

Borough Care Ltd

Bamford Close

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection was carried out over two days on the 8 March and 4 April 2018. Our visit on the 8 March being unannounced. At the last inspection on 2 August 2016 we rated the service as requires improvement overall. We identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014, which related to, medications, the need for consent and effective governance systems.

This inspection was to check satisfactory improvements had been made and to review the ratings. Following the last inspection, the provider sent us an action plan that detailed how they would make improvements to become compliant with the regulations. At this inspection we found improvements to the service however there was a continuing breach of Regulation 17 HSCA RA Regulations 2014, Good governance.

Bamford Close provides accommodation for up to 40 people who require personal care, some of whom are living with dementia. There were 40 people living there at the time of our inspection, some of whom could not always communicate their views so we also asked relatives for their views.

The accommodation is single storey and consists of four units which accommodate 10 people each. Each unit has a communal lounge, dining room and kitchen although people living at the service can walk around all four units. A large lounge, dining room and activities room is located in the middle of the service. The service is located near local facilities, a main road and a bus route. The home is one of a group of eleven homes managed by a 'not for profit' organisation; Borough Care Limited.

A registered manager was 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 living at the service, told us they had no complaints. The atmosphere was relaxed and welcoming with lots of information available to people about the service. The service had developed a 'Compliments tree' at reception. This was an innovative idea to encourage anyone to leave a comment to hang on the tree to offer their feedback if they chose to.

The registered manager and registered provider had systems in place to monitor the quality of the service. Governance systems needed further review to help identify and monitor all aspects of the quality and safety of the service being provided. This was a breach of Regulation 17 HSCA RA Regulations 2014, Good governance.

Procedures were in place to minimise the risk of harm to people using the service. People received their medicines safely and as prescribed by their doctor. Medications were well managed.

Staffing levels had been recently revised by the registered provider to have senior staff and deputies on duty each day. This initiative provided access for everyone to senior leadership and consistent management of

the service over a seven-day period. During day one of the inspection three staff were off sick. Some staff and visitors felt the staffing levels were affected when staff were off sick.

We recommended the registered provider reviews published guidance to help them to demonstrate how staffing levels are calculated to meet people's needs.

Staff were recruited following a detailed recruitment procedure. Recruitment checks are managed at head office and were not always available for the registered manager. The registered manager had to follow up outstanding records to show required recruitment checks were in place on staff files .to make sure they were suitable to work with vulnerable people.

The building was well maintained and developed to meet the different needs of people living there. The service had lots of areas designed for people who had dementia including a bar situated in the gardens and a sweet shop in the activity lounge.

Some health and safety issues regarding storage of cleaning products, unlocked stores and staff understanding of the fire doors needed follow up and review by the registered manager following day one of the inspection. Appropriate actions were taken and locks were installed to doors by day two of the inspection to help improve safe management of the environment.

Staff were well trained and understood how to recognise and report abuse which helped make sure people were safe and well protected.

The registered manager was eager to develop and improve the service with the introduction of a computerised system for records supporting people living at the service. Staff understood the need to obtain consent from people using the service before support was undertaken.

The food was nicely presented. People told us they enjoyed the meals. The dining areas were relaxing and well maintained and enhanced the dining experience.

Activities were provided by the Activities and Lifestyle Facilitator (ALF) and visiting entertainers. The service organised a variety of activities to provide access to regular events throughout the week and were suitable for people with dementia. We saw that meaningful activities were provided by a full-time activity co coordinator based on people's personal requests.

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.

Improvements had been made to the systems in place for the management and administration of medicines.

The manager took appropriate actions during the inspection to improve the management of risks and health and safety within the building.

Recruitment checks were in place to minimise the risk of unsuitable people being employed to work with vulnerable people. The registered manager took appropriate actions during the inspection to make sure that head office had all required recruitment records in place for all staff.

Is the service effective?

Good ●

The service is effective?

Staff understood the need for and sought consent from people before providing care or support.

Other health and social care professionals were appropriately accessed for advice when needed. Professionals gave positive feedback about the service.

People's needs were met by a suitably skilled and trained staff team.

Staff understood their role in maintaining the principles of the Mental Capacity Act 2005 to make sure people's best interests could be met.

Is the service caring?

Good ●

The service was caring.

Staff were seen to be kind and caring in their interactions with people.

People looked content and well cared for and people we spoke

with confirmed this.

Is the service responsive?

The service was responsive

New care planning documentation was in the process of being implemented.

People were offered meaningful activities suited to their individual interests and preferences. The environment was developed to meet the needs of the people living at the service, specifically for people with dementia.

Good ●

Is the service well-led?

The service was not always well led.

At the time of this inspection the manager was registered with the Care Quality Commission (CQC).

The registered manager and the registered provider understood their legal obligation to inform CQC of any incidents that had occurred at the service.

Governance systems needed improvements. Systems needed further development to help identify and take appropriate actions where needed. Including the issues we found during our inspection.

Requires Improvement ●

Bamford Close

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 was carried out over two days on the 8 March and 3 April 2018 and the first day was unannounced. The inspection team consisted of two adult social care inspectors on day one and an inspector, an expert by experience and an assistant inspector for day two of the inspection.

Before the inspection we reviewed information that we held about the service and the service provider. This included safeguarding and incident notifications which the provider had told us about. Statutory notifications are information the provider is legally required to send to us about significant events such as accidents, injuries and safeguarding notifications. The provider also completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Since the last inspection we had been liaising with the local authority and we considered this information as part of the planning process for this inspection.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with people in their care. SOFI is a specific way of observing care to help us understand the experience of people who may not be able to tell us.

We walked around the home and looked in communal areas, the kitchen, the laundry, medication trolley and a sample of other rooms such as bedrooms.

During the two days of inspection, we reviewed a variety of documents such as policies and procedures, four people's individual care records, a sample of medicine administration records and four staff personnel files, recruitment practices, supervision and appraisal records, training records and records relating to safety checks and quality assurance systems.

We spoke with 12 people living at Bamford Close and seven visitors, the registered manager, the deputy, support manager, head of service manager, five staff, the chef and two staff from the organisation providing food services.

Is the service safe?

Our findings

People we spoke with told us they felt safe at Bamford Close. They told us they liked their home and felt it was always kept clean and well maintained. Relatives told us they had no concerns. One person told us; "Yes, we would not move [our relative] anywhere else, the layout of the building is fantastic" and "There is a sense that they are not alone." Other people told us; "Very much so", "I feel safe as there are people around me who can help me", "This is my home the people are my family I feel very safe", "I wouldn't feel safe anywhere else now" and "There is always plenty of people around and checking if I need anything."

Some of the people living at the home were unable to give their verbal opinion about the care and support they received. We spent time in the communal areas observing staff interaction and the care and support people received. We saw that safe, effective care was delivered to people.

During the last inspection, we found the service in breach of Regulation 12 of the Health and Social care Act 2008 (Regulated Activities) regulations 2014, Safe care and treatment. During this inspection we found improvements had been made in the way medicines were being managed and the regulation had been met. We found that medicines were safely managed and were provided through a computerised system. Staff we spoke with told us they were well trained to safely support people with medicines including training and support in implementing the new computerised systems in place for managing medications. The training records we looked at supported this.

We looked at a sample of recent medication audits carried out by the registered provider and senior staff at the service. These checks made sure that people received their medication safely and as prescribed by their GP. We noted one medication audit dated 20/2/18 had not been signed by the person who had carried out the safety check. A medicines policy was in place to help make sure they had safe storage and administration of medicines. We carried out a sample tablet count of the medicines including checks on controlled drugs and found no discrepancies. Some prescription medicines are subject to stricter controls to prevent them being misused or obtained illegally. These medicines are called controlled medicines or controlled drugs. There was a safe system in place for managing people's medication including controlled drugs.

One person living at the service told us, "If I have any pain I would ask the senior and I would receive pain relief. I also feel comfortable in asking the staff to call the doctor if I need to." People who could converse said they received their medication on time and felt there was always someone around whom they could ask if they required help.

The registered manager carried out regular assessments of the dependency needs of each person living at the service. The registered provider had recently reviewed the staffing levels and rotas so that staff worked 12 hour shifts to help provide better continuity of care. They also provided deputies and senior staff on each shift so that senior staff members were available every day of the week. During the first day of the inspection there were three staff off on sick leave. During the day the arrangements were made for some staff to come in to cover part of the shifts. Some of the staff we spoke with were positive about the change of shifts, some

felt it was challenging when somebody phoned in sick. One person felt that staff didn't always want to cover a 12-hour shift if someone phoned in sick. One staff member told us, "When people are on holiday it seems a little short staffed, but generally no big issues." Another staff member told us they liked the new 12-hour shifts and said, "I prefer them the environment feels more relaxed." Visitors told us, "They need more staff", "If I had a criticism, I think the 12-hour shift doesn't seem to be working, I don't think people are at their best after a 12-hour shift."

The registered provider did not use a staffing calculator to show how the staffing hours were calculated to meet the assessed dependencies of people living at the service. We recommend the registered provider researches best practice regarding staffing levels. This will help them to demonstrate how staffing levels were assessed and reviewed to meet peoples changing dependencies.

The home was clean and well maintained. Visitors told us they were happy with the facilities and the environment. Staff told us they always had access to personal protective equipment (PPE) such as disposable aprons, anti-bacterial soap and gloves to help reduce the risk of cross infection.

The staff carried out regular safety checks within the building such as water temperatures, fire alarm and environmental checks. The registered provider had developed a detailed audit encompassing all areas of the building including environmental risk assessments. These checks helped to make sure people were cared for in a safe environment. We noted on the first day of our inspection that some washing up liquid was left out and accessible in the dining/kitchenette areas and nail varnish remover was stored in an open cupboard. The registered manager took appropriate action and implemented a risk assessment to these areas to reduce future risks. They also arranged for their maintenance team to install locks to kitchen cupboards to increase the safety in storing products in communal areas.

We saw evidence of up to date maintenance checks for all facilities and equipment within the service. We looked at a sample of checks such as the electrical installation certificate, gas safety certificate and fire alarm testing. In addition, the registered manager carried out daily walk around of the building.

A detailed fire risk assessment had been undertaken and a fire evacuation plan was in place. We saw that Personal Emergency Evacuation Plans (PEEPS) had been completed for each person living at the service. PEEPS give staff or the emergency services detailed instructions about the level of support a person would require in an emergency situation such as a fire evacuation. These checks help to make sure that any environmental risks to people were minimised and the environment was well managed to ensure it was safe for everyone. A few of the PEEPS had not been signed or dated, however the registered manager took appropriate action to ensure these records were revised. During day one of the inspection we noted that some staff struggled to open the fire doors, the registered manager took appropriate action to revise their local fire exit procedures with staff in the event of an emergency.

We looked at sample of staff recruitment files and found that appropriate checks had been carried out to show that staff were recruited as per the regulations. This included seeking references and obtaining a Disclosure and Barring Service check (DBS). The DBS carried out checks and identify if any information is on file that could mean a person may be unsuitable to work with vulnerable people. Staff personnel files were stored at the registered providers offices and most were organised with all relevant information stored in them. The registered manager arranged for these records to be made accessible during this inspection and had to chase up outstanding records with staff at head office designated to organise and store these records.

Systems to help protect people from the risk of abuse were in place. The service had a safeguarding policy

and procedure which was in line with the local authority's 'safeguarding adults at risk multi-agency policy'. This provided guidance to staff on identifying and responding to the signs and allegations of abuse. We looked at records which showed the provider had suitable procedures to help make sure concerns about people's safety were appropriately reported. Staff told us they had updated training and knew how to keep people safe. They were knowledgeable about safeguarding procedures and told us they would have no hesitation in reporting any concerns to their senior staff and the registered manager. They were confident in knowing what to do to safeguard vulnerable adults. The service had a Whistle Blowing policy. The Whistle Blowing policy is a policy to protect an employee who wants to report unsafe or poor practice.

An accident and incident policy was in place. Records of any accidents and incidents were recorded and analysed to check if there were any themes. Notifications in relation to accidents or incidents had been made to the Care Quality Commission (CQC) and the local authority adult social care safeguarding team where necessary.

We looked at a sample of support files which contained an individual support plan that identified any known risks that might compromise the person's safety. People's records had been regularly reviewed. Risk screening tools had been developed and included areas such as keeping people safe including falls risk assessments. The risk screening tools we examined were able to identify the actions for staff to minimise risks to maintain people's safety within the service.

Is the service effective?

Our findings

When we spoke with people who lived at the service they were complementary about the staff and their ability to provide them with care and support. Visitors were also positive, They told us, "My general feeling is that I now feel at ease that (my relative) is here", "It was a hard decision to make for us as a family, this service is far better and suits (our relative's) needs a lot more", "(Our relative) is well looked after and the small units are fantastic, they really look after my relative I can go home and not worry."

During the last inspection, we found the service in breach of Regulation 11 of the Health and Social care Act 2008 (Regulated Activities) regulations 2014, Need for consent. During this inspection we found improvements had been made in the way the staff managed the principles of the Mental Capacity Act and the regulation was now being met.

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). By law, the Care Quality Commission must monitor the operation of any deprivations and report on what we find.

The service was working within the principles of the MCA and any conditions on authorisations to deprive a person of their liberty were being met. The provider had made applications to the local authority for authorisation to deprive people of their liberty with explanations why this was needed for each person's best interest. The registered manager had developed a list that helped them to manage the ongoing review and reminders if necessary to seek DoLS renewals in advance of the expiry date. This ensured the liberty and freedom of people was not being unlawfully restricted whilst living at the service.

The registered manager had collated details of who had Power of Attorney's (POA) authorisation in place. A POA or a LPOA is a legal document that appoints one or more people (known as 'attorneys') to help the person make decisions or make decisions on their behalf relating to finances and/or health or welfare.

We looked at a sample of support files in which we saw evidence of the use of consent forms to records people's wishes. The forms asked people for their consent regarding assisting them with their medication and in taking photographs when needed. Consent was obtained and records were stored in the care file to recognise each person's views and rights.

Support plans and records showed that the service involved other healthcare professionals to meet the needs of people who used the service such as visiting GPs, that staff worked well in supporting people with a wide range of needs and they had a good communication system. The registered provider had acknowledged the need to improve and develop their care plan format and was taking appropriate actions. They explained that in April 2018 their records had been developed to include a new computerised format.

The registered provider felt the new format would help staff to produce improved and accurate records that incorporated all elements needed for a support plan that met the needs of everyone living at the service. The staff we spoke with at the service were positive about the new computerised records. They still had some records in need of being dated, signed and updated, however it was recognised the new systems would take a while to be fully up to date. Staff told us that support plans were easily accessible. Staff commented about the system; "Yes [it's] very easy" and "We all have our own phone to update things constantly, we have our own log in we hand the phone in at the end of the shift. It has everything. It logs us in and out."

When we walked around the home we saw the design and layout of the home was suitable to accommodate the number of people using the service and had been adapted to meet the variety of needs of people with dementia. We noted each individual bedroom door was fitted with vinyl door coverings to replicate external front doors and each corridor of the home was named to help people orientate around the home and access the bathrooms and toilet areas. The registered manager had developed lots of designs and facilities to help people with dementia who were living there. Each part of the building had access to a small enclosed outdoor court-yard for people to sit and enjoy the outdoors in a safe environment.

We spoke with two people involved in the development and management of the kitchen and meals. They told us they were initially brought in to do a critical food review. They had recently met people who live at the service and staff to talk about menus and dietary requirements. We observed the lunch time experience and we noted people were supported with dignity and respect when supported with their meals. Food was served on large plates or bowls and brought out brought out in large dishes so people can see and pick what they wanted. Staff told us they could cater for a diverse range of specific diets, such as weight loss or weight gain, diabetics, vegetarians, halal, kosher, gluten free and Afro-Caribbean. Staff explained that any purified diets would be put into moulds to look like food products to help enhance the presentation of the food and preserve the dignity of people receiving these types of meals.

Care records included information about each person's nutritional needs. This meant people's nutrition and hydration was monitored to ensure their nutritional needs were being met. Staff were aware of the need to follow the speech and language therapist (SALT) instructions to support and care for people who had difficulties with communication or with eating, drinking and swallowing.

Staff told us they were receiving appropriate support, training and guidance to fulfil their role. Staff told us they had regular supervision and an annual appraisal session to talk about anything they needed to. The purpose of supervision is to promote best practice and offer staff support. We were shown a sample of staff supervision and appraisal schedules for 2018 which included the names of each staff member. Staff had received regular supervision and appraisals throughout the year.

A system was in place to support staff with updated training each year. The staff we spoke with told us they were happy with the training on offer. The providers own audit for review of staff training showed the service had 97% compliance of staff fulfilling their mandatory training with actions taken to achieve 100% compliance. Staff were well qualified with the skills and experience to meet the needs of people living at the service and told us about the different topics covered especially in dementia and how that helped them to better understand people's needs. An e-learning programme was in place and they were also supported by face to face training which was monitored by the manager and the registered provider. The provider had a learning development manager who co-ordinated and helped plan the training for all the services within the organisation. We saw an overall staff training record that was well organised and detailed all of the training available. Training covered lots of topics for staff including dementia care, diversity and equality, end of life care, fire training, DoLS, medications, health and safety, food hygiene and safeguarding vulnerable adults.

Is the service caring?

Our findings

People living at the service that were able to speak with us told us they were happy and felt well cared for. They told us, "I like to keep independent and the staff respect my wishes", "The staff are brilliant", "The staff call me by my first name. They are all friendly. I can ask any of them to help me and they do help" and "All the staff are brilliant. They know me and are very good. They look after me. I can talk to them and I can do what I want to do." Another person said; "I am looking forward to the pub opening so I can have a pint."

Visitors were very positive and shared their views stating, "Bamford Close is a lovely place we are so grateful for the care (our relative) gets", "Whenever I visit my (relative) is always smiling", "It's the best home I have ever been in." They told us they were able to "Definitely" visit without restrictions and the staff respected their relatives' privacy and dignity.

The staff had developed a positive way to gather people's feedback when they arrived or were leaving the building. They had built a tree in reception and left comment cards that people could complete and then hang on the tree. Everyone was welcome to leave comments if they wished. We noted there were lots of compliments, including, "Lovely place, so grateful we love how beautifully decorated the place always is", "Always a bright and cheery atmosphere we also like the themed decorating", "You are the best staff ever", "Lovely place wouldn't want my (relative) living anywhere else."

One comment had been left from the visiting District Nurses and offered very positive comments saying, "I have visited lots of Care Homes and Bamford Close is the only one I would like to live in, the staff care and know their residents, always acting on their behalf and best interests."

During our inspection we carried out a short observational framework inspection (SOFI). We saw that people sat in the communal areas were very relaxed, with staff interacting respectfully and kindly with people. Staff patiently supported each person in an unhurried, gentle manner. Looking at each person's body language it was apparent from their smiles and laughter they were comfortable and happy with the staff supporting them. Relatives and people living at the service told us the staff were very caring. We observed staff welcoming visitors and offering drinks during their visit. And snacks were on offer for people to help themselves. Some people offered various suggestions to enhance their stay at the service. One person suggested they would like more trips out. One relative suggested the service could acquire the services of a private therapist to keep nails trimmed.

We spoke with staff on duty, both from the care team and housekeeping team who showed great insight and caring values towards the needs of the people they supported. They offered positive comments such as, "We do love it here" and "Yes we would recommend the home."

Discussions with staff showed they had a good understanding of the individual needs of each person, especially people with dementia and people who had advanced needs as they explained their training covered lots of topics including end of life care. The service had been recently accredited an "End of Life Award' from the local hospital's palliative care team for their good practices.

Records and documents were kept securely in locked rooms accessible only by staff, no personal information was on display. This ensured that confidentiality of information was maintained. Records showed people and their relatives were involved in decisions about their care, support plans were regularly reviewed.

Information was present in people's care files about their individual likes and dislikes, interests and religious beliefs. This personalised information helped staff to provide care and support based on people's personal preferences and helped staff better understand the individual.

Is the service responsive?

Our findings

People we spoke with told us they knew how to raise complaints and every relative we spoke with felt if a need arose to complain they could approach the staff and the manager. They were confident they could go to senior staff and the registered manager to discuss anything. Relatives told us, "No I have never raised a concern about my (relatives) welfare" and "I am very happy with this home."

We reviewed the home's policy in relation to complaints, which was also displayed in the service. Staff told us that any concerns or complaints raised by a visitor or person living at the service would be taken directly to their seniors and the registered manager. We reviewed a selection of complaints the service had received previously and noted the staff had followed their complaints process, just one record needed updating to reflect the outcomes staff described to us which the registered manager took action to update. The service had also captured positive comments and complements. The comments were overall very positive about the service. We saw a 'Resident information pack & Statement of Purpose' available for everyone and this also included a copy of the complaints process.

The home employed an Activities and Lifestyle Facilitator (ALF). They were innovative in their ideas in trying to learn about everyone's needs and requests socially. They met up with all the other ALF's within the organisation's other homes sharing each other's ideas and initiatives and taking them back to their own services to implement. People were supported to take part in hobbies and interests and this information was recorded in their care records and individual activity file. There was a list of the forthcoming activities displayed and a record book of all the activities that had taken place in the previous months. A suggestion box was fixed to the main door to allow easy access for people to offer their suggestions to the team. The staff had developed a 'Daily Chat' an in-house newsletter handed to the residents, it contained information of historical events that had happened on that day and also included puzzles, poems and quotes of the day. People living at the service told us they enjoyed it as it was informative and like a newspaper.

We saw that people were assisted to engage in a variety of meaningful activities of their choosing. The activities coordinator spoke about her activities for the day saying she had completed a quiz that morning and was playing a type of basketball in the afternoon. They had developed lots of areas within the building for people to sit and relax including the various court yard seating areas, the activities lounge were a sweet trolley was accessible and developments with a pub being designed in the garden.

Relatives were positive about the social support and told us, "They do exercises; someone comes in once a month. They do social events, music, lots of things. They make Easter cards", "There's always something happening here", "(My relative) gets involved with any of the activities here" and "Yes occasionally she does bingo, but they are not forced to get involved." Another relative told us, "Since she has been here her demeanour has improved" and "The staff are pretty good with her, you can you come and visit whenever you want". A suggestion from one visitor was could the residents have their nails cut and have regular pamper days, we passed the suggestions to the registered manager.

Following training and developments on dementia, staff explained they had adapted a lot of areas within

the service to meet people's dementia needs. Bamford Lodge has four units; each unit has a small kitchen area and fridge where relatives can make a drink when visiting. They also had several small outdoor seating areas, attractively designed with artificial grass, tables, chairs and garden ornaments. The home had been updated, the décor was neutral with plenty of coloured photographs/pictures on the walls. Each of the bedrooms had brightly painted doors designed to look like a domestic front door. A member of staff said the residents had chosen their own colour of door and each door was numbered. In the foyer a Dementia board was displayed which was bright, pictorial and informative, displaying cards and a memory handbook. Staff had designed a bus stop in a hallway and displayed olden day pictures in hallways. In the bathrooms and toilet areas they had replaced toilet seats with bright colours to make it easier for people to use the toilet area.

Most of the residents and the relatives we spoke with said the food is good and people can get up when they like and choose what they want to do and go and sit and eat in different units. Each person was given menu options and alternative options were given if they didn't like what was on the menu for that day for example, cheese on toast was offered instead of tomato soup or egg on toast, We observed each person was given plenty of time to eat and the staff talked quietly and respectfully to people while offering support with their lunch, lunchtime was very well organised and a relaxed atmosphere. On the day of the inspection the lunch provided was three courses, soup, choice of main courses and a sweet served with cold drinks. The service operated "protected meal times" to help reduce distraction and noise for people to enjoy their meals.

Visitors told us staff were knowledgeable about their relatives' needs and shared comments such as, "Definitely, they know when (our relative) is being her normal self and when they are being difficult and aggressive. " Relatives expressed positive comments about the quality of the food and told us, "I think they have good choice" and "They seem to enjoy it."

We looked at a sample of support records of people who lived at the service. During our discussions with the manager and staff we found they were aware of people's individual needs and preferences around their daily lives and the importance of this. Staff told us about a brief meeting they had each morning called their 'Snapchat.' During the meeting staff spoke about any specific residents that had showed any signs of change in behaviour or needs or anyone that needed specific support that day. Outcomes were discussed and it was agreed how best to move things forward, in some cases referrals to GPs etc. were suggested. Staff told us the meeting was a good way of making sure everyone knew what was going on and keeping staff up to date with the needs of the people they were supporting.

Each person had been assessed before they moved into the service. Support plans included relevant information to identify the person's care, support and equipment to meet people's needs safely, for example, identifying when specialist equipment such as pressure relieving mattresses were needed or when a people needed reviewing by specialists such as a dietician. These assessments were reviewed regularly or when a person's needs changed helping to make sure people's health and wellbeing was appropriately responded to and maintained. Assessments showed people and their relatives had been included and involved in the assessment process wherever possible.

Is the service well-led?

Our findings

During the last inspection, we found the service in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance. During this inspection we found improvements had been made in the way the service had developed their governance systems, however we identified some issues that needed review during this inspection such as updates to environmental risk assessments, management of fire procedures, updates for personnel files and an update for one complaint response. The registered manager took immediate actions to attend to these issues but they should have been identified by the home's governance systems. This regulation remains in breach for governance systems.

The registered provider continued to develop their auditing systems and had ensured they had brought in the necessary expertise to help them in managing the service. The registered manager fully engaged with anything necessary during the inspection to make the home safer and well managed. We found there were formal systems for auditing all areas of the service including, medications, training, health and safety and activities. The provider had developed in depth internal inspections offering detailed oversight and evidence of clear auditing records to show on-going governance of the service. We had highlighted some areas already documented within the report that needed review and updates to be taken. The registered provider was confident that the newly computerised system for recording and managing support plans would greatly improve the accuracy of their record keeping. Some records needed updating with staff signatures and dates when reviewed which was discussed with the registered manager.

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

The people we spoke with knew who the manager was and told us they thought they were very good. Visiting relatives told us, "I'm sure the manager has a room in the roof as they are always here, I have a good relationship, they always listen and are very approachable", "I really like them, very approachable", "This home is brilliant and I wish I could sprinkle the magic dust to every home I visit", "[The manager] amazes me sometimes as I see her feeding people and in the kitchen getting involved I feel she is hands on, she know all about the residents" and "This home is so good and that is down to the manager."

There was a clear management structure in place. The registered manager was supported by deputies, team leaders, a registered provider offering supporting roles such as a compliance manager, a learning development manager and a new area leads role created by the organisation. The area leads were previous home managers and their role has been brought in to support managers and drive continuous improvement.

Staff were very positive about the management style of the service, especially in their positive comments about their manager. They shared comments such as,

"Yes [the manager] is very approachable", "Yes I have been to [the manager] a lot with things, I have been to her in floods of tears and she has always had time for me", "I love working here", "Lisa is one of the best managers I have ever had" and "The deputies, they are both really good."

We saw that the registered provider had submitted statutory notifications to CQC in accordance with legal requirements. The registered manager kept a file of all the notifications sent to CQC.

The registered manager shared with us copies of the services policies and procedures. The registered provider advised they were in the process of updating their policies and procedures that would offer each service the most updated guidance.

The registered manager and staff understood their role and responsibilities to the people who used the service and demonstrated their commitment to the service by having good vision and values about the service. They clearly showed their commitment to continue developing and improving the service to benefit everyone living at the home. This was appreciated by everyone we met during the inspection.

The staff told us there was a friendly and welcoming atmosphere within the service and they felt very much part of a team. They told us they could always go to their registered manager and raise anything; they felt valued and well supported. Staff couldn't think of anything further to improve the service as they explained their suggestions had already been acted upon, such as one staff comment explained, "I used to think the bathrooms could be improved but that happened and now they are better."

Staff had regular staff meetings and information booklets/newsletters shared with them from head office. This information helped to keep them up to date with any plans and developments.

The registered provider was aware of the importance of maintaining regular contact with people using the service and their families. We saw that satisfaction questionnaires had been sent out and the service had lots of ways for people to discuss their views, via meetings, the ALF, suggestions box, the compliments tree and the comment cards left at reception.

We saw the CQC quality rating certificate was displayed in reception and accessible via the providers own website where people could easily see it.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had a process in place to assess and monitor the quality and safety of the service but it needed improvements to show the service was effectively managed.