

Borough Care Ltd

Bryn Haven

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was carried out over two days on the 6 and 15 March. Our visit on the 6 March unannounced. At the last inspection on 25 and 26 January 2016 we rated the service as requires improvement overall. We identified six breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014, which related to risk assessments, infection control, medications, Notification of authorised DoLS applications, the need for consent, ongoing supervision and appraisals for staff and effective governance systems.

This inspection was to check satisfactory improvements had been made and to review the ratings. The provider sent us an action plan that detailed how they would make improvements to become compliant with the regulations. At this inspection we found improvements to the service and no further breaches to the regulations.

Bryn Haven is a residential care home located on the outskirts of a large housing estate in Brinnington, Stockport. It is located near local facilities, a main road and a bus route that provide direct access into Stockport town centre. The home is one of a group of eleven homes managed by a 'not for profit' organisation; Borough Care Limited. Bryn Haven is registered to provide personal care and accommodation for up to 42 older people

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

People living at the service, told us they felt comfortable and happy living at the service. The atmosphere was relaxed and welcoming with lots of information available to people about the service.

We saw the food was attractively presented with good size portions. People told us they enjoyed the meals. The dining areas were relaxing and well maintained and enhanced the dining experience.

Activities were provided by the Activities and Lifestyle Facilitator (ALF) and visiting entertainers. The service provided games and activities to help provide access to regular events throughout the week. We saw that meaningful activities were provided by a full time activity co coordinator based on people's personal preferences. They have a dementia group that they attend in the community and participate in the arranged outings.

There was a long-standing staff team in place, with low levels of turnover. This meant that staff knew the people they provided care and support to very well. Staffing levels had been recently revised by the registered provider to provide senior staff and deputies on duty each day. This initiative provided access for everyone to senior leadership and consistent management of the service over a seven day period.

We recommended the registered provider reviews published guidance to help them to demonstrate how

staffing levels are calculated to meet people's needs. Staff were recruited following a safe and robust process to make sure they were suitable to work with vulnerable people.

Procedures were in place to minimise the risk of harm to people using the service. People received their medicines safely and as prescribed by their doctor. The service had regular auditing of medications to make sure they were being appropriately managed at all times.

Staff understood how to recognise and report abuse which helped make sure people were protected by well trained and informed staff.

Risk screening tools had been developed to reflect any identified risks and these were recorded in people's support plans. The risk screening tools gave staff clear instructions about what action to take in order to minimise risks e.g. for falls.

Staff understood the need to obtain verbal consent from people using the service before a care task was undertaken. Staff were seen to obtain consent prior to providing care or support. Support plans had been developed to incorporate individual information relevant to each person.

The building was very clean and well maintained and developed to meet the different needs of people living there. The service had lots of areas designed for people who had dementia and enabled them to enjoy the facilities on offer.

Staff had access to personal protective equipment (PPE) to help reduce the risk of cross infection for example disposal gloves and aprons.

The environment had been adapted in many areas to create a bright looking building with lots of pictures and signs of interest which generated conversations with everyone in the service and helped orientated people to where they were.

Staff received regular training and support to ensure they had the necessary skills and updates to meet people's needs. Staff told us they were receiving regular supervision sessions and appraisal. This meant that staff were being appropriately supported to fulfil their job role.

We saw there was a complaint and compliments policy accessible to each person living at the service. The people living at Bryn Haven and visiting relatives we spoke with told us they had no concerns or complaints. The service had developed a 'Complements tree' at reception. This was an innovative idea to encourage anyone to leave a comment to hang on the tree to offer their feedback if they chose to.

The registered manager and registered provider had thorough systems in place to monitor the quality of the service. The registered manager was innovative in her vision to improve and develop the service with lots of ideas they were hoping to start in the year.

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 felt safe and staff knew how to keep people safe.
Risk assessments were clear regarding actions they take to reduce and remove risks.

Recruitment procedures were robust to minimise the risk of unsuitable people being employed to work with vulnerable people.

Is the service effective?

Good ●

The service was effective.

People's needs were met by a suitably skilled and trained staff team.

Staff accessed appropriate professional healthcare support and guidance when required. Other health and social care professionals gave positive feedback about the service.

Staff understood their role in maintaining the principles of the Mental Capacity Act 2005 to make sure people's best interests could be met.

Is the service caring?

Good ●

The service was caring.

We observed people being supported in a dignified manner and their privacy was respected.
The atmosphere in the home was calm and relaxed.

People living at the service told us the staff were kind and they felt well looked after.

Is the service responsive?

Good ●

The service was responsive.

We saw that people's needs were assessed prior to admission to

ensure the service could meet their individual needs.

People were offered meaningful activities suited to their individual interests and preferences. The environment was developed to meet the needs of the people living at the service.

Is the service well-led?

The service was well led.

At the time of this inspection the manager was registered with the Care Quality Commission (CQC).

The registered manager and the registered provider understood their legal obligation to inform CQC of any incidents that had occurred at the service.

Systems in place in order to monitor the quality of the service were being fully utilised. The quality assurance systems were very detailed.

Good ●

Bryn Haven

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.

This inspection was carried out over two days on the 6 and 15 March 2018 and the first day was unannounced. The inspection team consisted of one adult social care inspector and an assistant inspector for day two of this inspection.

Before the inspection we reviewed information that we held about the service and the service provider. This included safeguarding and incident notifications which the provider had told us about. Statutory notifications are information the provider is legally required to send to us about significant events such as accidents, injuries and safeguarding notifications. The provider also completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Since the last inspection we had been liaising with the local authority and we considered this information as part of the planning process for this inspection.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with people in their care. SOFI is a specific way of observing care to help us understand the experience of people who may not be able to tell us.

We walked around the home and looked in communal areas, bathrooms, the kitchen, the laundry, medication rooms and a sample of all other rooms such as bedrooms.

During the two days of inspection, we reviewed a variety of documents such as, policies and procedures relating to the delivery of care and the administration and management of the home. This included five people's individual care records, a sample of medicine administration records and four staff personnel files to check for information to demonstrate safe recruitment practices were taking place. We also looked at

supervision and appraisal records, training records and records relating to safety checks and quality assurance systems.

We spoke with six people living at Bryn Haven and two visitors, the registered manager, the deputy, support manager, head of service manager, five support staff, one housekeepers, one ALF, the chef and the GP.

Is the service safe?

Our findings

People we spoke with told us they felt safe at Bryn Haven. They told us they liked their home and felt it was always kept clean and well maintained. Relatives told us they had no concerns. One person told us, "I think the home is clean and there has been a noticeable uplift in the last 18 months" and "I absolutely feel the care my relative receives is safe, as is the environment."

A lot of the people living at the home were unable to give their verbal opinion about the care and support they received. We spent time in the communal areas observing staff interaction and the care and support people received. We saw that safe, effective care was delivered to people.

During the last inspection, we found the service in breach of Regulation 12 of the Health and Social care Act 2008 (Regulated Activities) regulations 2014, Safe care and treatment. During this inspection we found improvements had been made in the way medicines were being managed and the regulation had been met. We found that medicines were safely managed and had gone through a transition of change and was managed through a computerised system. Staff we spoke with told us they were well trained to safely support people with medicines including training and support in implementing the new computerised systems in place for managing medications. The training records we looked at supported this.

We looked at a sample of recent medication audits carried out by the registered provider and senior staff at the service. These checks made sure that people received their medication safely and as prescribed by their GP. A medicines policy was in place to help make sure they had safe storage and administration of medicines. We saw there was a photograph at the front of each person's records to assist staff in correctly identifying people to ensure they received the correct medication as prescribed by their GP. We carried out a sample tablet count of the medicines including checks on controlled drugs and found no discrepancies. Some prescription medicines are controlled under the Misuse of Drugs legislation (and subsequent amendments). These medicines are called controlled medicines or controlled drugs. There was a safe system in place for recording the temperature of the medicines storage fridge and the temperature of the room where medication was stored.

During the last inspection, we found the service in breach of regulation 15 (1) (a) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Premises and equipment. During this inspection we found improvements had been made in the cleanliness and management of infection control of the service. The home was very clean and well maintained. Visitors told us they found the environment was kept clean and tidy at the home at all times. Staff told us they always had access to personal protective equipment (PPE) such as disposable aprons and gloves to help reduce the risk of cross infection.

During this inspection we looked around the kitchen. We saw the kitchen was clean and well managed. There were large varied supplies of food. We found that safety checks had been regularly undertaken, including the recording temperatures of food, fridges, freezers and maintaining cleaning schedules. We noted the small space for the laundry and the manager discussed potential plans for the future to develop storage for this area.

Following the previous inspection the service had gone through a lot of maintenance and decoration producing an environment with a high standard of décor. Small sitting areas had also been included in the maintenance, enhancing each part of the building and creating lots of areas for people to enjoy and sit and relax. Visitors and people living at the service told us how they really liked the décor and the developments in the home. The registered manager had further plans to continue developing the environment to enhance the facilities for everyone to enjoy.

During the last inspection, we found the service in breach of Regulation 12 (2) (a) (b) of the Health and Social Care Act, 2008 (Regulated Activities) Regulations 2014. Safe care and treatment as risk assessments had not been updated. During this inspection we found improvements had been made in the management of risk assessments and health and safety within the environment.

The staff carried out regular safety checks within the building such as recorded in house checks for the call bell system, water temperatures, fire alarm and environment. The registered provider had developed a detailed audit encompassing all areas of the building including environmental risk assessments. These checks helped to make sure people were cared for in a safe environment. We noted on day one that some washing up liquid was left out and accessible in the dining/kitchenette area. The registered manager took appropriate action and implemented a risk assessment to these areas to reduce future risks. We saw evidence of up to date maintenance checks for all facilities and equipment within the service. We looked at a sample of checks such as the electrical installation certificate, gas safety certificate and fire alarm testing. In addition the registered manager carried out daily walk arounds of the building.

A detailed fire risk assessment had been undertaken and a fire evacuation plan was in place. We saw that Personal Emergency Evacuation Plans (PEEPS) had been completed for each person living at the service. PEEPS give staff or the emergency services detailed instructions about the level of support a person would require in an emergency situation such as a fire evacuation. These checks help to make sure that any environmental risks to people were minimised and the environment was well managed to ensure it was safe for everyone.

We looked at sample of staff recruitment files and found that appropriate checks had been carried out to show that staff were recruited as per the homes recruitment policy and assessed as suitable for their posts. This included seeking references and obtaining Disclosure and Barring Service (DBS). The DBS carried out checks and identify if any information is on file that could mean a person may be unsuitable to work with vulnerable people. Staff personnel files were stored at the registered providers offices. The manager arranged for these records to be made accessible during this inspection.

Systems to help protect people from the risk of abuse were in place. The service had a safeguarding policy and procedure which was in line with the local authority's 'safeguarding adults at risk multi-agency policy'. This provided guidance to staff on identifying and responding to the signs and allegations of abuse. We looked at records which showed the provider had suitable procedures to help make sure concerns about people's safety were appropriately reported.

Staff we spoke with told us they had updated training and knew how to keep people safe. They were knowledgeable about safeguarding procedures and the actions to take to safeguard vulnerable adults. The service had a Whistle Blowing policy. The Whistle Blowing policy is a policy to protect an employee who wants to report unsafe or poor practice.

An accident and incident policy was in place. Records of any accidents and incidents were recorded and analysed to check if there were any themes. Notifications in relation to accidents or incidents had been made to the Care Quality Commission (CQC) and the local authority adult social care safeguarding team where necessary.

We looked at a sample of support files which contained an individual support plan that identified any known risks that might compromise the person's safety. People's records had been regularly reviewed. Risk screening tools had been developed and included areas such as keeping people safe including falls risk assessments. Dietary risk screening tools were also in place for people with specific dietary requirements such as softened or pureed meals. The risk screening tools we examined were able to identify the actions for staff to minimise risks to maintain people's safety within the service.

The registered manager carried out regular assessments of the dependency needs of each person living at the service. The registered provider had recently reviewed the staffing levels and rotas so that staff worked 12 hour shifts. They also provided deputies and senior staff on each shift so that every day of the week the service provided access to senior staff members. Most of the staff were positive about the change of shifts, some felt it was challenging when somebody phoned in sick. We looked at a sample of recent staffing rotas and saw that the staffing levels were consistent with what we had been told. During our inspection we did not observe anybody having to wait long periods of time for assistance.

The registered provider did not use a staffing calculator to show how the staffing hours were calculated to meet the assessed dependencies of people living at the service. We recommend the registered provider researches best practice regarding staffing levels. This will help them to demonstrate how staffing levels were assessed and reviewed to meet peoples changing dependencies.

Is the service effective?

Our findings

When we spoke with people who lived at the service they were complementary about the staff and their ability to provide them with care and support. They told us, "Yes I like them" and ""Lovely girls."

During the last inspection, we found the service in breach of Regulation 18 (4) (A) (b) of the Care Quality Commission (Registration) Regulations 2009 (part 4,) Notification of other incidents. During this inspection we found improvements had been made in the way the provider notified CQC regarding notifications for authorisations of DoLS in place. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). By law, the Care Quality Commission must monitor the operation of any deprivations and report on what we find.

We checked whether Bryn Haven 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 provider had made applications to the local authority to deprive people of their liberty with explanations why this was needed for each person's best interest. The manager had developed a check list that acted as a reminder to seek DoLS renewals in advance of the expiry date. This ensured the liberty and freedom of people was not being unlawfully restricted whilst living at the service.

During the last inspection, we found the service in breach of Regulation 11(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Need for consent. During this inspection we found improvements had been made in recording how any decisions were made on behalf of a person who lacked capacity are made in their best interests and in supporting people with their wishes and requests. The registered manager had collated details of who had Power of Attorney's (POA) authorisation in place. A POA or a LPOA is a legal document that appoints one or more people (known as 'attorneys') to help the person make decisions or make decisions on their behalf relating to finances and/or health or welfare. We looked at a sample of support files in which we saw evidence of the use of consent forms to records people's wishes. The forms asked people for their consent regarding assisting them with their medication and in taking photographs when needed. Consent was obtained and records were stored in the care file to recognise each person's views and rights. During this inspection, we observed staff obtaining verbal consent from people. We observed staff asking people if they were supporting if they would like to take part in the activities, go out for a walk, if they would like a drink, or assistance to go to the dining areas.

The chef who had a good understanding of people's personal preferences and any special diets such as diabetic, soft and pureed diets. People were positive about their meals and dining services. We noticed where some people hadn't eaten some of their meal; the staff supported them in getting a replacement and offered further choices for their meal. Staff knew the needs of the people they were supporting and those people who were in various stages of their dementia were supported with food and snacks throughout the

day. We observed some people requesting a sandwich and cup of tea throughout the inspection and staff swiftly supported each person with their request. Lunchtime was relaxed with staff engaging well with people and offering support if required.

Care records included information about each person's nutritional needs. This meant people's nutrition and hydration was monitored to ensure their nutritional needs were being met. Staff were aware of the need to follow the speech and language therapist (SALT) instructions to support and care for people who had difficulties with communication or with eating, drinking and swallowing.

During the last inspection, we found the service in breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing. During this inspection we found improvements had been made in the way the provider supported staff with appraisals and supervision. Staff told us they were receiving appropriate support, training and guidance to fulfil their role. Staff told us they had regular supervision and an annual appraisal session to talk about anything needed. We were shown a staff supervision and appraisal schedule/planner /2018 which included the names of each staff member. Staff had received regular supervision and appraisals following the last inspection.

When we walked around the home we saw the design and layout of the home was suitable to accommodate the number of people living at the service. There was equipment in place to promote people's mobility such as, handrails throughout the building. Toilets, bathrooms and communal lounge areas had appropriate seating were sufficient in numbers, were well maintained and in good condition. Corridors were clutter free and wide enough for trolleys, wheelchairs and other mobility aids to manoeuvre safely.

A system was in place to support staff with updated training each year. The staff we spoke with told us they were happy with the training on offer. Staff were well qualified with the skills and experience to meet the needs of people living at the service and told us about the different topics covered especially in dementia and how that helped them to better understand people's needs. An e-learning programme was in place supported by face to face training which was monitored by the manager and the registered provider. The provider had a learning development manager who co-ordinated and helped plan the training for all the services within the organisation. We saw an overall staff training matrix (record) that detailed all of the training available. Training covered lots of topics for staff including dementia care, diversity and equality, fire training, DoLS, medications and safeguarding vulnerable adults. An induction protocol and check list were in place which identified the essential knowledge and skills needed for new employees.

Care records showed that the service involved other healthcare professionals to meet the needs of people who used the service such as visiting district nurses, the GP and hospital appointments. The local GP was very positive in regard to the staff and the support they provided to people living at the service. They felt the staff worked very well with the GP practice and they felt they had a good rapport with the staff team. That staff worked well in supporting people with a wide range of needs and they had a good communication system.

The staff explained that the support records were being transferred to a new format called a 'Magnolia plan.' Some records had been transferred and some were still in the process of being updated. The registered provider had acknowledged the need to improve and develop their care plan format and was taking appropriate actions. They explained that in April 2018 their records would be further developed to include a new computerised format. The registered provider felt the new format being installed would help staff to produce improved and accurate records that incorporated all elements needed for a support plan that met the needs of everyone living at the service.

Is the service caring?

Our findings

People living at the service told us they were happy and felt well cared for. One person said, "It's lovely, they are lovely." Relatives were positive and told us, "The staff are human not formal" and "I feel like staff are family."

The staff told us they were always looking for ways to consider caring values. The staff had developed a unique and easy way to gather people's comments when they arrived or were leaving the building. They had built a tree in reception and left comment cards that people could complete and then hang on the tree. Everyone was welcome to leave comments if they wished. We noted there were lots of compliments, including,

"Wonderful staff, supportive to relative and staff 1 big family" and "We think your home is lovely, clean, friendly and warm, we are more than happy with wonderful care our (relative) gets."

We carried out a short observational framework inspection (SOFI). During our SOFI we saw that people sat in the communal lounge/dining area were relaxed, with staff engaging and interacting well with people. Relatives and people living at the service told us the staff were very caring. We observed staff welcoming visitors and offering drinks during their visit. Two visitors told us they were always made to feel welcome whenever they visited. They were positive about the care being delivered.

We observed staff interactions with people and we saw staff were good at respecting people's privacy and dignity. For example staff protected people's privacy by closing doors when providing support. We observed staff patiently walking with people who needed reassurance and orientating to their room. They spoke quietly and sensitively to the people they were supporting and helped orientate them around their home. We observed people chatting to staff and it was apparent from their body language and smiles they were comfortable with the staff supporting them. We saw that people were all well-groomed and appropriately dressed. We observed staff sensitively supporting people with any behaviour that was challenging by reassuring the person and talking calmly and quietly.

We had spoken with staff on duty, both from the care team and housekeeping team who showed great insight and caring values towards the needs of the people they supported. They offered positive comments such as, "We love our job" and "Yes we would definitely recommend the home to others."

Staff told us they supported each person with as much choice as possible and this was obvious as we observed good practices throughout the visit. Discussions with staff showed they had a good understanding of the individual needs of each person, especially people with dementia and people who had advanced needs as they explained their training covered lots of topics including end of life care. The service had been awarded an "End of Life Award" in 2017 by the local palliative care team for their good practices.

Records and documents were kept securely in locked rooms accessible only by staff, no personal information was on display. This ensured that confidentiality of information was maintained. Records showed people and their relatives were involved in decisions about their care, support plans were regularly reviewed.

Information was present in people's care files about their individual likes and dislikes, interests and religious beliefs. This personalised information helped staff to provide care and support based on people's personal preferences and helped staff better understand the individual.

Is the service responsive?

Our findings

The visitors and people we spoke with told us they did not have any complaints but felt certain that any issues raised would be listened to and action would be taken. They were confident they could go to senior staff and the registered manager to discuss anything. Relatives told us, "I am happy and the rest of the family are happy", "I have no concerns at all" and "The manager is proactive, any issues are dealt with there and then."

During the inspection we reviewed the policy in relation to complaints, which was included in the 'resident information pack' and was displayed in the service. Staff told us that any concerns or complaints raised by a visitor or person living at the service would be taken directly to the registered manager. We reviewed a selection of complaints the service had received previously and noted the staff had followed their complaints process. The service had also captured positive comments and complements. The comments were overall very positive about the service.

We saw a 'Resident information pack & Statement of Purpose' was available for people to access in reception. This pack included lots of useful information about the service including for example, key names and contact numbers, information regarding the facilities available including the complaints procedure. This meant that relevant information about the service was available for people to access and helpful for people to make informed choices.

Staff told us there was lots of activities on offer and that they had good staff who worked hard to organise activities and events. The home employed the services of two part time (ALF's) activity coordinators. They were progressive in their ideas and inclusive in trying to learn about everyone's needs and requests socially. They met up with all the other ALF's within the organisation sharing each other's ideas and initiatives and taking them back to their own services to implement. People were supported to take part in hobbies and interests and this information was recorded in their care records and individual activity file. We saw that people were assisted to engage in a variety of meaningful activities of their choosing. During the inspection we saw people enjoying a movie in the lounge and some people chose to take a walk around the service chatting to staff along the way. The staff had organised a weekly attendance for some people in the community to the local dementia group which gave people an opportunity to socialise with others in the local area and attend day trips to places such as Southport and Chester. They are also linked into a local community group called 'What's on in Brinnington.' The group helps them to keep in touch with any events such as fetes, markets and movies arranged. Staff told us about plans to develop one of the lounges to accommodate music and instruments to be known as the 'music lounge.'

The ALF had developed a pictorial programme of activities which was displayed in the corridors. This visual schedule helped people to be orientated to what activities were planned and helped some people to better understand what the activity was with the use of a picture. However staff reacted positively to unplanned events and requests and tried to support people with individual requests.

Information was recorded about people's individual likes and dislikes. The document gave information on

people's lives such as what their hobbies and interest were, their adult life and work life, and events and anniversaries important to them. This personalised information helped staff to better understand individuals and provide care and support to people based on their personal preferences. This helped staff to engage with people in meaningful conversations.

Following training and developments on dementia the staff explained they had adapted a lot of areas within the service to meet people's dementia needs. They had purchased a variety of games and activities, use of coloured pictorial signage for bathrooms, toilets and communal areas to help people be orientated to different rooms. Individual bedroom doors had been fitted with bright coloured vinyl door coverings to replicate external front doors and they had named each corridor of the home, to help people orientate around their home and identify their own room. Along the streets (corridors) visual prompts were in place such as reminiscence items and pictures from the past. These visual prompts helped people to identify with the past and helped to initiate discussions. These developments supported people living with dementia and helped to promote their independence.

We looked at a sample of support records of people who lived at the service. During our discussions with the manager and staff we found they were aware of people's individual needs and preferences around their daily lives and the importance of this. Staff knew the needs of the people they supported very well. Each person had been assessed before they decided to move into the service. Support plans included relevant information to identify the person's care, support and equipment to meet people's needs safely. For example, identifying when specialist equipment such as pressure relieving mattresses were needed. This helped to make sure people's health and wellbeing was appropriately responded to and maintained. Assessments showed people and their relatives had been included and involved in the assessment process wherever possible.

Is the service well-led?

Our findings

A registered manager was in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (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 2008 and associated Regulations about how the service is run.

The people who we spoke with knew who the manager was and told us they thought she was very good. Visiting relatives told us, "Most definitely yes I can talk to the manager about my relatives care." Relatives and people living at the home were aware of developments that had taken place and were kept up to date.

During the last inspection, we found the service in breach of Regulation 17 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance. During this inspection we found improvements had been made in the way the registered provider assessed and monitored the quality of service that people received.

There was a clear management structure in place. The registered manager was supported by deputy's, team leaders, a registered provider offering supporting roles such as a compliance manager, a learning development manager and a new area leads role created by the organisation. The area leads were previous home managers and their role has been brought in to support managers, drive continuous improvement and championing innovation and sharing best practice amongst the services they are supporting.

The registered provider continued to develop their auditing systems and had ensured they had brought in the necessary expertise to help them in appropriately managing the service. They had commissioned the services of an external health and safety provider/auditor to further enhance their management of safety within the service. The registered manager fully engaged with anything necessary during the inspection to make the home safer and well managed. We found there were formal systems for auditing all areas of the service including, people's support records, staff training and recruitment, supervision and appraisal, health and safety, safeguarding, complaints and medications. The provider had developed in depth internal inspections offering detailed oversight and evidence of clear auditing records to show on-going governance of the service. The registered provider was confident that the newly computerised system for recording and managing support plans would greatly improve the accuracy of their record keeping.

The registered manager shared with us copies of the services policies and procedures. The registered provider advised they were in the process of purchasing new policies and procedures that would offer each service the most updated guidance accessible to everyone.

The registered manager and staff understood their role and responsibility to the people who used the service and demonstrated their commitment to the service by having clear visions and values about the home. They clearly showed their commitment to continue developing and improving the service to benefit everyone living at the home.

The staff told us there was a friendly atmosphere within the service and they felt very much part of a team. They told us they could always go to their registered manager and raise anything; they felt valued and well supported. They had regular staff meetings and information booklets/newsletters shared with them from head office. This information helped to keep them up to date with any plans and developments.

The registered provider was aware of the importance of maintaining regular contact with people using the service and their families. We saw that satisfaction questionnaires had been sent out and the service had lots of ways for people to discuss their views, via meetings, the ALF, suggestions box, the compliments tree and the comment cards left at reception. The latest returned surveys/feedback were very positive.

We saw the CQC quality rating certificate was displayed in the office and the main reception area of the home, where people visiting the service could easily see it.