Samkar Limited

Bridgeway Care Home

Inspection report

Gamull Lane
Ribbleton
Preston
PR2 6TQ

Tel: 01772796048

Date of inspection visit:
10 May 2018

Date of publication:
21 June 2018

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

We inspected this service on 10 May 2018 and it was unannounced. This meant that the service did not know we were going to inspect. We last inspected the service on 4 March 2016 when it was rated as good overall with requires improvement in the area of effective. There was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Premises and Equipment. This was because the premises were not properly maintained. The passenger lift was not suitable for the purpose for which it was being used and all areas of the home were in need of redecoration and refurbishment.

Following our last inspection we asked the provider to complete an action plan to show us what they would do and by when to improve the key question of effective to at least good. During this inspection, we found the service was meeting the requirements of the current legislation. We made recommendations in relation to individual risk assessments to manage people's self harm behaviours and to ensure the refurbishment to the property was continued.

Bridgeway care home 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 service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. At the time of our inspection seven people with a learning disability lived in the home.

Bridgeway care home accommodates up to 27 people in one building. The home was in the process of a substantial refurbishment across all areas. It provides accommodation for persons who require nursing or personal care for people living with a dementia, learning disabilities, physical disabilities and sensory impairment. At the time of our inspection there were 23 people in receipt of care.

The service had a registered manager in post at the time of our inspection. 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 was run.

Systems to record and act on allegations of abuse were in place. Staff had undertaken safeguarding training, which provided them with the knowledge and skills to protect people from harm. We saw one person was displaying self-harm behaviours, but the registered manager immediately ensured their risk assessment reflected the measures for staff to take to protect them from unnecessary risk of harm.

Appropriate levels of staffing were in place to ensure people's needs were met. The registered manager told us they were implementing a staffing analysis following our inspection. Safe recruitment practices were followed.

Medicines were managed safely. We observed staff providing people with their medicines with dignity, offering support and time for them to take.

There was an ongoing detailed refurbishment programme taking place. Improvements since our last inspection were noted, however work was still required to make the necessary improvements to all areas of the home.

Staff told us and records confirmed they had undertaken a wide variety of training that supported the delivery of care to people. We saw evidence of the use of advocacy services when people required support with important decisions.

Consent had been recorded in most people's care files. We observed most staff knocking on people's doors and waiting to be invited into their bedrooms. Relevant DoLS applications had been submitted to the assessing authority. 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.

Most people we spoke with were happy with the care they received in the home. We discussed some concerns raised by one person with the registered manager, who was aware of these.

On the whole people were treated with privacy, dignity and respect. Staff were seen speaking kindly to people engaging in light-hearted conversations and banter with them. On two occasions we observed staff to interrupt people during our discussions with them.

Care files were detailed and provided appropriate information about how to meet people's individual needs. There was evidence of an activities programme in place at the home. We saw people engaging in activities during our inspection.

Systems to record, investigate and act on complaints were seen. We saw some positive feedback had been received.

Assistive technology was supported and promoted in the home. Communication boards were used to support people, where verbal communication was limited. The new lift supported people who had sensory impairments.

We received positive feedback about the registered manager. All members of the staff team were supportive, open and transparent throughout our inspection.

Audits and monitoring was taking place that demonstrated the home was monitored and safe for people to live in.

Feedback about the service was obtained. Team and resident meetings were undertaken regularly and discussions had been recorded. This enable people's view to be acted upon and included them in decisions about the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Systems to investigate and act on allegations of abuse were in place. Policies and procedures were seen that guided staff on how to respond to any allegations.

The home had appropriate recruitment procedures in place. Staff told us there were enough staff in place to deliver people the care they required.

Medicines were managed safely. Systems were in place that demonstrated appropriate procedures were in place for the ordering, storage and disposal of medicines.

Is the service effective?

Good

The service was effective.

There was an ongoing detailed refurbishment programme taking place. Improvements since our last inspection were noted, however work was still required to make the necessary improvements to all areas of the home.

Staff told us and records confirmed they had undertaken a wide variety of training that supported the delivery of care to people.

Consent had been recorded in most people's care files. Relevant DoLS applications had been submitted to the assessing authority.

Is the service caring?

Good

The service was caring.

We received some positive feedback about the care people received. Staff told us they felt people received good care. Staff engaged in kind, and light-hearted conversations with people.

On the whole people were treated with dignity and respect. Staff understood the importance of ensuring people's choices were respected; for example their choice of gender of staff member

delivering their care

We saw evidence of the appropriate use of advocacy services when people required support with important decisions.

Is the service responsive?

Good

The service was responsive.

Care files contained care plans and risk assessments that provided staff with information about how to support people's individual needs.

Activities were taking place for people in the home. We saw people engaging in activities during our inspection.

Assistive technology was supported and promoted in the home. Communication boards were used to support people where verbal communication was limited.

Is the service well-led?

Good

The service was well led.

All staff we spoke with were positive about the registered manager and the support and leadership in the home. The inspection was responded to positively by all the staff team.

Evidence was available to show that quality audits had been completed. These confirmed the home was monitored and safe for people to live in.

Staff told us team meetings were taking place. Minutes from the meetings included topics discussed, along with the dates of the meetings and names of those in attendance.

Bridgeway 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 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 10 May 2018 and was unannounced. The inspection was undertaken by two adult social care inspectors and one 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. This expert-by-experience in patient, parent and carer of children and adults accessing services, people with inherited, acquired, long term conditions, sensory and physical needs and child mental health.

Prior to our inspection we looked at all of the information we held about the service. This included any investigations, accidents, incidents and statutory notifications the provider is required to send to us by law. We also looked at the Provider Information Return (PIR), which had sent to us. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We used a planning tool to collate all this evidence and information prior to visiting the home.

To understand people's experiences living in the home we spoke with seven people in receipt of care at the time of our inspection and one professional who visited the service regularly. We also spoke with seven staff members as well as the registered manager. We looked at three people's care files and related documentation, medication administration records, training records and four staff files for currently employed staff. We also checked a number of records in relation to the operation and running of the home. These included audits and monitoring, feedback, maintenance and servicing taking place.

We undertook a tour of all of the communal areas of the building. These included the lounges, dining room, sensory room, communal bathrooms and entrance to the home. We also checked the kitchen and food storage areas. With permission we checked some people's bedrooms. This included some recently refurbished bedrooms.

Good

Is the service safe?

Our findings

Most people told us they felt safe living in the home. A comment received from one person stated the care was, "Second to none, staff go above and beyond." We observed one person was clearly very comfortable and happy about where they were living.

Staff we spoke with understood the signs of abuse and the appropriate actions to take if abuse was suspected. They said, "I feel people are safe. I have never seen anything to concern me. I would report any concerns to [registered manager], the nurse or the owner" and "I would report any concerns to the [registered] manager. I have heard of whistleblowing and am comfortable in reporting." All staff we spoke with had an understanding of what whistleblowing meant (reporting bad practice) and were confident the management would act on any concerns raised. Training records confirmed and staff told us they had completed safeguarding training. This supported their knowledge and skills about how to deal with any allegations of abuse. Visiting professionals told us they had no concerns in relation to people's safety in the home.

A system was in place to record any investigations into allegations of abuse. Records we looked at included details of the allegations along with the records of completed investigations. We discussed an ongoing allegation with the registered manager who demonstrated the appropriate actions that had been taken as part of the investigation. The registered manager told us the outcome of any investigations were discussed and shared with the staff team to ensure lessons were learned and any future risks were reduced.

The registered manager confirmed that any future discussions with staff would be documented when completed. Relevant notifications were submitted to the Care Quality Commission in a timely manner, as required by law. Guidance and policies were available that supported staff in recognising and acting on allegations of abuse.

Policies and procedures were in place to guide and support staff in managing risks safely. We saw evidence of detailed and current individual risk assessments in people's files. These guided staff about how to protect them from any unnecessary risks and supported people in positive risk taking. Risks documented included, moving and handling, falls, pressure management, bed rails, behaviours, self-neglect and communication. However, we saw one person displaying specific behaviours that could harm them during our inspection. The registered manager provided evidence that a current risk assessment had been developed to guide staff and reduce any future risks. It is recommended the service ensures all risks to people are identified and risk assessments are in place to reduce the possibility of harm.

We saw completed records that demonstrated appropriate servicing, audits and maintenance of the property and equipment was taking place and that they were in good working order. Audits seen included mattresses, cushions and housekeeping. Notes had been recorded on the findings, which included plans to rectify them. Regular audits were taking place on the home and the environment; these include essential cleaning and temperature checks in the kitchen. This demonstrated that the home was monitored and safe for people to live in. The registered manager had developed a spread sheet that identified what servicing

had taken place, when these were next due and who was responsible for these checks. Areas covered included; the passenger lift, legionella, fire risk assessment, portable appliance testing, electrical and gas safety.

Essential fire safety checks were seen. These included, emergency lighting, fire escape routes, fire alarms, weekly checks on fire doors and magnetic door checks. Personal Emergency Evacuation Plans were seen that guided staff about how to safely evacuate people in an emergency situation. A business contingency plan had been developed which guided staff about what to do and who to contact in the event of specific emergencies in the home. Risks had been graded according to their severity and control measures had been identified to reduce any potential risks.

Incident and accident records had been completed that identified the circumstances and the immediate actions taken by staff to keep people safe. Evidence of incident analysis was seen that was shared with the relevant commissioners of the service, as required by their service contract. This would ensure analysis of themes and trends could take place to identify any future risks and appropriate action could be taken to reduce the risk of potential harm.

Policies and procedures were in place to guide staff about infection control and prevention. Hand washing advice was on display in bathrooms that reminded staff and visitors of the importance of safe hand hygiene. The registered manager confirmed an infection control audit had been completed recently and any issues that had been identified were being acted upon. This would ensure the home was clean and the risks associated with infection were reduced. Dedicated staff were seen undertaking cleaning duties during our inspection and we saw they had access to relevant cleaning equipment to ensure the home was clean and tidy for people to live in. Areas of the home we checked were noted to be clean. Staff were seen wearing appropriate Personal Protective Equipment (PPE), such as gloves and aprons during household duties, whilst providing personal care and supporting people with their meals. An infection control file developed by the registered manager identified guidance about what to do in the event of an outbreak of infection, as well as information about what action to take, in the event of sepsis being suspected.

There appeared to be a good amount of staff around to respond to people's requests for care and support. People told us they were well cared for and had their needs met by the staff team. We observed staffing levels supported the timely response to requests from people with their individual needs. Buzzers were answered promptly by staff and we saw public areas of the home were monitored throughout. This would ensure staff were able to respond promptly to any requests for support. Staff told us they felt staffing levels were adequate to meet people's needs. They said, "It is a good team; we work well together. There is enough staff on the rotas, we get through our work, we have enough time. We have not had agency for years", "You can never have enough time to care for people" and "There is enough staff. The lounge is always manned and every two hours there is a changeover of the one to one staff."

Duty rotas we looked at identified the staffing allocation over a 24 hour period. We asked whether a staffing analysis assessment took place. Whilst the registered manger told us a staffing analysis was not completed to confirm staffing levels were appropriate for people's needs, they told us that staffing levels would be increasing to respond to any changes in people's needs. The registered manager confirmed they would commence a staffing analysis assessment immediately following our inspection. This would confirm staffing levels were appropriate and safe for the needs of people living in the home.

Records we looked at confirmed a robust recruitment programme was in place at the home. All staff files we looked at included completed application forms as well as a record of notes taken during the interview process. Relevant checks were seen. These included references from previous employers to demonstrate

their suitability for the role, proof of identity and Disclosure and Barring Service (DBS) checked. The DBS helps employers make safer recruitment decisions and helps to prevent unsuitable people from working with people who use care and support services. All of the registered nurses employed by the service had up to date registrations with the Nursing and Midwifery Council. This confirmed they were safe to undertake the role for which they were employed.

People told us they were happy with the way their medicines were managed by the home and were able to confirm they knew what medication they were on and why. Staff were seen administering medicines safely to people. This was done with dignity and kindness; ensuring people were provided with information about their medicines. Staff waited to ensure people had taken their medicines. Medication administration records had been completed in full. This demonstrated people had received their medicines when prescribed. As required medicines guidance had been completed and evidence of capacity assessments were seen in relation to people's medicines management.

When not in use the medicines trolley was secured in a locked room. Systems were in place for the ordering, delivery and retuning of unused or refused medicines. We looked at the cold chain storage for medicines in the home. Daily checks were taking place on the drug fridge temperatures, which was seen to be in the required range to keep medicines safely stored. However, we saw the temperature record had no reference to the minimum and maximum levels. The registered manager immediately amended the form to ensure this information was recorded by staff. Daily room temperatures were seen to be recorded in the medicines room, however we were not confident this was recording the room temperatures appropriately. The registered manager immediately purchased a new thermometer to ensure medicines were stored in line with recommended guidance.

A random sample of controlled medicines identified levels were correct and recorded correctly in the register. Some prescription medicines are controlled under the Misuse of Drugs legislation (and subsequent amendments). These medicines are called controlled medicines or controlled drugs. Regular audits of medicines were taking place, which demonstrated any actions required as a result of these audits. This would promote lesson learned to reduce any future risk. Policies and guidance was available support staff in safe medicines administration. Staff we spoke with and records confirmed training and competency checks in relation to medicines management had been completed.

Good

Is the service effective?

Our findings

People who used the service we spoke with told us staff asked permission before entering their rooms. We saw staff seeking permission before entering people's bedrooms and asking people's opinions in relation to choices of care and meals.

Since our last inspection the provider had commenced a full refurbishment in the home. Where refurbishments were still required we saw these areas of the home were easily accessible and tidy, however it was clear from the standard of these areas that the improvements needed to be made to the environment, decoration and lighting that would ensure all areas of the home were suitable to meet people's individual needs. We recommend the provider ensures the refurbishment to the property is continued to make the necessary improvements to the home.

During our walk around the environment we saw corridors were wide and accessible for people requiring the use of wheelchairs to access. The registered manager told us that the improvements were planned in stages to limit the disruption to people who used the service. We looked at the refurbishment plans, which demonstrated timelines for a full completion of the works by the end of the year. This would ensure all areas of the home were updated, decorated and fit for people to live in.

A number of the bathrooms had been updated and all had the appropriate facilities to meet the diverse needs of people living there. As part of the first phase of the update a new lift had been installed that allowed for stretcher access if it was required. Buttons had braille text and voice commands to assist people with sensory impairments. Corridors in one part of the building had been adapted for disabled access with ramps and handrails to support individual needs. Where improvements had commenced areas were noted to be light and airy. The registered manager told us all areas of the home would be improved to this standard. A new sensory room had been installed with music and mood lighting for people to use as they chose. Newly renovated bedrooms had large ensuites installed that enabled people with limited mobility to access easily.

People who used the service were happy with the care they received from the staff team. One comment received was that the care and support was 'excellent.' All staff we spoke with told us the training they received supported them to fulfil their role effectively. Comments included, "We do get training. I have done face to face and online [training], moving and handling, safeguarding, infection control and fire." We asked whether staff had undertaken specialist training on individual conditions. Whilst some said they had attended a 'talk' on some conditions only one staff member we spoke with told us formal training had been provided on these. We discussed this with the registered manager who confirmed where specialist training was required for individual conditions, then this would be provided as soon as possible.

Staff files and training records we looked at identified that staff had undertaken a wide variety of training that supported them to deliver effective care to people. Areas covered included, fire, evacuation procedure, food safety, PPE, health and safety, risk assessment, moving and handling control of hazardous substances, first aid and cardio pulmonary resuscitation.

Where new staff had been recruited we saw records to confirm they had undertaken an induction programme on commencement to their role. Staff told us and records confirmed they had undertaken regular supervisions. This would provide staff with the opportunity to discuss any concerns, areas for development and examples of good practice.

We observed part of the breakfast and lunch time period. Staff were seen asking people what they would like to eat and providing information about the choices available to them. People we spoke with during their meals told us they were enjoying the meal they had chosen. We saw people sat in both dining and lounge areas of the home for their meals, but if they preferred they were able to have meals served in their bedrooms. The dining area was large and enabled people who required wheelchairs to move around freely, choosing where they would like to sit to eat. Tables were set with crockery and cutlery, as was required. Staff were observed supporting people with time and patience, engaging in light-hearted conversations. We observed staff ask one person where they would like to have lunch. They requested it to be served in their bedroom and this was respected.

We asked the chef about the menu choices available for people who used the service. They said that improvements had been made to menus for people. The home accommodated people's individualised and specialist dietary requirements, such as halal meat and allergen menu options. We were told any special requests would be accommodated for meals. We looked at the supplies of food in the kitchen and food store. Plenty of fresh, dried and frozen food was available. The chef told us they had no restrictions on supplies of food for people who used the service.

We looked around the kitchen which had recently been refurbished. New equipment for the preparation and cooking of food was seen. Separate areas for food preparation such as raw and cooked goods were in place. There was a separate washing area for crockery and cutlery. This ensured food was prepared and cooked in a safe and clean environment. The home had been awarded a five star food hygiene rating in 2017. This demonstrated that the food hygiene standards were very good.

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 looked at how the service was meeting the requirements of the MCA and DoLS regulations. Staff we spoke with had a basic understanding of the MCA and DoLS and how this related to the care people received in the home. They told us, "It is where people have the capacity to make their own choices unless it is otherwise proven not to have capacity" and "DoLS are put in place if they [people who used the service] cannot do things for themselves. We involve the GP, district nurse and family. Mental capacity assessments are in the care plans."

The registered manager had developed a DoLS file that would enable the monitoring of any applications pending with the assessing authority. Policies and guidance were in place. These included an easy read format that would support people's understanding of the guidance where it was required. We saw completed DoLS applications, which had been submitted to the assessing authority relating to the

individual needs of people ensuring they were not restricted unlawfully. There was evidence that the service followed up pending applications with the assessing authority to check their progress. This demonstrated the homes proactive approach to protecting people's rights and preventing unlawful restrictions.

Staff told us they always asked people's permission before they undertook any care or activity. They said, "Always [ask for consent], whether it is drinks, food, choices of where they want to go", "It is all about choice. It is what they [people who used the service] want. I always ask permission" and "I always ask for consent before I do any personal care tasks." We observed staff were prompt in finding and seeking permission from people to enter their rooms and ask permission if they would be willing to speak to the inspectors. However we saw one occasion where staff did not wait to be invited into the person's bedroom once they had knocked on their door.

The care files we looked at demonstrated consent had been sought in some aspects of their care but not in all of them. One persons file had no record that it had been discussed and agreed by the person except for the photograph. We discussed this with a senior staff member who took immediate action to ensure the person read, agreed and signed their care record. Contracts relating to people's care had been signed as agreed by the person or their representative. This demonstrated agreements to care had been discussed with them.

Care files we looked at clearly demonstrated the involvement of relevant health professionals in their care when it was required. Care files included information relating to people's relevant medical history as well as the involvement of the GP, consultant, social worker, community mental health team and optician. Hospital passports had been completed that provided health professionals with specific health information in the event of a hospital admission. Where changes in people's conditions were noted, we saw the actions taken to ensure timely and appropriate treatment was provided and promoted positive health outcomes to people. Visiting professionals to the service told us staff contacted them appropriately for review of people's health needs.

Good

Is the service caring?

Our findings

We received positive feedback about the care provided to people who used the service. Comments included, 'excellent', 'second to none' and 'part of a family.' People told us they were happy with the care they received albeit that sometimes they had to wait for calls bells to be answered by staff. However one person told us about some concerns they had in relation to the care they received in the home. They said, "I want a quality of life. Fresh air and exercise are important." We discussed these concerns with the registered manager who told us they were aware of these and would investigate and act on them.

Staff we spoke with understood the importance of delivering good care to people. Comments included, "We give good care. Any bad care would fished out. We work as a team. If people need assistance it is never a race. It takes as long as it takes. I like to think so [people feel cared about]. It is all about choice. It is what they [people] want" and "I think people feel cared for."

We observed staff interacting in a kind and caring manner with people who used the service. Light-hearted conversation was taking place and people and staff were engaging in appropriate banter. Where people required alternative ways to communicate their care needs we saw staff responding appropriately to these offering people time and support with this. All people were noted to be well groomed, clothes were clean and they were dressed appropriately for the time of the year.

On the whole we saw people's privacy, dignity and respect was maintained. Personal care was delivered to people in the privacy of their bedrooms or bathrooms. It was clear from our observations and talking with the staff that they understood people's needs well. We saw people were comfortable in the company of the staff and there appeared to be a mutual respect between them. Where interactions took place we noted this was at eye level and at a pace of their choosing. For example, one person we noted who used a communication board was engaging in conversation with staff that demonstrated a positive relationship between them. However, on two occasions during our conversations with people staff interrupted people's flow, whilst discussing their opinions of their care. Policies and guidance was available on dignity and respect that included up to date information on a human rights approach. This would ensure staff had access to information about maintaining people's privacy and dignity.

Staff understood the importance of ensuring people's equality and diverse needs were met and that their human rights were protected. One person said, "Ladies are always given choice regarding a male carer." Gender choices of the staff support they requested were recorded in people's care files. These included people's likes and dislikes and 'how best to support me.' We noted staff engaging people in decisions about their care and how they wanted to spend their day. For example, we saw where one person wanted to go out for a walk staff supported them to do this safely. Care files demonstrated people had been involved in decisions about their care. This included their assessments and the development of care planning to meet their individual needs. One person said they, 'felt involved in all decisions.' Records such as 'what is important to me', 'what people like and admire about me' and 'how best to support me' were seen. This would ensure staff had access to important individualised information about their choices and needs.

Policies and procedures were in place to guide staff on ensuring people had access to advocacy services, where independent support was required. Advocacy information was put on display in the home to advice staff of the service they offered. We saw evidence of where advocates had been utilised to ensure decisions in relation to people's care were discussed and agreed appropriately. Advocacy seeks to ensure that people are able to have their voice heard on issues that are important to them.

Good

Is the service responsive?

Our findings

We received mixed feedback from people about the development of their care files. Some people told us the care files were not discussed with them. However, all the care files we looked at had indicated people or their representative had been involved in their development.

Preadmission assessments had been undertaken that would ensure the home was able to meet people's individual needs before they moved in. Comprehensive and detailed care plans had been completed that identified the individual needs of people and how to support them. Care plans included, choice and control, health and wellbeing, everyday tasks, living safely and risk taking, community life, managing behaviours and family and relationships. Care files were organised and chronological. This would enable staff, people, and professionals to access the information easily. Risk assessments were current and detailed and advised staff about how to protect people in managing risks safely.

The care files we looked at had personal information recorded. This included, name, date of birth, GP, relevant family and their medical history. Staff told us [physical] checks were taking place when required such as blood sugar and blood pressure monitoring. One staff member told us all people's blood pressure was done monthly and any concerns raised with the GP. Daily records were completed that confirmed the personal care that was delivered to people. These included positioning records, food and fluid charts and daily diary entries.

When we asked staff about people's care files they told us, "I do look at care plans everything is documented in them. All needs are recorded" and "[Care plans] make sure everyone knows how to look after them. I look at the care plan and meet the residents [people who used the service]."

The home had up to date policies and procedures in place to support people's individual needs as they neared the end of their life. Whilst none of the care files we looked at recorded they were in receipt of end of life care the policies and guidance would ensure staff had the necessary information to support people during this time.

We received mixed feedback from some people about the activities they were provided with in the home. Whilst some people said they were unable to access the community others told us they were able to, 'get out and about' with family. One person told us they were unable to go out into the community independently as they wished due to waiting for their wheelchair to be fixed. We discussed this with the registered manager who told us they still had access to a wheelchair to support their mobility and that the relevant parts had been ordered to repair it. We observed several people being supported to go out throughout our inspection, we saw people thoroughly enjoying this activity. The home had access to their own transport that enabled people to undertake visits or any outings in the wider community.

We saw some activities taking place with people in the home. One example was needle work and we also saw people enjoying the sensory room with lights and music. There was a dedicated activities room where we saw a variety of equipment available to deliver an activities programme to people. Details of the

activities on offer were on display in the home. Activities recorded included quizzes, arts and craft, bingo, games and regular church visits to the home. Evidence that people were asked about what they would like to do were seen. Suggestions included the hot ice show, holiday suggestions and the royal wedding celebrations. Records we looked identified the support the home had provided to enable one person to visit their family abroad. One staff member was able to discuss the support they offered to one person to visit their local football club and the positive impact this had on their life.

There was a dedicated activities co-ordinator employed, who took responsibility for organising activities for people. We were shown an activities folder that contained evidence of the activities undertaken by people in the home. Activities seen included, arts and crafts, bingo, visiting the army barracks, the local museum, the snooker club, the cinema, Fleetwood market and exercises. The home had developed laminated pictorial cards that would enable people where pictorial guidance was required to provide their choices and views of the activities they wished to undertake.

Details about how to complain were seen. Records about the complaints procedure included easy read pictorial information to support people to understand the process easily. Copies of blank complaints forms were seen to enable staff to record any complaints. The registered manager told us and records confirmed no complaints had been received. We saw the positive feedback had been received by the home. Examples of comments included, 'This is an amazing house. This is an amazing place to stay" and "Thank you for you for you compassion and kindness."

People were provided with the opportunity to communicate effectively with staff. It was clear from our observations that staff spoke with people calmly and at their pace; whilst recognising people's individual body language and what this meant for them. Where people were unable to communicate verbally with staff we saw they had been provided with a communication board. We saw one person making use of this equipment effectively to enable staff to understand their likes, views and choices. Staff offered them time to write what they wanted to say.

We saw people engaging in independent activities such as needlework and making their own drinks. Staff were in attendance to ensure people were undertaking these safely. This enabled people to be involved in and take control of aspects of their everyday life. Care files reflected people's decisions and choices had been discussed with them

We saw the service was proactive in ensuring technology was used and supported the care people received as well as the monitoring and oversight of the home. All areas of the home had WIFI that enabled people to access the internet when they wished. Staff told us where people wanted they could have a TV package installed in their bedrooms and this was observed for one person who was a sports fan. This promoted positive outcomes for them. Computers were available to staff and programmes, audits and spread sheets had been developed that support the monitoring of the home.

Good

Is the service well-led?

Our findings

We received positive feedback about the registered manager from people who used the service. People told us, "[Registered manager] is the best of the best. She explains things, explains decisions; their reasons etc. [I have] so much respect for her." Visiting professionals were very positive about the management and leadership of the home.

All the staff we spoke with were positive about the leadership and management of the home and that they could approach the registered manager about, 'anything.' Comments included, "I love it here", "Staff morale is good. [Registered manager] is really nice and good. She listens and is approachable. Things have improved" and "[Registered manager] is very supportive she listens. It has improved since she came."

The manager who was registered with the Care Quality Commission took overall responsibility for the home. Throughout our inspection all members of the staff team were supportive, open and transparent providing information requested that supported a smooth inspection process. It was clear the registered manager was passionate about her role and her strive to improve the service for the benefit of people living there. She demonstrated an understanding of all people's needs as well as the operation and oversight of the service. Our observations identified she had developed good relationships with people who used the service, visitors and the staff team.

Evidence of regular and comprehensive audits were completed that had information about their findings and the actions required to ensure any issues identified were acted upon and monitored. Audits included comments and complaints, monthly housekeeping, mattresses and cushions, falls and care plans. As part of their commissioning responsibilities audits undertaken in the home we submitted regularly throughout the year. This demonstrated the partnership working, openness and transparency adopted by the home.

A wide variety of up to date policies and procedures were in place to support and guide staff on all aspect of care to people as well as the management of the home. The Care Quality Commissions registration certificates and details of the ratings from the last inspection were on display in the public areas of the home. The registered manager ensured statutory notifications were submitted to the Care Quality Commission in a timely manner as required by law. Relevant certificates demonstrating the quality of the service provided was seen. Examples included a recent Investors In People (IIP) silver award and health and safety certificates. Investors in People are the mark of high performance in business and people management.

Records of team meetings were seen that confirmed these had taken place monthly. Notes of dates and attendees were recorded along with the topics discussed. These included equipment, staff breaks, infection prevention and control, health and safety, safeguarding, activities, the refurbishment, housekeeping and the kitchen. Staff meetings included various grades of staff. We also saw meetings took place with the night staff team. This ensured all staff members were provided with information and guidance about updates about the home. The home held meetings with the people who used the service named, 'you voice.' Records we looked at confirmed these had been held recently. Minutes from the meetings included the dates, attendees

and the topics discussed. These included the kitchen, laundry, housekeeping, activities, care and the refurbishment.

The home asked for people's views about different aspects of their care in the form of surveys. Records seen included positive feedback about the nursing team, food choices, the support staff, cleanliness, laundry, standards of care and housekeeping. Comments demonstrated some improvements in the home had been made. People said they were, 'happy with the staff, they have been most helpful and kind to me and my family.' We noted one comment about a shower in a bathroom that was not working properly. The registered manager confirmed this had been fixed and gave assurance that any actions taken as a result of surveys would be documented to ensure an audit of actions was recorded.