Rosewood Health Care Limited

Barley Brook

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 unannounced inspection took place on Thursday 01 June 2017.

Barley Brook is registered to provide accommodation and personal care for up to 28 people who are living with dementia. The home is situated close to Wigan town centre and close to local amenities and public transport routes.

We last inspected Barley Brook in December 2015. The home was rated as 'Requires Improvement' overall and for the 'Key questions', 'Safe' and 'Responsive'. The remaining key questions were rated as Good. We found two breaches of the regulations with regards to safe care and treatment and person centred care. At this inspection, we checked to see if sufficient improvements had been made.

People living at the home told us they felt safe. The visiting friends and relatives we spoke with also felt Barley Brook was a safe environment for their loved ones to live.
We looked at how the home protected people from abuse and improper treatment and reviewed the safeguarding procedures that were in place. Records showed safeguarding referrals were routinely being made appropriately. However, we became aware of one incident that hadn't been reported to safeguarding. This was addressed immediately during the inspection. We have made a recommendation about this in the detailed findings of the 'Safe'section of this report.

We found certain staff had a limited understanding of DoLS (Deprivation of Liberty Safeguards) and the MCA (Mental Capacity Act), with limited training undertaken. We raised these concerns with the registered manager who arranged for DoLS and MCA training to be delivered to all staff in July 2017.

We found medication was ordered, stored and administered to people safely. There were audits of medicines to ensure shortfalls in practice would be identified and actioned. There had been problems with the medication fridge as the temperature had been out of range on certain days, however the registered manager had arranged for it to be replaced and we saw the replacement fridge was delivered on the day of the inspection.

Staff were recruited safely with references from previous employers sought and DBS (Disclosure Barring Service) checks undertaken. This would ensure that staff employed were suitable to work with vulnerable adults in a care setting.

There were sufficient staff working at the home to meet people's needs, with a dependency tool used to determine how many care hours were needed to safely meet the needs of people living at the home. Feedback from people living at the home, visitors and staff was that staffing levels were sufficient and we observed staff attending to people's needs in a timely manner during the inspection.

Staff received an induction when they started working at the home and received appropriate training,

supervision and appraisal to support them in their role. MCA/DoLS training was an area of training which staff needed to complete, however the manager had already arranged for this to be undertaken by staff.

The home worked within the requirements of the MCA (Mental Capacity Act) and DoLS (Deprivation of Liberty Safeguards). We saw appropriate assessments had been completed if there were concerns about a person's capacity. DoLS referrals had been made as necessary to the local authority. The registered manager maintained accurate records of DoLS applications in the office which was updated as necessary. All relevant documentation relating to these decisions was held in care plans.

We saw people received enough to eat and drink, with people making positive comments about the food provided at the home. The staff we spoke with knew the people who were at risk with regards to their nutrition such as if they had lost weight or needed support to eat and drink. The information was also passed on to staff in the kitchen to ensure they were aware of the people who may be nutritionally compromised.

The people we spoke with and their visiting relatives made positive comments about the care they received. People told us they felt staff treated them with dignity and respect and promoted their independence where possible. We saw people being offered choices about how they wanted their care to be delivered.

People felt the home was responsive to their needs and we saw examples of staff doing this during the inspection when assisting people to walk around the home, administering medication and helping people to transfer in and out of their seat.

Each person living at the home had their own care plan, which was person centred and provided staff with the necessary information about people's care. Since our last inspection, the home had started to use an electronic care planning system and staff told us they felt confident and competent to use it as they had received a demonstration in advance of its implementation.

There was a complaints procedure in place which allowed people to voice their concerns if they were unhappy with the service they received. The home also had a large number of compliments on record, where people had expressed their satisfaction with the service provided.

All of the people we spoke with told us they felt the service was well-led and that they felt listened to and could approach management with concerns. Staff said they enjoyed working at Barley Brook and reported a positive culture amongst staff.

There were systems in place to monitor the quality of service such as audits, resident meetings, staff meetings, accident/incident monitoring and the sending of satisfaction surveys. These systems would help to ensure the quality of service was able to continually improve.

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.

Safeguarding procedures were usually effective. However in one instance a referral wasn't made.

People living at the home told us they felt safe. The visiting relatives we spoke with said they felt the home provided a safe environment for their loved ones to live

Medication was ordered, stored and administered safely.

Appropriate recruitment checks were carried out before staff began working at the home.

Is the service effective?

Good

The service was effective.

People we spoke with confirmed the staff employed at the home had the correct skills to care for people effectively.

Staff were aware of how to seek consent from people before providing care or support.

People living at the home told us they received enough to eat and drink. Staff had a good understanding of nutritional needs and if people living at the home were deemed to be at risk.

Is the service caring?

Good

The service was caring.

People told us they received a good standard of care and that staff were kind.

Staff spoken to had a good understanding of how to maintain dignity and respect people's rights. Staff showed patience and encouragement when supporting people.

We observed lots of caring interactions between staff and people living at the home.

Is the service responsive?

Good

The service was responsive.

Each person had their own care plan which provided an overview of how their care needed to be delivered.

The home had systems in place to seek and respond to feedback from people in the form of satisfaction surveys and residents meetings.

The home had procedures in place to receive and respond to complaints.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post.

Staff who worked at the home felt the home was well-led and that management were approachable.

We found there were various systems in place which were effective in monitoring the quality of the service provided at the home.

Barley Brook

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 was 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 carried out this unannounced inspection on Thursday 01 June 2017. This meant the provider did not know we would be visiting the home on this day. The inspection team consisted of one adult social care inspector from the CQC (Care Quality Commission), an inspection manager and an expert by experience. An expert by experience has personal experience of either caring for, or supporting older people living with dementia.

In advance of our inspection we liaised with external stakeholders based at Wigan Council. This included the Quality Performance team who monitor the progress of care homes in the Wigan area. This was to see if they had any information to share with us in advance of the inspection.

We looked at the Provider Information Return (PIR). This is a form we ask the registered provider to give key information about the service, what the service does well and what improvements they plan to make.

As part of our inspection planning we reviewed all the information we held about the home. This included previous inspection reports and notifications sent to us by the home including safeguarding incidents, expected/unexpected deaths and serious injuries.

At the time of the inspection there were 27 people living at the home. During the day we spoke with the registered manager, the chef, five care staff (both day and night) and five visiting friends or relatives. We also engaged in conversation with 18 people who lived at the home, although in some instances feedback was limited due to people living with varying stages of dementia.

We observed how staff interacted with people and the lunch time experience to determine how people were supported to eat and drink. We looked around the building and viewed records relating to the running of the home and the care of people who lived there. This included five care plans, three staff personnel files and

eight medication administration records (MAR). We used this information to inform our judgements.

Good

Is the service safe?

Our findings

People living at the home said they felt safe as a result of the care they received. The visiting relatives also told us they felt the home provided a safe environment for their loved ones to live. One person living at the home said to us; "I feel safe". A second person commented; "I'm happy and safe".

We looked at how the home protected people from abuse and improper treatment and reviewed the safeguarding procedures in place. We noted there was a safeguarding poster displayed on the notice board near to the reception area. This encouraged people to speak with the manager if they had any concerns about a person's safety and the contact details they could use. Staff received training in safeguarding adults, with a policy and procedure also in place; however this needed to be renewed as it was out of date and didn't provide up to date information.

During the inspection we spoke with staff about their understanding of safeguarding and whistleblowing procedures and how they would report concerns. One member of staff said; "Altercations between residents, unexplained marks and bruising, issues with money and changes in behaviour could all be signs of abuse". Another member of staff said; "I have whistle blown in the past as I wasn't happy with how a member of staff was treating a resident".

Records showed safeguarding referrals were routinely being made appropriately. However, we became aware of one incident where a person living at the home had raised a concern about a staff member. The registered manager was not present at the time of the alleged incident and the other staff who were aware of the incident had not raised this as a safeguarding concern with the local authority. Instead an internal investigation had been undertaken in line with the homes disciplinary procedures but this meant the local safeguarding authority had been unable to investigate because they had not been informed. We raised this with the registered manager during the inspection who acknowledged this and immediately referred the concern as a safeguarding concern to the local authority.

We recommend that staff knowledge of the Safeguarding Adults at Risk in Wigan Policy including how to make a safeguarding referral is refreshed.

We saw staffing levels on the day of the inspection were sufficient to care for people safely. The staffing consisted of the registered manager, the deputy manager and three care assistants during the day and two care assistants and a senior carer at night. This was to provide care to 27 people. These staffing levels were devised using a formal dependency tool which determined how many care hours were required each week to care for people safely. We reviewed the rotas for a four week period and determined that the staffing numbers on shift throughout this time were consistent with the care hours calculated as being required to meet people's needs safely.

During the inspection we observed staff were able to meet people's needs in a timely manner such as assisting people to go to the toilet, assisting them to mobilise, prompting people to eat at meal times and administering medication. There was a calm atmosphere in the home and staff were not rushed or unable

to respond to people's requests. We saw staff responded quickly when people in their bedroom used their call bell to request assistance.

Everybody we spoke with including people living at the home, staff and visiting friends/relatives told us they felt there were enough staff working at the home. One member of staff said; "There are enough staff at night and we all work well together". Another member of staff said; "There are good staff at night and I feel we can meet people's needs comfortably". A third member of staff commented; "I feel there are enough staff and the staffing levels are also the same at the weekend". A fourth member of staff added; "No problems with staffing. The numbers are consistent and agency cover is provided if ever we are short".

We looked at how medication was handled to ensure this was done safely. Medication was stored in a locked trolley which we saw was not left unattended by staff when in use and locked in a secure room when medication rounds were not in progress. This room was only accessible to staff responsible for giving out medication and we found the staff had received appropriate training and had their competency assessed.

During the inspection we looked at eight MAR (Medication Administration Records) of people who lived at the home. We found these were accurately completed by staff, with signatures provided when medication had been administered. The MAR we looked at were also accompanied with details of any allergies and a photograph of each person. This reduced the risk of staff giving medicines to the wrong person. We found there were also appropriate storage systems in use for controlled drugs, with two signatures provided by staff. This would ensure staff could verify this medication had been given safely. There had been problems with the medication fridge, where the temperature had been out of range on certain days, however the registered manager had arranged for it to be replaced and this was delivered on the day of the inspection. One person living at the home said; "I get my medication on time." A relative also added; "Medication is always given out by a staff member in a red tabard so they are not disturbed".

We looked at how risk was managed within the home. Peoples individual care plans contained risk assessments relating to nutrition, waterlow and mobility. Where people were identified as being at risk, care plans provided guidance and control measures were in place for staff to refer to so that people were not placed at risk. For example, one person had been deemed to be at high risk of developing pressure sores and therefore the risk assessment made clear reference to the person having a pressure relieving mattress and cushion in place and a turning/re-positioning schedule to mitigate the risk of their skin breaking down. We saw these measures were carried out by staff which would help to keep this person's skin intact.

Accidents and incidents were also monitored each month and this captured information about how the incident was followed up, if it was reported to RIDDOR, post-accident analysis and if documentation such as care plans and risk assessments were updated. Trends were also monitored and this would make it easier for management to take action when it had been identified that there were increased risks to people living at the home.

We looked at three staff personnel files and found there was evidence of robust recruitment procedures. The files included all required documentation such as job applications, identity checks and references. There were Disclosure and Barring Service (DBS) checks undertaken for staff in the files we looked at. A DBS check helps a service to ensure the applicant's suitability to work with vulnerable people. These checks evidenced to us that staff had been recruited safely meaning they were safe to work with vulnerable adults.

During the inspection we looked around the premises. We saw the home was clean and free from any malodours. We saw liquid soap, foot operated pedal bins and paper towels were available in all the bathrooms and toilets. We also saw staff wore appropriate PPE (Personal Protective Equipment) when

delivering care and assisting people at meal times. This would help to reduce the risk of the spread of infections.

We looked at maintenance certificates and relevant documentation relating to the running of the home. These included checks of gas safety, legionella, electrical installation, passenger lifts and hoists. These checks would help to ensure the building and equipment was safe for people living at the home. The home's bath was currently out of service, and was awaiting a new mixer valve to control the water temperature. The registered manager told us that the majority of people preferred a shower, and that all staff had been informed that the bath was not be used until the new valve had been fitted.

We saw records of fire safety checks including fire alarm tests, fire drills, and checks of extinguishers and emergency lighting. The fire service had visited the home prior to the inspection, however the findings from this visit had not yet been sent to the home. The registered manager said no concerns had been identified. However, we did note the fire risk assessment dated June 2016 had not been signed off. The registered manager told us they contracted a company to do this work, and they would follow this up to ensure this was completed.

Good

Is the service effective?

Our findings

People living at the home and their relatives told us they felt staff were sufficiently trained and had the correct skills to provide effective care. One person living at the home also said; "The staff know what they are doing and we accept their advice". A relative added; "I've not seen anyone fall, staff react very quickly to assist them if they see someone trying to get up".

Our observations were that staff were effective in diffusing conflicts between people living at the home by using distraction techniques when people displayed challenging behaviour. We saw staff working together by using what they called 'Rotation technique' where different staff members would attempt to intervene in the situation. One staff member said, "We rotate with each other until it's resolved, in most cases a different face will calm the resident".

We looked at how people were supported to maintain good nutrition and hydration. We found people's nutritional needs were assessed when they first started living at Barley Brook. People had nutritional care plans and risk assessments in place providing staff with information and guidance about how to meet people's needs, if there were any associated risks and the level of support people required from staff. At the time of the inspection, two people required soft/pureed diets and we saw these were provided as necessary. The staff we spoke with were aware which people required these diets and any risks that were associated.

We spoke with the chef who maintained a record of people with any specific dietary requirements. The chef showed us how they added higher calorie ingredients to the meals such as cream, butter and cheese where people were underweight. This was to help peoples weight increase where needed. A relative said to us; "Our family member came here from hospital and has put weight on since then".

We spent time observing the lunch time meal in the main dining room. Each person was served with a plated meal and where necessary the meal was cut up. Staff gave support to people and specialised equipment was provided when needed. Some of the plates had lips/ raised edges to assist people to eat their food independently. The mealtime was a relaxed, pleasant and sociable occasion. Each person was addressed by their name and their meal choices were adhered to. The menu was displayed in the dining area for people to see and we saw drinks were available throughout the day. We asked people living at the home for their opinion of the food. One person said; "They serve quite substantial meals". Another person added; "The food is very good".

When staff first started working at Barley Brook, they undertook an induction. The home had not implemented the care certificate to date, as all staff recruited had National Vocational Qualifications (NVQ) in health and social care and experience of working in a care setting prior to starting work at Barley Brook. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. The registered manager told us they would look in to this for future employees that do not have an existing healthcare qualification and employment history in care .

The staff we spoke with told us they completed the induction when they first started working at the home. One member of staff said, "I did complete an induction and I did mandatory training as well as being asked to apply for a DBS. The induction was exactly what I needed. Another member of staff said; "The induction covered topics such as moving and handling, fire and safeguarding. It gave me a good start into working at the home".

We looked at the training staff had available to them to support them in their roles and viewed the home's training matrix. This showed that staff had undertaken training in areas such as safeguarding, moving and handling and fire safety. The staff we spoke with told us they had enough training available to them and felt supported to undertake their work. One member of staff said, "They are good at keeping on top of the training here. I have been able to do my NVQ as well which has been good". Another member of staff said; "The manager makes sure all our training is up to date and flags up if we need any updates. There is enough provided overall".

Staff told us they received supervision and appraisal as part of their work and we looked at a sample of records which demonstrated these took place. Staff supervision allows staff to discuss their work with their line manager in a confidential setting and also to work towards a set of goals and objectives. We saw from supervision records that the language used within these meetings was positive and supportive towards staff. There was examples of points for learning being discussed, and feedback on performance provided to staff.

A member of staff told us; "We receive supervision every three months with an annual appraisal on top". Another member of staff said; "Supervision and appraisal is consistent and we do receive them. It is a chance to talk about work and training opportunities".

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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and found any specific conditions on authorisations to deprive a person of their liberty were being adhered to. The registered manager demonstrated effective systems to manage DoLS applications, with appropriate referrals made to the local authority where necessary and a clear record maintained in the office. Where people were deemed to lack capacity to make certain decisions, MCA assessments were undertaken and held in people's care plans to guide staff when best interest decisions may be required. This would ensure people were not restricted of their liberty in anyway or unlawfully detained.

We found some staff demonstrated limited understanding of DoLS (Deprivation of Liberty Safeguards) and the MCA (Mental Capacity Act). We looked at the training matrix and determined that a large proportion of the staff had not received training in this area. We raised these concerns with the registered manager who immediately arranged for DoLS and MCA training to be delivered to all staff in July 2017.

We looked at how staff sought consent from people living at the home. We saw consent forms in care plans with regards to sharing information with other agencies, the care people received and having their photograph taken. During the inspection we saw people being asked for their consent by staff when changing the TV channel, removing cutlery from the table, helping people into a change of clothing and if

they would like to take their medication.

We found care plans contained records of visits by other health professionals where they had provided any intervention or advice. We saw that a range of professionals including GPs, chiropodists, dieticians, podiatrists and district nurses had been involved in people's care. This demonstrated staff at the home were seeking advice and guidance where necessary and could provide the necessary care and support to people as required.

Good

Is the service caring?

Our findings

As part of the inspection, we attempted to speak with 18 people living at Barley Brook in order to establish their views and opinions about the care they received. Due to people living with varying stages of dementia, not everybody was able to share their experiences with us and we therefore spent time observing interactions between people living at the home and staff. Some of the comments we received from people about their care and the staff included; "It's okay" and "It's alright". Each person we asked said they found staff to be kind and caring towards them. A visiting relative also said; "The staff are wonderful and caring, they did a big cake for our wedding anniversary".

During the inspection we observed people were clean, well presented and looked appropriately cared for. People's hair was tidy and their feet, hands and finger nails were clean. People had personal hygiene care plans in place and staff recorded within daily notes when personal care tasks had been undertaken. This helped us establish that staff were attending to people's personal care needs. A visiting relative said; "I'm free to visit when I want and our family member is always clean and tidy which is important as they always take pride in their appearance".

Throughout the inspection, we observed positive interactions between staff and people who lived at the home. For example, we saw staff sitting and chatting with people in the lounge area and throughout the day we observed laughter, friendly humour and appropriate touching, hand holding and hugging. This demonstrated the caring approach from staff towards people living at the home.

We observed staff had a caring approach towards people living at the home when they became distressed or upset. One person was seen to be walking around carrying a box of protective latex gloves. They were refusing to put the gloves down but staff distracted them and invited them into the kitchen for a sandwich which the person accepted. In a similar incident, one person picked up a doll belonging to another resident. The staff took turns to offer the person an alternative object so the doll could be returned to its owner before they became distressed. The person accepted another object as comfort and relinquished the doll enabling staff to return this. At lunch time, two people were shouting at each other at the dining table after one person began banging their cutlery. Staff intervened promptly but both people refused the offer to move to another table. A staff member calmly intervened and initiated a conversation unrelated to the incident which distracted both people resolving the situation and settling them down.

We observed people being treated with dignity and respect during the inspection. We saw staff knocking on bedroom doors and discreetly asking people if they would like to be taken to the toilet. One person had become incontinent in the lounge area and needed a change of clothing but was demanding to be allowed to sit in the lounge. The staff attempted to persuade the person to accompany them to their room. Staff did this without referring to their incontinence so other people were unaware of the situation and the person's dignity was maintained. The staff we spoke with were also clear about how to treat people in this way when delivering care. One person living at the home said to us; "I will often assist people to the toilet but then ask if they would like me to wait outside out of respect". Another member of staff said; "If I am assisting with a shower I will offer people a towel so that they are covered up and do not become embarrassed".

Staff promoted their independence where possible and we saw staff promoting peoples independence during the inspection with tasks such as eating, drinking and mobilising with the use of a zimmer frame. One person said; "I clean the tables at night, I like to help out and they also let me wash the dishes if I ask". A relative also said to us; "They work hard here to promote independence, they assist people to do things themselves where possible". Another relative said; "Our family member likes to keep busy. He will wander around tidying things away and the staff allow him to do it."

During the inspection we observed people being offered choice by staff. This included being able to choose when they got up and went to bed, where they ate their meals and where they choose to sit during the day. One person said; "I've got the freedom of movement and can go where I want". Another person added; "I can get up anytime and they ask people what time they want to go to bed".

The registered manager told us that people had access to religious support should they chose to have this, with the local vicar visiting the home if people wanted to receive holy communion. People were also encouraged to maintain contact with friends and relatives, with no restrictions on visiting times at the home.

We saw staff communicating clearly with people during the inspection such as crouching down at the same level as people and speaking closely to their ear so they could hear what was being said. People had communication care plans in place. This took into account if people required any equipment such as glasses or hearing aids and if they were able to hold a conversation with people or used particular body language to communicate their needs.

Good

Is the service responsive?

Our findings

We saw several examples where the home had been responsive to people's care needs and any associated risks. For example, one person had expressed an interest to make contact with family who lived in America and whom they had not spoken with for some time. The registered manager had made contact with the family through Facebook resulting in this person being able to see and speak with their family through face time conversations on an iPad. This person told us; "I'd not seen my family for years. The manager arranged for me to video call my family and see my grandchildren for the first time". When we asked a second person if they felt the home were responsive to their needs, we were told; "When I came here I was told I would never walk again but now I'm walking which I feel is remarkable".

Prior to people living at Barley Brook, an initial assessment of their care and support needs was undertaken. This took into account people's needs with regards to their mobility, personal care, eating and drinking, risks, continence, medication, communication, living/recreation and sleeping. This would ensure staff were able to meet their needs before they moved into the home and provide the necessary care.

Each person living at the home had their own care plan in place, which covered areas such as toileting/continence, eating and drinking, pressure relief, moving and handling, communication and bathing/washing. Since our last inspection, the home had started to use an electronic care planning system and staff told us they felt confident using it and were given a demonstration in advance. These were updated each month or when needs changed. Each care plan had a photograph of each person so that they could be easily identified by new members of staff. The care plans provided an overview of people's care requirements and a corresponding action plan so that staff were aware of the interventions needed. The relatives we spoke with said they had been involved in the content and reviewing of care plans as required. One relative said; "We were fully consulted about care planning and all the information to do with the DoLS".

There was a complaints policy and procedure in place. This clearly explained the process people could follow if they were unhappy with aspects of their care. We looked at the complaints file during the inspections and found that any complaints had been properly responded to, with a response given to the complainant. People told us that if they needed to complain they would speak to staff or the home manager.

The home had systems in place to seek and act on feedback from people in order to monitor the quality of service being provided. We saw the system used was 'You said, we did'. This was a survey sent to staff, people who lived at the home, visiting professionals and relatives asking how they would like things to be improved within the home, and demonstrated what had been done as a result of the feedback. Residents and relatives' meetings also took place at the home and we viewed the minutes from the meeting held in February 2017. We noted that topics of discussion included general concerns, decoration and the environment. The minutes also stated the home operated an 'Open door policy' meaning people could raise concerns at any time and not just in these types of meetings.

We looked at the activities and entertainment that was provided at the home. In the reception area there

was a display unit with past activities that had taken place at the home. These included jewellery making, afternoon tea, flower craft, dancing, baking, gardening and chair exercises. An activity planner was also displayed detailing what was taking place during the week. This included films, exercises, bingo, sing alongs, quizzes and reminiscence. There were also trips out planned for the year ahead and included visits to Southport, picnics, summer fairs, Blackpool lights and a Christmas party for people to look forward to.

We asked people who lived at the home and their visiting relatives for their views and opinions of the activities and entertainment at the home. The comments we received included; "We went to play bingo at a club, I got up dancing and I won the bingo" and "We went to the sensory café I liked that" and "The entertainment is very good" and "We went to the pub last week".

At the time of the inspection, the registered manager told us there was nobody living at the home with any specific cultural requirements which would impact on equality, diversity and human rights. For instance, if people required specialised diets such as kosher or halal. The manager told us this would be provided without hesitation if this was identified as a requirement.

Good

Is the service well-led?

Our findings

There was a registered manager in post. 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 home had a staff operational structure in place. Barley Brook is owned by Rosewood Healthcare who also own other care homes in the country. Rosewood Healthcare have a nominated individual who was responsible for overseeing the home to ensure high standards were being maintained at the home. Our inspection was facilitated by the registered manager who was responsible for the day to day running of the home. They were supported by a deputy manager, senior care assistants, care assistants, a maintenance person and both kitchen and domestic staff.

We were told by staff that management and leadership at the home was good ,with staff telling us they felt able to approach the manager with concerns or for advice. One member of staff told us; "I like the management here and they are very understanding. I feel well supported and could go to them with anything". Another member of staff said; "We can raise concerns and things get sorted out. It does feel like a family environment". A third member of staff added; "I can't fault the manager. She is so approachable and always helps out on the floor. Nothing is too much trouble".

Staff told us they enjoyed their jobs and felt there was a positive culture at the home that was open and transparent. One member of staff said; "It's going alright and is very positive. There is a good culture and we work together". Another member of staff said; "I am enjoying the job and working here. I love the residents and team working is good". Another member of staff commented; "I love it here and really enjoy it".

There were systems in place to monitor the quality of service provided to ensure good governance. This included audits of areas such as weights, pressure sores, care plans, medication, infection control, the kitchen, laundry and mattresses. Rosewood Healthcare also completed compliance visits to the home. We noted that recommendations and actions were set based on the findings with any necessary timescales for completion. These checks would help ensure any shortfalls within the service could be identified by management.

We looked at the minutes from recent team meetings which had taken place with topics of discussion including covering shifts, new staff, care plans, medication and staff training requirements. This provided staff with the opportunity to discuss concerns and their work with management in an open setting about how the quality of service could be improved. A schedule of meetings had also been planned and displayed throughout 2017. Staff we spoke with told us they took place on a regular basis and were a good opportunity to discuss their work and any concerns. One member of staff said; "They take place roughly every three months. We can raise concerns and things get acted upon". Another member of staff said; "Team meetings take place for night staff as well as an overall one for all staff".

The home had relevant policies and procedures in place, although at the time of the inspection these needed updating. The registered manager said they had now made contact with a company called 'Quality Compliance Systems' who would update these by the end of June 2017. This would provide staff with relevant guidance to refer to if they needed to seek advice or guidance about certain aspects of their work. These covered areas such as complaints, safeguarding, health and safety, infection control and medication.

We found confidential information was stored securely. For instance, we saw that documentation such as staff personnel files were stored in secure cupboards and during the inspection, with electronic care plan information protected with user names and passwords for staff to access. This meant that personal information and details would be kept secure as a result.

The home routinely sent us notifications about incidents at the home such as expected/unexpected deaths, serious injuries, police incidents and safeguarding incidents. This displayed an open, transparent approach from the home and enabled us to seek further information if required and to inform our inspection judgements.

The home had developed links within the local community with services such as sensory cafes. This also presented the opportunity for people to participate in 'Dementia swimming' classes and were told several people from the home had been interested. The home had good connections with local churches who visited to offer holy communion and schools/colleges where students had undertaken apprenticeships at the home to develop their skills further. A Wigan Warriors junior team had also visited the home as several people living at the home have a keen interest in rugby league.

We saw the rating from our previous inspection in December 2015 were displayed in the reception area as is now a legal requirement. This meant any visitors and people living at the home would be aware of the standard of care being provided and could make an informed judgement based on our findings.