrange it but you get enough to eat in the meals", "Some meals are better than others" and "The food is very good indeed. It is made fresh every day and I get two choices and there is usually something I like." We observed the lunchtime experience on the first day of the inspection and noted it was a relaxed and pleasant experience. The food looked appetising and well presented. Food was served on an individual basis and help was available to everyone.

Records we reviewed showed staff were recording people's nutritional needs. They were also monitoring people's weight and their daily nutritional intake to help ensure people had a healthy diet; appropriate professional advice and support had been sought when needed. The cook told us all meals were prepared using fresh produce. They were aware of any allergies people might have, as well as their preferences in

relation to meals produced in the home.

We looked at how people were supported with their healthcare needs. We reviewed three people's care plans and noted that they were individualised and included an assessment of each person's particular health needs. Assessments were reviewed on a monthly basis or when there were changes in people's needs. We noted that any changes were recorded within the person's care plan. Care records showed appropriate action had been taken if a person's health condition deteriorated. This was confirmed by a visiting health professional to the home. They told us, "Staff will always contact us if needed and any changes to the treatment plan are always implemented." They went on to say "Staff always take on any comments we make to improve the quality of care."

Staff told us they would always accompany people to health care appointments should family members not be available to provide this support. Relatives spoken with considered their family member's health care was managed well. A relative commented, "They refer my relative to a doctor when needed and an optician comes in once a year. A chiropodist comes in every six weeks and a hairdresser comes in as well."

The registered manager told us the home utilised an online assessment system called 'Telemedicine' if they had any concerns about people's health. This service was available 24 hours a day and was managed by registered nurses from the local NHS service. Telemedicine provides a remote clinical service between the home and a healthcare provider, using electronic audio and visual means. This helped to provide prompt and appropriate advice and treatment.

We looked at how people's needs were met by the design and decoration of the home. The owner told us there was a plan to refurbish and redecorate parts of the home, particularly bedrooms. We saw that people's bedrooms were decorated with personal possessions to help them feel at home in Braeside HFE. Aids and adaptations had also been provided to help maintain people's safety, independence and comfort. Signage was also in place to help people be as independent as possible when accessing toilets and bathrooms.

Is the service caring?

Our findings

All the people we spoke with during the inspection told us staff were always kind and caring. Comments people made included, "The staff are kind and caring and treat me with respect. They are really kind and listen to you", "The staff are very kind to me and I have no complaints. They will do anything for you" and "Staff are very kind and helpful." People who lived in the home also told us staff always respected their dignity and privacy. One person commented, "When I am having a shower they respect my privacy and dignity. If they need to look at me in the shower they ask first and they keep the door closed."

We noted that a number of 'Thank You' cards had been received at the home, all of which praised the caring nature of staff.

During the inspection we saw that staff were kind, caring and respectful when interacting with people who lived in the home. We observed that staff spoke with people about their interests, family members and wishes in relation to their care and support needs. We observed one staff member discreetly supported one person to rearrange their clothing to protect their dignity. Staff were also careful to ensure they respected people's dignity and privacy by knocking on bedroom or toilet doors before they entered. A staff member told us, "We always wait after we have knocked on a door; it's not fair on the person if we don't."

We looked at a sample of care records and found staff wrote about people's needs and care in a respectful manner. There were policies and procedures for staff about caring for people in a dignified way. In addition, all staff were bound by contractual arrangements to respect people's dignity, equality and rights.

Care records we reviewed contained information about people's likes and dislikes as well as recording details about their social history, religious needs and important relationships and interests. This information helps staff to develop caring and meaningful relationships with people. The staff we spoke with demonstrated they had a good understanding of the needs of people who used the service. One staff member told us, "I feel I know people well. We spend time with people, talking about their families."

We saw that care plans and risk assessments had been reviewed on at least a monthly basis or when people's needs changed. Care records we reviewed showed that people who lived in the home, and, where appropriate, their family members, had been involved in these reviews. Comments people made to us in respect of care plan reviews were, "I had input into [name of relative's] care plan. We reviewed it sometime during the summer" and "I have been involved in making decisions about my care plan."

Our review of care plans showed that staff were encouraged to promote people's independence while offering care and support. One person's care records stated, "Staff to assist [name of person] by reminding them to do things and in what order to do them, without taking away their independence." Staff also confirmed they tried to encourage people to do as much as they could for themselves. A staff member told us, "We remind people of the steps to do something if they have forgotten."

During the inspection we asked people about the use of advocacy services. These services provide

independent support to help individuals express their views in relation to their care and support needs. One person who lived in the home told us they had accessed an advocacy service to help deal with issues which concerned them, although these matters were not related to their care in Braeside HFE.

Is the service responsive?

Our findings

At our last inspection we found people's care records were incomplete and lacked up to date information. During this inspection we found required improvements had been made.

We noted that people's care records included information about their communication needs and how staff should try to ensure they were able to express their needs and wishes. We noted a person's care records stated, "Staff to ensure glasses are clean by giving [name of person] a damp cloth to clean them". A relative we spoke with told us staff would try and prompt their family member to wear their hearing aids but they refused to do so. However, they told us staff were still able to engage the person in conversation by speaking slowly and using a louder tone of voice.

People who lived in the home and their relatives told us they felt the registered manager and staff were responsive and met people's needs with an individual approach. Comments people made included, "I am happy with how things are" and "If I need something I just ask and they [staff] see to it." Although formal resident/relative meetings had not been held, people told us the registered manager spoke with them on a very regular basis to help ensure they were happy with the care provided.

We asked people about the activities provided in Braeside HFE. Four of the five people we spoke with who lived in the home told us they were happy with the level of activities available to them and that they enjoyed playing dominoes, board games, doing jigsaws and watching TV. One person told us they would like to go outside more to visit local places of interest. A relative told us they had mentioned to the owner that they felt their family member was bored and would enjoy bird watching. They told us they were very impressed that a bird table was put in place the very next day; we noted several people enjoyed watching or feeding the birds during the inspection.

Staff told us it was sometimes difficult to engage people in activities. The registered manager told us that to address this they had recently introduced a system of 'residents of the day'. This meant that each day two people were identified as those with whom staff were expected to spend one to one time in conversation, discussing matters that were important to the individual; the intention was that this would promote people's sense of well-being.

We noted a religious minister visited the home on a weekly basis; this helped to ensure people's spiritual needs were met. Care records included information about the care people wished to receive at the end of their life. Staff had received training in end of life care to help ensure they were confident to deliver compassionate care at this difficult time.

We looked at how the service managed complaints. The service had a policy and procedure for dealing with any complaints or concerns, which informed people of the timescales in which a response would be provided. Contact details were also included for other organisations people could contact in the event they were unsatisfied with the way their complaint had been handled by the provider.

We noted the complaints' procedure was on display in communal areas of the home. The registered manager advised that all information, including the complaints' procedure, could be produced in different formats to meet the communication needs of people living in the home. None of the people spoken with during the inspection had any complaints about the quality of care in the home. They told us they would feel confident to raise any concerns with the registered manager and were confident immediate action would be taken to resolve matters.

We reviewed the complaints file and saw that three complaints had been received in the previous 12 months. Records showed that all complaints had been fully investigated and a response provided to the complainant.

Is the service well-led?

Our findings

At our last inspection we found systems and processes to monitor the quality and safety of the service were not effective. During this inspection we noted the required improvements had been made.

Since the last inspection, a new manager had been appointed. They had registered with the Care Quality Commission (CQC) and were responsible for the day to day operation and management of the service. The registered manager told us that, since the last inspection, the owners had become more involved in the oversight of the service. One of the owners was now undertaking a regular audit to check that people were receiving good quality care and that required paperwork was in place. All the staff we spoke with told us the owners were regular visitors to the home and were concerned to ensure people who lived at Braeside HFE were well cared for.

All the people spoken with during the inspection were extremely positive about the way the home was managed and run. Comments people made to us included, "I can definitely talk to [name of registered manager]", "[Name of registered manager] is very good with residents and staff. They are very supportive and will help anyone out" and "It's very well run here. I've been in a few so I have comparisons to make."

Staff spoken with told us they enjoyed working at Braeside HFE and considered the registered manager had made significant improvements in many areas, including training, paperwork and supervisions for staff. A staff member told us, "I think the changes introduced have been for the better." Another staff member commented, "It's been a lot better this year. The atmosphere and communication have improved. Care plans have been updated every month."

Records we reviewed showed that the registered manager had held a number of staff meetings, the most recent of which had been to discuss anonymous concerns raised with CQC about the shifts worked by staff and the cleanliness of the building; these concerns were established to be unfounded.

All the staff we spoke with told us they were able to make suggestions or raise any concerns with the registered manager and their views were always listened to. A staff member told us, "[Name of registered manager] always takes our suggestions on board and implements them wherever possible."

We saw that the registered manager had introduced a number of audits to monitor the quality and safety of the service. These audits were related to the management of medicines, accidents and the environment, including the kitchen and laundry. We noted these audits had not highlighted any areas of concern. The registered manager told us they also undertook occasional unannounced visits outside of their normal working hours to ensure staff were carrying out their roles in an appropriate manner. They advised us that these checks were not formally documented but said they would begin to do so.

Since the last inspection, all policies and procedures had been updated; this should help to ensure staff have access to up to date information to guide their practice. All the policies we reviewed had been aligned with the key lines of enquiry (KLOEs) used by CQC to assess whether a service is meeting the relevant

regulations and fundamental standards.

During our inspection our checks confirmed that the provider was meeting the requirement to display their most recent CQC rating in the home; this was to inform people of the outcome of our last inspection.

The provider took into account the views of people using the service and their relatives about the quality of care at the home. This was done through surveys. The registered manager said they used feedback from the surveys to make improvements at the home. We saw that a residents' and relatives' survey had been carried out in March 2017. Feedback received was mostly positive and we noted that action had been taken in response to any issues raised. For example, the registered manager told us they had introduced a keyworker system to help ensure laundry items were always returned to the correct person.