

Healthcare Homes (LSC) Limited

Sovereign Lodge Care Centre

Inspection report

2 Carew Road
Eastbourne
East Sussex
BN21 2DW

Date of inspection visit:
07 November 2019
12 November 2019

Date of publication:
18 December 2019

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

About the service

Sovereign Lodge Care Centre provides accommodation, nursing and personal care for up to 64 older people. Some people lived at the home whilst others were there for short stays, following discharge from hospital for re-assessment and respite. There were 61 people using the service at the time of inspection.

The service is purpose built and provides accommodation and facilities over three floors. The ground floor provides care for people whose main nursing needs are related to physical health needs. The middle floor provides nursing care for people who are living with a dementia or a mental health need. The top floor is smaller and tends to support people who are more independent but still need a level of personal or nursing care.

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

People and their relatives were positive about the care and support provided at the home. They told us they felt people were safe and comfortable. Staff assessed and responded to any risks and took measures to reduce these and to keep people as safe as possible. Staff understood how to safeguard people against any abuse or discrimination. There were enough staff working to meet people's assessed care and support needs and medicines were managed safely. Checks of the building and equipment were completed regularly by the maintenance person and ensured the environment remained safe.

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.

People at Sovereign Lodge Care Centre received individualised personalised care that responded to their nursing and support needs. People told us all their care needs were met by staff who were skilled and had a good understanding of their needs and how they should be met. People had access to health professionals to promote their health and social well-being.

Staff training was well established and included specialised training to meet people's specific care needs. For example, dementia care training was provided to all staff whilst the registered nurses completed clinical training which reflected the needs of people in the service. People's dietary needs were assessed, and food provided was tailored to their individual need and they enjoyed it. People were supported to eat a range of healthy, freshly cooked meals, drinks and snacks each day.

Staff treated people with respect and kindness and were passionate about providing a quality service that was person centred. It was evident that staff knew people well and strong supportive relationships had been built with people and their families. People's independence, privacy and dignity were promoted.

There was a clear complaints policy and complaints were resolved in a timely way with people satisfied with

outcomes. People had choice and control over the activities they wanted to participate in each day. These were an important part of the care and tailored to people's likes and abilities.

The registered manager knew people and staff well and she was held in high regard by both. She had established a full staffing and management team that were working hard to support a quality service. They understood their responsibilities and monitored the standard of care and support provided. She was passionate and committed to delivering a high standard of care to each individual person in the service.

Rating at last inspection and update

The last rating for this service was requires improvement (published 29 November 2018) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected:

This inspection took place as part of our planned programme of inspections.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our reinspection programme. If any concerning information is received, we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Sovereign Lodge Care Centre

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

The inspection was carried out by two inspectors on the first day and one inspector and an Expert by Experience on the second day. 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

Sovereign Lodge Care Centre 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the

service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 16 people who used the service, and ten relatives about their experience of the care provided. We spoke with 11 members of staff including the registered and deputy manager, regional manager, chef, receptionist, registered nurses, care staff and activity staff. We also spoke with four visiting professionals including a GP and a social worker. 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 reviewed a range of records. This included six people's care records, and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including systems to monitor the quality of the service provided.

After the inspection

We continued to clarify information with the registered manager to validate evidence found. We looked at training data and quality records.

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.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected against the risk of abuse because staff understood what abuse was and what steps to take if they believed someone was at risk of harm or discrimination.
 - Staff were aware of their responsibilities to safeguard people from abuse and any discrimination. All staff including housekeeping and activity had received safeguarding training and were familiar with different types of abuse and the safeguarding procedures to be followed.
 - Safeguarding procedures were clear and relevant contact numbers were available to staff. One staff member told us where these were displayed.
 - The registered and deputy manager worked closely with the local authority and raised a safeguarding when needed to ensure people's safety. For example, when people were admitted from hospital with significant skin damage, these concerns were raised and referred as a safeguarding appropriately.
 - Staff treated people equally and staff took account of people's individuality. People were not discriminated against due to any impairment. For example, everyone had the opportunity to engage in activity. Those people who spent time in their bedrooms had individual time allocated for activity in their rooms.

Assessing risk, safety monitoring and management

- People lived in a safe environment and risks associated with people's care and support were assessed and managed.
- Risks associated with the safety of the environment, people and equipment were managed appropriately. The security of the service was maintained. All visitors entered a reception area and signed a visitor's book before entering the service.
- Health and safety checks and general maintenance were routinely completed. This included the safety of water, other utilities, and equipment used including wheelchairs and lifting equipment. A business continuity plan was available this instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.
- Fire safety arrangements were reviewed and updated regularly. A fire risk assessment was completed, and routine fire checks and training had been completed. People's ability to evacuate the building in the event of a fire had been considered and each person had a personal emergency evacuation plan (PEEP). Individual emergency information was accessible in the front entrance of the service and staff knew what to do in the event of a fire.
- Systems were in place to identify and manage individual risks safely and appropriately. Risk assessments

were used and guided staff in providing safe care. For example, people were routinely assessed for risks associated with moving them safely. Any risk was responded to with appropriate equipment including mobile hoists when necessary. Staff were trained and competent with using any equipment and special techniques required. Staff observed used the correct sling size and used the equipment safely when moving people.

Staffing and recruitment

- There were enough staff working in the service on each shift to meet people's individual needs.
- Staff recruitment had been successful, and a regular team of staff had been established providing stability and consistency in the staff team for people living at the service. Use of agency staff was no longer needed.
- Staffing levels were constantly reviewed taking account of people's needs and dependency ensuring the correct skill mix of staff was available. The registered manager used a tool which took account of risks associated with people's individual care and level of care required.
- People told us there was enough staff to look after them and this made them feel safe. One person said, "I press the button at night as I need to go to the toilet and staff always come to me. That's how I feel safe because I don't worry about falling like I did at home." Another told us, "Staff are always around"
- Relatives were also confident that the staffing arrangements kept people safe. One said, "Sometimes he chooses not to get up, and even if I am visiting staff still pop in to see if he is OK. I am reassured by that."
- Staff were confident with the staffing arrangements which they said were 'flexible' and 'suitable'.
- A thorough recruitment procedure was followed. All potential staff were required to complete an application form and attend an interview. During which their knowledge, skills and values were assessed.
- Checks were completed on all staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable staff from working at the service.

Using medicines safely

- The management of medicines was safe. The registered nurses were responsible for ordering, administering and recording of medicines. They had received training and had their competency assessed on a regular basis.
- Practice observed confirmed staff followed best practice guidelines. For example, when one nurse was called away from giving medicines, they ensured they finished the medicine task they were dealing with locked the drugs trolley before leaving it.
- Staff took their time to ensure people received the correct medicines at the time they needed them. People were given their medicines discreetly and given drinks to help them take them safely.
- Medicines were administered in an individual way to ensure effectiveness. Some people had been prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them. There were individual guidelines for staff to follow to ensure they were given consistently. Staff asked those people able to say if they needed any additional medicines, for example, a pain killer if required.
- Medicines were stored safely and securely. Each floor had a medicines room for the storage of medicines.
- The staff ensured people's medicines were reviewed and updated. This was in conjunction with relevant health care professionals and promoted the safety and effectiveness of the medicines given. For example, one relative told us "They have managed to reduce his anti-depressants. He is much more like his normal self."
- Medicine audit and checks were completed routinely, and any issues identified were followed up with relevant staff.

Preventing and controlling infection

- Sovereign Lodge Care Centre was clean, hygienic and well maintained, and people were protected from the risks associated with cross infection.
- All staff completed training on infection control and food hygiene. They followed infection control procedures. For example, staff ensured dirty linen was transported from rooms within appropriate containers to prevent any cross infection and ensured people could clean their hands before eating.
- There was allocated staff called champions who took a lead on infection control in the service. They completed additional training and were involved in ensuring good practice was followed. Infection control audits were completed, and any identified actions were addressed. For example, a fridge which had broken seals was noted and replaced.
- Hand hygiene was given a high priority with hand washing and sanitizers available throughout the service. Staff were seen to use these and personal protective equipment (PPE) such as disposable gloves and aprons when needed.
- People and relatives told us the service was clean. One relative told us, "The home is always clean, and they keep clothes clean and presentable." A dedicated housekeeping team worked in the service each day. The laundry was well equipped and managed.

Learning lessons when things go wrong

- Accidents and incidents were documented and recorded. Staff understood the importance of recording all incidents and accidents in a timely way.
- Systems ensured they were reviewed by either the deputy or registered manager to ensure appropriate follow up action was taken. This included an update to risk assessments and care plans to reduce the risk of future accidents.
- Information from incident and accidents was audited to look for patterns and trends, this gave the registered and deputy manager an oversight of risk within the service.
- Any serious incidents were escalated to other organisations such as the local authority and investigated. For example, any medicine error picked up during audit was recorded as an incident, these were investigated and resolved. These incidents were shared with the registered nurses to improve practice. This demonstrated there was the opportunity to learn and improve practice when following up on accidents and incidents.

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 remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People received care and support from staff who were suitably trained and had the relevant skills and experience to meet people's needs.
- The organisation was committed to developing and maintaining a skilled and motivated staff team. They provided resources to enable this. The PIR recorded, "Having staff who are fully trained and equipped with the appropriate knowledge and skills to do their jobs efficiently is essential for the day-to-day running of the home. Well trained and developed staff helps to create a safe and productive environment." Staff were seen to be using learnt skills for the benefit of people.
- New staff received a full induction programme. The PIR confirmed all new staff complete the Care Certificate which was delivered over a five-day period by an internal trainer. This was then followed by a two-week shadowing period and each was allocated a mentor for three months. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff spoke positively about their induction experience.
- Staff told us the induction was thorough and informative. One staff member told us, "The induction lasted a whole week and included the expectations of the organisation. You could feel the positive culture coming through straight away."
- There was a rolling programme of essential training for all staff which was based on national guidelines. Recording and monitoring systems ensured staff completed required training when needed. For example, all staff were required to complete safeguarding training each year.
- Staff also had access to online e-learning programmes with a number of modules, which contributed to the mandatory updates and specialist training. Specialist tailored training was also available and included dementia care modules. Staff told us, the training was tailored and relevant and supported them in their roles. For example, the catering staff had recently received training on risks associated with choking. The chef told this had directly changed their practice.
- Staff were supported to develop and extend their skills and to undertake accredited qualifications. For example, staff had been sponsored to complete diplomas in health and social care.
- Registered nurses were supported to maintain and develop their clinical skills and to maintain their professional qualification. One told us they had recently completed practical updates on taking bloods and urinary catheterization.
- Staff received regular supervision and an annual appraisal. Staff told us they had the opportunity to talk about training and planned development and on-going training.

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

- People were supported to have enough to eat and drink that including responding to people's needs and choices. People and relatives told us the food and drinks provided were of a good standard. One person said "Can't grumble about food, get a good choice, always something pleasing. Another said, "I always have a cooked breakfast, bacon and egg, and cereal and toast." A relative said, "Snacks and drinks are always available, and hospitality is always provided to relatives".
- The management were proactive in receiving feedback from people and staff on the quality of the food and dining experience. Meals were served by the chef and kitchen staff, in this way they received direct feedback and responded to individual requests. For example, one person did not want either option and when asked by a staff member what they would like said "Beans on toast" The catering staff ensured this was provided for them.
- During meal times staff had The dining experience had been improved with staff having allocated roles to ensure people's needs were attended to in an organised and timely way. Dining rooms were attractive and meal times were a social event. Staff chatted with people as they supported people, some relatives also supported people at mealtimes and joined in the social interaction.
- Observations confirmed people's choices to encourage good dietary intake were important and sourced. For example, although people had chosen the meal in advance, staff showed people with memory loss, plated meals of both hot options to assist them in making a choice, recognising that they may have changed their mind.
- People's individual needs and preferences were responded to. Full nutritional assessments in line with national good practice guidelines were completed and reviewed regularly. These included people's likes and dislikes, eating habits and routines and any specific health or cultural need. One person who had been recently admitted was not eating. The chef had been made aware of this and of their specific like of cauliflower cheese. The chef told us, "I am preparing several portions that will be available whenever he fancies them."
- Peoples weights were recorded and tracked to identify any concerns. People's fluid and dietary intake was monitored and used to inform any health problem or need. People's oral health was assessed to ensure people were comfortable and able to eat.
- Any concerns triggered a referral for professional support. For example, if people had difficulty in swallowing staff requested a referral to the speech and language therapist. (SaLT) Any specialist advice received was acted on. For example, when the SaLT recommended a specific textured food this was provided. The catering staff had received training on providing modified texture foods.

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

- People had their individual needs fully assessed before admission to ensure any admission was appropriate and their needs could be met. For example, ensuring staff had the skills to support people effectively.
- Following admission further assessments were completed and were used to generate individual care plans. These detailed people's needs and how these were to be met considering people's views and preferences and considering best practice and national guidelines. For example, those people who needed to be moved safely were risk assessed and a care plan taking account of risks and safety law was put in place.
- People were central to the assessment and care planning process. People's past life histories and background information were recorded and covered what was important to people. For example, any cultural background. One person told us, "Going to the church is important to me. The staff know and understand this and help me to attend on time."
- People's care and support was reviewed formally each month, and on an ongoing basis which could be daily. For example, any wounds were re-assessed each time they were dressed. These were completed in

accordance with clinical guidelines.

- People's choices were recorded, and staff understood the importance of people having their choices respected. The PIR recorded, "Staff understand the importance of autonomy and the importance of having more choices and the positive impact this will have on allowing residents to live a more dignified life in our home." An example of this in practice included staff recording if people had a preference on what gender of staff they wanted to deliver their personal care. This was known and responded to by staff.

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

- People were supported to maintain good health and received on-going healthcare support in a timely way.
- Staff responded to people's mental and physical health care needs. For example, oral health assessments had been introduced to ensure this health need was responded to. Staff worked with the community health care professionals and provided a multi-disciplinary approach to supporting people.
- There were effective links with the local GPs. One surgery had a regular slot to visit the service and review a number of people. A visiting GP told us, "The staff are efficient and effective and well organised for our visits. This allows us to work well together. Staff are always looking for us to review medicines and clarify any treatment to ensure the best care."
- People were confident that staff would contact and use health care professionals when needed. One person told us, "When I am down and the black dog bites, I tell the staff and they make sure the mental health team come and see me." Another person said, "My health has improved so much while being here all down to attention of the staff."
- Relatives were complimentary about the staff intervention and improvements made to people's health and well-being. For example, "My relative has been transformed since they have been here. They are back to who they were. She can mobilise and feed herself now, and her sores have been healed."
- Some people were placed in the service on a temporary basis via a contract arrangement. Staff worked closely with the local authority to ensure the care and support delivered met their needs and to support them to move to other services or return home safely. A social care professional told us, "The staff work with us to ensure the best care is provided."
- Staff used a 'My Care Passport'. This document travelled with people when they moved between health and social care services. This supported the effective communication of people's needs between the service and other agencies. For example, it included important information on communication needs.

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

- Sovereign Lodge Care Centre was purpose built and was designed to meet the needs of people living with physical disabilities and dementia.
- The building was light and airy with a number of different areas that could be used for different activities. People could move between these areas as they wished. For example, on the top floor there was a quiet sitting room and each floor had seating areas where people could spend time alone or with a relative. There were separate dining rooms on the ground and middle floors.
- There was level access to all areas and adapted bathrooms and showers were provided. Wide corridors with hand rails allowed people to mobilise as they wanted and to use mobility equipment if needed.
- Bedrooms were large enough to accommodate specialised beds and equipment and all had an en-suite toilet. Bedroom windows were positioned to enable people to see out of them when they were in bed.
- The middle floor had additional design features to support people living with a dementia. For example, bathroom and toilet doors were painted in bright yellow to support people to locate toilets when they needed them.

- The garden was accessible and had seating areas for people to use. People were supported to use the garden that was safe and secure.

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.

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.

- Staff had received training on the MCA and DoLS. They understood the importance of gaining consent and giving people the time and information to make their own choices. Staff supported people to make their own decisions on a daily basis.
- Where people were unable to make their own decisions about specific care and treatment, decisions had been made on their behalf. These had been made in accordance with MCA principles. For example, when people had bedrails attached to their beds. The decision had been recorded and documented who had been involved in the decision-making process and whether all attempts to support the person to decide for themselves had failed. There supporting mental capacity assessments to determine what decision the person lacked capacity to make.
- DoLS applications had been submitted for people who did not have capacity and were under constant supervision by staff. Copies of the applications and authorisations were held within peoples care documentation for staff to reference.
- Some conditions were made within the authorisations that ensured the least restrictive practice was followed. These had been recorded and responded to. For example, one authorisation recommended the person concerned was escorted on a walk each day. We saw staff were following this recommendation.
- The registered and deputy manager kept a log of all applications and authorisations. In this way they monitored each DOLs status and ensured new applications were made before they expired.

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 remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff treated people with kindness, they respected each person's individuality and treated people equally. Staff were bright and breezy in their approach and promoted a happy and cheery environment.
- People were happy with the care and support provided and how they were treated. One person said, "I am very very happy with the care. The staff are compassionate and provide unconditional love to me." Another said, "I couldn't wish for a better place or better people."
- Relatives were complimentary about the staff and their approach which ensured people were not discriminated against. One said, "Staff care for people so well. They are never patronising even to people who have a disability." Another said, "Staff are wonderful, everybody bothers to get to know my husband. They really know him not as an item but as individual person."
- Relatives also said how they felt staff cared for them too. One told us when they had a problem with a letter the registered manager supported them to understand its contents. They said, "I really value this place. There is an extra level of care."
- Staff had received training on equality and diversity and looked to support people's differences and individuality. For example, staff supported people to engage in any activity regardless of their physical or cognitive impairment.
- People were supported to maintain personal relationships with people who were important to them. Visitors were encouraged and visited regularly spending meaningful time with people. One relative told us how a birthday meal had been arranged for family members to attend. One relative told us, "I am made to feel very welcome, they know me and call me by name."
- Staff were attentive and friendly and demonstrated an interest in people's daily well-being. Genuine friendships had developed between people, relatives and staff. They greeted each other by name and sometimes with a hug and kiss. One relative told us, "Nothing is too much trouble staff are really so good. They are committed to improving the quality of life for her."

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

- Staff spent time with people to understand what choices people were making and ensuring these choices were respected and responded to. People told us their choices were respected. For example, two people told us they chose when they went to bed and got up in the morning.
- Staff were caring and respected people's choices. Staff constantly offered choices to people, so they could make decisions. For example, people were offered a variety of drinks and given the chance to change their

mind, staff did not assume what drink people wanted.

- Staff observed people and approached them when they looked unsure or uncomfortable. Staff asked people how they were and if they could help them with anything. Staff allowed people to tell them what they wanted rather than just re-directing them. In this way staff checked people were making choices about how they were spending their time.
- Relatives told us staff responded positively to choices expressed by them and their loved ones. For example, they had expressed the type of television their husband enjoyed. During the inspection we found a suitable film was being enjoyed by him.
- Each person had an allocated 'key worker'. These staff work to promote people's individual rights and to support how they want their care delivered.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. People's private rooms were respected with staff knocking on doors before entering. People's rooms were personalised with important possessions which re-enforced the feeling that this was their private area. Staff supported people to have private time and conversations with visitors.
- Staff understood the importance of confidentiality and had received training on this, which was supported by a confidentiality policy. Confidential information was stored within locked offices, which had restricted access to relevant staff members only.
- Staff were mindful of promoting people's dignity. For example, following meals people were offered wipes a tissue or napkin to wipe their hands and mouth. Those that needed assistance were supported to remove any food from them before they left the dining room.
- Staff encouraged people to be as independent as possible. For example, encouraging people to eat independently. One relative told us, "When he was in hospital he was left to his own devices and so unless I was there he wasn't able to eat or drink and lost a lot of skills. That hasn't happened here. He is assisted to eat and encouraged to use his left hand which is he is still able to eat with."
- One person described how staff had supported him to become independent. "I came here in a wheelchair and had to be hoisted. With staff support and my will power, I now only use one walking stick, the staff are marvellous."

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 Requires Improvement. At this inspection this key question has now improved to 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

- At our last inspection we asked the provider to make improvements to ensure staff were responsive to people's needs. We found meal times were task-focused and interaction was minimal. Changes in people's health care needs had not been responded to in an effective and timely way.
- Improvements had been made and people received care and support that met their individual needs and was based on their preferences. Interaction between staff and people was positive, with meal times being a pleasant experience for people.
- People and their relatives said they were involved and consulted in the assessment of care needs and the follow up reviews completed. This ensured people were central to the care provision with their views taken into account. One relative said, "We are consulted and work together to get it right for him."
- The individual assessments and care plans were comprehensive included people's preferences and choices and provided clear guidance on how to support people in a person-centred way. They were detailed, and staff told us they had the opportunity to read care plans.
- Staff knew people and any preferences well. For example, one person preferred their door closed and their lights turned off for most of the day. Staff responded to this choice.
- Specific clinical care needs were identified along with those associated with dementia and memory loss. There was clear information that met national guidelines, in place for staff to follow. For example, for those people who were at risk from developing skin damage from pressure, had clear care plans in place. These provided staff with guidelines on the care and equipment to be used. Records confirmed suitable equipment like air mattresses were used and checked to ensure working appropriately.
- For those people living with a long-term health condition, like diabetes, suitable care plans and guidelines ensured care was delivered to meet people's health needs. For example, regular blood tests were completed and responded to in accordance with good practice guidelines.

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 knowledgeable about people's communication needs and there were detailed assessments highlighting support needs within their care plans. This included specific information on how the person communicated, and any aids they might use, such as glasses and hearing aids.

- When needed staff had supported people with additional aids that included using pen and paper. Easy read and large print documents along with pictorial representations were used to aide communication and people's understanding. For example, pictorial menus and subtitles on the television.
- If necessary staff accessed specialist services to facilitate communication including SaLT and advocacy services.
- Staff were also skilled at understanding and responding to people who were unable to communicate verbally. For example, staff explained how they recognised when people were uncomfortable or wanting something. One staff member quickly assisted one person to the toilet, recognising their facial and body expressions.
- Staff were also skilled at how best to communicate with people and how to support people to understand what was going on around them. For example, a person became agitated because she didn't have money to pay for her lunch. The staff member reassured her that it had all been paid for and she should enjoy it. This changed the persons demeanour and she enjoyed her meal.

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's social, recreational interest including hobbies were recorded. Meaningful relationships along with people's past lives were also explored and recorded. This ensured staff understood people in a holistic way with past lives.
- Staff understood the importance of friendship and contact with families. One relative said, "I feel I can come and spend time here at any time. It's my second home." Staff encouraged contact with family and friends and promoted new friendships between people living in the service. For example, one person liked to spend time with another person in their room. This provided company for both and gave each other comfort.
- Staff maintained friendly relationships with people. They showed an interest in them and visited them often if they spent their time in their own rooms. Those able and willing were encouraged to spend time in communal areas with staff and other people. This ensured people were not isolated.
- Staff had also supported people to use technology to improve their quality of life and reduce social isolation. For example, one person had an Alexa that they used to choose music and books to listen to, keep up to date with current affairs and areas of interest.
- Providing a variety of meaningful activity and entertainment to people were given a high priority within the service to promote people's general and emotional well-being.
- There was a skilled and energetic team of activity co-ordinators working in the service each day. They engaged with people individually and in groups and tailored the activity to interests and abilities of people. For example, during the inspection people were involved in making cakes. Some people were able to mix, others discussed the cooking and some people enjoyed eating the cake.
- Activity staff had explored how they could enable people with different disabilities to feel motivated and involved and interested in the world around them. One person had a copy of the weekly activities plan on her table and had made a choice about which activities she would go to. During the inspection a group of children visited from a local nursery. People enjoyed seeing the young children, one opened their eyes smiled and said, "Aren't they beautiful." Activity staff also worked with people who spent all or most of their time in their rooms to prevent social isolation.
- People and their relatives were positive about the activities and entertainment provided. The activity co-ordinators were seen as an important part of the caring team. One relative said, "There's plenty for people to do, they all love the singing. Staff make sure they have things to do." A visiting professional said, "Activities are varied and interesting."

Improving care quality in response to complaints or concerns

- There were well established systems in place to record and respond to complaints in accordance with a complaints procedure. The procedure was displayed in the service and a copy was shared with people and their representatives.
- Records confirmed complaints in the past had been fully investigated in an open and transparent way. Areas for improvement were identified and shared with the complainant and staff. For example, one complaint identified the need to improve communication between staff and relatives. Staff were asked to improve documentation to record any communication undertaken.
- People and relatives told us they knew how to make a complaint and would if they needed to. One relative said, "I have not had to make a complaint as they listen to you and respond to any worries or suggestions."

End of life care and support

- People who required end of life care, received care that was dignified, took account of their wishes and supported their comfort.
- All staff had received training on end of life care. The registered nurses had updated specific clinical skills relating to end of life care. Including the management of any symptoms, with the use of medicines and a syringe driver.
- Staff work with other health care professionals to provide the best care for people. GP were contacted regularly and involved in the planning of the care. For example, we found they had prescribed anticipatory medicines with relevant guidelines that could be used to relieve any distressing symptoms. These are known as 'Just in case medicines' (JIC).
- Staff were familiar with good care principles including the need for regular mouth care. Care plans explored people's wishes and these were recorded when expressed. Decisions about resuscitation were clearly recorded.
- Staff demonstrated compassion towards people and those who were important to them. For example, families were able to stay alongside people at the end of their life's. One relative whose father had died in the service told us, "The staff were very good with him, me and my mother. The care was provided in a very kind way."

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had not ensured good governance had been maintained. Appropriate systems and processes were not in place to fully assess, monitor and improve the quality and safety of the service provided. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- A number of quality monitoring and quality review and improvement processes had been established and embedded into practice. This provided a clear overview of quality performance in the service. A business audit was completed and was used to inform the services development plan. The registered manager told us this had been used to improve the service and gave the example of further dementia training to improve interactions with people at meal times.
- Other audits included observed practice, clinical care and records were also completed. They had been used to improve the service effectively. For example, audits completed on the care documentation had ensured they were accurate, legible and informed the care and support provided. A recent 'show around the home' audit identified the need to ensure more attention was given to ironing all linen in the service.
- The management team had given a high priority to the recruitment of suitable staff. The registered manager confirmed this had resulted in no agency staff being used. She was proud of this achievement which had impacted positively on the quality of the service provision. People received care and support from a consistent staff team who knew them well and who were clear about their roles and responsibilities.
- There was a clear management structure within the service. The registered manager was supported by a deputy manager who was a registered nurse and the clinical lead.

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

- The registered manager promoted a warm positive and inclusive culture in the service. All staff felt they were valued and important members of the team. They were listened to and appreciated. For example, staff were given awards for achievements. One staff member had received an award as a new member of staff,

that had recognised her commitment to the new job. Others had been rewarded for long service. Staff told us, "I love working here, the manager and all the staff are great." Another said, "You can feel the culture here straight away. Everyone gets here, we make the home as homely as possible. Both the managers are always available, always willing to listen and help."

- The registered and deputy manager were visible, approachable and accessible and led by example. They spoke to everyone and took time to find out how they were, making sure people were comfortable and were receiving the best care possible. People, relatives and professionals knew both well and were positive about their management. One relative said, "I have every confidence in the manager. She is organised, professional and willing to do anything she can to support my relative and I." Another said, the manager has said her door is always open if you need to see her. She and the deputy are on the floors several times a day checking on things. They don't sit in the office all day." A visiting professional said, "All feedback from relatives about the home and management has been very positive. People often choose to stay here rather than moving on following their assessment period."
- Communication systems were established, and staff were seen communicating between each other regularly. For example, following the GP visits the registered nurse updated staff on what had been discussed. There were full handovers between staff changing shifts.
- A daily management meeting ensured information was shared effectively through the whole team including catering, maintenance, housekeeping, activity and care staff. These gave the registered manager a full oversight of the service and included information on all aspects of the service. For example, new admissions were discussed along with what preparations needed to be provided from each member of the team.

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; Continuous learning and improving care

- The registered and deputy manager were aware of their responsibilities including those under duty of candour and they submitted relevant statutory notifications to the CQC promptly as required.
- The registered manager acted in an open, honest and transparent way. For example, when dealing with safeguarding's incidents, accidents and complaints within the service. When concerns were identified these were shared with staff, so they could be changed and learnt from. For example, if laundry was damaged or went missing this was replaced immediately.
- Staff were encouraged to be open and honest and raise issues of concern for resolution. A document to support and encourage staff to do this had been circulated and available to staff. This promoted issues to be identified early and to be dealt with to safeguard people.
- Since the last inspection the registered manager had completed a reflective journal she shared this during the inspection. This demonstrated that she was motivated to improve the service and learn from experiences. For example, her observations led to her to remind staff to sit with people and engage with them in regularly and in a positive way.

Working in partnership with others

- The managers and staff team actively looked for and took up opportunities to work in partnership with local health care and community services to improve people's health and wellbeing.
- There were established links with the local GP surgeries including an arrangement for a regular surgery visit to the service by one of the local surgeries. A visiting GP confirmed communication was effective and promoted joint working for the benefit of people.
- Staff had a good relationship with other visiting professionals and followed any advice and guidance given. For example, the tissue viability nurse attended when requested and provided specific guidelines for staff to follow when dressing wounds. We saw these were incorporated into the clinical records and were used by the Registered nurses when dressing wounds.

- Staff had recorded important and key information in a 'My Care Passport'. This document travelled with people when they moved between health and social care services. This promoted communication and joint working and effective understanding of people across different agencies.
- Staff also attended health appointments with people when relatives were not available. This again promoted communication across the different professionals ensuring important information was shared affectively.