

My Peace Mills Limited

Peacemills Care Home

Inspection report

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Nottinghamshire
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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Peacemills is a residential care home which can support up to 43 people. At the time of the inspection there were 36 people aged 60 and over living at the service. Some people residing at the service were living with dementia or related conditions.

The care home accommodates people in one adapted building, set over two floors. It has a large communal lounge and dining area for people, with access to a well-maintained garden area with outdoor seating. Smaller lounges were provided for people to watch television or for having private meetings with their family or professional visitors.

People's experience of using this service and what we found

People received exceptionally kind and effective person-centred support from staff who were motivated and led to provide the best care they could. Staff supported people to make decisions for themselves and engaged with people and their relatives about their wishes and preferences.

The service's visions and values promoted people's rights to make choices and live a dignified and fulfilled life. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service was led by two registered managers and a dedicated staff team who were committed to delivering a service which improved the lives of people in creative ways. The registered managers sought to use innovative techniques in training the skilled and experienced staff team to provide the very highest quality of care and support to people.

Staff were proactive in supporting people to maintain as much independence as possible. People were able to live healthy lives through a good diet and nutrition. People and relatives felt they were partners in their care and encouraged to make decisions about this.

Staff understood how to make people feel valued and people told us this improved their lives and made them happy. The registered managers had created excellent community links that benefitted people. They had a strong focus on reducing isolation, loneliness and promoting intergenerational connection.

People received highly effective and responsive support with their health and social care requirements, the safe administration of their medications and a multi-disciplinary approach to all of their care and support needs.

The service was being refurbished by the committed provider to a high standard, which supported people to

live well with dementia or sensory loss.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 11 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

Details are in our safe findings below.

Is the service effective?

Outstanding ☆

The service was exceptionally Effective

Details are in our Effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally Caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was Responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was Well-Led.

Details are in our Well-Led findings below.

Peacemills Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by an inspector, a Specialist Advisor Nurse, 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.

Service and service type

Peacemills is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Nottinghamshire Fire & Rescue Service and other professionals who work with the service. We contacted Healthwatch for feedback on the service, Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and one relative about their experience of the care provided. We spoke with nine members of staff including the provider, regional manager, the two registered managers (one who was newly registered), senior care workers, care workers, domestic staff and the cook. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with one visiting professional during the inspection to gain their opinions of the service.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed the training data, policies and quality assurance records the provider had sent to us.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- We spent time in communal areas speaking with people and staff to help us make a judgement about whether people were protected from abuse. Staff responded appropriately to people's needs and interacted respectfully to ensure their human rights were upheld and respected. Interactions between people and staff were relaxed and friendly and people seemed happy.
- Staff demonstrated an understanding of their safeguarding responsibilities and knew how to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally such as to the local authority, police and the Care Quality Commission (CQC). Staff had received safeguarding adults training to ensure they had up to date information about the protection of vulnerable people.
- The registered managers showed a clear understanding of their safeguarding roles and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. There were clear policies in place for staff to follow.

Assessing risk, safety monitoring and management

- People's individual risks were identified, and risk assessment reviews were carried out regularly to identify ways to keep people safe. For example, falls risk assessments, eating and drinking support and how people chose to communicate.
- Risk management considered people's physical and mental health needs and showed measures to manage risk were as least restrictive as possible. For example, people who could exhibit behaviours which others may find challenging had behaviour support plans in place for staff to follow if an incident occurred. In relation to these occasional incidents one person told us, "The staff are most polite and put up with verbal insults and shouting from some residents at times."
- We saw plans for people living with dementia followed the best practice guidance, 'Jewels in Dementia Tool', which staff had received extra training in, to enable them to best support people to live well with their dementia.

Staffing and recruitment

- People confirmed that their needs were met promptly, and they felt there were sufficient staffing numbers. One person told us, "There is always enough staff. Always somebody here." We observed this during our visit when people needed support or wanted to participate in particular activities. For example, staff spent time with people engaging in a range of activities both within the home and local community. The registered

manager explained that during the daytime, people received varying levels of support in line with their individual needs as decided by the dependency tool used by the service. We saw that one person had been taken out by a staff member for the day during our inspection as it was their birthday, they told us they had really enjoyed their day trip when they returned.

- People told us they felt safe and staff were always available to attend to them. One person said, "I use the buzzer in my room and don't have to wait long. I listen to other buzzers being used and they are responded to within a few minutes." A relative told us, "My relative can't use the buzzer and can just manage 'yes/no' to communicate. Staff check them regularly and are more aware of interpreting their needs than me." We saw in this person's daily records that they were regularly assisted by staff during the day and checked during the night to ensure they were safe and well.
- There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks were done, which included references from previous employers and Disclosure and Barring Service (DBS) checks completed. This demonstrated that appropriate checks were undertaken before staff began work in line with the organisations policies and procedures. This was to ensure staff were safe to work with vulnerable people.

Using medicines safely

- People's medicines were managed so they received them safely. One person told us, "I get my medicines regularly and know what they are for."
- Medicines were kept safely in a locked medicine room. The medicine was stored in an orderly way to reduce the possibility of mistakes happening. Medicines were safely administered. Medicines administration records were appropriately signed by staff when administering a person's medicines. Audits were undertaken to ensure people were receiving their medicines as prescribed.
- The service had clear protocols in place for 'as required' PRN medication. Body maps were in place for pain patch medication which were accurately recorded by staff.
- Staff received medicine training and competency assessments to ensure they were competent to carry out this task. Staff confirmed they were confident supporting people with their medicines.

Preventing and controlling infection

- We found all areas of the home to be clean, fresh and free of malodours. People we spoke with described the service as 'spotless'. One person said, "The shower is next door. I get fresh towels everyday. The room is kept clean, everywhere is, and my bedsheets are changed every week."
- Staff ensured infection control procedures were in place. Personal protective equipment was available to staff when assisting people with personal care. For example, gloves and aprons. Staff had all completed infection control training.

Learning lessons when things go wrong

- We saw evidence that learning from incidents and investigations took place and appropriate changes were implemented if required. For example, care plans and risk assessments had been updated when needed. Where incidents had taken place, involvement of other health and social care professionals was requested by the registered managers.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding.

This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Staff support: induction, training, skills and experience

- Staff received training that equipped them with the skills, knowledge and confidence they needed to support people and the conditions they lived with to the highest standards of person centred and effective care. For example, the newly registered manager had developed some highly innovative training in relation to 'do not resuscitate orders' (DNA/CPR documents). This involved staff being alerted to a spare bedroom by a call bell and being presented with a resuscitation doll lying on the bed with a mock care plan. Staff were then expected to react as if this was a real emergency situation in order to assess their understanding and competency. Any subsequent learning in relation to this very challenging area of care provision was then discussed and shared amongst the staff team. Staff told us the experience helped them improve their practice and approach.
- The registered managers also demonstrated innovative training approaches in relation to choking risks, by the use of a choking jacket to practise the safe removal of food and choking recovery. They informed us this training had already been used by staff to assist one person in the service. All staff had participated in these sessions as part of their ongoing learning and development programme.
- We observed staff to be exceptionally warm and person centred in their approach and highly responsive to individual needs. Staff demonstrated how their understanding and training influenced the way they provided care and support. For example, one person living with advanced dementia became very anxious at several periods during the day. We saw that staff were very patient and kind in their approach. This person was spoken to sensitively, eye contact and a light touch were used to calm them, we saw the person found singing with staff and holding a cuddly toy very soothing. It was clear that the staff knew them well and understood how to ensure they minimised any distress for this person.
- The registered managers had encouraged staff to become 'Champions' for specific areas within the service. One member of staff we spoke with explained they took an interest in the overall management of medication within the home. They explained to us how the training had enhanced and developed their role.
- Staff felt well trained and confident they had the skills needed to fulfil their role and were regularly assessed to ensure their competency. One staff member told us, "We get plenty of training, both face to face and on line. If we need to learn anything further about a particular area, for example dementia or pressure ulcers, then we get extra training." Another member of staff told us, "We have access to the British National Formulary (BNF) app on our phones, if we need to check any medications we are unfamiliar with that people are newly prescribed, it is really useful."
- People and their relatives told us staff were well trained and competent. One relative said, "Oh yes, the

staff are more than capable to do their jobs."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's health care needs were met by the excellent partnership established with health and social care professionals. If people needed emergency healthcare staff acted quickly to arrange this. They contacted out of hours GPs and called for an ambulance if a person needed one. Staff were receiving extra training in the 'Significant Seven', which enables them to identify areas of deterioration in people's health and to act promptly to take appropriate interventions.
- The service utilised the locally provided 'Telemedicine' service, which allowed them to share immediate concerns with the GP practice via a television screen. This enabled prompt medical attention for people who showed signs of potential infection or pressure sores to be identified and treated at the earliest opportunity. The registered managers told us how they found this innovative approach particularly reassuring and we saw evidence that people had received timely interventions in their clinical care requirements. The registered managers told us how this had reduced the requirement for hospital admissions for infections or acute illness, as people had received earlier treatment.
- One person told us in relation to this, "I've seen the doctor once or twice when I needed to. I went to hospital to get my eyes checked. The optician comes here and I see them. The chiropodist comes every two to three weeks. The nurse comes to take blood samples for my diabetes. We are well looked after."
- We saw that people were supported to improve their health and mobility through a partnership approach to their care and support needs. One person told us, "I'm treated well. I've had no falls for over two years now." When we looked at this person's care and support records we found this to be the case.
- Staff were highly attentive to people's health needs, they identified when people were unwell and arranged for people to access a range of healthcare professionals including GPs, dentists, opticians, dieticians and occupational therapists when they needed them. We spoke with a visiting health professional who told us they always received the information they needed to provide clinical support to people and staff were very knowledgeable about people's needs.

Supporting people to eat and drink enough to maintain a balanced diet

- The cook and registered managers supported people to access food and drink that met their needs regardless of physical need or cognitive impairment. This was very important for people living with dementia who may not want to eat at set times or who only ate smaller amounts more frequently and could potentially be at risk of losing weight. To ensure these people had a balanced diet, regular supplementary hot and cold snacks and smaller portions were prepared and were routinely available. Drinks and snacks were also available to people during the night, for those people who may not have a regular sleeping pattern. We saw from reviewing records that people's weights remained stable, and feedback from a community professional told us that the service managed this extremely well.
- People told us they enjoyed the food. One said, "The food is beautiful. I've also got snacks in my cupboard." While another person told us, "The food is really good actually. If I want more then I'll get it. Staff spoil me a little bit." We observed that staff were very perceptive and creative in ensuring people could have what they wanted to eat particularly where people were living with dementia. Sample food plates were shown to people to help them make their food choices. We saw that one person did not want the meal they had ordered but were confused about what they would like. A staff member noticed this and sat down with the person. They talked to the person about what they may like instead, explaining that it was lunchtime. The person decided what they would like to try instead, the staff member explained this would be no trouble to arrange. The actions of the staff member prevented this person from missing a meal.
- For people who were at risk of choking and requiring a modified diet, the service focussed on implementing best practice and techniques to ensure the food remained appetising and stimulating to look

at. The cook and staff had a clear awareness of people who required assistance at mealtimes, which was provided in a discreet manner. The mealtime experience was calm, pleasant and sociable for people. People sat in small sociable groups, with staff sitting talking with people as they ate.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs were holistic and comprehensive. We saw that full information had been sought and recorded to identify outcomes for people. The care plans contained current guidance from The National Institute for Health and Care Excellence (NICE). This ensured the service was using evidence-based techniques to support the delivery of high-quality care and support.
- Care plans were developed for each identified need people had and staff had clear guidance on how to meet those needs. The plans were regularly reviewed as people's needs changed. Assessments were highly personalised and covered people's health and social care needs along with a 'map of their life', family trees, preferences, hobbies and interests.
- People had details of what a 'good day' and a 'bad day' looked like for them in their care plans. For example, we saw one person enjoyed watching football on the television and trips out with their family, but didn't enjoy being woken up during the night, as it left them feeling tired during the day. We saw that this person had a clear care plan section signed by all staff, for not being woken or checked during the night by staff, unless there was an emergency, or they were unwell. They had access to an emergency call bell if required.
- People's oral hygiene had been fully considered. We saw that the registered managers were following best practice guidance for supporting people to ensure that their teeth and dental aids were kept clean. People had regular access to dentists and orthodontists as required. Staff were aware of the importance of good oral hygiene in relation to other medical conditions, and the impact of this on people living with dementia.
- Protected characteristics under the Equality Act 2010 were considered. For example, people were asked about any specific religious, cultural or sexuality needs they had so those needs could be met.

Adapting service, design, decoration to meet people's needs

- The provider was in the process of completing a significant refurbishment of the service, which we saw had already positively impacted on people living at the service. They had worked hard to adapt and enhance the environment to be suitable for people living with dementia and sensory loss. These included tactile items, photographs and pictures in corridors and communal areas that people could explore, which reflected their working lives, interests or heritage and culture. These allowed staff and visitors to stimulate discussion with people who may have difficulty in remembering things.
- We saw that along with door numbers and names, staff had painted personalised picture frames on people's doors to help people recognise their rooms. This enabled people living with dementia to begin conversations with people about specific areas which were of interest to them. For example, one person had flowers painted on their door sign, which opened up a lively conversation with this person and a member of the inspection team. The registered managers had taken time to include the family and friends of people along with information contained in people's life history information to provide a personalised approach to adapting building design to support people to live well with dementia.
- The service benefitted from a large bright dining room and lounge area, with a quieter television lounge for people. There was an accessible garden space, with patios, gazebo seating areas and raised planted beds. People's rooms were personalised with belongings from their family home.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Mental capacity assessments were carried out where required to establish if people making decisions affecting their lives had the capacity to do so. Decisions for people identified as lacking capacity to make certain decisions were taken following a best interest process. Where this was the case, it was clearly identified in people's care plans.
- We observed staff asking for people's consent before providing care and support to people. People were offered choices and encouraged to express their wishes. For example, people were offered a choice of hot and cold drinks, where they wished to spend their time and when they chose to go to bed or get up for the day. In relation to personal choice, one person told us, "Staff always knock on the door and explain what they have come for." Another person told us, "I choose to stay in my room sometimes. I can have my food in here if I want to, I can sleep when I feel like it. Nobody ever bothers me."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding.

This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Respecting and promoting people's privacy, dignity and independence

- One staff member had developed a truly innovative clothing protector for mealtimes, which appeared as a shirt and tie for a gentleman, and a pretty dress or blouse for the ladies. People chose the colours and patterns of these, so they were highly individualised. These were backed with wipeable material and were washable; but looked less like the traditional 'bibs' which some people wear to protect their clothes during mealtimes. This was a really sensitive and highly personalised approach to supporting people's dignity during their mealtime experience, which the service were implementing for people who required assistance with their meals.
- Staff were very conscious of maintaining people's dignity when assisting them to mobilise, knocking on doors before entering and asking people before providing personal care. People all looked very well presented and cared for and staff paid people compliments in a respectful way. Staff told us how important it was to support people to maintain 'a pride in their appearance'. And we saw they facilitated this by ensuring people were consulted about what clothes they wished to wear for the day, and how they wanted their hair to be brushed or styled.
- We saw that staff were proactive and patient in supporting people to maintain as much independence as possible. Staff were enthusiastic and encouraging when supporting people to help themselves. The registered managers regularly reviewed the deployment of staff to ensure that people were effectively supported, and to provide extra staff if people wished to participate in offsite activities., for example going on day trips out to places for special occasions.
- People told us, and we observed that their care and support was never rushed and they did not feel pressured to hurry. Staff used the term 'assist' when referring to the support provided because this promoted the ethos of providing assistance with people being active participants in their care. People told us that staff respected their privacy completely, one person said, "The staff are very respectful. They always look out for me. They very much respect my privacy."

Ensuring people are well treated and supported; respecting equality and diversity

- The registered managers and staff team displayed a very strong ethos of providing person centred care. We observed staff to be exceptionally kind, caring and thoughtful when supporting people. One staff member told us, "We all try to be happy and bubbly at work." The registered managers spoke of their development plans for the staff team, and how well they worked together. They spoke of ensuring people had a 'good day' and how important personal choice and being responsive to people's changing needs were

to them.

- Staff and the registered managers saw people's relatives and friends as partners of the care and support that was provided. People and their relatives told us they felt the service embraced them and the contribution they could make. People we spoke with all told us staff were 'helpful', 'kind', 'caring' and 'friendly'. One person said, "I find staff to show kindness and patience. They are helpful and they listen." A relative we spoke with told us, "The staff are caring and kind. They are always willing to help." They went on to say, "My relative is well looked after. The care they are given is really good. They will speak to my relative even though they can struggle to understand. They give [Name] a very personal touch."
- Staff had detailed in depth knowledge of people's personal histories, backgrounds and preferences. This was also reflected in people's care and support plans. Care plans clearly identified where people had a preference of staff gender when providing them with personal care for example. Staff knew people's preferred names and titles and ensured that these were used when speaking to people.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives felt very involved in the planning and delivering of their care and support. They said that managers and staff regularly spoke with them to gain their views and ensure their satisfaction. People were encouraged to make decisions wherever they could. One person told us, "I don't know how they remember everyone's name! But everyone knew my name in one day when I came here. They know all the things that matter to me, personal things. The staff come and see me, and we natter."
- We consistently observed that staff were exceptionally patient with people, particularly with those living with dementia and who may call out or repeat themselves. They spent time sitting chatting with people, laughing, holding their hands and singing. People responded positively to these interactions by looking at them with broad smiles, we saw evidence that their anxiety was greatly reduced by these staff actions
- People told us they had excellent communication with staff and were involved in decision-making as partners in their care. People were not rushed, were given time to speak and when they did, staff listened and acted on what they said and respected their views. People said their care was designed and planned together with staff and included their relatives or advocates. One relative told us, "They know my relatives needs from discussing with me and by their observation of them, since they struggle to talk. They have a care plan and I was fully involved when they first arrived." The registered managers told us the service had an 'open door' policy in relation to visitors. We saw from people's daily records, and during our inspection that visitors were warmly welcomed at any time to the service and offered refreshments by the staff.
- We saw that people had accessed independent advocacy services where required to support them to make decisions about their care. The service displayed posters for people with information on how to access these services.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same, Good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us the service was responsive to their needs and staff went out of their way to assist them with any problems or changes to care and support they might require. One person said, "Staff always ask how you are and if you are okay. They spend time writing things down if they change."
- Care plans included personal information and identified the relevant people involved in people's care, such as their GP, occupational therapist and district nurse. The care files were presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was appropriate. Relevant assessments were completed and up-to-date, from initial planning through to on-going reviews of care. Staff told us that the information contained in people's care files enabled them to support people effectively in line with their likes, dislikes and preferences.
- People said they enjoyed the activities provided at the service; the service employed two activities co coordinators. The registered managers told us it was important for people to be able to spend time with their families or close friends, and this was an area they were working on developing and improving moving forwards. We saw that the service was busy preparing for their upcoming 'Bonween party', which was a joint celebration of Halloween and Bonfire Night. Staff in the service were busy decorating the dining area and inviting relatives and friends to join people for dinner and a raffle for the evening. One person said, "We do have activities, they are mostly aimed at keeping people active."
- A local church visited the home to conduct services for those who sought pastoral and spiritual care. People who had other faith requirements were fully supported by the service.
- The registered managers saw engagement with younger people as a positive way to counter social isolation. They explained how they were building links with local schools, nursery's, and other community groups to ensure that inter-generational links were retained for people who may not have family living locally.
- The service was sponsoring a local youth football team to engage with the service, to encourage more active participation amongst people living at the service. They were hoping to work with one of the local league football teams in the future, with their community foundation group.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability,

impairment or sensory loss and in some circumstances to their carers.

- Staff were able to communicate with and understand each person's requests and changing moods as they were aware of people's known communication preferences.
- Care plans contained clear communication plans explaining how people communicated and information about key words and objects of reference people may use to express themselves.
- The service user guide was available in other languages and formats if required by people.

Improving care quality in response to complaints or concerns

- People who used the service and relatives told us they felt able to raise any concerns with the registered managers or the provider and felt assured they would be dealt with.
- There was a robust complaint policy and procedure in a format suitable for people to read and understand. This was given to people as part of a service user guide and was on display in the entrance hall of the service along with contact details for the CQC.
- We observed during our inspection that the registered managers were visible throughout the service and were available to discuss their care and any concerns people might have. This contributed to the provider's approach of ensuring people were regularly consulted about their care and treatment. One person told us, "I can raise any such needs (complaints) directly with the managers. I haven't needed to make a complaint." A relative told us, "I don't feel there are any improvements needed for my relative, they do everything they can for them. They keep me informed about any raffles and functions. I would recommend the home to others."

End of life care and support

- People were supported to make decisions and make plans about their preferences for end of life care. Their wishes and feelings were recorded sensitively in their care and support plans regarding how they wished to be cared for as they neared the end of their life.
- People were supported to remain at the service at the end of their life, in familiar surroundings, supported by staff who knew them well. The registered managers had formed positive relationships with the relevant palliative care nursing teams in the community, who provided support for people wishing to remain in the service.
- Staff had received training in end of life care and bereavement awareness and were skilled and experienced in end of life care, they showed a clear understanding of people's needs.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was led by two motivated and committed registered managers, supported by a team that strived to deliver the best person-centred care they could. The service's values of continuous improvement were clear for people and relatives to see and feel. These were delivered by the commitment of the whole staff team and the results felt by people receiving their support. People told us they felt the service was well managed, one person said, "Yes it's well run because the staff are easy to approach. If you approach them with any problem then it will get done."
- The registered managers of the service were proactive in their approach to people's health and wellbeing. We saw effective interventions that had resulted in very positive outcomes for people. For example, a visiting health professional we spoke with told us that one person living at the service had been reviewed as requiring continuing nursing care. On discussing this with the person, their relatives and the health teams involved, it had been decided that moving the person would be potentially detrimental. The service was supporting them so effectively with input from the relevant community health teams, that all parties had agreed that the person would be best and happiest to remain in the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had a robust governance system to ensure that good quality care and support was provided, as part of their approach to continuous improvement. This was monitored by the provider who also undertook regular quality assurance visits to the service. The results of these audits were provided to the registered managers and reviewed with the provider's regional manager. We saw that actions were taken in a timely way. The registered manager understood their regulatory responsibilities. For example, they ensured that the rating from the last Care Quality Commission (CQC) inspection was prominently displayed, there were systems in place to notify CQC of incidents at the home.
- People and their relatives told us that the registered managers and staff team were always open, transparent and honest. One person told us, "You can always ask them questions. They are very approachable." Another person told us, "I know the managers and so does my daughter. You can talk to anyone that you want to."
- Staff told us and we saw that they thrived on the strong team ethos that was present. They were

enthusiastic about the plans and ambitions for the service of the registered managers and senior staff. One staff member told us, "I love working here, the best thing is that all the residents and staff are happy here, like a big family."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were opportunities for people who used the service and their representatives to share their views about the quality of the service provided. A complaints and concerns policy was on display in the entrance hall. People told us there were regular meetings at the home that the registered managers and staff attended. Surveys were being sent out regularly to people, relatives, staff and other stakeholders to gather feedback about the quality of the service being provided. People's views were listened to, and improvements made when required.

Continuous learning and improving care; Working in partnership with others

- The health professional we spoke with told us communication with staff was excellent, and that any direction or clinical advice given was always followed. The registered managers were actively seeking to work with other organisations and individuals to improve the quality of care or find new opportunities for people and staff. We saw that the service had accessed independent advocacy support for people who had no family or friends to act on their behalf or in their best interests.
- The registered managers were working with the local tissue viability nursing team on a local audit in the future, which showed active engagement with health and effective partnership working.