Brendoncare Foundation(The)

Brendoncare Woodhayes

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

Brendoncare Woodhayes is registered to provide accommodation for 25 people who require nursing and/ or personal care. At the last inspection in April 2015 there was a registered manager. They left the service in September 2015. The deputy manager, at this inspection in May 2016 has now been employed as the manager and registered with the CQC in February 2016. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The Brendoncare Foundation has ten care homes across the country which includes Woodhayes.

At the last inspection carried out in April 2015 we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Care plans did not reflect how care and treatment was designed with a view to achieving people's preferences and ensuring their needs were met. There were not enough staff to ensure people's needs could be met in a person centred way. Staff did not receive appropriate support, supervision and appraisal to enable them to carry out the duties they were employed to do. People were not involved about their care plans and relevant persons were not provided with the information they needed relating to care plans. Quality assurance systems were not robust to ensure they assessed, monitored and improved the quality and safety of the services provided. Records did not always ensure that people's hydration and nutrition was monitored robustly. We rated the service as 'Requires Improvement'.

Following the last inspection we received a satisfactory action plan from the provider. This addressed all the issues we raised. We carried out this inspection in May 2016 to check whether these actions were in place and people's needs were being met. We found the service had worked hard to ensure all the above areas had been addressed and we rated the service 'Good' overall.

On the day of the inspection there was a calm and happy atmosphere throughout the home. People were going about their day as they wished and were enjoying and engaging with staff taking part in activities. People were well looked after and staff were knowledgeable about their needs and how to meet them. Staff were kind and interacted with people in a friendly and respectful way.

There had been an increase in staffing levels which had been adjusted to ensure people's needs could be met using a dependency score tool. This ensured that staff had time to meet people's care needs in a holistic way including their social needs.

A new senior care worker role had been developed and staff were valued and supported to carry out their roles. One senior care worker was the training lead with responsibility for ensuring staff understood their roles and was involved in care planning. Staff told us they were much happier and able to meet people's needs effectively. Comments included, "It feels like we are well supported and work together as a team", "We feel like one big family", "I've been to other homes and come back here, it's so much better" and "It's so

much better, we have lots more staff and we are really happy." One registered nurse said, "We have better support and it's a real improvement on last time." People who were able to speak to us commented positively saying, "I like the activities. I am happy to live here" and "I like everything about the home. I like the care and kindness of the staff."

A new activity programme had been developed involving staff at the home rather than solely the activities co-ordinator. Staff felt empowered to offer and arrange activities and events and felt able to spend time with people in a way that they wanted. The new deputy manager said, "Staff can spend time with people, for example we use everyday objects to create a moment. Staff can sit and have coffee with people and we keep records in people's rooms so we don't spend time away from people as much." Staff ensured people who were at risk of isolation or needed support and stimulation had their needs met and issues were addressed and monitored in their care planning.

Staff had a good understanding of people's legal rights, and understood the correct processes regarding the Deprivation of Liberty Safeguards and use of restrictive measures intended to keep people safe.

The provider had systems in place to make sure people were protected from abuse and avoidable harm. Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns. Staff spoken with were confident that any allegations made would be fully investigated to ensure people were protected.

People said they would not hesitate in speaking with staff if they had any concerns. People knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally. We saw many examples of people formally complimenting the care they received. One response said, "All the staff have responded sensitively and professionally to the changes in [person's name's] care needs. All the care staff are kind, caring and professional and contribute to the sense of well-being and calm."

People and/or their advocates were now involved in planning and reviewing their care. They had been involved in the care plans to ensure they were person centred and reflected people's needs and personalities. People had been involved in recording their past history and life stories and staff were using this information to instigate conversation and offer appropriate activities for individuals.

There were regular reviews of people's health and staff responded promptly to changes in need. Nurses were knowledgeable about people's needs and health professional advice was sought appropriately. People were assisted to attend appointments with appropriate health and social care professionals to ensure they received treatment and support for their specific needs. One health professional told us, "I have no concerns about placing people at Woodhayes. The staff know what they are doing and communicate well with us."

Staff were well trained and training was up to date or booked, there were good opportunities for on-going training and for obtaining additional qualifications. Staff felt valued and were encouraged to develop professionally. For example, by being encouraged to develop their roles and undertake further qualifications and lead roles.

Staff now received formal one to one supervision sessions on a regular basis. Issues were monitored and discussed formally. Staff had all received an annual appraisal and felt able to discuss any issues at any time with management.

People's privacy was respected. Staff ensured people kept in touch with family and friends. Visitors said they

were made welcome and were able to visit at any time. People were able to see their visitors in communal areas or in private.

There was a management structure in the home which provided clear lines of responsibility and accountability. The new registered manager was previously the deputy and knew the service well. Staff and people told us they saw the manager all the time and they were always 'out on the floor' supporting staff. During our inspection the registered manager was supported by the Head of Care Services from Brendoncare head office. The registered manager said they had also had a lot of support from head office in relation to audits and visits which had improved greatly.

There were now effective quality assurance processes in place to monitor care and plan on-going improvements. Issues identified in audits and quality monitoring had been addressed in a timely way to ensure the service was continually improving. There were now systems in place to share information and seek people's views about the running of the home. People's views were acted upon where possible and practical. In the recent Your Care Rating 2015 resident's survey results the service had achieved a high percentage of people expressing satisfaction with the care they received. An action plan then addressed any improvements need to be made.

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.

There were enough staff available to ensure that people's individual needs were met in a person centred way.

The provider had systems to make sure people were protected from abuse and avoidable harm.

Staff were aware of how to recognise and report signs of abuse. They were confident that action would be taken to make sure people were safe if they reported any concerns.

People were supported with their medicines in a safe way by staff who had appropriate training.

Is the service effective?

Good

The service was effective.

People using the service and/or their representatives were involved in their care planning and were not cared for in accordance with their preferences and choices.

Staff had comprehensive knowledge of each person and how to meet their needs.

Staff received on-going training which meant they had the skills and knowledge to enable them to provide effective care to people.

The service was meeting the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring.

Staff were kind and compassionate and treated people with dignity and respect.

People were consulted, listened to and their views acted upon

on a day to day basis in relation to their care planning. Care actively encouraged independence in a person centred way.

Where people had specific wishes about the care they would like to receive at the end of their lives these were recorded in the care records with involvement from family as appropriate. This ensured that all staff knew how the person wanted to be cared for at the end of their life.

Is the service responsive?

Good

The service was responsive.

Care plans were working documents for staff and clearly reflected people's care needs and daily care.

People received personalised care and support which was responsive to their changing needs. Health needs, such as assessments, appointments and relating to medical conditions or infections were well met and involved appropriate health professionals.

People were supported to follow their personal interests reflecting their needs and preferences. Emotional, leisure and mental health needs were met in a person centred way.

People's experiences, concerns or complaints were encouraged and responded to and used to improve the service.

Is the service well-led?

Good

The service was well led.

There was an open culture promoted within the staff team and an ethos of caring and commitment.

Issues were identified and addressed using robust quality assurance processes to continually improve the service.

Records were complete and ensured people were monitored and cared for in the way they wished.

Staff worked in partnership with other professionals to make sure people received appropriate health support to meet their needs.

Brendoncare Woodhayes

Detailed findings

Background to this inspection

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

This inspection took place on 26 May 2016. This was an unannounced inspection which meant the staff and provider did not know we would be visiting. It was carried out by one adult social care inspector.

We reviewed the information we held about the home. At the time of this inspection there were 21 people living at the home. Some people were living with a degree of short term memory loss and/or dementia and were not able to comment directly on their experiences. During the day we spoke with eight people who lived at the home and spent time with 14 people observing their experience. We spoke with three relatives who were visiting. We also spoke with six members of staff, the registered manager, the deputy manager, the head of care services, the cook, activities co-ordinator and administrator. We looked at a sample of records relating to the running of the home such as audits, training and personnel files and four care files relating to the care of individuals.

Good

Is the service safe?

Our findings

The service was safe. People using the service, who were able to comment and relatives visiting those people felt the service was safe and we found this was the case. At the last inspection in April 2015 we found there were not sufficient staffing levels and deployment of staff to meet people's needs. At this inspection we found that there had been an increase in staffing in the afternoon and that staff were now using comprehensive care plans and a dependency tool to ensure they could identify, regularly review and meet people's needs. Staff were clear about their roles and how to ensure people's needs were met, including those who were nursed in their rooms at risk of isolation.

There were 21 people using the service at the time of this inspection. Staffing levels were calculated using a Brendoncare dependency formula and head office had listened to the registered manager supporting them to ensure there were sufficient staffing levels. At the time of our inspection there was one registered nurse with four care workers in the morning and four care workers during the afternoon shift. The staffing rota showed there were usually five care workers on shift most mornings. At night there was a registered nurse and two care workers.

On the day of the inspection there was a calm atmosphere with people going about their day as they wished, engaging with staff and enjoying activities. Staff were now able to spend time with people other than during tasks. Five people were nursed in bed and four people required assistance with feeding. Staff told us they felt they had time to spend with people and that the newly re-written care plans ensured they had clear instructions about how to care for people in a way they wanted. We saw staff spending time with people, carrying out tasks in a unhurried way and monitoring those people who were at risk of becoming isolated in their rooms. Daily recording was kept in people's rooms to enable staff to complete them with people using the service. Entries were timed so we could see regular input and support being given and ensuring that people had regular stimulation and monitoring. One registered nurse said, "I feel more supported. We have time to carry out what we have to do and people seem happy." Nurses were also now supported to have protected time to manage new admissions and ordering medication.

There were enough staff to meet people's basic needs such as ensuring people were assisted with hygiene needs and getting up in a timely way. There was now also enough time and focus on staff roles to ensure all staff were engaged in meeting people's needs in a person centred way including their social and leisure needs. Care plans and care delivered no longer focussed on tasks but saw each person as an individual as recorded in people's care plans. Staff were visible around the home including upstairs to ensure people in their rooms were not isolated. One person's records said, "I am at risk of isolation and I like to see people." This person was having regular checks by staff and also spent time with a volunteer organised by the service.

Staff told us that the way care delivery was organised now allowed them to meet people's needs in the way they required rather than be rushed. They said they now had time to get involved with activities or chatting, which we saw happening. For example, one person's care plan said how they enjoyed trying new foods. Two themed lunches had been organised and this person had been able to attend, which they enjoyed. This

person had also been identified as being at risk of isolation and the care plan detailed how they liked to be treated and what they liked to do. For example, they did not like small talk and preferred to talk about their interests. The care plan was clear about how staff could meet these needs and the daily record reflected their plan of care. This showed the service had worked hard to ensure issues identified at the last inspection had been fully addressed.

People's risk were well managed, their health needs were assessed and met by staff and other health professionals where appropriate. One health professional told us, "I have no concerns about placing people at Woodhayes. The staff know what they are doing and communicate well with us." There were risk assessments in people's care records relating to skin care and mobility. There were no people with pressure sores at the home. Where someone was assessed as being at high risk, appropriate control measures, such as specialist equipment, had been put in place. Where people had been assessed as being at high risk of pressure damage to their skin, they had the identified pressure relieving equipment and there was contact with the local district nursing and tissue viability team. One relative had commented in a letter to the home that, "Staff work together in a professional way" and detailed how they had encouraged the person especially during mealtimes to manage an identified risk. They went on to comment on how the home had managed their risk including specialist equipment, medication and safety procedures around oxygen use.

Care plans included clear information about people's identified risk. For example, people had a tissue viability support pathway to monitor their risk of pressure damage to skin. A body map then showed how staff were monitoring the care, identifying any changes in skin integrity and actions taken to prevent pressure damage. For example, staff were checking one person's feet and toes every two hours and ensuring the person was using their pressure relieving cushion. Care plans showed detailed actions taken such as using different pressure relieving equipment or increasing monitoring. There were nutritional assessments and plans, risk of choking pathways and information and discussion about the use of restrictions to keep people safe such as bed rails. There were clear plans about manual handling and risk. One person at high risk of falling had a plan detailing how they liked to sit and what equipment they needed. We saw this in use which reflected the person's preferences such as which side they preferred to lie on.

Emergency plans and procedures were in place. These included personal emergency evacuation plans and what staff should do in an emergency. Accidents and incidents were recorded showing details of the incident and what action had been taken to minimise future risk. Where specific risks had been identified, care plans also contained nationally recognised information, such as the Resuscitation Council (UK) Adult Choking Treatment Algorithm for staff to refer to easily.

Staff recruitment was robust to ensure people were protected from the risk of harm or abuse. The service ensured new staff had full checks and references in place prior to commencing employment. This included gaining references from their last place of employment and reviewing any gaps in employment history. New staff spent time shadowing more experienced staff initially until they got to know people.

The provider had systems in place to make sure people were protected from abuse and avoidable harm. Staff confirmed they had received training in protecting vulnerable adults and knew who they should report any concerns to. Staff were aware there was a policy and procedure they could refer to and were confident any safeguarding concerns they raised would be appropriately dealt with. People who were able to comment told us they felt safe living at the home and with the staff who supported them. People's comments included, "I like living here. We are all well looked after and feel safe" and "I'm very happy living here."

People were supported with their medicines in a safe way by staff who had appropriate training. The

treatment room and medication storage was well organised. People were able to manage their own medicines following a risk assessment if they wished. There were processes in place should people wish to do so including storage options in their rooms and regular reviews of risk. We saw medication administration records and noted that medicines entering the home from the home's dispensing pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises.

Medicines were given to people at appropriate times for individual people as required. Staff were competent and confident in giving people their medicines. Care plans detailed how people took their medication, for example in suspension form to make it easier for them to take. Staff explained to people what their medicines were for and ensured each person had taken them before signing the medication record. The medication record was complete, no gaps and clear records showing medicine patch rotation for example. A registered nurse felt that as care plans were more detailed and robust and staff were clear about their roles they could carry out the medication round without compromising the time given for people's care.

A medicine fridge was available for medicines which needed to be stored at a low temperature. Some medicines which required additional secure storage and recording systems were used in the home. These are known as 'controlled drugs'. These were stored and records were kept in line with relevant legislation. The stock levels of these medicines were checked by two staff members at least twice each day. Checks showed stock levels tallied with the records completed by staff. People were satisfied the staff had received the correct training and their medication was received at the correct time. The management of prescribed topical creams and lotions was raised in a staff team meeting and we saw charts were completed and creams and lotions labelled with clear opening dates for safe application in the documented areas.

Good

Is the service effective?

Our findings

The service was effective. Staff now had regular supervision one to one sessions. This gave staff the opportunity to discuss any issues and for management to monitor competency and wellbeing of staff. Supervisions included what was going well, not so well, workplace observations and training needs. Records showed staff supervision sessions were up to date and further sessions booked regularly. The quality of supervision notes was now good and followed a set format. Issues were identified and actions taken to ensure care delivery was effective and focussed on people's needs. For example, a staff competency issue had been addressed in a timely way relating to a named care worker. Issues that required disciplinary action had been addressed using a clear process. The registered manager felt this had been handled well and gave a good message to staff to drive improvement. This process ensured any staff competency issues were dealt with appropriately to ensure people received appropriate care. Care workers appreciated the management support and told us they were happier and working in a less stressful environment.

The provision of lunch in the dining room was a social occasion with lovely laid up tables and condiments. The kitchen staff were aware of which people had specialist diets such as fork mashable and thickened fluids. This information was clear in the new care plans and detailed what people liked and preferred. There were nine of the 21 people eating in the dining room which was a lovely environment. There were napkins and condiments. There was a varied rolling menu offering two main meals. Staff had asked people what meal they would like to see on the menu and some meals were labelled with a name as the title. People told us they were happy to have their name printed on the menu and the opportunity to choose their favourite meal. The food was served at the table from a hot trolley by kitchen staff. There was a range of desserts and drinks on offer.

Holidays were celebrated with special meals and recently a Filipino and Chinese New Year themed lunch had been put on for people at the home and their relatives. People who were able to comment said they always had plenty to eat and each plate was presented in the way the person liked as the cook and staff knew people well. For example, no vegetables or a smaller meal. People could choose to have their meals in the dining room or in their bedrooms. People all told us they liked the food on offer and felt involved in the menu choices.

The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Deprivation of Liberty Safeguards (DoLS) provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. Staff had a good understanding of people's legal rights. The service was meeting the requirements of the MCA and the DoLS. The correct processes had been followed regarding DoLS relating to use of restrictive measures intended to keep people safe. For example, risk assessments relating to the use of pressure mats to alert staff when people moved and the use of bed rails and lap belts in wheelchairs all included best interest decision making processes to ensure they were being used appropriately in the person's best interests.

Staff knew what actions they would take if they felt people were being unlawfully deprived of their freedom to keep them safe. For example, appropriate applications had been made to the appropriate authorities for assessment about specific restrictive decision making such as preventing a person living with dementia from leaving the home, to maintain their safety. Staff practice and records showed staff were gaining consent before carrying out tasks. For example, one person had preferred to stay in bed and staff had respected this. We noticed one person was spending a long time in a wheelchair intended for travel and we fed this back to the registered manager. Other people had been referred to the occupational therapist to ensure they were using the correct equipment for their needs. For example, one person was having a new specialist chair following recommendations from the OT assessment to ensure they were comfortable and received effective care.

Staff received on-going training to make sure they had the skills and knowledge to provide care to people. A number of staff had attained a National Vocational Qualification (NVQ) in care or a Diploma in Health and Social Care. There was a training matrix to make sure staff training was kept up to date. For example, records showed staff were up to date with mandatory training such as food hygiene, health and safety, moving and positioning and fire training. Those training sessions which were due as indicated on the training matrix had been booked such as safeguarding and control of substances hazardous to health. Staff were able to access external relevant training and opportunities were on the office notice board. They were also encouraged to develop professionally and there were opportunities to become a moving and positioning trainer for the service for example. Over 60% of staff had attended training in dementia care and managing challenging behaviour and this was on-going. Care plans showed staff had good knowledge in these areas and understood people individually. For example, one person could present behaviour which was challenging for staff. The care plan showed how staff could minimise this behaviour and this was resulting in less distress for the person.

People saw health and social care professionals when they needed to such as GPs, dentists, podiatrist and speech and language therapists. One person said, "Oh yes, I can ask if I want to see someone." Records showed people had seen health professionals appropriately. For example, one care plan had details from an OT about how the person should sit safely which staff were following. One person had seen a GP for a swollen arm in a timely way and there were records showing dementia care reviews by the GP. This showed health care needs were managed effectively and records monitored progress well with input from the community multidisciplinary teams appropriately.

The home was well maintained and provided a pleasant and homely environment for people. As an older building requiring regular maintenance there continued to be a re-decoration programme on-going. For example, the sash window refurbishment had now been completed and all areas of the home were clean and bright. There was adequate space for people to move around as they wished and enough staff to assist people to move around. During the inspection it was a sunny day and many people living at the home were able to access the grounds and sit in the sun or shade outside.

People's bedrooms were lovely and personalised. Some areas were particularly good for people living with dementia such as bathroom colourways to enable people to interpret their environment more easily. For example, the toilet seats and edges of the room were highlighted so people could navigate where they were. Some rooms had notices and reminders for people so they could keep up to date with the day and time and what was going on that day.

People had the equipment they required to meet their needs. There were grab rails and hand rails around the home to enable people to move around independently. There was a lift to assist people with all levels of mobility to access all areas of the home and people had individual walking aids, specialist beds and

pressure relieving equipment, wheelchairs or adapted seating to support their mobility. Ground floor rooms had french doors enabling people to access the gardens safely.

Good

Is the service caring?

Our findings

People were supported by kind and caring staff. The registered manager promoted an ethos using 'The mum test' used by CQC which encouraged staff to think about how they would like their own loved ones to be cared for. There was a sign in the staff office reminding staff to use respectful terminology when carrying out tasks, for example, not referring to room numbers and tasks when organising care delivery. People and their relatives spoke positively about the care they received. Comments included, "I can't fault the staff, wonderful people and so kind", "The manager is a marvellous flower arranger and he's out and around all the time" and "They all respect and care for us. I'm happy here." We saw many examples of people and their families formally complimenting the care they received. One response said, "All the care staff are kind, caring and professional and contribute to the sense of well-being and calm."

One way for people to comment on life at Woodhayes was the use of a 'Conversation Tree'. This was a tree on the wall in the entrance where people could write their thoughts on a leaf. People had joined in and left positive comments. Handovers had been changed from happening in the office to a walkabout system where the nurse handed over care to the next shift in the person's room, or outside so as not to wake people. This further promoted people's involvement and individual care. Regular resident's meeting forums were held and minuted giving people a chance to comment on the service. There was also a monthly newsletter so people knew what was going on. For example, news about the activity management changes, upcoming events, quizzes and topical information and news.

People and/or their advocates were now involved in their care planning and informing how they wished their care to be provided. Care plans were detailed, person centred and written in the first person. For example, "My name is [person's name] and this is how I like to be called." There was a focus on how staff could promote people's independence and follow up on what people liked and their personalities. For example, staff knew what people liked to chat about and what their interests were. People's care plans included 'This is Me' documents which are nationally recognised tools used to promote person centred care. These included input from families with photos and details about the person as an individual. The information was being used by staff when delivering care. Families were also encouraged to be involved in events at the home and a notice stated, "Do you have any particular craft skills?" for example. Records showed clear evidence of involvement in care planning and regular care plan reviews. Daily records were kept in people's rooms to promote involvement with people. One relative was helping out with activities during our inspection and another was visiting with their pet. One relative said, "The staff are so welcoming. I love coming here."

There was good end of life care planning and delivery. One person had died recently. Their care plan clearly showed how they liked to be cared for and there were records showing how staff spent time reassuring the person, managing pain and liaising with the local hospice team for advice. Staff had paid attention to detail and informed the GP of the person's progress regularly to ensure they received the best end of life care possible. For example, there was good mouth care and recognition of what the person liked and care given when the person wanted it rather than as a task that had to be done. The staff had sourced a 'just in case' bag to ensure they had emergency end of life medication to hand. They had recorded the person liked to

have a bed rail to feel safe and this had been in place. Measures had been put into place to minimise the amount of moving the person required to keep them comfortable. The person had spent the end of their life pain free and with the people they loved.

Each care plan had a form completed by a health professional detailing wishes relating to resuscitation. These involved family and the person as appropriate. Staff were happy to go above and beyond their roles. Supporting other staff and covering shifts, staying on after a shift to reassure people or complete a task. Staff came in for events and family and staff had visited the home for a party recently to say goodbye to the activity co-ordinator, for example. The administrator was doing some typing work for one person living at the home which was appreciated.

Staff all said how happy they were working at the home and no longer felt frustrated that they did not have time to spend with people, in fact this was encouraged. Everyone able to comment said they felt well cared for. They said the staff were always polite, friendly and respected their dignity and privacy when assisting with personal care by ensuring that doors and curtains were closed. People confirmed that visiting health professionals would visit them in the privacy of their bedrooms, as would their visitors. Call bell response time was good for people who could use the bells and records showed those who could not use the call bells were regularly visited to ensure they were ok. There were reminder notices for staff to remember dignity around the home and staff spoke of the ethos that "Our residents do not live in our workplace, we work in their home." One person had chosen to display their flowers in the home's hall, showing they considered the service to be their 'home'.

Good

Is the service responsive?

Our findings

The service was responsive. The staff had worked hard to complete all new care plans. These were very comprehensive and detailed reflecting people's personalities, likes and dislikes and how their needs should be met. Written in the first person they showed how staff had planned care with individuals. They reflected people's needs in a person centred way and encouraged and promoted people's independence. For example, care plans detailed what people could do for themselves such as put their own trousers on but required assistance to take them off, wash their face with a flannel but could not wring it out. The new deputy manager had completed a year long course in dementia care and really understood how important it was to get to know people well to provide good care.

Staff were able to explain people's needs in a detailed way and had good knowledge. They now knew about details such as dental care, where people's topical creams needed to be administered and how often to bathe one person's eyes. Staff entered daily records in people's rooms and entries were also detailed showing that care was delivered in line with the care plans. One entry included new actions for staff to note which should be transferred to the main care plan. We noted this with the registered manager who would remind staff. Staff were also responsive to people's specific needs such as ensuring they carried out one person's regular exercises and ensuring people had any soiled clothes changed. Where there were issues that required monitoring we could see this was happening from the records. For example, a pressure damage risk area had been identified and a body map showed how this was progressing. One person living with diabetes had been assessed and care was monitored to include their hygiene, skin viability risk and risk of adverse effects of the condition. All areas were being monitored and staff knew what the person's normal blood sugar range was to refer to.

There was particular reference to people's mental health needs and how these needed to be met. For example, one person could display negative behaviour which could be challenging for staff. There was a clear care plan showing different triggers and tips for staff about how to manage this.

One registered nurse had been nominated for a corporate 'aiming high' award for their person centred work. The example showed how they had understood what a couple needed and facilitated them to be able to continue their morning regime within the home's setting. The award stated, "Their authority and leadership as a nurse is full of warmth and compassion and totally attuned to the needs of the residents." One staff supervision record praised how a care worker was, "A natural carer, giving person centred care with attention to detail" and they had achieved an 'extra mile' staff award. Staff felt much more confident that they knew what to do from the records and how to monitor people's needs. All care plans had evidence of regular reviews and monitoring.

The registered manager had looked at how to best ensure people's social and leisure needs could be met since the last inspection. There had been an activity co-ordinator who was employed for 18 hours a week who was leaving at the time of our inspection. However, the service was introducing a programme of activities that would be overseen by named 'activity champions'. We spent time with one care worker in this role. They had completed specific training in a new style of exercise for the elderly, for example, and an

exercise session was enjoyed by nine people in the garden during our inspection. Care workers were now encouraged to be involved and have time to spend with people. For example, one care worker said how they had spontaneously started a ball game and I-Spy one afternoon. A recent staff meeting discussed how the arrangements would work. Increased staffing meant that at least one care worker would be allocated every morning, afternoon and evening to carry out activities with people. The emphasis was on, "activities are everyone's business", how to minimise people's isolation in their rooms and facilitating people to visit each other's rooms if they wished. An activities board displayed what was on offer and the registered manager was encouraging staff to take people out for one to one time if they wished, for example to the local café. A new activities administrator would be working every Friday to help staff organise and prepare events.

During the afternoon of our inspection people enjoyed a presentation about Nigerian culture looking at different foods and way of life. People in their rooms were also included and offered foods. Some people had recently made art and craft together which were displayed around the home. Other activities included music sessions, yoga, films and music therapy. The home had recently celebrated the Queen's birthday with a party.

Each person had an individual activity record. The deputy manager was looking at how to simplify and manage monitoring of activity and stimulation as at present there was more than one way to record activities. However, we could see that everyone living at the home had the opportunity to engage with people and have stimulation and enjoy social times. People's wishes were respected if they did not want to join in and alternatives offered. One person had a notice 'please do not disturb' on their door and this was respected. Another person did not like small talk and preferred peace and quiet so staff were mindful of this when offering care, returning later if the time did not suit. One person was out in the garden having a walk with a care worker. Staff all commented on how rewarding and nice it was to be able to spend time with people.

There also continued to be volunteers, including university students who came to read to people, visiting entertainers and speakers. One volunteer organised activities on a Friday and ideas and itineraries were recorded so that care workers could carry on in their absence. There was an annual Garden Party and the occasional jumble sale to raise funds for outings. In the summer there were monthly day trips out in a hired vehicle. Two mini buses had recently taken people on a trip to Dartmoor as suggested by people living at the home as well as to the sea front and garden nurseries. People told us there were interesting things to do and they enjoyed the activities. We could see from observation and records that attention was paid to people's individual needs relating to social stimulation and these were now met.

The service had not received many formal complaints, however those received were handled well. There was a clear complaints procedure and this was included in the welcome pack for new admissions. People who were able to comment said they had no concerns about taking any concerns to the registered manager or staff. There were clear time frames and processes which had been followed and letters of outcomes and acknowledgement sent to the complainants. The registered manager said they were also starting a 'grumbles' book to note smaller concerns to minimise them becoming more serious.

Good

Is the service well-led?

Our findings

The service was well led. The registered manager had previously been the deputy manager and successfully been registered with CQC in February 2016. They said they were now well supported by head office and we saw many examples of this. For example, the head of care services and the registered manager were away at a meeting on the day of the inspection and both travelled back to meet with us. The registered manager also benefitted from support from other managers nearby in a buddy system. They had visited the service three times in the last six months to give the registered manager support. The chief operating officer who led Brendoncare was also visiting for a staff consultation in the near future. They had just started the role at the time of the previous inspection. The registered manager said they had been very supportive in ensuring the issues raised at that inspection were addressed in a timely way, for example increasing staffing levels.

The head of quality and compliance visited monthly and carried out spot checks using a clear format. Any issues were picked up and addressed. The registered manager said, "Oh yes, there has been a huge increase in corporate support. I can just ring if I have a query. I've just completed a 'My Home Life' leadership course and it's really brought the managers together. I feel we are seizing the moment." There had been a lot of focus on getting the care planning right and this could be seen.

Quality assurance audits were in place and being completed using a new corporate compliance audit schedule. For example, the medication audit had raised issues around delivery times so this had been raised with the pharmacy and resolved. A corporate weekly report was completed including staffing, sickness, disciplinary and incidences. These were monitored by the head of care services. Accidents and incidents including falls were well reported and actions were taken to
minimise risk in the future relating to these.

Staff felt valued and supported. Two staff had won corporate awards for their good work and there was evidence of support and encouragement of professional development. Staff had received regular supervision one to one support sessions and their annual appraisals. All staff praised the changes that had been put in place since the last inspection and how well supported and happy they felt.

Regular staff meetings were well attended and discussed a wide range of issues such as activities, daily recording, staffing and issues raised. Residents' meetings were also held. These were advertised and people could attend if they wished or bring a friend or relative. Mealtimes were discussed for example. During one meeting people were reassured that snacks could be available in the evening if people were hungry. This ensured people and staff had opportunities to raise any issues and receive follow up information about actions taken.

The service had worked hard to address all the issues raised at the previous inspection. Audits were all in place and analysed effectively to continuously improve the service. People were happy living at the home and well cared for, including those people who spent more time in their rooms. Staff and the registered manager felt well supported by Brendoncare head office and within the home and there were enough staff to provide person centred care.