Runwood Homes Limited

Bracebridge Court

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

We inspected Bracebridge Court on 10 August 2018. The inspection visit was unannounced.

Bracebridge Court provides accommodation for 66 people in a residential setting over two floors. There were 62 people living at the home when we inspected the service. Bracebridge Court is a 'care home'. 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 an experienced registered manager in post at the time of our inspection. A requirement of the provider's registration is that they 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 and associated Regulations about how the service is run.

At our previous inspection in February 2016 we rated the service as 'Good' overall. We found that the service needed to make some improvements in its governance procedures, and rated Well-led as 'Requires Improvement'. At this inspection we found the provider had made all the improvements necessary, and we have rated the service as 'Good' in all areas.

People felt safe using the service and staff understood how to protect people from abuse and keep people safe. There were procedures to manage identified risks with people's care and for managing people's medicines safely. Checks were carried out on staff during the recruitment process to make sure they were suitable to work with people at the home.

There were enough staff employed at the service to care for people safely and effectively. New staff completed an induction programme when they started work to ensure they had the skills they needed to support people effectively. Staff received training and had regular checks on their competency. Yearly appraisal meetings were conducted in which their performance and development was discussed.

The manager and staff identified risks to people who used the service and took action to manage identified risks and keep people safe. Each person had a care and support plan with detailed information and guidance personal to them. Care plans included information on maintaining the person's health, their daily routines and preferences.

The manager and staff understood their responsibilities under the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure people were looked after in a way that did not inappropriately restrict their freedom. The manager had made applications to the local authority where people's freedom was being restricted in accordance with DoLS and the MCA.

Care staff treated people with respect and dignity, and supported people to maintain their privacy and independence. People made choices about who visited them at the home. This helped people maintain personal relationships with people that were important to them.

People were encouraged to eat a varied diet that took account of their preferences and where necessary, their nutritional needs were monitored. We found people were supported with their health needs and had access to a range of healthcare professionals where a need had been identified.

People were supported in a range of activities, both inside and outside the home. Staff were caring and encouraged people to be involved in decisions about their life and their support needs. People were supported to make decisions about their environment and choose how their bedroom was decorated.

People knew how to make a complaint if they needed to. Complaints were responded to in a timely way to people's satisfaction. Complaints received were fully investigated and analysed so that the provider could learn from them. In addition, people who used the service and their relatives were given the opportunity to share their views about how the service was run.

People described the home as being well managed and well maintained. Quality assurance procedures were in place to identify where the service needed to make improvements. Where improvements were identified these were acted upon.

The provider worked closely in partnership with a range of external organisations that were leaders in their field, to continuously improve the standard of care offered by staff at Bracebridge Court.

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 remained Safe.

Is the service effective?

Good

The service remained Effective.

Is the service caring?

Good

The service remained Caring.

Is the service responsive?

Good

The service remained Responsive.

Is the service well-led?

Good

The service was Well led.

The manager and staff were approachable and there was a clear management structure in place to support staff. The manager was accessible to people who used the service, their relatives, and members of staff. There were systems in place, so people who lived in the home could share their views about how the home was run. Checks were carried out to ensure the quality of the service was maintained, and the registered manager and provider worked to continuously improve the service.

Bracebridge Court

Detailed findings

Background to this inspection

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

The inspection took place on 10 August 2018 and was unannounced. The inspection was undertaken by one inspector and an expert-by-experience. An expert-by-experience is someone who has personal experience of using, or caring for someone who has used this type of service

We reviewed the information we held about the service. We looked at information received from the statutory notifications the provider had sent to us and commissioners of the service. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

Before the inspection visits, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We found the PIR reflected the service provided.

We spoke with four people who lived at the home and three people's relatives. We spent time observing how people were cared for and how staff interacted with them so we could get a view of the care they received. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, the regional operations director, a cook, a senior care worker/team leader, a member of care staff and a member of housekeeping staff. Following our inspection visit we gathered feedback from the maintenance manager, the deputy manager and the activities co-ordinator.

We checked whether staff had been recruited safely, were trained to deliver the care and support people required and that staff received appropriate support to continue their professional development.

We looked at a range of records about people's care including four care files. We also looked at other records relating to people's care such as medicine records, and the support they received. This was to assess whether the care people needed was being provided. We reviewed records of the checks the registered manager and the provider made to assure themselves people received a quality service.

Good

Is the service safe?

Our findings

When we inspected the service in February 2016 we rated Safe as 'Good'. At this inspection we found that people continued to receive safe care that met their needs. We continue to rate Safe as 'Good'.

There was a relaxed and calm atmosphere in the home and the relationship between people and the staff who cared for them was friendly. People did not hesitate to ask for assistance from staff when they wanted support. This indicated they felt safe around staff members. People told us they felt safe with staff, comments included; "Because the building is secure, I think it is a very safe place", "Everything is circular and the doors are locked so you can't come to any harm really." One relative told us, "[Name] is definitely content here. I have no concerns."

People were supported by staff who understood their needs and knew how to keep people safe. Staff attended safeguarding training regularly which included information on how they could raise issues with the provider and other agencies. Staff said the training assisted them in identifying different types of abuse and they would not hesitate to inform the manager if they had any concerns. The provider notified us when they made referrals to the local authority safeguarding team. They kept us informed with the outcome of the referral and any actions they had taken.

Accidents and incidents were recorded, investigated and analysed to see whether risks could be mitigated in the future, and to reduce the number of accidents. This system had a positive impact on the care people received. For example, the registered manager had changed how they deployed staff across the home at time when falls were most frequent, which had reduced the number of falls. In addition, they had purchased new equipment at the home to improve people's footwear, following best practice guidance, this had also reduced the number of falls that occurred.

The provider had recruitment procedures to ensure staff who worked at the home were of a suitable character to work with people who lived there. Staff told us they had to have their character, criminal history and suitability checked through the Disclosure and Barring Service (DBS) and references before they started work. The DBS provides information about a person's criminal record and whether they are barred from working with people who use services. The provider also refreshed DBS checks every three years.

The manager had identified potential risks relating to each person who used the service, and care plans had been written to instruct staff how to manage and reduce risks. Risk assessments and care plans gave staff clear instructions on how to minimise risks to people's health and wellbeing. For example, one person needed assistance to move around. There were plans which informed staff how the person should be assisted including the number of staff required to support the person safely and the equipment staff should use. Staff confirmed they referred to the information in risk assessments and care records to manage risks to people.

We found the communal areas of the home were clean, tidy and well maintained. There were regular cleaning schedules to keep communal areas and people's rooms clean. The cleanliness of the home, and

people's rooms, were checked through regular walk rounds and monthly auditing procedures.

Throughout our inspection visit we saw there were enough staff to care for people safely. Care staff were available to respond to people's requests for assistance in the communal areas of the home. Most people told us they felt there were enough staff at the home. Comments from people included, "You only have to ring the bell and they are there", "There are enough staff, if you're in trouble and you need help you press the bell and they come."

We asked the registered manager how staffing levels were determined. They explained this was calculated by the number of people at the home and their care needs. A dependency assessment of each person's needs determined the numbers of staff that were needed to care for people on each shift. The registered manager told us they conducted regular 'walk rounds' of the home to check that staffing levels met people's needs, and were able to increase staffing levels if they needed to.

The deputy manager and the registered manager also helped care staff at busy times of the day, and worked alongside staff to support people. In addition, care team managers who were senior care staff on duty on each shift at the home, allocated staff to each part of the home at the beginning of each shift. This staff allocation was based on the experience and skills of staff on duty, to ensure people were cared for by a staff team who knew them well and knew how to support them.

Medicines were stored and administered safely. Care staff were trained in how to administer medicines safely and received regular checks on their competency to ensure they continued to maintain their knowledge and skills. Where people we able to administer their own medicines, they were encouraged to do so. Risk assessments and risk management plans were in place to safeguard people in the self-administration of medicines.

People told us they received their medicines as prescribed. Each person at the home had a Medicine Administration Record (MAR) that documented the medicines they were prescribed, and when staff gave them their medicine. Where people required medicines to be administered on an "as required" basis. There were detailed protocols for the administration of these types of medicines to make sure they were given safely and consistently. Daily and monthly medication checks were in place to ensure medicines were managed safely and people received their prescribed medicine.

We looked at how the maintenance of equipment and the premises was managed. There was a designated maintenance person who worked at the home. Information about any maintenance of equipment or the premises was written in a communications book, so that issues could be dealt with effectively by them. Maintenance and safety checks included the utilities and water safety. Records confirmed these checks were up to date. In addition, there was an up to date fire risk assessment and regular testing of fire safety and fire alarms so people and staff knew what to do in the event of a fire.

Good

Is the service effective?

Our findings

At our previous inspection in February 2016 we rated the service as 'Good' in Effective. At this inspection we continued to find people were offered support from well trained staff, who took into account people's health needs. We continue to rate Effective as 'Good'.

People told us staff had the skills they needed to support them effectively and safely. One person told us, "They move me with care (when using equipment such as a hoist) as I do need a lot of help with such things."

We observed staff used their skills effectively to assist people at the home. Where people required the assistance of two staff to assist them to move around safely this was provided. Where people could bear their own weight, staff assisted people to stand by reassuring them and supporting them with equipment to hold on to, and by supporting their back. In this way people were assisted to move safely, but maintained their independence.

Staff told us they received an induction when they started work which included working alongside an experienced member of staff and having a 'buddy' or mentor to advise and support them. One member of staff said, "The induction covered everything I needed to know." The induction training was based on the 'Skills for Care' standards providing staff with a recognised 'Care Certificate'. Skills for Care are an organisation that sets standards for the training of care workers in the UK.

The registered manager maintained a record of staff training, so they could identify when staff needed to refresh their skills. One member of staff told us, "Yes, my training is kept up to date, we are required to refresh our skills regularly." The provider also invested in staff's personal development, as they were supported to achieve nationally recognised qualifications. For example, senior staff were encouraged to undertake Level 5 training to increase their management skills.

Staff told us they had regular meetings with their manager where they were able to discuss their performance and identify any training requirements. They also participated in yearly appraisal meetings where they set objectives for the next 12 months.

People told us they enjoyed the food at Bracebridge Court. People were able to choose where they ate their meal and with whom, from a number of different dining rooms, lounges, or communal areas. Dining tables were laid with napkins, flowers, drinks and cutlery to make the mealtime experience enjoyable. The dining rooms were calm, and there was a relaxed atmosphere. Where people needed assistance to eat their meal, staff assisted people at their own pace and waited for people to finish before offering them more food.

The home operated a protected meal time experience, which meant people's relatives and friends were discouraged from visiting them at mealtimes, to ensure people were not distracted from eating their meal. To encourage people to eat as much as possible and to maintain their health, the provider also used seasonal meal time changes. For example, in the summer months the main meal of the day was at

lunchtime, in winter this changed to an evening meal. In addition, there were seasonal changes to the food on offer.

People chose their meals from a range of options, and were also shown a plated meal choice before they were served their food. This enabled people to make a more informed decision about what they would like to eat. One person said, "If you don't like something they will always find you something else." People were offered food that met their dietary needs. Kitchen staff knew the dietary needs of people who lived at the home and ensured they were given meals which met those needs. For example, some people were on a soft food diet or fortified diets (where extra calories are added such as cream or butter). Information on people's dietary needs was kept up to date and included people's likes and dislikes.

Food and drinks were available throughout the day. People told us they could request snacks and drinks whenever they wished. One person who was a diabetic explained, "I always have something to eat at 9.30 pm, so I don't go too long without food." We observed people and their relatives helping themselves to drinks and snacks in the café area, assisting people to maintain their nutrition and hydration and making family and friends feel welcomed.

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, 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 it is in their best interests, legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager was able to explain to us the principles of MCA and DoLS, which showed they had a good understanding of the legislation. They reviewed each person's care needs to assess whether people were being deprived of their liberties. Several people had a DoLS in place at the time of our visit which demonstrated the registered manager had made the appropriate assessments in accordance with the MCA.

Staff demonstrated they understood the principles of the MCA and DoLS and asked for their consent before providing people with care. Where people could not make decisions themselves, staff understood important decisions should be made in their 'best interests' in consultation with health professionals and people that were important to them.

Each person at the home had a detailed assessment undertaken, regarding their needs and their health. Staff and people told us the provider worked in partnership with other health and social care professionals to support people's needs. Care records included a section to record when people were seen by healthcare professionals so that any advice given was recorded for staff to follow. Records confirmed people had been seen by health professionals when a need had been identified. One person told us they had recently changed their doctor, who was more responsive to their needs, assisted by the registered manager at the home. Another person said, "If staff notice something it's dealt with straight away, they will call the Doctor in."

We found Bracebridge Court had been specifically designed to assist people to walk around the home without becoming confused or lost. The provider had specialist staff employed at the service to assist with the design of their homes. This was to make sure the environment was stimulating and engaging for people living with dementia. The provider used external advice and 'best practice' guidance as a planning tool when designing their homes. Bracebridge Court was designed in a square with interconnecting corridors, so

that people could walk around the home in a circuit. Signs were on display in writing and in picture form to direct people to communal areas of the home and facilities such as bathrooms, toilets and the café area. The provider had also designed a number of areas such as a reading area, a bus stop, and a shop which might be stimulating for people living with dementia. The environment had lots of objects for people to look at or pick up to engage their attention. We also saw pictures on the walls to remind people of events from yesteryear.

Good

Is the service caring?

Our findings

At our previous inspection in February 2016 we found people receive a care from staff who understood their needs, and were caring and kind. At this inspection we continued to find people received a caring service. We continue to rate Caring as 'Good'.

We asked people if they enjoyed living at Bracebridge Court. They responded with smiles and said they did. One person commented, "Staff are good to me." One relative said, "The care staff are always taking to [Name]. They are very patient and caring."

One person described how a member of staff had gone the extra mile to ensure they were not anxious. They said, "The arms on my chair needed cleaning. The laundry assistant said they would clean these for me but I was concerned they would get lost. She said she would do these herself and return them to me personally, so I was reassured. She was true to her word, and brought them back the same day."

Staff communicated with people well and understood their individual needs. For example, some people at the home had limited language skills. Staff used their knowledge and communication skills to understand the wishes of people at the home. They communicated with people using clear speech and gestures, tailoring their communication according to the individual's abilities. We found some people with disabilities used specialist communication tools to assist them. For example, people with sight impairments used large print, pictures and visual information to communicate with staff.

Staff promoted people's independence and encouraged them to do things for themselves where possible. For example, people were encouraged to maintain their mobility and walked freely around the home and the gardens.

We saw staff treated people in a kind and respectful way and they knew the people they cared for well. People were assigned a specific member of staff called a keyworker. Keyworkers were responsible for maintaining a special relationship with each person they supported, ensuring their social and practical needs were met. Keyworkers also helped to maintain accurate care records for people to ensure they reflected people's current needs.

People laughed, smiled and chatted with staff and each other. People were treated with respect and dignity, staff asked people's opinion and explained what they were doing when assisting them, referring to people by their preferred name.

People were able to spend time where they wished, and were encouraged to make choices about their day to day lives. Staff respected the decisions people made. For example, we saw one person went out with relatives. Some people spent time in the communal areas of the home chatting with their relatives and friends. Other people spent time in their room according to their preference.

People made choices about the décor and ambiance of their room, by adding personal items, pictures and

furnishing to their room.

People and their relatives were involved in care planning where possible and people made decisions about how they were cared for and supported. For example, people had information recorded in their records about their religious beliefs and their personal history, so that staff could support people in accordance with their wishes.

There were a number of rooms, in addition to bedrooms, where people could meet with friends and relatives in private if they wished. People made choices about who visited them at the home and were supported to maintain links with friends and family. In addition to this people and their families were offered the use of a small hand-held tablet computer. Staff set up arrangements with people so that relatives who lived overseas could talk to people online and through social media.

We saw people's privacy was respected. Some people had keys to their room, or had chosen to have an added security gate to their door, to prevent people from wandering into their rooms. Staff knocked on people's bedroom doors before announcing themselves. Records were filed in locked cabinets and locked storage facilities, so that only authorised staff were able to access personal and sensitive information.

Good

Is the service responsive?

Our findings

At our previous inspection in February 2016 we rated Responsive as 'Good'. At this inspection we found staff continued to respond to people's requests for assistance in a timely way, and the provider continued to respond to people's feedback. People chose how they spent their time. We continue to rate Responsive as 'Good'.

People told us staff helped them promptly when they required assistance. Relatives told us staff were responsive to people's needs and kept them informed about anything that happened at the home.

We saw people take part in group activities in different communal areas of the home, as well as individual activities. Some people took part in a game of bingo, other people listened to music and watched television. Another person spent time doing handicrafts. People told us they enjoyed the activities and events on offer at the home. One person said, "They have entertainers, somebody singing, coffee mornings and things like that. I don't go every week but it's good." One person told us they received spiritual support from their local church, with church and communion services being offered at the home regularly.

One person told us they were supported to keep chickens at the home, because they loved looking after animals. They said," I look after the hens; In the mornings I clean them out if it's fine and feed them. I do everything. At dusk I go and shut them up." One relative said, "My relative loves their routine, they stay in their room because they prefer to. I don't think they are socially isolated as staff spend time sitting with them. [Name] has a diary which she details what she has done each day, and what has happened, to help her remember events and who visits." Another person confirmed staff spent time with them saying, "They stop and talk to you."

We saw that there were things around the home that were designed to stimulate people's interests. There was a shop where people could purchase personal items, food and drinks that they might enjoy. The garden area was openly accessible to people with raised flower beds and patio areas. Some people at the home had expressed a preference to have chickens in the grounds. We saw one person who had chosen to help take care of the chickens. Photographs were on display at the home of a recent event which showed people laughing and enjoying the day.

The activities co-ordinator told us activities were organised around people's individual preferences. These ideas were gathered in monthly group meetings at the home and in individual meetings with each person. They told us about some of the personal activities people were involved in which included, taking people shopping, visiting local attractions such as the canal, walking, visiting local community groups, and visiting relatives and friends. The provider also organised yearly holidays for people to spend time at the seaside, which depended on each person's preference. In addition to staff supporting people with their hobbies and interests the home also encouraged local volunteers to regularly visit the home and offer their services. Three local volunteers currently supported people with playing games such as dominoes and board games, and one person came in to offer men barber services.

The provider worked with local community organisations to increase people's involvement in their local area, and help them to maintain and build social relationships. For example, coffee mornings, visits from a local toddler group and a local school were frequent visitors to the home, the provider organised a local poetry writing group open to the community, a knitting club raised money for charity and involved people from the home in making items to send abroad. Regular trips and activities were on display at the home, so that people could plan their involvement.

Care records were available for each person who lived at the home which contained detailed information and guidance personal to them. Records gave staff information about how people wanted their care and support to be delivered. For example, records contained details about people's life history, individual preferences such as when people wanted to get up and go to bed, how they wanted their room and their food likes and dislikes. This information helped staff to support people as they wished.

The Provider Information Return (PIR) confirmed care planning was undertaken with the person and their loved ones where appropriate. Care reviews were undertaken monthly by staff so that people's care records reflected their current support needs. Reviews also took place each year with the person and their representatives to ensure people continued to be involved in making decisions about their care and support needs.

Staff were able to respond to how people were feeling and to their changing health or care needs because they were kept updated about people's needs. There was a handover meeting at the start of each shift attended by care staff and senior care workers where any changes to people's health was discussed. Information was written down in a handover log, so that each member of staff could review the information when they started their shift.

Some people at the home had been consulted about their wishes at the end of their life. Those people who felt able to discuss this indicated who should be contacted if they became suddenly ill, their wishes for funeral arrangements and other important information relating to religious or cultural beliefs. This enabled people to make choices that were important to them. We saw that where one person had asked for their ashes to be scattered in a certain way, following their death, the provider had retained the person's ashes to perform their wishes.

There was information about how to make a complaint and provide feedback on the quality of the service in the reception area of the home. People and their relatives told us they knew how to raise concerns with staff members or the registered manager if they needed to. In the complaints log we saw that previous complaints had been investigated and responded to in a timely way. Where complaints were made, lessons were learned and the results of complaints were shared across the provider's group of homes to share learning.

Good

Is the service well-led?

Our findings

At our previous inspection in February 2016, we found that auditing and checking procedures needed to be improved, along with the analysis of accidents and incidents, to ensure the provider was identifying areas for improvement and taking the appropriate action. We rated Well-led as 'requires Improvement'. At this inspection we found the service was well led, and the provider had made the necessary changes to enable them to identify areas where continuous improvements could be made. We have rated Well-led as 'Good'.

People and staff told us the manager was accessible and approachable. The registered manager operated an 'open door policy' and encouraged staff and visitors to approach them in their office. We saw people, visitors and staff approach the manager throughout the day during our visit.

People and their relatives told us they felt the home was well led, with one relative saying, "I have been to a few homes and this is the best." Another relative said, "If you've got any queries there's always someone you can ask and things are answered. It's always very good. I'm just very happy [Name] is here. It's brilliant."

The staff members we spoke with also told us the registered manager was approachable and they felt well supported. Comments included, "I have a very good working relationship with the manager. We collaborate on ideas to make improvements at the home." Staff were also complimentary about the provider saying, "The provider is very supportive. The regional operations director has experience and knowledge, and visits regularly to support us."

There was a clear management structure within Bracebridge Court to support staff. The registered manager was part of a management team which included a deputy manager and care team managers, who supported care staff. Care staff told us they received regular support and advice from managers to enable them to do their work effectively. There was always an 'on call' telephone number staff could call outside office hours to speak with a manager if they needed to. This showed leadership advice was available 24 hours a day to manage and address any concerns.

The provider's values and goals were understood by the staff team at the home, who worked to support people in a way that protected their dignity and involved people in choosing how they wanted to live their lives. To enable staff to understand these values, information was on display at the home, including how people wanted their dignity to be protected. Staff champions were appointed at the home for areas such as dignity, to ensure there was someone available on site to provide staff with guidance and support on best practice. A dignity star of the month was recognised from within the staff group, where they had demonstrated good practice. Managers were encouraged to experience what it was like for people living in the home, by becoming a resident of the home for 24 hours and living alongside people. This was also extended to members of staff who wished to undergo this experience.

Learning from two members of staff and the registered manager regarding the '24 hours as a resident' experience was analysed and shared with the staff group and provider. Changes had been implemented at the home as a result, these included a change in how soft and pureed food was presented, a change in night

time routines and a change to more comfortable bedding.

The registered manager explained they were supported in their role by other registered managers who worked for the provider. They said, "We have regularly meetings to discuss ideas and improvements, and learn from each other. We all work as a team to continuously improve what we do."

There was a system of internal audits and checks completed within the home to ensure the safety and quality of service was maintained. For example, checks in medicines management, care records and health and safety. The registered manager and senior staff conducted a daily 'walk around' to check whether people were happy with their care and that premises were being maintained. Where any issues were identified, these were followed up immediately to make any necessary changes. For example, any areas of maintenance at the home.

The provider also conducted twice yearly audits of all aspects of the service. We saw the most recent yearly audit had identified a number of areas that required improvement at the home, and action had been taken as a result. For example, staffing shift patterns were altered to increase staff availability at busy times.

People could provide feedback about how the service was run and their comments were acted on by the provider. There was a feedback form available in the reception area of the home which was accessible to everyone. The registered manager said, and the PIR confirmed, bi-monthly meetings at the home were scheduled with people who used the service and their relatives. Meetings were planned in advance and included discussion on activities, events and menu planning. The provider also conducted yearly quality satisfaction surveys with people who lived at the home and their relatives. We were able to review the most recent survey. The survey showed people were happy with the care they received.

Staff had regular team meetings with their manager and other senior team members, to discuss how things could be improved at the home. Staff meetings were held within teams. For example, regular night staff met to discuss procedures for their shift. An agenda was drawn up before each meeting and staff were able to contribute their suggestions for discussion.

Following auditing and checking procedures, and following the review of feedback, the provider had a development plan for the improvement of the home and its service. For example, the provider was planning to introduce new electronic care records over the following six months at the home, and across other homes in their group. This was to ensure that care records could be updated as people received their daily care, and when their health needs changed, so that records were accessible immediately.

Improvements were planned around dementia training, and the development of dementia services at the home. This was to ensure that people received a high standard of care, that met best practice. For example, the provider's dementia services team supported the registered manager to enhance training for staff in how people with dementia could be supported safely whilst maintaining their quality and enjoyment of life. Dementia training included spending time as a person who used the service, understanding through practical training how restrictive a lack of senses and decision making is. The provider planned to roll out dementia awareness training to family members and visitors in October to help their understanding of the condition.

In October the provider was opening a 'dementia friendly' café experience every month, to people and their relatives in the local community to come into the home and spend time with people there.

Improvements in training were also planned using local solicitors and other registered managers in the area

of mental capacity, to ensure staff offered people as much choice as possible.

The registered manager understood their responsibilities under the regulations and notified us of incidents as required. They also displayed the current rating in a prominent position at the home.