

Mr & Mrs A J Metalle

Bonaer Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Bonaer Care Home provides nursing care for up to 31 older people with a range of health care needs and physical disabilities. At the time of our inspection 29 people were using the service. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

We carried out this unannounced inspection on 30 November 2017. At this routine comprehensive inspection we checked to see if the provider was complying with the regulations.

During the inspection we found that risks in relation to choking and pressure area care were not always managed appropriately. One person who was at risk of choking and had been prescribed liquid thickeners did not receive these on the day of our inspection. Another person who was at risk of pressure sores was in bed on a pressure relieving mattress that had not been turned on. In addition, we found that eight pressure relieving mattresses were set to the incorrect weights. This meant the service was in breach of the requirements of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

These issues were raised with the registered manager during feedback at the end of our inspection. The manager took prompt action to address these issues in the week following our inspection. Evidence was subsequently provided that demonstrated additional training in relation to the use of liquid thickeners had been provided, a choking policy developed and procedures introduced to ensure all pressure relieving equipment was operated correctly.

The atmosphere in the service on the day of the inspection was friendly and calm. Staff responded promptly when people asked for help and support was provided at a relaxed pace. Throughout our inspection we saw that staff provided support with compassion and kindness. People told us they felt safe and comfortable living at Bonaer. Their comments included, "I feel safe", "Everything about this home is wonderful" and "You couldn't think of a better place." Staff understood local safeguarding procedures knew how to recognise and report the signs of abuse.

Staff supported people to maintain relationships with friends and family. During our inspection a relative was invited to attend the service Christmas lunch and a table was set in the service conservatory to accommodate people to dine with visiting relatives in privacy. Relatives told us, "It's lovely being able to have a meal with mum" and "There are no visiting restrictions, I even stay and have a meal with my relative and "The staff make us feel so welcome."

The environment was clean. There were appropriate cleaning schedules in place and two domestic staff on duty each day. Personal protective equipment was used appropriately to manage infection control risks. Where people were supported using hoists they had been allocated individual slings to further reduce the risk of cross infection risks.

People's medicines were managed safely. Medicines administration records had been fully completed and there were appropriate procedures in place for the ordering, storage and disposal of medicines.

Staff were sufficiently skilled to meet people's needs. Necessary pre-employment checks had been completed and there were systems in place to provide new staff with appropriate induction training. Existing staff received regular training, supervision and annual performance appraisals.

There were enough staff available to meet people's needs and staffing rotas showed these staffing levels were routinely achieved. People told us, "There is always somebody around to help" and "There's always enough staff around." While staff said, "There are enough staff."

The service used technology including a digital care planning system when assessing people's needs. Staff accessed this information and recorded the care and support they had provided using hand held devices. People's care plans were detailed and informative, they provided staff with sufficient information to enable them to meet people's needs. Staff told us the digital care planning system was, "A lot better for recording fluids and things like that" and commented, "We love it". The registered manager told us, "The care plans are working documents, real life documents they are updated daily following the handover where necessary" and we saw people's care records had been regularly updated when staff identified changes in their individual needs. Staff worked well with health professionals and supported people to access healthcare services when necessary.

People were encouraged and supported to take part in a variety of activities within the service. There was a full time activities coordinator and activities planned for the week of our inspection included, Bingo, exercises classes, word games, crafts and a singalong. People particularly enjoyed the external entertainers and animal handlers who visited the service regularly.

Staff supported people to maintain a balanced diet in line with their dietary needs and preferences. Where people needed assistance with eating and drinking staff provided appropriate support reassurance and encouragement. People were highly complimentary of the meals provided. Their comments included, "The food is 'ansum, lovely", "The food is excellent", "We have lovely hot meals and a sandwich for tea" and "The chef is excellent, its all home cooked."

Management and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Staff explained their intentions and sought people's consent before providing care and support. Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements. Applications for DoLS authorisations had been made appropriately. Where conditions had been associated with authorisations staff understood these condition and had complied with them.

The Registered manager led by example and routinely provided care and support in response to people's needs. Staff told us, The registered manager is lovely, always there if you need her", and "The manager here is very nice and very helpful." While people said, "[She] is lovely, I get the very best of attention" and "The manager and staff are wonderful." Professionals told us, "The service is very well managed and communication is very good."

There were regular meetings for people and their families, which meant they could share their views about the running of the service. Information about how to make a complaint was readily available to people and their relatives.

Information was stored securely and there were systems in place to monitor the service's performance and identify where improvements could be made. The service sought to learn from all accidents and incidents that occurred. At the time of our inspection the registered manager was researching motion detection technologies as a result of learning identified following an unwitnessed fall at night.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not entirely safe.

Risks in relation to choking and pressure area care were not consistently managed.

There were sufficient staff available to meet people's assessed care needs.

Recruitment procedures were safe and staff understood both the providers and local authority's procedures for the reporting of suspected abuse.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Requires Improvement ●

The service was not entirely well led.

Quality assurance system had failed to identify the concerns raised in the safe section of this report.

The registered manager provided effective leadership to the staff team who were well motivated.

Information was stored securely and the service acted on feedback provided.

Bonaer Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 November 2017 and was unannounced. The inspection team consisted of an inspector, a specialist advisor with a background in nursing care and an expert by experience with experience of caring for people who used adult social care services.

The service was previously inspected on September 2015 when it was found to be good in all areas. Prior to the inspection we reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we met and spoke with ten people who used the service, four relatives who were visiting, six members of staff, the deputy manager and the registered manager. Following the inspection we sought views on the service's performance from three Health and social care professionals. In addition we observed staff supporting people throughout the home and during the lunchtime meal. We also inspected a range of records. These included six care plans, four staff files, training records, staff duty rotas, meeting minutes and the services policies and procedures.

Is the service safe?

Our findings

People and their relatives told us they felt it was safe living at Bonaer care home. Comments included, "I feel safe", "I know my relative is safe because you can see how well he is looked after" and "You just have to look around, we know mum is safe." Staff told us, "People are safe" and "I believe people are safe". While professionals commented, "My patients seem safe and extremely well cared for."

During our inspection we noted that one person was at risk of choking and had been prescribed liquid thickeners to help manage these risks. We observed this person was served un-thickened fluids which had the potential to put the person at risk of choking. We also found that the service did not have a policy on how to manage the risk of choking. We raised these issues with the registered manager. The manager explained that the person did not enjoy thickened fluids and that the person's need for thickened fluids varied depending on how well they were feeling. The manager told us that staff assessed the need for thickeners to be used each day and provided them when required. This meant the person was exposed to the risk of choking as liquid thickeners had not been used as prescribed.

At the time of our inspection the skin integrity of people living at the service was being safely managed and records showed people had been regularly repositioned where necessary. However, we found that the pressure relieving mattress for one person, who was in bed, was switched off and that a number of other mattresses were not correctly set. The failure to correctly operate pressure relieving mattresses exposed people to unnecessary risk.

These failures in relation to the management of choking risks and pressure area risks were a breach of the requirements of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the registered manager took action to address these areas of concern. A detailed choking policy for the service was developed and training on the use of fluid thickeners was provided to all staff in the week following our inspection. In addition, new procedures and regular mattress checks had been introduced to ensure all pressure relieving equipment were operated correctly.

Care files contained risk assessments which identified any risks to the person and gave instructions for staff to help manage the risks. One person had asked for the window restrictors from their room to be removed so that they could enjoy the fresh air. A detailed analysis of the risks both to the person and to others had been completed and additional safety measures identified before this request was agreed. This assessment was regularly reviewed to ensure that current control measures in relation to the unrestricted window remained appropriate. This demonstrated the service commitment to respecting people's wishes while ensuring their safety.

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and understand what action to take. Safeguarding training was included in staff induction training and regularly updated. Staff told us they would report any concerns to the service manager who they were confident would take any action necessary. Staff had also received equality and

diversity training and understood their duties to ensure people were protected from discrimination. Staff were less clear on how to report concerns outside of the organisation. However, information including local safeguarding contact numbers was available to staff and visitors on posters in the reception area and this meant staff could quickly locate this information if required.

People told us, "I feel safe because I have a walking aid and a wheelchair to get around" and we found that specialist equipment use by the service including hoists, stand aids, baths, chairs and beds were suitably maintained. There were systems in place to ensure all equipment was regularly serviced and repaired as necessary. Where appropriate safety checks and tests had been completed by appropriately skilled contractors. Fire alarms and evacuation procedures were checked by staff and external contractors to ensure they worked. Records showed fire drills had been completed regularly and notices in the staff room highlighted the risks associated with fires in care homes. Guidance on how to respond to a variety of situations and emergencies was readily available to staff.

Incidents and accidents were recorded in the service. Appropriate action had been taken and where necessary changes made to learn from the events that had occurred. Where additional observation had been completed following, for example a fall, detailed records were kept of any observed changes in the person's behaviour. This helped staff to identify if people were experiencing any additional pain. Where concerns were identified prompt advice from professionals was sought. Where incidents occurred the service sought to identify any learning and possible improvements to procedures. At the time of our inspection the registered manager was actively researching new motion detection technologies as a result of learning identified following a recent unwitnessed fall at night.

There were enough skilled and experienced staff on duty to keep people safe and meet their needs. On the morning of the inspection there were six care staff and one nurse on duty supported by the deputy manager and registered manager. In addition there was an activities coordinator, two cooks, two house keepers, a laundry worker and a maintenance worker at the service. In the afternoon staffing levels were reduced to three care staff and a nurse. While overnight there were two carers and a nurse on duty. People and their relatives told us they thought there were enough staff on duty and staff always responded promptly to people's needs. During the inspection staff responded promptly to people's requests for support. Comments received included, "There is always somebody around to help", "Staff are always popping in to see how I am" and "There's always enough staff around." Staff said, "There are enough staff" and the registered manager told us, "We are over staffed for nurses" and "My nurses will get one paperwork day per week if there is no annual leave.

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to meet people's care needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

We found people's medicines were administered safely in accordance with people's needs. All staff involved in the administration of medicine had been appropriately trained and assessed as competent for the role. People told us their medicine was given at the correct times and medicines were stored appropriately when not in use. Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation.

The service had suitable arrangements for the ordering and storage of medicines and robust procedures in place for the disposal of any unused medicine. There was a medicine refrigerator available and its temperature was monitored to ensure medicines were stored correctly. Named staff were responsible for

ordering medicines and regular medicine audits had been completed. Medicine Administration Records (MARS) had been fully completed and where hand written change had been made these had been countersigned by a second staff member to confirm the authenticity of the information recorded.

The service had a homely remedy policy in place including details of over the counter medicines people could be provided by the service. This policy had been reviewed and updated regularly. Where 'as required' medicines were given this was appropriately documented and highlighted to all staff during subsequent handover meetings to ensure they were being managed safely.

The environment was clean, reasonably well maintained and there were no unpleasant odours. Two housekeeping staff worked in the service each morning and there were appropriate room cleaning schedules in place. Staff told us, "We have a daily cleaning schedule and every room gets a deep clean every month". Personal protective equipment (PPE) such as aprons and gloves were available for staff and used appropriately to reduce cross infection risks. Some people needed help from staff to move from one place to another, with the use of a hoist and a sling. Each person had been allocated their own individually assessed sling suitable for their needs, and to further reduce cross infection risks. Infection control issues had been discussed during a recent staff team meeting and staff hand hygiene audits were underway.

The service had a system in place to support people with their finances where necessary. Any funds held by the service were stored securely. Records and receipts were kept for all purchases and these records were regularly audited to ensure their accuracy.

Is the service effective?

Our findings

Care records were held digitally at Bonaer. Staff used hand held devices to record details of the care and support they provided each day. In addition tablet computers were used by managers and nurses to monitor the care provided and update people's care plans. This system was working effectively in recording and managing individual's needs. Staff consistently spoke positively of this system and commented, "We love it". One staff member showed us how the system used alarms, prompts and reminders to ensure care was provided as planned. They commented, "It is very good. I love it. We get a list of what to do with pictures so you know what to do." The registered manager told us that with the person's consent relatives could access details of the care and support provided each day via a secure internet portal. Staff said, "Relative's love it as they can see what you have done".

Newly employed staff completed an induction which included training in areas identified as necessary for the service such as fire, infection control, health and safety, mental capacity, safeguarding and equality and diversity. They also spent time familiarising themselves with the service's policies and procedures and shadowing experienced staff. This ensured all new staff had a good understanding of people care need before they provided support independently. Staff told us, "I was shadowing for just over two weeks". In addition, all staff new to the care sector were supported to complete the care certificate. This nationally recognised training is designed to give staff new staff and understanding of good practice in the care sector. Records showed the competence of staff to meet people's needs had been assessed by supervisors at the end of the probationary period.

People and their families told us they were confident care staff had the skills necessary to meet their relatives' needs. Records showed staff training in topics the provider considered necessary was regularly updated and refreshed. Staff told us, "We have quite a bit of training" and "We have training that we do every month." Health professionals who visited the service regularly told us, "In my experience I've always found their staff to be well trained, caring, competent and conscientious". The registered manager actively encouraged staff to complete Care Diplomas and to extend their qualifications in care. One staff member told us, "Their [management] support was brilliant, it has made me excel".

There was a system in place to support staff working at Bonaer. This included regular support through individual supervision and annual performance appraisals. These meetings gave staff opportunities to discuss working practices and identify any additional training or support needed. In addition, staff team meetings were held each month. These meetings were well attended and provided staff with additional opportunities to discuss training needs and any changes within the service.

Managers and staff respected people's equality and diversity. We observed that staff respected people's language choices. Where people used local dialect terms to request support staff responded using similar language. In addition, staff told us the registered manager took staff cultural needs into account while planning rotas and managing annual leave entitlements.

People's health conditions were well managed and staff supported people to access healthcare services.

External healthcare professionals such as occupational therapists, GPs, speech and language therapists (SALT), chiropodists and dentists visited people regularly. Details of any guidance provided by professionals had been incorporated in people's care records and professionals told us the staff team shared information with them effectively.

Staff supported people to maintain a balanced diet in line with their dietary needs and preferences. People were provided with drinks throughout the day of the inspection and hydration points including water and fruit cordials were available throughout the service. People told us, "They make sure I always have something to drink" and we saw people who chose to stay in bed on the day of our inspection all had access to drinks. We observed the support people received during the lunchtime period. The atmosphere was warm and friendly with staff chatting with people as they ate their meals. People were highly complementary of the meals provided. Their comments included, "The food is 'ansum, lovely", "The food is excellent", "We have lovely hot meals and a sandwich for tea" and "The chef is excellent, its all home cooked." Visitors were actively encouraged to eat with people and had been invited to attend the service's Christmas lunch. One person's relative commented, "It's lovely being able to have a meal with mum."

Where people needed assistance with eating and drinking staff provided appropriate support. Appropriate cutlery and plates were provided where necessary to enable people to eat independently and a coloured bowl system used to ensure staff understood what support people needed with meals. Menu choices were available at each meal and where people did not like what was on the menu they were able to request alternatives. One person told us, "The food is very good. I'm having sausages today as I didn't like what was on today's menu."

Kitchen staff member had a good understanding of people's dietary needs and preferences. Where people needed their meals processed each item was processed and served separately. Staff explained what was on each plate of food and chatted informally with people while providing support. Information about the sizes and volumes of all cups and plates used by the service was displayed in the staff room to help staff accurately document information about the qualities of food and fluid people had consumed.

The design, layout and decoration of the building met people's needs. The majority of corridors and doors were wide enough to allow for wheelchair users to move freely around the premises. However, the corridor outside the manager's office was quite narrow and in need of redecoration as paint work had been damaged. The service was on two floors and the second floor was accessed by passenger lifts. The building was generally warm however, the conservatory where some people spent time doing craft activities, accessing the internet and having lunch was noticeably cold. Staff were aware of this issue which they reported was as a result of the external door being open for an extended period during a delivery and people were offered additional clothing while using the conservatory.

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. Managers had a good understanding of this legislation and staff respected people's decisions and choices.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service had identified that some people living at the service were not free to leave and were the subject of restrictive care plans. Necessary applications to the

local authority for the authorisation of these care plans had been made. Some authorisations had been granted with conditions. Staff understood these conditions and records demonstrated they had been complied with.

Is the service caring?

Our findings

On the day of our inspection the atmosphere in the service was calm and relaxed. Staff were friendly and clearly concerned for the welfare of the people they supported. Support was provided at a relaxed pace and with compassion. People were consistently complimentary of the staff team and told us, "The staff always have a smile", "The staff are all good", "All the staff are very nice" and "The staff are wonderful."

We saw staff chatting and laughing with people in the service's communal areas throughout the day. At lunch time we observed that where staff were providing individual support this was done with compassion and it was clear people enjoyed the company of their support staff. Staff told us, "It's good here, lots of nice people" and "Everyone is lovely, I seem to get on with them all. We have a laugh and a joke."

The care we saw provided throughout the inspection was appropriate to people's needs and wishes. Staff were patient and discreet while providing care for people. They took time to explain how they intended to support people and asked for consent before providing support. Most people choose to have their main meal at lunch time. However, one person preferred their main meal in the evening. This choice had been respected and each day kitchen staff ensured this person was provided with a light meal at lunchtime and a main evening meal.

People were able to make choices about their daily lives and staff respected these decisions. On the day of our inspection people chose when they wanted to get up and there were no restrictions with taking breakfast throughout the morning. Information about people's known preferences were recorded within care records and people told us, "I can get up and go to bed whenever I want, it's up to me." People were able to have a shower or a bath when they wished and one person commented, "They give me a body wash every day, which is what I like." People had the opportunity to move around the service without restriction and choose where to spend their time and where to have meals. Staff told us, "People are always asked if they want to do things."

People's religious and spiritual needs were met and records showed people were able to attend religious services if they wished. One person reported that they had recently started practising Buddhism and had been supported to attend local meditation meetings.

Staff supported people to maintain relationships with family and friends. Visitors and relatives were actively encouraged to visit and were always made to feel welcome. During our inspection a relative was being invited to attend the service's Christmas lunch and we observed that visitors were encouraged to eat with people during visits. Relative's comments included, "There are no visiting restrictions, I even stay and have a meal with my relative and "The staff make me feel us feel so welcome."

Staff acted to ensure people's dignity was protected at all times. We observed one person being supported to mobilise with a hoist in the living room. This was carried out with respect and supported the person's dignity. Staff explained the support proposed and sought the person's consent. While providing support staff talked the person through the procedure and gave reassurance. The person was provided with a

blanket to cover their lower limbs during the lift and staff repeatedly checked the positioning of the person's clothing to protect their dignity. People told us, "The staff always show respect and dignity when I'm having personal care."

Bedrooms had been personalised with people's belongings, including furniture, photographs and ornaments to help people to feel at home. Staff knocked on people doors and waited for responses before entering. While providing support staff ensured doors were closed to protect people's dignity and privacy. We found that some people were sharing rooms with people they had not known prior to moving into the service. We discussed this issue with the registered manager who told us everyone currently sharing a room had been offered, but had declined, a single occupancy room. We noted that curtains had been installed to protect people's dignity in shared rooms while personal care was provided. Health and social care professionals commented, "Privacy and dignity are maintained and prioritised."

People's care records were stored securely in accordance with current data protection guidelines. Most information was stored digitally via secure hand held devices and there were appropriate system in place to ensure all paper records were held confidentially.

Is the service responsive?

Our findings

People's needs were assessed before they moved into the service. This was done to ensure the service could meet individual needs and expectations. Information gathered during the assessment process was used in the development of the person's initial care plan.

People's digital care plans were detailed and informative. They included details of the person's specific needs and information about their preferences in relation to how support was provided. Staff were also provided with information about the person's life history, interests and hobbies. This information was included to help staff understand how the person's background could impact on their care and support needs.

Staff handovers were held at each shift change. We observed the staff handover during the afternoon of our inspection. Information about any observed changes in people's care needs, details of how people had spent their day and any additional support people had required were shared with staff coming on duty. During the handover the registered manager provided staff with a detailed informative update on observed changes in one person's needs. This helped ensure that people received consistent care as all staff had a good understanding of people current care needs so they could be responded to effectively.

People's care plans were reviewed and updated whenever people's needs changed. Where staff raised concerns about people's needs during handover meetings this information was promptly added to the notes section of the care plan. This ensured all staff were aware of any changes or concerns identified. The registered manager told us, "The care plans are working documents, real life documents. They are updated daily following the handover". In addition, a concise printed care plan was available in each person's room. These documents provided staff with readily available guidance to people's needs and served as a back-up for use in the event that the digital system failed. These records were also regularly reviewed and updated to ensure they accurately reflected people's current needs and staff told us, "The Key workers review the concise care plans every month" and "It is good to refer to."

Care monitoring records were accurately completed using the service's digital care planning system. This included details of the care and support provided each day, weight monitoring and where necessary details of people's food and fluid intake. To support staff to accurately record volumes of fluids consumed, photographs of all cups and glasses used in the service had details of their volumes displayed in the staff room. The use of hand held devices improved the overall quality of people's care records as staff were able to accurately document the care provided in real time. Staff told us, "[The digital care planning system] is a lot better for recording fluids and things like that".

There was a fulltime activities coordinator at Bonaer and on the day of our inspection we saw people enjoying craft activities, online shopping and reminiscing. People told us, "I really enjoyed making the Christmas decorations" and "We can do what we want, either join in or not." External entertainers and an animal handler visited the service regularly. People told us they particularly enjoyed these events while staff commented, "We have singing and exercise classes, people seem to really enjoy it". Activities planned for the

week of our inspection included, Bingo, exercises classes, word games, crafts and a singalong. The service had purchased a SMART (internet connected) TV and this was used to facilitate activities and conversation in the lounge.

People were supported to enter local craft fairs. There was a friendly rivalry between Bonaer and another local service in various categories with certificates and awards displayed in the service's reception area. In addition, art works people had completed were displayed around the service.

Various fundraising events were held at Bonaer throughout the year. The Christmas fete which people told us had been fun, was held in the week prior to our inspection. One person completed a newsletter each month with details of activities and events within the service combined with puzzles, games and jokes. This newsletter was produced using the service's computer and distributed to people and their relatives.

Visitors were actively encouraged and made to feel comfortable and at home in the service. On the day of our inspection a dining table was laid out in the conservatory to allow people and their visitors to dine together privately. Wi fi internet access was available throughout the service and was accessible to people and their visitors. People were able to use the services' computer for online shopping and contacting friends and family.

We found that staff also responded quickly to call bells and other alarms and people told us, "They come here right away."

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. People told us they had nothing to complain about and told us, "There's nothing at all to complain about living here". Where complaint had been received these had been thoroughly investigated by the registered manager and where appropriate action taken to resolve any issue identified.

When needed the service provided people with end of life care. During these difficult times the service worked collaboratively with people's relatives and health professionals to respect people's wishes and ensure a dignified and pain free death. The registered manager recognised the importance of this area of care and asked relatives to provide feedback on the service's performance in this area. Recently received feedback included, "The care [my relative] received from Bonaer was absolutely wonderful. We cannot praise you enough."

Is the service well-led?

Our findings

There were quality assurance systems in place to monitor the service's performance. However, these systems had failed to identify the issues in relation to the management of choking risk and pressure area risks identified in the safe section of this report. Once these concerns had been identified the registered manager responded promptly. In the weeks following the inspection we were provided with evidence that demonstrated action had been taken to address these concerns.

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

The service was led effectively by the registered manager who was also one of the registered providers. Staff had a positive attitude towards the registered manager who led by example and was a visible presence within the service. Staff comments included, "The registered manager is lovely, always there if you need her", "She deals with any issues quite well" and "The manager here is very nice and very helpful."

The registered manager was based in the service full time and was supported by a full time deputy manager. There were appropriate systems in place to ensure staff could access management support and additional guidance at any time if required. During the inspection both the registered and deputy managers provided care and support where necessary to respond to people's needs. It was clear managers knew people well and routinely spent time talking with and supporting them. The registered manager commented, "I always am and always will be, a hands on manager." Where the registered manager provided support this was done with warmth and compassion. People complimented the registered manager's approach and told us, "[She] is lovely, I get the very best of attention" and "The manager and staff are wonderful."

Professionals were also complementary of the service's management team and told us, "The service is very well managed and communication is very good" and "Any ideas are taken on board and communication works well. Management are approachable and open to talk every single visit."

The registered manager ensured their skills remained up to date by attending local peer support meeting and reviewing journals and relevant literature about current best practice in nursing care. The registered manager is a registered nurse and had recently successfully completed the revalidation process.

Staff worked effectively together as a team. Each morning staff were allocated a number of people who they were responsible for supporting. Throughout the inspection support was provided at a relaxed pace and with appropriate humour. Where people needed help from two members of staff this was arranged promptly and it was clear staff were comfortable requesting support from both peers and managers to ensure people's needs were met. People and their relatives were consistently complementary of Bonaer and the service's staff team. They told us, "Everything about this home is wonderful", "The staff are as good as gold" and "You couldn't think of a better place." The service operated an employee of the year scheme to

recognise and celebrate staff achievements. A trophy in the reception area recorded the names of previous winners and nominations for this year's award were open at the time of our inspection.

People's care records were kept securely and confidentially, and in accordance with the legislative requirements. Staff and visiting healthcare professionals were able to access information about people's care needs readily, using the service's secure digital record keeping system. Services are required to notify CQC of various events and incidents to allow us to monitor their performance. Appropriate and necessary notifications had been submitted by the service.

Feedback on the service's performance from people and their relatives was actively encouraged. A performance monitoring survey was planned for January 2018 to review its operations and to identify any areas for development. In addition, residents' meetings were held each quarter to plan activities, review performance and identify any changes people would like to see within the service, relatives were actively encouraged to attend and participate in these meetings. Records showed any issue raised had been addressed and resolved.

The service regularly received thank you cards and compliments from people, their friends and family members. These compliments were shared with the staff team and displayed on the staff notice boards.

There was a maintenance employee with responsibility for the maintenance and auditing of the premises. Additional professionals were contracted as required to complete safety audits or complex maintenance tasks. On the day of our inspection a lift engineer visited the service to investigate and resolve an intermittent fault that had been identified with one of the service's passenger lifts. Routine safety checks of services and firefighting equipment had been completed in accordance with published guidelines.

The service was open to partnership working and had recently participated in a project with a local hospital designed to reduce the use of antibiotics to treat suspected urinary tract infections. The project had been successful and the service had subsequently adopted the project's practices.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People who use the service were not protected against the risks associated with choking and pressure area care. Prescribed liquid thickeners had not been provided and pressure relieving equipment was not operated correctly.</p> <p>Regulation 12 (1)</p>