Barchester Healthcare Homes Limited

Brook House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 10 and 11 April 2018 and was unannounced. Brook House is a 'care home' with nursing. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission [CQC] regulates both the premises and the care provided, and both were looked at during this inspection.

The home is owned and operated by Barchester Healthcare Homes Limited. Brook House is registered to provide care and accommodation for up to 47 people. At the time of the inspection there were 45 people living in the home.

At our last inspection on 4 April 2016 the home met regulations inspected and was rated good. The home remained good at this inspection.

There was 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 (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.

People who lived in the home and their relatives told us they were satisfied with the care provided in the home and spoke positively about care staff and management at the home. Some people in the home had complex needs and were therefore unable to provide us with feedback. We therefore spent time observing interaction between people and staff. During the inspection we observed people were well cared for and appeared relaxed and comfortable in the presence of care staff. We observed positive engagement between staff and people. Staff were respectful of people and showed a good understanding of each person's needs and abilities.

Risks to people had been assessed, updated and regularly reviewed to ensure people were safe and risks to people in relation to treatment or care were minimised.

People we spoke with told us they felt safe in the home and around staff and this was confirmed by relatives we spoke with. Staff had received training on how to identify abuse and understood their responsibilities in relation to safeguarding people, including reporting concerns relating to people's safety and well-being.

Skin integrity was effectively managed by the home. We saw good evidence of diligent skincare and clear guidance was detailed in care plans. Pressure sore repositioning charts were well maintained for people at high risk of developing pressure ulcers.

Medicines were managed safely and staff were appropriately trained. We however found that there was no provision to dispose of unwanted cytotoxic medicines [medicines that have a toxic effect on cells] at the home and made a recommendation in respect of this.

We discussed staffing levels with management and they advised that staffing levels were assessed depending on people's needs and occupancy levels. The home used their own dependency tool to monitor this. The majority of staff we spoke with told us there were sufficient numbers of staff to safely meet people's individual care needs. During the inspection, we observed staff did not appear to be rushed and were able to complete their tasks.

The home had appropriate fire and emergency systems in place. There was a record of essential maintenance carried out and this was monitored and maintained by the home's maintenance manager.

Staff received on-going training and spoke positively about the training they received. Regular supervisions and appraisals ensured staff performance was monitored.

All staff we spoke with told us they were well supported by management at the home and said that morale in the home was positive.

People received a comprehensive initial assessment of their needs with their families' involvement before moving into the home. The pre-admission assessment included information about people's health and care needs. Individualised care support plans were then prepared using the detail from pre-admission assessments and plans identified people's preferences, needs, and included details of how staff were to provide them with the care they needed.

The home worked well with external health and social care agencies to ensure people received the care, treatment and support they needed. We saw evidence that people's healthcare needs were closely monitored by the home.

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. The home operated within the principles of the Mental Capacity Act 2005 (MCA).

Where people were unable to leave the home because they would not be safe leaving on their own, the home had made applications for the relevant authorisations called Deprivation of Liberty Safeguards (DoLS).

People spoke positively about the food available in the home. There was a four weekly food menu which changed every three months according to the season of the year. We looked at how people were protected from poor nutrition and supported with eating and drinking. Care records demonstrated that the home monitored the nutritional needs of people. We observed some people had low weight and a low body mass index and saw that there was clear information about how to support the person with the nutritional needs, preferences and clear guidance for staff detailing how to encourage the person to eat.

The home had held a nutrition and hydration week from 12 to 18 March 2018. To celebrate this event they had organised some form of food or drink activity every day for that week. The purpose of this week was to raise awareness in the home about the importance of eating healthily and drinking fluids.

The home had a varied activities programme which was devised based on people's interests. Different activities were held weekly so that people experienced a variety of activities. During the week of the inspection, we noted that the following activities were available; art and crafts, culinary craft, movies with popcorn and hotdogs, flower arranging and music from an entertainer. We noted that a 50's and 60's themed party was scheduled for 12 April 2018.

Procedures were in place for receiving, handling and responding to comments and complaints. We saw evidence that complaints had been dealt with appropriately in accordance with the policy.

The home had carried out a formal satisfaction survey in January 2018 to obtain feedback from people and relatives. The feedback obtained was positive.

The home had a system in place to obtain feedback about the level of care provided to people. This included an extensive range of comprehensive checks and audits carried out by management in various areas relating to care people received, maintenance and the management of the home. Management carried out a range of monthly and quarterly audits in respect of care documentation, health and safety, safeguarding, medicines, complaints/compliments, infection control, activities, staff files and training.

Management carried out "daily walkabouts" where observations around the home were carried out. This looked at checking care plans, MARs, clinical issues, dining experience, pressure sore care, the call bell, accidents and incidents.

We observed care documentation was well maintained, up to date and comprehensive. The home had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding and health and safety.

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.

There was a clear management structure in place and staff told us morale within the home was positive and staff worked well with one another. Staff told us management were approachable and there was an open and transparent culture. They said communication in the home was good and they were informed of changes.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The home remained good.	**Good**
Is the service effective? The home remained good.	**Good**
Is the service caring? The home remained good.	**Good**
Is the service responsive? The home remains good.	**Good**
Is the service well-led? The home remained good.	**Good**

Brook House

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, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced inspection on 10 and 11 April 2018. The inspection team consisted of one inspector, a pharmacist inspector, a nurse specialist advisor 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.

Before we visited the service we checked the information that we held about the service and the service provider including notifications we had received from the provider about events and incidents affecting the safety and well-being of people. The provider also completed a Provider Information Return (PIR). The PIR 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. The PIR also provides data about the organisation and service.

Some people could not let us know what they thought about the home because they could not always communicate with us verbally. We used the Short Observational Framework for Inspection (SOFI), which is a specific way of observing care to help to understand the experience of people who could not talk with us. We wanted to check that the way staff spoke and interacted with people had a positive effect on their wellbeing.

We reviewed ten care plans, nine staff files, training records and records relating to the management of the service such as audits, policies and procedures. We spoke with six people who lived in the home and eight relatives. We also spoke with the registered manager, senior regional director, clinical development nurse, three nurses, six care workers, the activities coordinator, two kitchen staff and the maintenance manager. We also spoke with one healthcare professional and two professionals who were present during the inspection.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe in the home. When asked if they felt safe in the home, all people said "Yes." Relatives spoke positively about people's safety in the home and said they were confident that people were safe in the presence of care staff. One relative told us, "Yes, definitely. It was a very difficult decision to take [my relative] from the family home. We did the rounds and as soon as we came in here, I spoke with the manager and she came for respite and has stayed ever since. Since coming here, it's nice to know she feels safe." Another relative told us, "My [relative] is comfortable here." Another relative said, "It was very hard to leave my husband in here, but the staff are good and kind and it is like a home."

One care professional we spoke with said that they were confident that people were safe in the home. This care professional told us, "People are safe. They are definitely safe."

People had risk assessments in place that gave guidance to staff on keeping people safe whilst supporting them in regaining their confidence and re-learning their daily life skills. Risk assessments covered areas such as personal care, falls, seizures, diabetes and moving and handling. Malnutrition Universal Screening Tool (MUST) risk assessments were in place where necessary. These are used to assess people with a history of weight loss or poor appetite. Pressure ulcer risk assessments included the use of the Waterlow scoring tool. Risk assessments identified the level of risk and included comprehensive information about the action needed to be taken to minimise risks as well as clear guidelines for care staff on how to support people safely. There was evidence that risk assessments were reviewed monthly and were updated when there was a change in a person's condition.

We looked at how the skin integrity of people was managed at the home. At the time of the inspection, there were two people with pressure sores. We saw evidence of diligent skincare and clear guidance was detailed in care plans. Pressure sore repositioning charts were kept and maintained for people at high risk of developing pressure ulcers. Wound assessment body maps and wound photographs were in place. Pressure relieving equipment was available and in good condition and we noted that pressure mattresses were set correctly and accordingly to people's weight. Staff we spoke with were aware of the importance of diligent skin care monitoring and told us that the dating of drawing and any corresponding photographs were important. They were aware of the importance of being gentle when carrying out personal care and one care staff told us, "We try and are very careful and monitor every time we give personal care and if there is something wrong we address it at once."

The home had a comprehensive safeguarding procedure in place and we noted that necessary contact details to report safeguarding concerns were clearly displayed in the home. Training records indicated that care workers had received safeguarding training. When speaking with care workers they told us how they would recognise abuse and what they would do to ensure people who used the service were safe. They said that they would report their concerns to management immediately.

During this inspection we looked at policies, storage, records, training and systems for medicines management at the home. We found the provider was managing medicines safely.

We observed part of the medicine round. Staff were caring and gained permission before giving people their medicines. They signed for each medicine after giving it on the medicine administration record (MAR).

We looked at MARs and care plans for eight people. The provider had recorded important information such as the name, photograph and medicine sensitivities to help staff give people their medicines safely. We found no gaps in the MARs. This provided assurance people were being given their medicines as prescribed.

Medicines were stored securely at the home including controlled drugs (CD's). CD's are medicines which are liable to misuse and therefore need close monitoring. Care staff checked and recorded room and refrigerator temperatures daily and these were within the required range.

Care staff recorded and disposed of unwanted medicines using medicine waste bins. However, there was no provision to dispose of unwanted cytotoxic medicines at the home. We recommend that the provider should review its policy to ensure there is a process to dispose of unwanted cytotoxic medicine waste.

Some people were prescribed medicines on a when required basis. There was guidance in place to advise care staff when and how to give these medicines. Some people were prescribed creams and ointments to be applied to their body. These were stored in peoples own rooms and recorded when applied by care staff on separate charts.

Some people took their medicines themselves and stored them in their own rooms. The provider had carried out assessments to assess if people could take their own medicines safely.

We saw evidence that people's medicines had been periodically reviewed by their GP. This meant people were being prescribed medicines appropriate for their health condition.

We found the home had necessary systems in place to manage medicines safely. The home had a medicine policy in place about these systems. The home provided training and assessed the competency of staff to ensure they handled medicines safely. There was a process in place to report and investigate medicine errors. We saw evidence of medicines audits being regularly carried out to improve the quality of the service. The provider had a system in place to receive and action medicine alerts.

During the inspection we observed that there was a calm atmosphere in the home and staff were not rushed. The majority of staff we spoke with told us there were enough staff on duty during shifts and said they were able to get their tasks completed and raised no concerns in respect of this.

During the inspection, we discussed staffing levels with the registered manager. He confirmed that since the previous inspection in April 2016 the home had not used any agency staff. He emphasised the importance of providing consistent care and told us, "I am always recruiting bank staff. I am very mindful of making sure we have a contingency plan. I always plan ahead to ensure we have enough staff." Staffing levels in the home were assessed according to people's needs and occupancy levels. The provider used their own dependency tool called "DICE" which monitored the dependency of people in the home and calculated the appropriate numbers of staff to safely meet people's needs. The registered manager reviewed staffing numbers and people's dependency monthly to ensure there were sufficient staff.

There was a comprehensive recruitment procedure in place and staffing records viewed confirmed that the procedure was adhered to and appropriate employment checks were carried out prior to staff commencing employment at the home.

Records showed the fire alarm was tested weekly to ensure it was in working condition and fire drills took place quarterly and were documented. The home had a fire risk assessment and a general evacuation plan in place. The fire plan was clearly displayed in the home indicating fire exits and escape routes. A fire risk assessment had been carried out by an external organisation in July 2017. The maintenance manager confirmed that no major concerns had been raised.

There were personal emergency and evacuation plan (PEEPs) plans in place in case of fire for each person living in the home. This included information about any evacuation aids required, the method of evacuation required and details of complex needs if applicable. We also observed that PEEPs included a traffic light colour system. This indicated whether a person was red, amber or green in terms of requiring assistance to evacuate in the event of an emergency. Fire equipment was appropriately stored and easily accessible in the home. The home also had an emergency grab bag in the reception area.

There was a record of essential maintenance carried out. These included safety inspections of the portable appliances, hoists, lift, gas boiler and electrical installations. The hot water temperatures had been checked regularly for people. The maintenance manager explained to us that the water temperature was controlled at each water outlet within the home to ensure the water temperature did not exceed the recommended safe water temperatures.

Records showed that weekly premises audits were carried out by the maintenance manager. This checked various areas such as people's bedrooms, window restrictors, call bells, the lift and furnishing in the home. The home also had a Business Contingency Plan in place to ensure there were arrangements in place to ensure people were kept safe in the event of instances such as a power cut, adverse weather and emergency evacuation.

People and relatives we spoke with told us the home was clean and raised no concerns. One relative told us, "The home is always clean. It is spotless. There are no smells. In fact it smells lovely. Never ever has the home smelled." During our inspection, we found the premises were well-maintained, clean and there were no unpleasant odours. There was an infection control policy and measures were in place for infection prevention and control.

Accidents and incidents had been documented and included information about the incident and subsequent action taken by the home. We noted that there were some instances where the action required to prevent reoccurrence was not consistently documented. We raised this with management and they confirmed that they were already aware of this and had addressed this issue. We noted that from March 2018 this information about what action the service had taken and long term action required to prevent reoccurrence was consistently documented.

Good

Is the service effective?

Our findings

People who lived in the home and relatives told us they were satisfied with the care provided. They told us that care staff were competent. One relative told us, "What I particularly like is that they make sure there is consistency of staff. In a place with care, people take assurance in a familiar face. They're very kind, considerate, and responsive, you press a bell, they turn up. One nurse in particular goes beyond the duty of care for my mother. When I'm here they seem very consistent." When speaking about care staff one relative said, "Some are very good and some are good. [My relative] has got physically better since being here." Another relative said, "Carers are competent. They know what they are doing. My [relative] can be difficult but carers know how to calm and manage her."

One care professional told us, "The carers are competent and committed. Staff are knowledgeable."

Care staff we spoke with demonstrated an enthusiasm to learn and spoke positively about the training that they had been provided. One member of staff told us, "The training is very helpful." Another member of staff said, "The training is very good. We get really good explanations from the trainer. I can ask her anything."

Training records showed that care staff had completed training in areas that helped them when supporting people. Topics included basic first aid, health and safety, safeguarding people, fire safety, food hygiene, infection control, medicine administration, moving and handling and the Mental Capacity Act 2005 (MCA 2005). The training provided was classroom based sessions which were provided by the home trainer. Staff were also provided with refresher training, which ensured staff updated their knowledge and maintained the skill to ensure people's needs were met. There was a training matrix in place which clearly detailed what training staff had completed and when the next refresher training was due. This ensured staff training was being monitored to ensure staff received the appropriate training to carry out their roles and responsibilities.

We saw in records that staff were also provided with regular one to one supervisions and annual performance appraisals in order to review their progress and performance.

The home had nominated Champions in the home. For example, a Mental Capacity Act Champion, health and safety Champion and infection control Champion. The home explained that this improved awareness of areas of care and understanding amongst staff.

People's care documentation demonstrated that people had received a comprehensive initial assessment of their needs with their families' involvement before moving into the home. The pre-admission assessment included information about people's health and care needs. These were person-centred and included information about people's preferences and interests. Individualised care support plans were then prepared using the detail from pre-admission assessments and plans identified people's preferences, needs, and included details of how staff were to provide them with the care they needed.

The home worked well with external health and social care agencies to ensure people received the care,

treatment and support they needed. We saw evidence that people's healthcare needs were closely monitored by the home. Care records contained important information about people's medical conditions and their health needs. Care records included a record of appointments with healthcare professionals such as people's dentist, optician and GP. Information following visits by the GP and other professionals were documented in people's records.

The home was involved with a programme called "Bag pilot" with the local authority. The aim of this programme was to achieve better outcomes and experiences for people when they were referred to the hospital. It involved the home keeping people's details and belongings safely in one place to and from hospital. The deputy manager explained that this had lessened the number of calls the home gets from the hospital when people were transferred to hospital. She also explained that it made the whole process smoother as information was always filled in advance making it less hectic and this ensured people's clothes were packed in a dignified way.

The majority of people who used the service spoke positively about the food in the home. One person told us, "The food is okay, not like mothers cooking but it's okay." Another person said, "It's delicious."

There was a four weekly food menu which changed every three months according to the season of the year. One chef we spoke with explained that in the winter months the menu had warming foods appropriate for the winter and in the summer, lighter options were available. We spoke with the head chef and he explained that if people did not wish to eat what was on the menu, there were always other alternatives available. He explained that the home also provided some people with Indian vegetarian food at their request.

On the first day of the inspection we noted that the daily food menu was displayed at the entrance of the home. The menu included a variety of options for people to choose from. We observed people having their lunch in the dining area on all three floors. We saw that there was a relaxed atmosphere on all floors and dining tables were laid attractively with the food menu for the day displayed on each table so that people knew what food was available on the day. People sat at tables with one another and were able to engage with staff and people who use the service.

We looked at how people were protected from poor nutrition and supported with eating and drinking. Care records demonstrated that the home monitored the nutritional needs of people. We observed some people had low weight and a low body mass index and saw that there was clear information about how to support the person with the nutritional needs, preferences and clear guidance for staff detailing how to encourage the person to eat. We saw that there was clear guidance within people's support plans about the support to provide at meal times by staff, along with any associated risks. Several people who used the service had been identified as being at risk of choking and we saw that there was clear guidance for staff to follow about how to keep them safe. People's weights were recorded monthly so that the service was able to monitor people's nutrition.

Nutritional meetings were carried out monthly which was attended by management, kitchen staff, a nurse and a care worker. This enabled staff to discuss changes in people's health relating to their nutritional needs. People's diets were discussed and what was working and not working. Staff also then discussed the next steps to ensure necessary changes to people's diet were made.

Our previous inspection found some inconsistencies on the fluid charts. During this inspection we noted that the home had addressed this and we found that fluid charts were accurate and correct.

The home had held a nutrition and hydration week from 12 to 18 March 2018. To celebrate this event they

had organised some form of food or drink activity every day for that week. This included "brilliant brekkie", "thirsty Thursday" and "fruit fun Friday". The purpose of this week was to raise awareness in the home about the importance of eating healthily and drinking fluids.

In January 2017 the Food Standards Agency carried out a check of food safety and hygiene and awarded the service five out of five stars.

Necessary equipment was available in the home to support people's needs. There were hoists available and they were in good working order and we saw that these were checked regularly by an external organisation.

During the inspection we observed staff helping people with mobility support. We noted that they demonstrated skilled moving and handling techniques when transferring people. Hoists were used appropriately and care staff communicated with people clearly. They worked in two's as required. Care staff confirmed they had received manual handling training and completed refresher training yearly. One care staff told us, "We always move in two's and we are all trained".

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 home was working within the principles of the MCA. Care support plans included information about people's capacity to make decisions. Where people were unable to leave the home because they would not be safe leaving on their own, the home had made applications for the relevant authorisations called Deprivation of Liberty Safeguards (DoLS). We noted that the home had made necessary applications and the majority of authorisations were in place. In some instances, the registered manager was waiting for authorisations and had an effective system in place to monitor this.

Good

Is the service caring?

Our findings

People told us they were well cared for in the home and said they were treated with respect and dignity. One person said, "They're very helpful most of the time. Helpful and cheerful." When asked if care staff were caring, one person said, "Definitely, you have to wait when they're busy but they all do their best."

Relatives spoke positively about care staff and how caring the home was. One relative told us, "Very kind, I haven't really had any bad comments at all. Everyone I've come across has been really helpful." Another relative said, "You wouldn't find better. [My relative] she speaks very highly of them." Another relative said, "Carers are helpful and polite. They are so patient." Another relative informed us that when people were assisted by care staff in their bedroom, the windows and doors were shut and a sign was put on the door saying 'Dignity. Personal care in progress. Please do not disturb'. We saw this practice taking place during the inspection.

One care professional we spoke with told us care workers were caring and raised no concerns. This person said, "Care workers do care. They are reassuring and help clients to meet their needs."

During the inspection, we observed that the atmosphere in the home was relaxed and caring. Interaction between care staff and people was relaxed and people appeared relaxed in the presence of care workers. Care staff were patient when supporting people and communicated with them in a way that they understood. People were treated with respect and dignity. The home had made effort to ensure the premises had a homely atmosphere.

The home supported people to maintain relationships with family and friends and this was confirmed by relatives we spoke with. When asked if the home kept relatives informed of developments, one relative told us, "They do. If she needs anything they tell me. I'm almost here every day." Another relative said, "Yes, they do with everything they call me. When she first came I asked to be told everything and I am involved in decision making." Another relative told us, "Yes, if there's an event they let us know in advance. We are reminded of appointments. It's very efficient."

Care staff we spoke with explained to us that they respected the choices people made about their daily routine and activities they wanted to engage in. People were supported to express their views and be involved in making decisions about their care, treatment and support where possible. People and relatives we spoke with confirmed this. Care plans were up to date and had been consistently reviewed by staff with the involvement of people and their relatives where necessary.

Care records included information about people's likes, dislikes, interests and hobbies. Care records also included information about people's background and the home used this information to ensure that equality and diversity was promoted and people's individual needs met. Care support plans included detailed information about people's individual cultural and spiritual needs. Each person's care records included a section detailing people's religious and spiritual beliefs. Relatives confirmed that people were supported to meet their cultural needs. We saw evidence that people were supported to visit their place of

worship and the registered manager arranged for

The registered manager explained that some people in the home spoke a limited amount of English and therefore they had introduced a communication fact sheet which detailed key words in their spoken language so that care staff could engage in conversation with people. The registered manager explained that he had learnt some words so that he could communicate with people. We also observed during the inspection that some staff were able to speak the same language as people and were therefore able to communicate with them. During lunch we observed two Gujarati people having their lunch and one member of staff was able to communicate with them in Gujarati and have conversations with them. We noted that the two people looked happy and at ease when this member of staff was speaking with them.

Staff understood what privacy and dignity meant in relation to supporting people with their care. They told us that they always listened to people and ensured they felt valued. People's privacy was respected and staff shared with us examples of how they protected people's dignity when supporting them with personal care. For example by closing doors and curtains and explaining clearly to people what they were about to do. We saw that staff knocked on people's doors before entering their rooms and people we spoke with confirmed that staff did this. We also noted that when people were receiving personal care a sign was placed outside their room to inform people and staff.

We discussed the steps taken by the home to comply with the Accessible Information Standard. All organisations that provide NHS or adult social care must follow this standard by law. This standard tell organisations how they should make sure that people who used the service who have a disability, impairment or sensory loss can understand the information they are given. We noted that some policies were available in large print and pictorial format.

Good

Is the service responsive?

Our findings

The majority of people who lived in the home and relatives told us they felt able to raise concerns they had with staff and management at the home. One person said, "No I haven't made any complaints, but I've made suggestions." When asked if people felt able to raise concerns, one person told us, "Yes, not that I've had reason to." Another person said, "Oh, if I wanted to complain, I would complain to the manager."

Relatives we spoke with told us they felt able to raise concerns with the home. When asked if they had any concerns or complaints, one relative said, "I couldn't say I have. I'm here every day and I've gotten to know the staff and everything is okay." Another relative told us, "No complaints. I've raised issues but not in a complaint format and they have been dealt with very quickly. They attend to things straight away."

There were procedures for receiving, handling and responding to comments and complaints. The policy made reference to contacting the CQC and local authority if people felt their complaints had not been handled appropriately by the home. The complaints policy was displayed throughout the home. The home recorded details of the complaint, details of immediate action taken and the final outcome. We noted complaints had been dealt with appropriately in accordance with their policy.

The home had carried out a formal satisfaction survey in January 2018 to obtain feedback from people and relatives. This survey was based on responses from 37 people who lived in the home and 10 relatives and friends. The feedback obtained was positive. We noted that results from the survey indicated that "100% of people were happy living there." and "100% were satisfied with the overall standard of the care home." It was evident that the home had reviewed and analysed the feedback and the results indicated that the home had improved since the last survey.

There was a system in place to obtain people's views about the care provided at the home. We saw evidence that resident's and relative's meetings were held so that people could raise any queries and issues. We saw that these meetings were consistently documented

The home had a varied activities programme which was devised based on people' interests. Different activities were held weekly so that people experienced a variety of activities. During the week of the inspection, we noted that the following activities were available; art and crafts, culinary craft, movies with popcorn and hotdogs, flower arranging and music from an entertainer. We spoke with the activities coordinator and she explained that they tried to include all people in the activities but said that where people were unable to attend, she ensured that they received one to one time so that they could engage with activities. The activities coordinator also explained that the home celebrated religious festivals and people's birthdays and we saw documented evidence of this. We noted that a 50's and 60's themed party was scheduled for 12 April 2018.

The home had a newsletter called "Babbling Brook" which was published quarterly. This provided information about upcoming events, jokes, a crossword and included photos from recent events and celebrations. The registered manager explained that the aim of this newsletter was to provide information

to people and enable people to feel part of a community at the home.

Care support plans contained personal profiles, personal preferences and routines and focused on individual needs. The home provided care which was individualised and person-centred. Care plans were person-centred, specific to people's needs and detailed the support people needed in all areas of their care. The care plans showed how people communicated and encouraged people's independence by providing prompts for staff to support people to do tasks by themselves.

People receiving end of life care had the appropriate plans in place. They also had "Do not attempt cardiopulmonary resuscitation" (DNACPR) in place. All the DNACPR's we viewed were signed appropriately and were up to date. There were also care plans in place which clearly stated the end of life wishes for people.

Care plans were reviewed monthly by care staff and were updated when people's needs changed. Regular reviews enabled care staff to keep up to date with people's changing needs and ensured that such information was communicated with all staff. The home operated a "Resident of the day" programme. The registered manager explained that each day of the week the home picked one or two people who were the allocated "resident of the day". Care staff were then responsible for checking all the documentation relating to that person. He said, "The aim of this is to make sure all things are in place for the person. It encourages people to take ownership."

Good

Is the service well-led?

Our findings

The home had a manager registered with the Care Quality Commission. 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 home is run.

People who lived at the home and relatives spoke positively about management at the home. They said that the registered manager and deputy manager were approachable and they felt comfortable raising queries with them. One relative told us, "I feel good about it because the manager is a very nice man and if I had any problems I'm sure he could resolve it." Another relative said, "It's very open and transparent, no fear of lip service or intimidation." When asked if they were pleased with management and how the home was run, one relative said, "Oh, big time." Another relative told us, "Yes, it's first class, always clean and tidy, no complaints." Another relative said, "Yes, very much because of what I see. They're always in meetings so it looks like a lot of staff involvement. They don't do the bare minimum, they strive to be better."

One care professional we spoke with told us that management in the home was effective and said, "The manager is so helpful and he is very honest. There is good management and this has a good impact on the running of the service. I am impressed with the manager."

The home had an effective management structure in place which consisted of a team of nurses, care workers, activities coordinator, office staff, kitchen and domestic staff, the deputy manager and the registered manager.

All staff we spoke with were positive about working at the home and said that the registered manager and deputy manager were approachable. They told us they were well supported and were clear about their roles and duties. They said that there was an open and transparent culture at the home. Care staff felt able to speak with the registered manager without hesitation and said that they had confidence in him. One care staff told us, "All management is great. When you need support they are there." Another care staff said, "The manager is supportive. I can talk to him no problem. He is a very good manager."

The registered manager and care staff displayed clear resolve to make a positive difference to people's lives. One care staff told us. "My manager displays exceptional leadership qualities, empowering staff to provide care that's tailored to meet people's individual needs''.

The home had a system in place for ensuring effective communication amongst staff. The home had a daily "stand up" meeting where heads of teams attended and provided updates and shared information about the care of people and any specific issues on a daily basis. We also saw evidence that there were quarterly staff meetings where staff received up to date information and had an opportunity to share good practice and any other concerns. Care workers told us that they received up to date information and said communication was good in the home and they felt well informed of changes and developments.

The home had a system in place to obtain feedback about the level of care provided to people. This included an extensive range of comprehensive checks and audits carried out by management in various areas relating to care people received, maintenance and the management of the home. Management carried out a range of monthly and quarterly audits in respect of care documentation, health and safety, safeguarding, medicines, complaints/compliments, infection control, activities, staff files and training.

The home carried out monthly quality and clinical governance meetings which management and staff attended. During these meetings, staff discussed areas such as nutrition, tissue viability, falls, medication errors, choking and infection control. Necessary action required and lessons learnt were discussed at these meetings.

The provider carried out a quality improvement review every four months. This covered areas such as health and safety, infection control, medicines, human resources, leadership and complaints. The senior regional director explained that these reviews were carried out by the organisation's senior management and feedback was then provided to the registered manager. She explained that this enabled the registered manager to focus on areas that needed improvement in depth.

The provider also carried out an independent regulation audit. This was an in depth review and the reports were directly sent to the Chief Executive of the organisation. The home had a regional clinical development nurse who was responsible for supporting nurses and care workers with clinical aspects of the care provided in the home. The regional clinical development nurse was also responsible for aspects of clinical training and carrying out clinical audits.

Management carried out "daily walkabouts" where observations around the home were carried out. This looked at checking care plans, MARs, clinical issues, dining experience, pressure sore care, the call bell, accidents and incidents. Where areas of improvement were identified, the home had taken necessary action to improve as a result and this was documented.

We observed care documentation was well maintained, up to date and comprehensive. The home had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding and health and safety.

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.

The CQC rating of the previous inspection was displayed as required in line with legislation. The service had notified us of incidents and other matters to do with the service when legally required to do so.