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Engleburn Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service
Engleburn Care Home is a residential care home providing personal care to people aged 65 and over, some of whom are living with dementia. The service can support up to 76 people. 72 people were living at the home at the time of the inspection.

Engleburn Care Home is a large purpose-built home with three separate residential units, one of which specialises in accommodation for people living with dementia. Each unit has a dining room, lounge and activities area.

People's experience of using this service and what we found
People and their relatives told us they felt safe living at Engleburn Care Home. They told us there were always staff around and call bells were answered quickly. Relevant recruitment checks were conducted before staff started working at the service to make sure they were of good character and had the necessary skills. Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. Environmental risks, such as fire and legionella, were assessed and measures were in place to reduce and manage the risks. Risks to people's safety, including falls, mobility and malnutrition were identified and assessed. Staff knew people well and how to mitigate any risks. Medicines were managed safely and effectively by staff who were trained and competent to do so. Medicines administration records (MAR) confirmed people had received their medicines as prescribed.

Staff received frequent training, support and supervision and felt supported by the management team. People told us they enjoyed their food and received choices in line with their preferences. Staff were aware of people's likes and dislikes and any allergies, and special diets were provided for people who required this. People were supported to have maximum choice and control of their lives. Where people lacked mental capacity to make decisions, these were made in line with the Mental Capacity Act and staff supported them in the least restrictive way.

People were treated with respect, dignity, kindness and compassion. People and relatives told us the staff were helpful and friendly and we observed this during the inspection. People and their relatives felt involved in decisions about their care and had regular care plan reviews. Staff were trained in how to provide compassionate and sensitive end of life care to people and their families.

There was an open culture within the home. There were appropriate management arrangements in place and relatives told us they could raise any issues with the registered manager who was approachable. There were systems in place to monitor the quality and safety of the service provided.

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

Rating at last inspection

The last rating for this service was Requires Improvement (published August 2019).

Why we inspected
The inspection was prompted in part due to some concerns we had received about staffing and people's care. A decision was made for us to inspect and examine those risks. We also inspected to check that improvements had been made in the areas rated as requires improvement at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We found no evidence during this inspection that people were at risk of harm and could not substantiate the concerns raised with us. Please see the safe, effective and responsive and well led sections of this full report for details.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well led.

Details are in our well led findings below.

Engleburn Care Home

Detailed findings

Background to this inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection team consisted of a lead inspector, a second inspector, a nurse specialist adviser and an Expert by Experience.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Engleburn Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 and healthcare professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with five people and two relatives about their experience of the care provided. We spoke with three care staff, two activities co-ordinators, the chef, two housekeeping staff and a health professional who was visiting. We spoke with the registered manager, assistant manager and deputy manager and spoke briefly with the provider. 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 nine people's care records, including medicines records and we pathway tracked three people's care. This is where we check that people have received all of the care they required to meet all of their needs. We looked at six staff recruitment, supervision and training records, and a variety of records in relation to the management of the service, including policies, procedures and health and safety.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We spoke with nine relatives. We looked at further evidence such as rotas and quality assurance records. We received feedback from three health professionals who support the service.

Good

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 requires improvement. At this inspection this key question has now improved to good.

Good: This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

● Environmental risks had been assessed, such as fire and legionella, and measures were in place to mitigate these risks. We noted the water temperatures for legionella monitoring had not been taken correctly. The registered manager told us they had arranged for their water safety contractor to visit to review this.

● People had been assessed for risks such as not being able to use the call bell, for falls, moving and handling, skin integrity and choking. When risks had been identified, the care plans contained clear guidance for staff on how to manage these. For example, a person at risk of falls had a sensor mat in place and was checked on every half an hour. We checked the person's room and saw the equipment was in place and working. Safe use of equipment had been clearly documented in people's care plans, including the use of hoists and slings. Risk assessments and care plans had been reviewed monthly or when people's needs changed.

● Relatives told us they thought the staff managed risks to their family members wellbeing effectively. One relative said, "Yes very much so. I am relating it to when he was at home and there had always been the risk of falls. Here the staff enable his weight bearing and mobility safely." Another relative said, "Yes I do because he seems to be ok and has a crash mat beside his bed for if he falls out of bed." A third relative said, "Yes...Because what I have observed is that the front door has a bell, and no one can enter or exit without someone authorising it."

Systems and processes to safeguard people from the risk of abuse

● People and relatives told us they felt safe and well cared for. One person told us, "I definitely feel safe." Relatives confirmed this and comments included, "Definitely because [my family member] is constantly observed closely. The home is very secure...I am very happy with the way everything is run," and "Yes I think [my family member] is very safe because staff are constantly checking on him."

● Staff had received training in safeguarding. They knew what to look for and how to report any concerns or suspected abuse. The relevant agencies were informed of any concerns appropriately when required.

● The provider had a safeguarding policy which staff read and signed at induction. Regular refresher training took place which ensured staff were kept up to date with any changes in policy or legal requirements.

Staffing and recruitment

● Staffing levels were assessed using a dependency tool based on people's' individual care needs. We reviewed the dependency tool, assessed staffing numbers and weekly rotas and saw there were the correct number of staff on each shift most of the time, with many shifts being over staffed. Agency staff were booked

to cover any vacant shifts or provide extra care hours in advance. Where cover was needed at short notice, for example to cover sickness, management staff could step in if agency cover could not be supplied.
● Staff we spoke with were mainly satisfied with staffing levels. We did have feedback from two staff who thought there were days when they were stretched and didn't always have time to carry out administrative duties. However, they told us they always pulled together as a team and prioritised care and people always had the care they needed. We reviewed call bell records and saw these were answered promptly.
● One relative said they felt there were not enough staff on duty and said staff sometimes looked rushed. However, most relatives felt there were usually enough staff on duty. One relative said, "When I phone the home it is always answered within a few minutes, or when I have visited there seems to be sufficient staff." Another relative told us, "Whenever I have been at the home either during the day or at the weekends there seems to be plenty of staff."
● Staff records showed there was a safe recruitment procedure and each record held a valid Disclosure and Barring Service (DBS) check, evidenced their right to work in the UK if applicable and with one exception, had at least two employment or character references. A DBS check enables employers to make safer recruitment decisions.
● All pre-employment documentation had been received by the provider prior to the staff member commencing in post, however, there were short gaps in employment for two of the six recruitment files we reviewed. This was addressed with the registered manager.

Using medicines safely
● Robust systems were in place to ensure medicines were ordered, stored, administered, and disposed of safely. Medicines included topical creams and controlled drugs (CDs). CDs are regulated under the Misuse of Drugs Act 1971 and require specific management and storage. We checked three people's CDs and found they were stored and dispensed appropriately. Room and fridge temperatures were checked and recorded which ensured medicines were stored in line with manufacturer's guidelines and they remained safe and effective to use.
● People's body creams were dated to ensure they were in safe use dates. Used bottled medicines were dated with open dates and stock medication was in date and there was no excess stock.
● Medicines were administered by senior carers who had completed relevant training and competency assessments. We observed staff administering lunch time medicines and saw they gave people the time they needed to take their medicines. Protocols were in place for PRN medicines (required as and when needed), and these were being followed correctly.
● The service used an electronic care management system and an e-MAR (electronic medicines administration record) policy was in place for staff guidance. People's e-MAR records were complete and up to date. They included important information such as allergies and an up-to-date photograph of each person.
● Senior Staff spoken to said there were no recent medicine errors and were able to explain medicine error management protocols, for example, medicine error incident reporting and the appropriate observations and procedures to be followed when an error occurred. A recent pharmacist audit had taken place and no issues of concern had been raised.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the

premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.
● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong
● Incidents and accidents were reported, recorded and investigated. Any themes or trends were discussed and shared with staff so that any learning could be applied, and the likelihood of re-occurrence was reduced.

Good

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.

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

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

● People received an initial assessment of their care needs before moving into the home which ensured their needs could be met. This included for example; nutrition, oral health, skin integrity, continence, mental health, mobility and medical history. Not all referrals were accepted, for example, where an assessment showed a person's needs were more complex than the home could safely manage.

● A detailed care plan was developed once a person had been admitted, which provided guidance for staff in how to care for them safely and effectively. People were involved in developing their care plan, where possible, along with their family members who knew them well and could share important information such as their likes, dislikes, preferences and life histories.

● Care was assessed and provided in line with recognised national good practice guidance. For example, the Malnutrition Universal Screening Tool (MUST) for people at risk of malnutrition, and the Waterlow assessment for people at risk of poor skin integrity. The chef followed the International Dysphagia Diet Standardisation Initiative (IDDSI) where people required adapted food textures.

● The home had taken part in a pilot to use a national monitoring system to improve health outcomes for people. A healthcare professional told us, "[The system] is designed to support homes and health professionals to recognise when a resident may be deteriorating or at risk of physical deterioration, act appropriately……to protect and manage the resident. Staff embraced [the system] as they could see that it benefited both the resident in obtaining an early review by GP, for end of life care or admission avoidance or 999." They told us the home has passed the three audits required to deem them competent in using the system.

Staff support: induction, training, skills and experience

● Relatives told us they thought the staff were competent. One relative said, "Yes absolutely, staff definitely engage with each resident on an individual basis as each person has a different set of needs. There is an active assessment with each person. I am very impressed with their skills and knowledge." Another relative said, "Yes the staff do understand [family member's] needs and how she likes to be cared for. I do believe staff have the right skills and knowledge to do their job."

● Staff participated in an induction on commencing in post after completing a 'look and see' shift. This was a shadowing shift offering applicants a chance to try the role before accepting the position offered. This ensured that new staff understood the challenges and benefits of working at the service.

● The induction covered essential training areas such as infection control and basic care delivery. Additional training developed staff members' skills and knowledge. Staff were enrolled on an online training system

and completed short training modules in a wide range of areas.
● Staff had received bespoke training for some specific health concerns. For example, a healthcare professional told us, "It has been acknowledged by the district nursing team that staff deliver excellent first aid when dealing with a resident skin tear…..the district nursing matron suggested that staff dress skin tears, the home had training on the skin tears and skin integrity."
● Staff participated in one-to-one supervision sessions. The supervision process had been reviewed and meetings were now themed training and update sessions. Sessions included 'hospital corners', night security, laundry skips and red bags and district nurses. Staff and their supervisor would work through information on the supervision record then both commented on the record.
● Observations of staff performance were also carried out to ensure they had good knowledge of core skills such as infection prevention and control practice and use of personal protective equipment, (PPE).

Supporting people to eat and drink enough to maintain a balanced diet
● People's meals were prepared in a way that was most suited to their assessed needs. We spoke with the chef who had very good knowledge of current best practice in adapted food textures. They had participated in training around specialist diets and were knowledgeable about food allergies or intolerances. At a monthly meeting, staff received training in different aspects or the service including the catering. Staff had tasted the pureed and other specialist diets as part of their training, so they were aware of what they were providing to people.
● Meals at Engleburn Care Home were all prepared from scratch to give a homely and personal touch to the dining experience. The provider was proactive in supporting the catering team to present meals appropriately and the chef had moulds, specialist plates and different cups specifically for specialist diets.
● Some people required their meals to be 'drinkable'. The chef worked hard to provide meals that retained their intended flavour, using products to fortify them that added minimal additional tastes.
●People's fluid targets were calculated and recorded. Records showed people were offered adequate fluids and how much they had taken had been recorded. MUST scores were recorded and monitored to inform staff where people required support with weight gain or weight loss.
● We saw staff supporting people in a friendly and empathetic way during lunchtime. Staff were discreet in offering support and cut people's food up and assisted them without drawing attention to them.
● The menu reflected people's likes and dislikes and the most recent menu change had included many of people's favourites. People told us they enjoyed the food provided at Engleburn; one person told us it was the 'next best thing to home-cooking".

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● The home worked with a number of healthcare professionals to ensure people's health needs were met. Where people required nursing support, for example for pressure area care or blood tests, arrangements were made for the district nursing team to visit. The home had a named link GP at the local surgery who visited every week to carry out a 'ward round' to review people's health and implement treatment plans where necessary.
● People had access to dentists, opticians, podiatrists, and other health care services, such as physiotherapists, community mental health nurses, palliative care nurses and speech and language therapists where required. This ensured people received a holistic approach to their healthcare.
● Our nurse specialist adviser had not identified any concerns about healthcare during our inspection. The home tried to enable people to stay at home when their needs increased, or they were on the end of life pathway, with district nursing support. Following the inspection, we received feedback from two healthcare professionals about the complexity of one person's care needs. One healthcare professional confirmed the home were generally very good at escalating concerns to them and tended to manage people's care well.

However, they felt this person should have been moved to a nursing home due to their increased care needs and the homes ability to manage these.
● We spoke with the registered manager for their response. They told us they felt they could continue to manage the person's needs with district nursing support to enable them to remain at the home and this had initially been agreed with the person's family member and their GP. However, at the time of writing this report an alternative placement was being sought.

Adapting service, design, decoration to meet people's needs
● The home is set up as four different units, each with its' own staff rota, which met people's differing needs. For example, Foxholes unit is a secure unit for people with more advanced dementia. There is free and open access through the lounge doors to the secure and colourful garden where people can wander around freely and safely.
● A visiting cabin had been erected in the grounds which had enabled relatives to visit safely, in line with government guidance, during the pandemic.
● The home had employed a dementia specialist to advise on personalising and refurbishing the hallway and communal areas. People and staff were involved in discussions about what they would like. The project was well under way to create a 'boutique' with dressing up clothes, jewellery and accessories, and reminiscence areas including an old-style office, nursery and music area.
● A pub had been built in the corner of the main lounge (complete with artificial beer pumps to complete the look), with comfy chairs for people to sit, have a drink and a chat.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● People were encouraged and supported to make their own decisions where possible. Where people did not have the capacity to consent, staff followed the MCA. For example, people who received covert medicines and were tested for COVID-19 had appropriate documentation to show mental capacity assessments had been completed and best interest decisions made, and these were recorded correctly.
● DoLS applications had been submitted when required and a record of applications ensured these were followed up in a timely way. Where a person had passed away before the application had been authorised, it was withdrawn and recorded.
● One relative told us their family member could make decisions for themselves and said, "I was told staff can't go against his wishes of what he wants to do or not."

Good

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 requires improvement. At this inspection this key question has now improved to good.

Good: 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

● Relatives told us staff treated people with kindness, respect and dignity and we observed this during the inspection. One relative said, "When I have visited, staff are always chatting to him." Another relative told us, "Staff are very kind to mum, and they do their best with her." One person told us how staff knew she liked a blanket and said, "They [staff] are all jolly and check in on me. They always ask if I want something, tea, a jaffa cake, coffee or cake." Another relative said, "[Staff member] displays a very caring attitude. I can tell the way she interacts with mum that they obviously have a great relationship." Other comments included, "Staff are so kind, and I know he thinks of you as his family," and "Thank you so much for the lovely photograph of mum on Mother's Day. It was beautiful and it looks like they all had a fabulous day."

● Where people were upset or anxious, we saw staff reassured them using a soft voice and gentle touch to comfort them, or used distractions such as a cup of tea or chat.

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

● Relatives told us their family members were able to make their own decisions as far as possible. One relative told us, "[My family member] gets asked what she wants to do during the day. She goes to the dining room to eat all her meals. She goes to bed when she is ready."

● The home involved relatives in their family members' care and continued to do this during the pandemic. One relative told us, "[My family member's] care plan was done and emailed to me. We had a meeting over the phone and updated it." Another relative said, "I thought I should put on record that although the review was conducted under unusual conditions, [staff member] deserves great credit for the way in which the event was managed….felt even more confident that [my family member] was in a caring, comfortable and safe environment."

● Advocacy support was available for people through an independent advocacy organisation. This was usually for people with DoLS if families chose not to be involved, or if their social worker thought they would benefit from this.

Respecting and promoting people's privacy, dignity and independence

● Without exception, relatives were positive about their family members' appearance and told us they were clean, well dressed and had their hair and nails done. All but one relative was happy with the laundry arrangements, although one relative told us their family member's clothes often went missing and had raised this with the home.

● Staff respected people's privacy, knocked on doors and asked for permission before entering, or called out to let people know who it was at their door. People were supported with personal care in their rooms or bathrooms, with doors closed. A member of housekeeping staff told us, "When cleaning we always ask first if they are happy for the room/area to be cleaned, if what we are doing is okay whilst doing it, ensure they are not eating/resting etc while we clean and that it's convenient for them."

● People were encouraged to do as much as possible for themselves and maintain their independence. One relative told us, "[My family member] has to be more guided and encouraged……..he used to clean his teeth, but now needs to be encouraged and he needs to see his toothbrush and paste to help him remember what to do." A staff member told us, "I know for instance a lady I look after is very independent but she will allow you to help her choose clothing by picking up the clothes whilst she says yes or no and you can have a little fashion show."

Good

Is the service responsive?

Our findings

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

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

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had individual care plans in place that had used information obtained through initial and on-going assessments. These had been updated regularly and clear review dates were set after each care plan had been agreed. Changes in people's health and well-being that required different levels of support or assistance were recorded and shared with staff. Care plans included, communication, continence, daily life, death and dying, physical health, deprivation of liberty, emotional support, finance, maintaining a safe environment, medication, nutrition and hydration, mobility, oral health, personal care, sexuality, skin integrity, sleeping and visiting/COVID-19. This showed that care plans were holistic.
- People and relatives were involved, and their individual wishes were respected and listened to. Daily records showed people were provided with care and support which was truly individual and personalised. From the initial assessments, through to the delivery of care, steps had been taken to ensure that each person's preferences and needs were central. For example, one person liked their nails painted and another liked to use four pillows at night.
- Staff knew people well when enquiring about a person's care needs, for example, the equipment used to care for the person such as hoists, sling size and slide sheets. From listening to a telephone conversation between a member of staff and relatives, they were spoken to with respect and staff communicated clearly and professionally.

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 knew people well and understood their individual communication needs. One staff member conversed with a person in their native language which ensured they could be more easily understood. Staff also used a website to translate and showed pictures and read the person's body language to assist with communication.
- One person had required time to process information which needed to be basic and simple. They required physical prompts. For example, staff guiding the person's hand to their face once staff had explained to wash their face.
- Staff ensured people had clean glasses and working hearing aids where these were used to minimise any barriers to communication.

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 could participate in an activities programme at Engleburn Care Home should they wish to. Activities were person-centred and appropriate to the participants. Sessions were run during the morning and afternoon and included gentle exercises, crafts and music sessions.

● We spoke with one-to-one coordinators who told us the activities programme in their area was more of a suggestion than set. They were working with people living with dementia and having a set programme was not always effective. They would suggest activities and when people appeared interested or engaged would work with them. If they did not appear interested a different activity would be offered.

● Both group and individual activities were provided. We saw people relaxing after their meal who, when offered the TV or music until the activity started said no, preferring to sit and enjoy the garden sounds. The one-to-one coordinators also spent time with people who were cared for in bed or who preferred to remain in their rooms ensuring they were stimulated and engaged in activities on their own terms.

● Before the group activity of making an Olympic display commenced, one staff member worked with a person to set up a scrap book to show relatives what they had been doing during activity sessions. Another person, after having a stroll in the garden, asked to go for a walk. Staff agreed to go with him to the wooded area once the main activity started so they could have a walk and do some sketching.

● A gentleman's club was being set up and people had been consulted about what topics they would like to discuss. These included, rugby, comedy, gold, travel programmes, western music and train spotting. As part of an outdoor project, two people had got together to turn an old rowing boat into a large, repainted planter for the garden.

Improving care quality in response to complaints or concerns

●The provider had a complaints policy which was made available to people and relatives. Relatives we spoke with were all happy with the care and support their loved ones received, although one relative had made a complaint to the manager about the laundry.

● We reviewed the complaints file and saw each complaint had been responded to following an investigation. Any documents referred to during the investigations and an outcome letter were attached to the complaint. Where substantiated, the registered manager used complaints as a way of improving the service.

End of life care and support

● The home had been accredited to the Gold Standard Framework. This is a practical systematic, evidence-based approach for staff to use to monitor and recognise when people were entering the different phases of end of life and respond promptly to their changing needs.

● The provider's policy for end of life care was written in line with the statements and principles of the National Institute for Health and Care Excellence (NICE) quality standards.

●The home worked closely with a local hospice for advice and support when needed. A healthcare professional told us, "Staff have completed the six steps end of life care with [Name of hospice]. The programme aims to enhance end of life care through facilitating organisational change and supporting staff to develop their roles around end of life care. Staff also had to provide a portfolio (of evidence) to successfully pass the course."

● When people were at the end stages of their life, these procedures ensured people were cared for in a culturally sensitive and dignified way. People at end of life were encouraged to remain in the home with the provision of any specialist equipment required. A staff member said palliative care specialists supported them as needed.

●A dedicated unit had been set up for people receiving end of life care. Staff were aware of people's specific needs, including mouth care and re-positioning and on visiting one person in their room, we saw they were

clean, pain free and comfortable.

● Advance decisions to refuse treatment or elect for an alternative option and provisions of Lasting Powers of Attorney (LPA) were recorded. For example, one person's records showed their DNAR status had been discussed with them and their family who had LPA for both finance and for health and welfare.

Good

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.

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

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

● Staff told us they felt supported by the management team. One staff member said, "I don't have any concerns about the service and when I have needed to speak to [registered manager], she has always been responsive and makes time to speak to me as soon as she can. I feel safe and comfortable talking with her and any of the other managers. The home feels warm and caring with emphasis being put on the happiness and wellbeing of the residents above all else. I am proud to work here and feel that without the excellent leadership of the managers and the compassion and hard work of all the staff the home would not be as it is."

● Another staff member told us, "I do feel supported. Management have a daily morning meeting. Each department has its own meeting once a month and in between this the office door is always open and someone is always on call." A third staff member said they felt involved and listened to; "Yes we quite often discuss any issues and are encouraged to give ideas." Other comments included, "I enjoy my job and the people I work with it feels like a family and there is a lot of support," and "[Registered manager] is a very approachable manager and is fair to all. She is a great manager."

● All but one of the relatives had met the registered manager and communication was generally very good. One relative told us, "Yes I do know who the manager is and she is very approachable and visible. Before dad went into the home, I phoned the manager and I felt confident about the care being offered." Another relative said, "It all seems to work well and is well managed." Other comments included, "They have been doing a really good job during lockdown and all staff treat the home as a family. It's very well managed," and "Yes I do know the manager and I am perfectly happy with the service at the home," and "It is well managed. [The registered manager] sends out many emails, photos and activity time-tables."

● The provider had up to date policies which ensured the service was managed in line with relevant legislation and guidance, including an equality and diversity policy which was in place to help protect people and staff from any direct or indirect discrimination. The provider undertook reviews and felt they had facilities available to people of all characteristics and employed staff from, for example, different ethnic backgrounds, those in civil partnerships, pregnant and over retirement age.

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

● Relatives told us they were asked for feedback about the home and care provided. This was obtained

through questionnaires and relatives' meetings which had continued virtually during the pandemic. We saw email feedback and on-line reviews which were all very positive. Comments included, "My experience with Engleburn has been an extremely positive one," and, "Especially in these challenging times, it's been fantastic to have regular video calls, and when I have gone to visit in person recently, the measures to keep everyone safe are second to none."

● People were involved as much as they were able to. Residents' meetings took place every month and topics included, for example if they had any complaints, the quality of meals or ideas for activities. At the meeting in June 2021 discussions had taken place about the D-Day celebrations which produced conversations about what residents had been doing on D-Day, with some people recollecting their time in London celebrating.

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

● The registered manager understood their responsibilities under the duty of candour to act in an honest and transparent way when things went wrong. We saw correspondence with relatives from the management team which showed they had acted openly and professionally. A number of relatives commented on the openness and approachability of the registered manager.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

● The registered manager responded positively and openly to requests for information to support this inspection and responded promptly to address areas where the inspection team identified minor concerns or omissions. They understood their responsibilities under the Health and Social Care 2008 (Regulated Activities) Regulations 2014, including when to notify us of certain events as required under the regulations.

● Staff understood their roles and responsibilities very well. Shifts were well organised by senior carers and staff understood and followed the reporting structure to inform senior staff or the management team of any issues. We observed a 'whole home' fire drill which showed staff understood the procedures to follow, where to assemble and carried out their delegated roles during the drill.

● A range of audits were carried out by the management team to monitor the quality and safety of the service. These included; care plans, medicines, fire safety and premises. Improvement plans were in place with actions to address areas identified. For example, the refurbishment of a bathroom to add a more suitable shower for people who were mobile and did not require assistance, and the replacement of some fire doors had been completed in May and June 2021. New comfy chairs were delivered for the lounge in Foxholes, which would be easier for staff to keep hygienically clean.

● A 'resident of the day' review took place with each resident over a period of time. All aspects of a person's care, welfare, preferences and 'what would make life better' were reviewed and any changes agreed with them.

Working in partnership with others

● The provider worked in partnership with a range of other organisations. They had supported the local clinical commissioning group, (CCG) in piloting RESTORE2, a monitoring process for people, and linked in to support calls with them regularly. The registered manager and deputy member also followed a social media managers' forum which had been a useful source of information and support.

● The older persons mental health team, OPMHT, worked frequently with the provider supporting people who were experiencing difficulties with their mental health or behaviours which challenged.

● Other partners included the local community centre where there was a dementia support group and a range of activity sessions that could be accessed by people living at Engleburn Care Home, although these had not been available during the pandemic.

● The provider was setting up a tea shop in the grounds, mainly so relatives could take their family members 'out' without leaving the premises when they were still concerned about risks in the community or were unable to support them. There were plans to run a dementia support group in the tea shop supporting community members and relatives of people using the service with practical advice on topics such as finance, and giving information about what to expect as they progressed, living with dementia.