Grey's Residential Homes Ltd

Felbury House

Inspection report

Felday Road
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Surrey
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Tel: 01306730084

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 5 September 2018 and was unannounced.

Felbury House 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 home can accommodate a maximum of 30 older people. There were 27 people living at the home at the time of our inspection. The home is operated by Grey's Residential Homes Ltd. The provider also operates a care home for a maximum of 24 older people in Woking, Surrey.

There was a registered manager in post at the time of our inspection. The registered manager had been appointed since our last inspection and completed their registration with CQC in February 2018. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At the last inspection on 3 August 2017, we found the provider was breaching regulations in relation to safe care and treatment, person-centred care, consent and governance. People's care was not always provided in line with the Mental Capacity Act 2005 (MCA). We served a warning notice about this issue. Suitable steps were not always taken to minimise the risks involved in people's care. Medicines were not always stored in a safe environment and there was not enough guidance for staff about some people's medicines. Some people had needs that were not reflected in their care plans, which meant staff did not have guidance to follow about how to meet these needs. The provider's quality monitoring systems were not effective in identifying shortfalls. After the inspection, the provider sent us an action plan telling us how they planned to make improvements.

At this inspection, we found that improvements had been made in all these areas. People's care was provided in a safe way that was responsive to their needs. Medicines were managed safely and people's rights under the MCA were respected. Effective quality monitoring systems had been developed, which had improved the management oversight of the service.

The provider, registered manager and staff had worked together to achieve these improvements, which had resulted in tangible benefits for people. For example, the number of falls had significantly reduced due to the falls prevention measures implemented at the home. These included exercises to improve balance and mobility and considering how people's medicines may affect their risk of falls.

The provider, registered manager and staff had all attended training in the MCA to ensure they understood its principles and application. The tools used to assess people's capacity had improved, which meant they were effective in identifying when people may need support to make decisions. People's care plans were

personalised and reflected all aspects of their care. Staff had clear guidance to follow about how to provide the care and support people needed.

The areas in which the home performed well at the last inspection continued to be its strengths. People and relatives praised the caring nature of staff, including when people neared the end of their lives. Many people and their relatives highlighted the welcoming, family atmosphere as an aspect of the home that they valued highly. People had developed positive relationships with the staff who cared for them and enjoyed their company. Many staff had worked at the home for some years and knew the people they cared for and their relatives well. Friends and families were encouraged to be involved in the life of the home

The provider and registered manager formed a strong leadership team and provided good support to staff. Staff were committed to providing high quality care and felt valued by the provider and registered manager for the work they did. Staff had the training and support they needed to perform their roles. They worked well as a team to ensure that people received good care.

The provider and registered manager encouraged feedback from people and their relatives and used this to improve the service. Residents' and relatives' meetings took place regularly and satisfaction surveys were distributed and collated. If complaints were made, they were investigated and responded to appropriately. Action was taken to address any concerns complainants raised. Staff and professionals involved in the home were also encouraged to give their views about how the service could improve.

Staff treated people with respect and supported them to maintain their independence. People had access to a wide range of activities and outings and to be involved in their local community. Staff ensured that no-one became socially isolated. People enjoyed the food provided and their views were considered when menus were planned. Relatives also provided positive feedback about the quality of the food and said they were encouraged to join their family members for meals. People's nutritional needs were assessed and any specific dietary requirements were communicated by care staff to the chef.

People's healthcare needs were monitored and they were supported to access medical treatment if they needed it. Staff had established effective working relationships with health and social care professionals to ensure all aspects of people's care were addressed.

Staff were always available when people needed them. The provider's recruitment procedures helped ensure that only suitable staff were employed. Staff attended safeguarding training and knew how to recognise and report abuse. Checks were carried out regularly to ensure the home and any equipment used in providing people's care was safe. There were plans in to ensure people's care would not be interrupted in the event of an emergency.

Further information is in the detailed findings below.

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.

Falls had been reduced through the implementation of falls prevention measures.

Medicines were managed safely.

Staff were always available when people needed them.

People were protected by the provider's recruitment procedures.

Staff knew how to recognise and report abuse.

People would continue to receive the care they needed in the event of an emergency.

Is the service effective?

Good

The service was effective.

People's care was provided in accordance with the Mental Capacity Act 2005.

Staff had the training and support they needed to carry out their roles.

People enjoyed the food provided and their views were considered when menus were planned.

People's nutritional needs were assessed and any specific dietary needs met.

People's healthcare needs were monitored and they were supported to access medical treatment if they needed it.

Is the service caring?

Good

The service was caring.

Staff were kind and compassionate in their approach.

People had positive relationships with the staff who supported them.

The home had a friendly atmosphere that people valued highly.

Staff treated people with dignity and respected their privacy.

Staff supported people in a way that promoted their independence.

Is the service responsive?

Good

The service was responsive to people's needs.

People's needs were reflected in their care plans and staff had guidance to follow about how to meet these needs.

People had access to a wide range of activities and outings.

People had opportunities to be involved in their local community and were protected from the risk of social isolation.

Complaints were investigated and used to improve the service.

Is the service well-led?

Good

The service was well-led.

There was a strong leadership team which provided good support to staff.

Effective quality monitoring systems had been implemented, which had improved the management oversight of the service.

Feedback from people and their relatives was encouraged and acted upon.

Staff worked well as a team and had developed effective working relationships with other healthcare professionals.

Felbury House

Detailed findings

Background to this inspection

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

This inspection took place on 5 September 2018 and was unannounced. Two inspectors carried out the inspection.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. We used information the provider submitted in their Provider Information Return on 10 July 2018. 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.

During the inspection we spoke with eight people who lived at the home and a visiting healthcare professional. We spoke with the registered manager, the registered provider and seven staff, including care staff and the chef. We observed the care people received and the interactions they had with staff.

We looked at five people's care records, including their assessments, care plans and risk assessments. We checked records of accidents, incidents, complaints and quality surveys that had been returned. We looked at how medicines were managed and the records relating to this. We checked four staff recruitment files and records relating to staff supervision and training. We also looked at health and safety records and audits of different aspects of the service.

After the inspection we received feedback from five relatives about the care their family members received.

Good

Is the service safe?

Our findings

Our last inspection found that suitable steps were not always taken to minimise risks to people, including the risk of falling. We also found that medicines were not always stored in an appropriate environment and, in some cases, there was insufficient guidance for staff about the administration of people's medicines.

At this inspection, the provider had taken action to improve. The provider had investigated different methods of reducing falls, the implementation of which had significantly reduced the incidence of falls and improved people's safety. Medicines were stored, administered and managed safely.

The provider had introduced a 'Falls prevention action list', which considered the factors that could contribute to people falling and identified actions which could be taken to minimise any risks identified. The provider had also implemented falls monitoring tools, which enabled the provider and registered manager to analyse data and identify patterns of actual falls or near misses. We saw evidence that data had been used effectively to reduce risks to people's safety. For example, one person had fallen several times when trying to use their commode independently early in the morning. The provider had introduced an early morning visit from staff each day to ask the person whether they needed support. This had significantly reduced the number of falls the person had.

The provider had taken individual approaches to addressing the risks people faced, including falls, which considered each person's individual needs and preferences. For example, one person was at risk of falling when getting into and out of their walk-in bath. Following discussion with the person, the provider replaced the bath with a shower wet-room and slip-resist flooring, which reduced the risk of falls. The provider suggested to another person that installing a sensor mat on their bed to alert staff if the person got up in the night would improve their safety. The person found this measure too intrusive but agreed to the installation of a motion sensor, which improved their safety in a way they found acceptable. The provider told us, "It's a multi-factor approach to reducing falls, as everyone is so different, things work well for some but might not work for others so it's about working and talking with each person to get it right."

The provider had considered how equipment may improve people's mobility and contribute to reducing falls. The provider arranged for people to have an assessment by a physiotherapist when they moved into the home to identify which equipment may benefit them. One person had been supported to obtain equipment following a physiotherapist's assessment which had improved their safety and independence. The provider told us the equipment was, "Bespoke made for her based on her right/left side strength and height and enabled her to move much more safely and maintain her independence."

A programme of exercises had been introduced which aimed to reduce the risk of people falling. These exercises focused on increasing people's core strength and stability, which improved their balance when mobilising. Chair Cycles had been obtained, which allowed people to cycle from a seated position in a chair for any length of time they wished. This encouraged people to maintain muscle strength and flexibility. Mobility equipment had been purchased which enabled people to sit down when they needed to during trips and outings.

Having attended a seminar which examined the management and effects of high risk medicines, the provider created and implemented a tool which considered how people's medicines may contribute to their risk of falling. If the medicines people were prescribed increased their risk of falls, this risk was incorporated into their care plans and staff were made aware that people may suffer impaired mobility and balance.

People told us staff helped them take their prescribed medicines safely and on time. They said staff ensured they had access to pain relief when they needed it. Relatives confirmed that staff provided the support their family members needed to take their medicines. One relative told us, "She takes it herself but they stand and watch to make sure she has taken it." Staff who administered medicines had attended appropriate training and competency assessments had been carried out to ensure their knowledge was sufficient and their practice was safe. Medicines were stored securely and in appropriate conditions. There was guidance in place for staff about the administration of medicines prescribed for use 'as required' (PRN).

People were supported to manage their own medicines if they wished. If people chose to administer their own medicines, a risk assessment was carried out to support them to do this in a safe way. Nobody at the home received their medicines covertly (without their knowledge). The quality of medicines audits had improved since our last inspection, which meant the provider could be sure people were receiving their medicines correctly. The sample of medicines administration records we checked was accurate and up-to-date. The home's supplying pharmacist had carried out a medicines audit in June 2018 which confirmed that staff managed people's medicines safely.

People told us they felt safe at the home. They said staff were always available if they needed them and responded promptly if they used their call bells. One person told us, "If you want them, they are there." Several people said they used mobile call bells when they moved around the home, which meant they could call staff from wherever they were if they needed them. One person showed us their mobile call bell and said, "I've got this to use if I need them."

Staff understood their role in keeping people safe and their responsibility to report any concerns they had. All staff attended safeguarding during their induction. This training was refreshed on a regular basis. If concerns were raised about people's care, these were investigated appropriately. For example, in March 2018, a professional had questioned whether staff were using the correct equipment when supporting people to mobilise. The provider investigated the concerns as requested by the local authority safeguarding team and was able to demonstrate that the concerns were not substantiated.

The provider operated safe recruitment procedures. This included checking applicants' identity, proof of address and obtaining a Disclosure and Barring Service (DBS) certificate. The DBS helps providers ensure only suitable people are employed in health and social care services. The provider also obtained references regarding previous conduct and explored candidates' skills, experience and values at interview.

Staff maintained appropriate standards of infection control. All staff attended infection control training in their induction and regular refresher sessions. People told us staff used gloves and aprons when providing care and confirmed that they saw staff washing their hands regularly. Staff said they always had access to personal protective equipment, such as gloves and aprons, and confirmed that they used these when providing people's care. People and relatives told us the home was kept clean and hygienic. They said staff cleaned bedrooms, bathrooms and communal areas regularly. A relative told us, "The home is very clean and fresh and never smells." One person said of the home, "It's kept very clean." Housekeeping staff completed checklists to ensure all areas of the home were kept clean.

Staff carried out regular checks to make sure the premises were safe. This included electrical, gas and water

safety checks. Any items of equipment used in people's care, such as profiling beds and pressure-relieving mattresses, were checked to ensure their safety. There was a business contingency plan in place to ensure people's care would not be interrupted in the event of an emergency. The provider had carried out a fire risk assessment for the home and a personal emergency evacuation plan had been developed for each person. Staff attended fire safety training in their induction and were aware of the procedures to be followed in the event of a fire. The fire alarm system and firefighting equipment were checked and serviced regularly.

Good

Is the service effective?

Our findings

At our last inspection, people's care was not always being provided in accordance with the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found that the tool being used to assess people's capacity was not suitable for this purpose. The tool was therefore not effective in assessing whether people had the capacity to make decisions about their care.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At our last inspection, we found that applications for DoLS authorisations had been submitted inappropriately. Applications to deprive people of their liberty should only be made where people lack the capacity to make specific decisions about their care. However, applications for DoLS authorisations had been submitted to the local authority for some people who had the capacity to make decisions about their care.

At this inspection, we found the provider had taken action to improve. All managers and staff had attended training in the MCA and DoLS since the last inspection to ensure they understood its implications for the people they supported. All the staff we spoke with demonstrated a good understanding of people's rights under the MCA and the importance of ensuring these rights were upheld. All mental capacity assessments had been reviewed using an appropriate format to ensure that they accurately evaluated and recorded people's capacity to make decisions. Where people lacked capacity, there was evidence that appropriate procedures had been followed to ensure decisions were taken in people's best interests.

People told us that staff asked for their consent before providing their care and our observations confirmed this. We saw that consent to all aspects of people's care had been signed by the person themselves or an appropriate representative. Where measures had been implemented to keep people safe, there was evidence that staff had considered and implemented the least restrictive options. For example, if people were at risk of falling from bed, staff had lowered their profiling beds and considered installing a sensor mat rather than fitting bedrails.

Staff received the induction, training and support they needed to perform their roles. All staff had an induction when they started work, during which they attended all elements of mandatory training. The provider told us that all staff were expected to achieve the Care Certificate. The Care Certificate is a set of nationally-agreed standards that health and social care staff should demonstrate in their work. Staff met regularly with their line managers for supervision and had an annual appraisal. Staff told us supervision sessions were useful opportunities to discuss their work and any training they needed. One member of staff said of supervision, "We can talk about training and any issues we want to bring up."

The provider a variety of training methods to develop staff knowledge and skills. This included in-house training, online training and resources provided by Skills for Care, the body for workforce development in adult social care in England. Staff told us the provider supported them to develop their skills and to obtain relevant qualifications. One member of staff said, "They put me through my NVQ [National Vocational Qualification]." Another member of staff told us they were currently being supported to achieve a vocational qualification in social care. The member of staff said they met with an assessor at the home each month and that the provider deployed additional staff to enable them to do this.

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All the people we spoke with told us they enjoyed the food at the home. They said the chef knew their individual preferences and planned the menu with these in mind. People told us there were always several options on the menu and that the chef would prepare alternatives for them if they wished. One person said, "The food is very good, there is always a choice." Another person told us, "The food is very excellent." A third person said of the food at the home, "It's all good. I enjoy it." People were encouraged to give feedback about the food and to contribute to the menu. The chef visited people when they moved into the home to ask about their likes and dislikes. The provider told us, "We are now working on an Autumn menu which focuses on a 'Resident of the Day' choice so that everyone gets their favourite meal at least once a month."

Relatives told us their family members looked forward to their meals. They said the chef had made efforts to find out their family members' favourite foods and, where necessary, to encourage them to eat. One relative told us, "The food is second to none. I often join [family member] for lunch." Another relative said of their family member, "She looks forward to her meals. She enjoys the lunches." A third relative told us, "The food is really good. The onsite chef is very friendly and accommodates the needs of service users." This relative also described the action the chef had taken when their family member had been reluctant to eat. The relative said, "The chef went to see her and asked what her favourites were. He said, 'I'll cook anything for you.'"

People's needs were assessed before they moved to the home to make sure staff could provide the care they needed. Assessments were comprehensive and considered all aspects of people's care and support, including their healthcare needs. People told us they had been involved in their assessments and encouraged to give their views about how they wanted their care to be provided.

People's nutritional needs were assessed and kept under review. If people had specific dietary needs, such as texture-modified diets, these were communicated to the chef. Since our last inspection, the provider had considered how the menu could be adapted to achieve outcomes that benefited people's well-being whilst continuing to provide meals they enjoyed. Information submitted by the provider indicated that this had been successfully achieved. The provider told us, "In March we introduced a new menu which was based on Mediterranean living ideas of more vegetables and fruit and less starch and fat. Over the four months to July, we have results which show a positive increase/decrease in weight suitable for each person in 18 out of our 24 residents." The provider had also introduced a snack menu, available 24-hours a day, for people who may prefer to eat outside regular mealtimes.

Staff monitored people's healthcare needs and supported them to access treatment if they needed it. People told us staff arranged for them to see a doctor if they felt unwell. One person said, "They ask the doctor to come in if you need to see them." Relatives told us staff took prompt action if their family members became unwell. They said staff maintained good communication with them about their family members' health and well-being, which they found reassuring. One relative told us, "They would immediately arrange for her to see the doctor if she wasn't well." Another relative said, "I don't have to worry, I know they'll get in touch straightaway if she's not well. They are good at keeping me up-to-date." A healthcare professional told us staff responded appropriately if people became unwell. The healthcare

professional told us, "We've been very happy with them. They refer people appropriately." The healthcare professional said staff accompanied people to healthcare appointments if necessary and, if required, had a good knowledge of their needs. The healthcare professional told us, "I have always been able to speak to a member of staff about a patient's needs. They are very good in that regard."

Good

Is the service caring?

Our findings

People told us they enjoyed many aspects of life at the home. One person said, "I have been very happy here for some years. The staff are great, the service is excellent and the food is lovely." Another person told us, "There are lots of good things about living here. The staff are very good. They try their very best." A third person said, "I like living here. It's a family atmosphere."

People told us staff were kind, caring and attentive to their needs. One person said of staff, "They are all so friendly; they can't do enough for you." Another person described the staff as, "Very kind and friendly." Comments in surveys people had returned included, "The staff respond to any problem I have and are very caring" and, "[Staff] couldn't be more helpful."

Relatives told us staff were kind. They said their family members had established positive relationships with all the staff at the home, not just those who provided their care. One relative told us, "The staff are wonderful. They are marvellous with her. They are very fond of her. She has a giggle with them." Another relative said, "The carers are extremely friendly, very efficient, fantastic." A third relative told us, "They make a fuss of people on their birthdays." One relative said the home's chef had accompanied their family member to visit an airfield as their family member had been a pilot. The relative told us, "He didn't have to, it's not his job but they just wanted to make [family member] happy."

The provider told us they aimed to create an environment in which all those involved in the home, including residents, relatives, staff and managers, felt part of the home's family. We observed that, once they had ensured people had the support they needed, staff and the provider joined people for lunch. Staff and the provider engaged people in conversation, expressing interest in people and their lives. Relatives told us they valued the friendly, family atmosphere that the home provided. One relative said, "The whole atmosphere is very welcoming." Another relative said, "I loved the feel of it. It's friendly and homely. I always walked out smiling." A third relative told us, "We can't fault it. It's got a family feel about it. It's like a home-from-home." A professional commented in a survey that the home, "Gives a home-like atmosphere and treats each resident as an individual."

People's friends and families could visit whenever they wished and were encouraged to be involved in the life of the home. The provider's PIR stated that relatives were able to visit their family members '24 hours per day, seven days per week. All relatives are invited to attend functions and parties and are involved at all times; they are encouraged to have meals with their relatives.' The relatives we spoke with confirmed that they were encouraged to join their family members for meals and sometimes did so.

Many of the staff had worked at the home for some years and knew people and their relatives well as a result. A relative told us, "[Family member] always has the same carers who he knows very well. They are very caring." Another relative said, "All the time [family member] was there the staff didn't change. He really enjoyed their company." Relatives told us they had also developed good relationships with the staff and were always made welcome when they visited. One relative said, "We've got a very good relationship with all the staff." Another relative said of staff, "They are like family." A member of staff told us, "There isn't a big

turnover of staff so we get to know the residents and their families." Another member of staff said, "Lots of us have worked here for a long time, we know people really well."

People told us staff treated them with respect. One person said of staff, "They are very respectful." When asked in a survey what the home did well, one relative commented, "Good respect shown to residents." People told us staff maintained their dignity and respected their privacy. One person said of staff, "They are there if you need them but they are not intrusive." We observed that staff were mindful of people's privacy and dignity during our inspection. For example, when a healthcare professional arrived to see a person in the lounge, a member of staff said to the person, "The doctor is here to see you; shall we go into the conservatory where it's a bit more private?" If staff did not maintain people's privacy and dignity, action was taken to address this. For example, one person commented in a survey that a member of staff had entered their bedroom without knocking. There was evidence that the registered manager spoke with the member of staff to address this.

Staff supported people to maintain their independence. One person told us, "The staff are very kind, they come and help you but they don't pester you, they let you do things for yourself." Relatives said staff encouraged their family members to manage aspects of their own care, especially if this was important to the person. One relative told us, "They encourage her to be as independent as she can, which is very important to her."

People's religious and spiritual needs were met. Religious services were held at the home and people who wished to attend church were supported to do so. People's needs in relation to their sexuality were considered when carrying out assessments of their needs. Staff received training in Equality and Diversity and people told us they were valued as individuals. A survey returned by a healthcare professional said of staff, "They seem to have taken on board the person-centred approach and respond to the residents in a professional and compassionate manner."

Good

Is the service responsive?

Our findings

Our last inspection found that some people had needs that were not reflected in their care plans, which meant staff did not have guidance to follow about how to meet these needs. For example, two people had been identified as being at high risk of developing pressure ulcers but there was no care plan in place to guide staff about the care these people needed to maintain the integrity of their skin.

At this inspection, we found the provider had taken action to improve. People's care plans fully reflected their needs and staff had clear guidance about how people's care should be provided. Care plans were regularly reviewed and updated if people's needs changed. People's care plans contained detailed information about their personal preferences, such as the foods they most enjoyed and which brand of cosmetics they preferred. People told us they were encouraged to be involved in developing their care plans. One person said, "I have a care plan and I know what's in it. We all have one." People told us staff knew their preferences about their care. They said staff remembered things that were important to them. One person told us, "They don't forget anything." The person said they had told staff they would like a cup of tea in bed at 7am and that staff brought them this every morning.

People had access to a varied programme of activities, events and outings, which was publicised in a monthly newsletter. The programme included in-house activities, visiting activities providers, and trips to places of interest. One person told us, "There are lots of activities, all sorts of things; needlework, knitting, jigsaws." Another person said, "We go for walks when the weather's good, which I enjoy." A member of staff told us, "People get out a lot. It helps that we have the vehicle, which is wheelchair accessible." People were encouraged to suggest ideas for activities and outings and we saw evidence that their suggestions were implemented.

Relatives told us staff encouraged their family members to take part in activities but respected their decisions if they chose not to participate. One relative said, "They encourage her to take part [in activities]; they always tell her if something is going on." Another relative told us, "Some of the entertainment is brilliant. She rarely joins in but that is her choice." Staff ensured that people who spent most of their time in their rooms were protected from the risk of social isolation. A relative said of their family member, "She chooses to stay in her room but they always pop their heads round the door. They are happy to talk to her about the things that are dear to her, like her family."

Some activities and events provided opportunities for people to engage with other members of their local community. For example, the home's annual fete was attended by members of the local community as well as people's friends and families. One person told us they had enjoyed a visit to the home made by pupils from a local school. The person said, "We loved it!" People were also supported to go shopping in local towns if they wished.

People and relatives knew how to complain if they were dissatisfied and told us they would feel confident to do so. One person told us, "I wouldn't hesitate to speak up if I had a problem." The provider had a written complaints procedure, which was given to people and their relatives when they moved into the home. The

procedure set out how complaints would be managed and action people could take if they were not satisfied with the provider's response

We saw evidence that the provider investigated complaints and concerns thoroughly. Records demonstrated that apologies had been issued where appropriate and complainants informed of the action taken to address their concerns. A relative told us the provider took prompt action when they raised a concern in a survey. The relative said, "It has been absolutely remedied."

People were encouraged to express their preferences about the care they received towards the end of their lives to ensure this reflected their wishes. Where people expressed wishes about their end-of-life care, including religious and cultural needs and advance decisions, these were recorded in their care plans. When people neared the end of their lives, staff worked with healthcare professionals to enable them to stay at the home as long as they wished.

We heard from a relative about the care staff had provided towards the end of their family member's life, which ensured their family member had a peaceful, dignified and pain-free death. The relative said all the staff who worked at the home had made sure they spent time with their family member towards the end of their life. The relative told us, "It was peaceful and lovely. He was with people that he knew genuinely liked him. He didn't want for anything. The chef was fantastic. [Family member] was reluctant to eat and [chef] made him something different every day." The relative said staff monitored their family member 24-hours a day and ensured a community nurse visited straightaway if their family member was in pain, including at night. The relative told us staff had also provided emotional support to their family and that they had received 'A lovely letter' from the provider.

Good

Is the service well-led?

Our findings

At our last inspection, we found the provider's quality monitoring systems were not effective in identifying shortfalls or areas that required improvement. Audits of key aspects of the service, such as infection control, medicines management and accident records, lacked detail about how the audits had been carried out or which aspects of these areas had been included in the audit. We also found that some checks were not being carried out as often as they should have been.

At this inspection, we found the provider had taken action to improve quality monitoring systems, which had improved the care people received and the management oversight of the service.

The provider had implemented an electronic system of care planning and recording since our last inspection. Staff carried iPods with them, which they used to access information about people's needs and record the care they provided. This enabled the provider and registered manager to monitor the care people received in real time rather than having to retrospectively audit paper records. The provider highlighted some of the ways in which using the new system had led to improvements in people's care. The provider told us, "We obviously have always monitored fluids, but the new software is excellent at identifying who has not had enough to drink each day and flags up red during the day if fluid intake is not as it should be." The provider said the system could also be used to alert staff if people's needs changed, reporting, "The BANNER system on the care planning software is excellent – if we need to inform any staff of a resident's higher risk of falls we can change the banner immediately: this scrolls across the top of the iPod in capital letters warning staff of the increased risk."

Staff also told us about benefits achieved since the implementation of the electronic care planning system. They said using the electronic system was quicker than the previous paper-based system, which gave them more time to spend with people. Staff told us incident records were now more accurate as they were able to record details of events immediately. The provider said the system also enabled relatives, with people's consent, to view their family members' care records remotely.

The provider and the registered manager worked closely together to form a strong leadership team. Both had day-to-day involvement in the life of the home and knew people, their relatives and staff well. People told us they saw the registered manager and provider regularly. The provider said they ensured they spoke with every person living at the home at least once a week to hear their views. Relatives told us they were always able to speak with the registered manager, provider or a senior member of staff if they needed to. One relative said "[Provider and registered manager] are there a lot of the time, they very approachable. There is always a senior to speak to at weekends if need be."

People, relatives, professionals and staff were encouraged to give their views about how the service could improve. Residents' and relatives' meetings took place regularly. Minutes of these meetings demonstrated that action was taken when people suggested changes or improvements. One person told us, "We get asked our opinions." Relatives said staff and the leadership team always tried to meet any requests their family members made. One relative told us, "If [family member] is not happy, they do their utmost to

accommodate her." The provider distributed satisfaction surveys regularly and had invested in an app which friends and families could use to contribute their views at any time.

When people made suggestions for improvements, these were acted upon by the provider. Having collated the most recent surveys, the provider shared the results with people and their friends and families and included a 'You said, we did' summary, which explained the actions they had taken to implement the suggestions made in the surveys. For example, one person had commented in a survey that care staff seemed under pressure during the mornings at weekends. The provider responded by employing an additional kitchen assistant at weekends to help with serving breakfasts, which gave care staff more time to support people.

Staff told us they were encouraged to contribute to the development of the service. They said the registered manager and provider valued and listened to their opinions. One member of staff told us, "They do listen to staff." Another member of staff said, "We have team meetings every month but they'll speak to you privately if you want; they are always happy to listen." Staff told us they enjoyed working at the home and spoke positively about the caring values of the service. They said they worked well as a team to ensure people's needs were met. Staff told us the provider and registered manager valued them for the work they did. One member of staff told us the provider had bought staff tickets to an event to thank them for their efforts. The member of staff said, "Things like that make you feel appreciated."

The provider and registered manager continuously aimed to improve the service. For example, the provider had recently created two new posts for 'Care leads'. The provider told us the aim of this was twofold; to strengthen the home's leadership team and to provide coaching and mentoring for care staff. There was a Service Improvement Plan in place, which was reviewed regularly to assess the progress made towards achieving improvements.

The registered manager carried out regular audits of areas including risk assessments, falls, infection control, medicines, staffing levels, staff training and the outcome of any complaints. The registered manager understood their responsibilities to inform CQC and other relevant bodies when notifiable events occurred and had submitted statutory notifications when required.

Staff had developed effective working relationships with other professionals, such as GPs and community nurses, and had implemented recommendations made by relevant professional bodies. For example, the home had introduced the 'Red Bag Scheme' recommended by NHS England. This scheme aims to provide a better care experience for care home residents by improving communication between care homes and hospitals.