Runwood Homes Limited

Bramwell

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 the service on 6 and 7 December 2017. The inspection was unannounced. Bramwell Care Home is a care home providing accommodation and personal care for people who live at 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. Bramwell Care Home accommodates up to 93 people across six units over two floors. On the day of our inspection 73 people were using the service.

At our previous inspection 15 and 16 November 2016 the provider was in breach of a number of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The concerns were around the lack of assessment of the risks to people's safety, the lack of sufficiently skilled and experienced staff and the lack of systems in place to assess, monitor and improve the quality and safety of the service. During this inspection we found the provider had made significant improvements to the service and were no longer in breach of any regulations of the health and social care act.

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

People at the service were protected from possible abuse as staff at the service had the knowledge and understanding of the types of abuse people could be exposed to and how they should report issues of concern. Staff felt confident the management team would address any issues of concern and the registered manager fulfilled their responsibilities in dealing with safeguarding issues by reporting, investigating and acting on concerns raised ensuring that lessons were learnt from incidents.

The risks to people's safety were regularly assessed to ensure they received safe care appropriate to their needs. Staffing levels met the needs of people and they received their medicines safely from staff who received appropriate training in medicines management. The cleanliness of the service was maintained and monitored and staff were knowledgeable on how to protect people from the risks of infection.

Nationally recognised and established assessment tools were used to assess people's needs and staff received appropriate training for their roles. People were supported to make decisions and staff knew how to act if people did not have the capacity to make decisions to ensure their rights were respected.

People lived in a service which met their needs in relation to the premises and adaptions were made where needed. People had access to information in a format which met their needs.
People's health and nutritional needs were well managed and staff acted on advice given to them by health professionals to manage people's health and nutritional needs.

People were cared for by staff who knew their needs and preferences and were caring and kind towards them and their relatives. They were supported with respect by staff who maintained their privacy and dignity whilst encouraging and supporting their independency.

People received individualised care from staff who had the information they required to provide that care. People were supported to take part in a range of social activities and maintain relationships that were important to them. People were comfortable when raising concerns or complaints and felt issues raised were addressed to their satisfaction. People's wishes in relation to their end of life care were supported with care and empathy.

The service undertook a robust auditing process to maintain the quality of the service. The registered manager worked with people, relatives, staff and external professionals to provide an open and transparent service for the people who lived there.

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

People were kept safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents.

The risks to people's safety were regularly assessed and measures were in place to reduce risks and promote people's independence.

People were supported by adequate number of staff and received their medicines as prescribed. Medicines were managed safely across the service and staff administering medicines were provided with training to ensure they were safe to do so.

People lived in a clean and hygienic service and there were enough staff to provide care and support to people when they needed it.

Is the service effective?

Good

The service was Effective

People were supported by staff who received appropriate training and supervision. People lived in a service which met their needs in relation to the premises and adaptions were made where needed.

People made decisions in relation to their care and support and where they needed support to make decisions, their rights were protected under the Mental Capacity Act 2005.

People were supported to maintain their nutrition and their health was monitored and responded to appropriately.

Is the service caring?

Good

The service was Caring

People were supported by staff who were kind and caring, and showed a good knowledge of their preferences and choices.

People and their relatives were supported to be involved with the development of their care.

Staff respected people's rights to privacy and treated them with dignity.

Is the service responsive?

Good

The service was responsive.

People received individualised care and had access to a range of social activities.

People had access to information in a format which met their needs.

People were supported to raise issues and staff knew what to do if issues arose.

Where appropriate people's end of life care wishes were discussed and plans of care were in place.

Is the service well-led?

Good

The service was well led.

There was an open and transparent culture in the service where people were listened to and staff were valued.

There was a robust governance system in place to monitor the quality of the service.

Bramwell

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.

We inspected the service on 6 and 7 December 2017 and the inspection was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We sought feedback from health and social care professionals who have been involved with the service and commissioners who fund the care for some people who use the service and due to the concerns raised by commissioners we brought forward our inspection.

During the visit we spoke with seven people who used the service, six relatives, three care team managers, five care staff, one housekeeper, one cook and the registered manager. We also 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 looked at all or part of the care records of five people who used the service, medicines records, staff recruitment and training records, as well as a range of records relating to the running of the service including maintenance records and quality audits carried out by staff at the service.

Good

Is the service safe?

Our findings

At our last inspection of the service in November 2016 we found the risks to people's safety were not always appropriately assessed and steps not always taken to minimise risks. We also found people were exposed to infection because areas of the home were not effectively cleaned. As a result the service was in Breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. At this inspection we found these issues had been addressed.

The risks to people's safety had been assessed, with measures identified and in place to reduce the risks. For example, in one person's care plan where it had been identified they were at risk of tissue damage, the person had a special mattress in place and staff supported them to reposition on a regular basis to prevent tissue damage.

A number of people were at risk of falls and there was information in their care plans on how staff should support then to reduce the risks of them falling. Such as identifying the need for aids to assist them with mobility and good fitting footwear. We observed these measures were in place for the people identified at our visit. If people required the use of a hoist to assist them to move from one place to another, staff had the correct information regarding the type of hoist and slings required for each individual. We witnessed staff assisting people with this equipment with confidence and care.

One person who was at risk of choking had information in their care plan on how staff should support the person when eating and drinking. Such as the type of cup the person used, the type of diet they required and how the person should be positioned when eating and drinking. We spoke to staff about this person and other people's needs to reduce the risks to their safety and staff showed good knowledge of the measures identified all of the people we discussed.

Each person at the service had a personal emergency evacuation plan (PEEP) in place to support them should they need to be evacuated from the building during an emergency. As well as the information being kept in their care plan there was a folder kept at the reception desk with everyone's individual plans. The information showed what equipment would be needed to support the person, the information was also on each person's bedroom door with a traffic light system to show at a glance the level of support people would require.

The environment people lived in was clean and the registered manager had responded to the concerns raised at our previous visit by reviewing the practices and shift patterns of the housekeeping team. People we spoke with told us they were happy with the cleanliness of the environment and that the housekeeping staff were always around cleaning. One person said, "The cleaners are always around and change my bed regularly, it's a good service."

One member of the housekeeping team discussed the measures the registered manager had introduced, including colour coding cleaning materials and ensuring Personal Protective Equipment (PPE) was available for staff. The member of staff told us the registered manager had extended the number of hours the

housekeeping team worked during the day so they were available to support people and care staff from 8am to 8pm each day. We saw the registered manager and deputy manager monitored the environment regularly and staff had a good understanding of their responsibilities in maintaining good hygiene and cleanliness at the service. As a result of these improvements to people's care the service was no longer in breach of this regulation

When we last visited the service there were not always enough staff available to support people at particular times of the day. As a result the service was in Breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this visit we saw the registered manager had taken steps to ensure there were enough staff to meet the needs of people at the service and as a result the service was no longer in breach of this regulation.

The feedback from people and their relatives with regard to staffing levels were mixed but majority of the people who lived at the service were happy with the level of staff available to support them. One person said, "I think they have enough staff nowadays." Another person said, "They come quickly if I ring." Some relatives felt the staffing levels were "Hit and miss."

Majority of staff we spoke with told us they felt there was enough staff available to allow them to support the people they cared for. One member of staff said, "There is enough staff around to give the care we need to give." Another member of staff told us it would be better if there were more staff but that they did not feel too rushed and were able to perform their duties adequately. Staff told us if there was short notice sickness the registered manager and deputy manager worked to ensure the shifts were covered and would come in to support staff if required.

Our observations of practice on the days of our visit showed there were enough staff to provide care for people. People were supported in the communal areas and we monitored call bells to ensure people were not waiting for care to be provided. The registered manager had ensured at mealtimes each unit had an extra person to support them taking staff from the administration staff, reception area, kitchen and housekeeping staff. We viewed staff rosters and saw the established number of staff matched the numbers of staff on duty.

The people who lived at the service were protected from potential abuse as there were a range of measures in place to ensure safeguarding issues were recognised and acted upon by the staff. People and the relatives we spoke with had confidence in the staff who provided care. People and their relatives felt they could raise any issues of concern and they would be dealt with appropriately. One person said, "It's the people (staff) that make it safe."

Staff we spoke with had a good understanding of the principles of safeguarding and had received training. They had confidence both the registered manager and the deputy manager would deal with any safeguarding issues they raised appropriately. Staff were also aware they could report any issues to the local safeguarding team or to CQC. There were contact numbers around the service of the local safeguarding team. All staff we spoke with had a good understanding of the whistle blowing policy

The registered manager was aware of her responsibilities in relation to safeguarding issues. They had raised safeguarding issues to both ourselves and the local safeguarding team, responded to issues of concern, carried out investigations, established facts and taken appropriate action when required. We viewed documentation relating to one safeguarding issue the manager had investigated. This showed how they had identified areas where staff needed support and what measures they should put in place to reduce the risk

of further issues. We saw this information had been fed back to staff via meetings and handovers to show lessons learnt. The registered manager had also worked with families to ensure they received the required feedback on the actions they had taken and how they were working to reduce the likelihood of reoccurrence.

Staff recruitment processes were in place to ensure staff recruitment was safe. We viewed four staff files and saw references were in place from their last employer, gaps in employment were had been noted and discussed. A further check through the disclosure and barring service (DBS) had been undertaken for each member of staff. The process checks if potential staff have a criminal record and assists employers to make safe informed decisions when employing new staff.

People received appropriate support with any medicines they were required to take. People told us they received their medicines when they should and any medicines they needed on an as required basis were available to them, when they needed them. We saw there was a protocol for staff to follow to ensure there was information for staff to administer these medicines safely and at the times people needed them.

Staff we spoke with told us they had received appropriate training for safe administration of medicines and were supported with competency assessments from the deputy manager and registered manager. One member of staff said, "They (the managers) are always there to give support." The member of staff discussed one person who had they medicines administered covertly. They explained how and why the decision was reached to administer the medicines covertly and who had been involved in the decision. We saw there was the appropriate documentation in place to show the service had consulted with the person's relatives, their G.P and the pharmacist to ensure the medicines were given safely and appropriately.

We viewed some medicines being given and saw the member of staff managed the process safely. Each person had their photograph in the front of their MAR sheet and the Medication Administration Records (MAR). These corresponding medicines we viewed were up to date and completed appropriately with the correct number of medicines left for each person indicating they had received their medicines correctly.

Good

Is the service effective?

Our findings

People's needs and choices were assessed using evidence based guidance and staff caring for them had the necessary tools to provide good care. The provider had a Dementia Strategic Plan in place that provided evidence based learning for staff to support people who were living with dementia. The provider had used nationally recognised tools to assist them develop the plan. The assessment tools the service used to assess people's needs were nationally recognised tools that helped the provider to provide consistent care for the people they supported.

People we spoke with told us the staff caring for them were competent and knew them well. People felt staff had received the training for their roles. One person said, "I find them very good." Another person told us, "I see the new ones (staff) being trained and shown the ropes."

The staff we spoke with told us they had been supported with training in area such as managing behaviours, supporting people living with dementia, as well as diabetes, tissue viability and end of life care. The registered manager told us they had worked with the health professionals who visited the service to ensure the training was as up to date and relevant to staff's roles as possible. The training matrix we viewed also showed staff received regular mandatory training in areas such as moving and handling, health and safety and fire training. One care team leader we spoke with told they had received extra training in Moving and Handling to allow them to support new staff with their learning in this area. Staff also told us they had the opportunity to undertake some nationally recognised qualifications in care to assist them to remain up to date with their knowledge how to provide good care for the people they supported.

People's nutritional needs were well manged by staff caring for them. One person we spoke with told us, "I like the meals, we get a good choice and they (the cook) will do me something different if I ask." Another person told us, "We get good food here, I'm called a star eater as I clear my plate!" Relatives we spoke with were happy with the support their loved ones received to assist them maintain a healthy diet. We saw one relative who had come to discuss another issue with one of the care team leaders also discuss their relation's weight loss with them. The member of staff was able to show the relative the person's weight monitoring chart and how they had been supported with an enriched diet. The person had lost small amounts of weight over a period of three months but in the last two months they had gained weight. The relative was happy that the issue had been successfully addressed.

The care plans we viewed showed what measures had been taken when a person's weight fluctuated. The regular monitoring of people's weights was undertaken and when needed an action plan to address issues was put in place. This showed what actions had been taken such as referral to the appropriate health professional and the implementation of any specialist diet. This showed the registered manager ensured the staff who cared for people had a good oversight of their dietary needs.

During our inspection we saw the registered manager had worked on staff allocation to increase the amount of support people received at meal times. We saw many examples of how people were supported. Staff were able to sit with people and encourage and assist them with eating when required and there was adapted

cutlery in place for people needed it. The staff we spoke with were knowledgeable about the different diets people required and the cook explained how they received up to date information from the care team leaders to ensure people received an appropriate meal. The cook and kitchen assistant came into the different dining areas at lunch time to check if people were enjoying the meals they had prepared. It was clear the people knew the team and chatted about their enjoyment of the meal.

People's healthcare needs were well managed and people told us they had access to the G.P, chiropodist and optician who all came to the service. One person also told us they had been able to go out to visit their dentist. Another said, "The local doctor does their rounds." Staff we spoke with told us they felt people's health needs were well managed and one of the G.P who supported the service undertook a weekly round that captured any niggling health issues. Care staff had confidence in the care team leaders to address any issues of concern they raised to them. One care team leader also told us that the care staff came to them with anything that was bothering them about a person so they could investigate and discuss with the person's G.P.

We spoke to the local G.P who visited the service each week. They told us staff compiled a list of people who they wanted the GP to see. The G.P told us this had been helpful and there was good engagement of the staff. The G.P said the service did contact the surgery if there were issues they were concerned about in between times, but the weekly visit had helped to reduce this. The G.P also told us they had a meeting every three months with the registered manager to discuss prescribing issues and hospital admissions. The aim of the meetings were to look at ways to reduce hospital admissions, so they looked at how aspects of people's care was being managed such as mobility issues, weight loss, diet and underlying health issues. The G.P felt there had been an improvement in the management of people's health needs in the last year and that the registered manager "had a handle on things."

People lived in a purpose built building well maintained that was designed to keep people safe but allow them the freedom move around freely. One person we spoke with said, "Its prefect here – an ideal building." The service had good signage in place to support people who lived with dementia. When we viewed compliment forms from relative one relative had left a comment about their relative which said, "[Name] loved the freedom of Bramwell to do their walks around at all times of day."

People were supported to make decisions about their care and told us staff always checked to see if they were happy to receive care. One person said, "They (staff) do ask me, so I can decline." Another person said, "They (staff) would ask first so they know what we want." Relatives we spoke with told us they heard people being asked for consent prior to staff providing care.

Where people lacked the capacity to make a decision the provider followed the principles of the Mental Capacity Act (2005). The 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.

The care records we viewed showed the provider had undertaken assessments of people's capacity when required. When decisions were made in people's best interests they were made in the least restrictive way with the support of relevant health professionals and relatives of the person.

People can only be deprived of their liberty to receive treatment and care 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 whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had made applications to the local authority and ensured that staff were made aware of the outcomes of the authorisations.

The staff we spoke with showed an understanding of how the MCA and DoLS was used to protect people but still allow them freedom and choice in relation to their care. One member of staff was able to give an example of how a DoLS in place for one person had conditions in place to allow them to continue to undertake an activity of their choice with the support of staff.

Good

Is the service caring?

Our findings

People were supported by staff who were caring and knew their needs and preferences. We received positive feedback on staff's behaviours towards people. One person told us that they were able to enjoy a laugh and joke with staff. Another person said, "I find them (staff) very kind and cheerful. A further person said, "Honestly, I've never had such a good experience as being here." A relative we spoke with said, "They (staff) are very kind to [Name] and to me when I come. Relatives told us they were not restricted as to when they visited their loved ones, one relative said, "I come anytime to suit me."

Staff told us there was a caring attitude towards people by their colleagues. A care team leader told us here was a good attitude among staff and they made sure staff behaved in a professional way. The registered manager also monitored practice of staff to ensure their behaviours supported good care. For example the registered manager had worked to improve the mealtime experience for people and had discussed with staff about sitting with people at mealtimes and encouraging them to eat in a relaxed and sociable way.

Our observations throughout our visit supported what people had told us as we saw some positive interactions between staff people and relatives. A number of times during the day, we saw staff giving reassurance to confused or distressed people, taking them by the hand or putting an arm around a shoulder, sitting with them, smiling and engaging in conversation. This behaviour was not restricted to care staff. When the housekeeping staff were cleaning people's rooms they spend time chatting to people and the kitchen staff were well known to people as they chatted to them as they went around the building. This led to a relaxed and pleasant atmosphere at the service for the people who lived there.

The staff we spoke with knew the people they were supporting well. This included their personal histories, cultural and religious needs and preferences about how they were supported. The staff we spoke with knew about people's likes, dislikes and preferences. One member of staff described a person's preferences and what foods they enjoyed. Staff told us that people's care plans contained the information they needed to get to know people and how they liked to be supported. People told us they felt comfortable talking to staff and asking for support and that their requests for support were responded to.

People and their relative where appropriate were supported to express their views and make decisions about their care. Relatives we spoke with told us they were regularly involved in the assessment and reviews of their loved one's care and felt involved with their care. One relative told us "They keep me up to date and have a chat with me." They went on to say they attended a quarterly review to discuss their relation's care plan.

People told us staff were careful to maintain their privacy and treated them with respect and dignity. One person said, "They (staff) always respect my privacy and knock before coming in. They pull the curtain too even through its only trees outside." Another person said, "We're treated with such respect by them (staff) here." Staff we spoke with understood their responsibilities in maintaining the privacy and dignity of the people they cared for. We observed staff knocking on bedroom doors and respecting people's privacy, we also observed staff respecting people's dignity by tidying a person's clothing after transferring them to a

chair or using a blanket to cover a sleeping person.

People felt staff supported them to remain as independent as they could. One person we spoke with said, "We are not tied down. We can sign the book and go outside or to the shops with someone." Staff we spoke with told us they encourage people to do as much for themselves as they could and offered help when someone was struggling. They told us the information about the level of help people required was in their care plans and they used this information to keep people as independent as possible.

Good

Is the service responsive?

Our findings

People at the service received individualised care from staff who were knowledgeable about their needs. The care people required was documented in their care plans and gave staff the information to provide the support each person required. People we spoke with confirmed they received the care they required the way they wanted it. One person said, "My needs are covered in a basic routine that we've (themselves and care staff) have worked out between us." Relatives told us how they had discussed particular needs with the care staff to ensure it was embedded in their loved one's care plan. We spoke with one relative whose loved one was prone to weight loss and poor appetite. They were happy with the way the staff had managed this aspect of their relation's care. We viewed the person's care plan which showed information from the relative about the person had been recorded and acted upon. The person's weight was monitored regularly and the person's G.P had offered advice on how to maintain the person's weight. The staff had recorded the person's food intake and the relative had been kept informed of the person's weight and had been reassured by the way the staff had responded to their concerns and supported their loved one to maintain a healthy weight.

Staff we spoke with told us they were able to read the care plans and the senior staff let them know if there were changes they needed to be aware of in people's care plans. Staff told us the handovers and regular meetings helped with communication about the care people needed. People's records showed that information had been sought from them and their relatives on their cultural needs. This contained information for staff that the person or their relatives felt was important for this aspect of their care. Throughout people's care plans we saw information which would help staff provide care for people in line with their preferences and gave them as much choice and control as possible.

People's needs in relation to the way they received information had been considered by the service, this included the protected characteristics of the Equality Act. Whilst there was no one at the service who presently required any particular support the registered manager explained they had a number of resources available to them should people require information in different formats such as included braille. The registered manager also told us there were a number of staff who worked at the service who had second languages and they had the support of other services in the group should they need assistance to support a person with a particular need.

People were supported to participate in some social activities although due to the lay out of the building some activities were not carried out on every unit and some people did not like moving to another floor to take part in their activities. People told us there were activities arranged such as bingo or crafts and the service had a small reminiscence lounge on each floor that contained items that people may relate to from their past. The service also had a café which was open for all people and relatives to use on their visits. Whilst people were happy with the activities which were arranged for them, most people we spoke with felt they required more social activities.

However people told us they were supported to maintain friendships with other people at the service and we saw during out visit that people were able to spend time with other residents sitting and chatting. Relatives we spoke with felt that staff tried to encourage people to join in the different activities and one

relative said, "[Name] tries to join in if they can. They (staff) are jolly here and encourage people to join in." Where people preferred to stay in their room staff respected this and had looked at other ways to ensure people were not socially isolated. For example the registered manager had looked at a number of ways they could support a person who was socially isolated, but had not wished to engage with people at the service and had limited visitors. The registered manager worked with the person and a charitable trust to arrange for some support for them. The registered manager hoped this would stimulate the person and reduce their isolation. This showed the service was continually working to support people's mental, emotional and social needs in different ways.

Throughout the service we saw there was information for people and their relatives on how they could raise complaints and concerns should they have any. The people and relatives we spoke with told us they knew how to raise a complaint and would feel able to do so should they have any. One person said, "I've not had any real complaints and would just see the manager (if they had)." Another person also told us they had not had any real complaints, they said, "I could talk to [Name] the manager as they are lovely." The relatives we spoke with told us when they had concerns and complaints they felt comfortable talking to the staff and any issues had been resolved for them. They felt the registered manager was open to suggestions. For example one relative told us there was an on-going issue with their relation losing things they were aware their relation tended to move and leave things around and then forget them. But they had suggested a lost property area on each floor and the registered manager was looking into this.

Staff we spoke with were aware of their responsibilities when dealing with complaints and concerns. They told us they would deal with any issues they could and raise any issues they couldn't resolve to the management team. They told us the care team leaders, deputy manager and registered manager would act on any issues. We viewed complaints the registered manager had received and saw they had worked with people to resolve issues working within the company's complaints policy.

People's wishes around their end of life care had been discussed and plans were in place to support them when the time arose. The care plans we viewed showed that when people had requested particular things this had been recorded. For example one person who lacked mental capacity had a plan in place that had been discussed at a best interest meeting with the person's family, health professionals and staff. Where Do Not Attempt Resuscitation (DNAR) orders were in place we saw these had been discussed with either the person or where appropriate their family.

Some of the care plans we viewed showed people and their relatives had requested that people were supported to stay at the service at end of life, with the support of the palliative care team. Staff we spoke with told us they were supported to provide end of life care by the district nurses and G.P. A health professional we spoke with told us staff were proactive in ensuring people had anticipatory medicines in place to support people to have peaceful, pain free death.

The registered manager and number of senior staff had undertaken extra training in end of life care to enhance their skills when supporting people and their relatives at this difficult time. The registered gave us examples of they supported people, they or their staff would establish if there was a wish to have a particular member of staff to support the person. They offered accommodation and meals to relatives who wished to stay with their loved one and considered the environment for the person, the things they wanted around them including if they had any favourite music. They discussed how they planned to supported people's cultural wishes and ensured this information was in their care plans and staff were aware of the wishes.

Good

Is the service well-led?

Our findings

When we last visited the service we found the systems in place to monitor the quality of the service people received were not always effective in bringing about improvements. As a result a number of aspects of care had fallen below what we would expect from the service and this resulted in multiple breaches of the Health and Social Care Regulations 2008 (Regulated Activities) Regulations 2014. One of these breaches was Regulation 17, Good Governance.

At this visit we saw the registered manager had worked to address these issues and as a result had effective systems in place to monitor the care people were provided with. As a result the service was no longer in breach of this regulation.

The registered manager and their team undertook a number of regular audits of essential areas of care such as care plans, medicines, falls, nutrition and the environment. We viewed these audits and saw when areas for concern had been identified the registered manager had used the information to take action to address concerns. For example the increase and re-arrangement in housekeeping services to maintain a clean environment and the regular monitoring of people's care plan to ensure information for staff was meaningful and up to date. The audit and analysis in place to monitor falls in the service looked at trends to assist the registered manager with how the service should be staffed. And what individual needs people had to support them to reduce the risks to their safety. We saw where actions had been identified such as an increase in equipment this had been added into people's care plans and staff were aware of people's needs.

The registered manager audited people's weight to ensure they were receiving the correct diet to help them maintain an heathy weight and also undertook regular audits of mealtimes to ensure people's experience was a positive one.

The registered manager fed back this information and other information on the quality of the service to staff via staff meetings. We saw minutes of meetings to show they were held every four to six weeks and were well attended. The registered manager had standing agenda items such as health and safety. We saw topics such as management of outbreaks of infection at the service were discussed. The registered manager told us they encouraged staff to lead the discussion as she wanted to empower the staff by helping them see what they what they already knew about the subjects discussed. We saw the registered manager had reacted quickly to issues when required for example following a safeguarding concern they had called an emergency meeting for staff to discuss issues of concern and what they and the staff at the service needed to do to address the issues. Staff we spoke with told us the meetings were informative and they were able to raise issues to the registered manager openly.

It is a legal requirement for the service to have manager registered with the CQC to manage the service and at the time of our inspection there was a registered manager in place. People we spoke with told us the registered manager and deputy manager were visible and approachable. Both the people and their relatives we spoke with knew both the registered manager and the deputy manager by name. One person said, "(Registered manager) walks up here sometimes. She has a friendly face." A relative we spoke with said, "I

could definitely talk to (registered manager) easily." And another relative said the registered manager was amenable and approachable. We found the registered manager was clear about their responsibilities, they had notified us of significant events in the service and the last CQC inspection rating was displayed in the service. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their most recent rating in the home and on their website.

Staff gave positive feedback about the registered manager and deputy manager telling us that both were supportive and made sure staff were aware of their responsibilities through regular staff meetings, supervisions and appraisals. One member of staff said, "Some of our practices have changes." They told us this was for the better and the registered manager had instigated the changes. They went on to say, "(Name, registered manager) is pretty approachable as is (Name, deputy manager). Another member of staff told us they had a supportive manager who knew what they were doing (in relation to their job). Staff we spoke with told us the regular supervisions they received were helpful and they felt they were able to raise issues, discuss areas of training and their wellbeing.

The registered manager worked with people and their relatives to engage them in the running of the service as well as regular resident and relatives meetings the manager also held a weekly home manager's surgery where they made themselves available to discuss any individual issues people, their relatives and staff wanted to bring to their attention. The registered manager kept a record of the issues raised and what they had done about them. People we spoke with felt they were listened to. One person said, "I've been occasionally to a meeting and they take on board about things like food or outings, so I do feel they listen." The minutes of the regular resident and relative's meetings also showed how people had been engaged in a number of topics, such as proposed changes to mealtimes. There had been a suggestion that people may like to have their main meal later in the day and a light lunch. This had been discussed with people both individually and at the meetings and the people who lived at the service choose to continue with their main meal at lunch time.

People's views on the service were also obtained through customer surveys. The registered manager used the results of these along with feedback at meetings to provide the service people wanted. Utilising ideas from people, for example the introduction of a Chinese style meal onto the menu. One person told us that they were also regularly asked for votes for carer of the month. The registered manager told us this had been introduced so staff could see good practice would be recognised by people, relatives and the provider.

The registered manager worked with different groups in the wider community to support people. For example, they had recently worked with the local university to raise awareness among people about the different lay advocacy services available for them. An advocate is an independent person who supports people speak up for themselves who otherwise may not have their views heard. We also saw that this service was promoted throughout the service. The registered manager also worked with the community matron to support people and staff. As a result the staff at the service had been supported with extra training that supported people with particular health needs. This collaboration between the community teams and the service offered a more streamlined cohesive approach to their care.