Boars Tye Residential Home Ltd

Boars Tye Farm Residential 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
Boars Tye Farm Residential Home is a residential care home providing personal and nursing care for up to 27 people in one adapted building, some of whom may be living with dementia. There were 20 people living at the service at the time of our inspection.

People's experience of using this service and what we found
Risks to people's health and welfare were in most cases, identified and managed to minimise the risk of them coming to harm. However, individualised emergency evacuation assessments which identified people's specific needs and the level of assistance they needed to safely evacuate the premises in the event of a fire, had been replaced with a 'grab sheet.' This did not contain the same level of detail to guide staff on what to do in the event of an emergency.

We have made recommendation about consulting with the fire service regarding this practice.

People and relatives' feedback about the quality of the food was good. Catering staff had good knowledge of people's dietary needs, however the dining experience needed to improve to ensure people received their meals in a timely manner, and ensure mealtimes were a sociable and pleasurable experience.

We recommend the provider reviews the dining arrangements.

Detailed care plans were in place to guide staff on how to meet people's care and health needs, however these needed more detailed guidance for staff on how to support people when their behaviour became challenging, due to anxiety and distress.

There were enough competent staff on duty with the right skills and mix to support the needs of people using the service. Staff had received training that gave them the skills, knowledge and experience to carry out their roles and provide effective care.

The provider had good systems in place, followed by staff to ensure safe and proper use of medicines. The service recognised where people were able to manage their own medicines and supported them to do this. Staff were aware of safeguarding processes to keep people safe. Staff were aware of their responsibility to raise concerns and report incidents. When things had gone wrong, systems were in place to ensure these were investigated and lessons learned were shared with staff.

The premises have been adapted to meet the needs of people living there. Routine safety checks were in place ensuring the premises were homely, and safe. The service was clean and tidy with no unpleasant odours. Staff had access to and understood policies and procedures for the prevention and control of infection and were observed putting these into practice.

People were supported to access healthcare professionals and specialist teams to ensure they received appropriate healthcare and treatment.

We received positive feedback from people and their relatives about staff. People were treated with kindness, respect and compassion. Staff treated people with dignity and respect

Staff understood obtaining peoples consent before providing care. We saw good evidence to reflect 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 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, and their relatives told us they are able to express their views and be involved in making decisions about their care.

We received mixed opinions from people and their relatives about activities in the service to keep people stimulated and occupied. Although the service had engaged with the local community, such as village halls to access coffee mornings and schools to interact with children, further work was needed to ensure people had meaningful engagement, occupation and access to therapeutic activities.

Complaints raised about this service were listened and responded too. The service had an open policy and encouraged people to discuss concerns in an open and transparent way.

The service had two staff who were designated palliative care ambassadors. These staff had done some exemplary work to promote good quality end of life care. They worked well in conjunction with relatives and the local hospice to ensure people had a pain free, comfortable and dignified death.

There was a positive culture in the service. Staff were encouraged to be innovative and share their ideas to help improve the service. Staff received the support they needed for their professional development and so they knew what was expected of them.

The provider had good governance systems in place which were used effectively to assess and monitor the service. The management team worked well together and other professionals to understand where and what improvements were needed to drive improvements and provide high quality care.

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

Rating at last inspection
The last rating for this service was good (published August 2017).

Why we inspected
This was a planned inspection based on the previous rating.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our safe findings below.

Is the service caring?

Good

The service was caring.

Details are in our safe findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our safe findings below.

Is the service well-led?

Good

The service was well led.

Details are in our safe findings below.

Boars Tye Farm Residential Home

Detailed findings

Background to this inspection

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

Inspection team
The inspection team consisted of one inspector and two assistant inspectors.

Service and service type
Boars Tye Farm Residential 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.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with the provider, registered manager and six members of staff including the office manager, care manager, senior carer, activities organiser, kitchen assistant and domestic supervisor.

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

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit 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 good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management
• Risks to people were overall anticipated and managed well to keep them safe. Fire systems and equipment were checked regularly, and routine fire drills carried out to ensure staff knew what to do in an emergency. However, following advice from an external consultant people's individual Personal Emergency Evacuation Plans (PEEP's) had been condensed onto one 'grab sheet'. This did not provide staff, with the information they would need to safely evacuate people from the premises in the event of a fire.

We recommend the provider consults with a reputable source, such as the local fire service to establish if the one grab sheet, rather than individual PEEP's meets fire safety regulations.

• Systems were in place to ensure the premises and equipment were safe to use and well maintained. Technology was used to promote people's safety, such as pressure mattresses to reduce the risks of pressure wounds occurring, and alarm sensor mats to alert staff if people at risk of falls had got up or fallen out of bed.
• Where people needed support to move, staff were observed using appropriate equipment, such as hoists safely and providing reassurance to the person.
• Herbert protocols were in place. These are forms completed with information helpful to the police, in the event a person goes missing.

Systems and processes to safeguard people from the risk of abuse
• People told us they felt safe living at the service. Comments included, "I do feel safe," and "I feel safe and the care I receive is very good."
• Staff understood the processes to keep people safe. They confirmed they had received updated safeguarding training and were aware of different forms of abuse and their responsibility to report concerns.
• The registered manager was aware of their responsibility to liaise with the local authority. Where safeguarding concerns had been raised, such incidents had been managed well.

Staffing and recruitment
• We saw there were enough competent staff on duty with the right skills and mix to support the needs of people using the service. Staff were visible throughout the day and responded to people's call bells promptly.
• People, their relatives and staff were positive about staffing levels. People's comments included, "I think there is enough staff," and "When I use it, (call bell) staff came straight away. I have noticed that when call

bells go off, staff immediately go to it for others."
• The registered manager told us they used a dependency tool to regularly assess people's needs and staffing levels were adjusted accordingly. This was confirmed in conversation with staff. Comments included, "We are fully staffed, more than I think we should be. We are less staff recently, but we have less people, this will increase when we are full again," and "Absolutely, there's probably too many staff. I'm so lucky to have this job, the residents are amazing. I couldn't leave it. Every day is a different challenge."
• There has been a core group of staff working at the service for a long time, who know the people well. A relative confirmed this saying, "I know the staff well, there are not many changes to staffing."

Using medicines safely
• People's prescribed medicines, including controlled drugs were stored, administered and disposed of safely and in accordance with relevant best practice guidance.
• People's Medicine Administration Records (MAR) included details on how they preferred to take their medicines and any known allergies.
• The service recognised where people were able to manage their own medicines. Processes were in place to enable them to remain in control of ordering, storing and administering their own medicines.
• Random sampling of people's routine medicines, against their MAR's confirmed they were receiving their medicines as prescribed by their GP.
• Staff administered medications in a respectful manner. They followed best practice guidelines for administering medicines and we saw they interacted with people well. They explained what the medication was for and why it was needed.
• Staff responsible for administering people's medicines had completed training and had annual checks to ensure they were competent to do so.

Preventing and controlling infection
• People and their relatives told us the premises were always clean. One relative told us, "I think it's nice. Lovely and clean here."
• The environment was clean; with no underlying unpleasant odours. Hand washing posters were on display in bathrooms and toilets. Pump soap, alcohol gel dispensers and paper towels were available.
• Records showed regular domestic staff meetings were held to discuss infection control issues and health and safety matters. This ensured staff were working in accordance with relevant national guidance and high standards of cleanliness and hygiene were being maintained.
• We observed staff using personal protective equipment, when this was needed to minimise the risks of spreading infection.

Learning lessons when things go wrong
• Staff were aware of their responsibilities to raise concerns, record safety incidents and near misses.
• Incidents were monitored by the management team to ensure oversight of the health, welfare and safety of people living and working in the service. For example, a 24 hour falls clock had been developed to chart when a person had a fall. The date, time, and where the person fell was recorded on the clock. This was reviewed monthly to identify the number of falls, trends and assess what action was needed, to reduce further falls. Implementation of this system has seen a decrease in the number of falls in the service.
• Systems were in place to ensure lessons were learned and improvements made when things went wrong, such as medicine errors and a recent safeguarding issue. Learning from incidents was shared with staff at team meetings.
• Minutes of a recent meeting showed a discussion had been held to share learning following the recent Panorama programme about abuse in another care home.

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.

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

Supporting people to eat and drink enough to maintain a balanced diet
• Although there were enough staff to support mealtimes, we saw the midday meal (notably more so on the first day of the inspection) was disjointed. People sitting at tables, and in the lounge were all served their meals at different times, which did not make for a sociable occasion. For example, the lunchtime meal started at 12.30pm, people were offered where to sit either in the dining room, or adjacent lounge. Some remained in their rooms. People who started their meal at 12.30pm were having to wait a long time for their dessert, and in some cases got up from the table, and left with no dessert. The last person to be served the first course was at 1.16pm.

We recommend the provider reviews the dining experience to ensure people receive their meals in a timely manner and ensure mealtimes are a sociable experience.

• Despite the time taken to serve meals, feedback from people and relatives about the quality of the food was good. Comments included, "The big plus point is the food. Its superb, all home cooked. If you don't like it they go to the lengths of finding something else, "and "Food is brilliant, excellent. I can choose to have something not on the menu, depending on what they have in at the time. I can speak to the kitchen staff and they can make it for me." A relative told us, "The food is very good as it is all homemade. They know my [Person's] preferences. There are two choices every day, and if they want something different, they can have it."
• People's dietary needs were well documented, and both care and catering staff had good knowledge of the support people needed to eat and drink, including those with specialised diets.
• People were protected from the risk associated with poor nutrition, hydration and swallowing. A traffic light system had been implemented to alert staff of people at high risk, for example, those at risk of dehydration and recurring urinary infections had been provided with pink fluorescent cups which remind staff to push fluids. This system had worked well in reducing the number of infections.
• People at risk of weight loss were provided with high fat diets, including full fat milk, cream and fortified smoothies, with chocolate and peanut butter. Additionally, biscuits, cake, chocolate, crisps and fruit were available, throughout the day. Fridays were 'treat days' with special doughnuts and extra special sweets brought in for people and staff.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• Peoples care plans contained information which showed their physical, mental and specific health needs

had been assessed in line with recommended best practice guidance, and relevant legislation. For example, where people had specific health conditions, such as epilepsy, a care plan had been developed in line with the National Institute for Health and Care Excellence (NICE) guidance.
• Staff had received training in line with best practice guidance, to ensure they had the skills and experience to support people to manage their specific health conditions, such as dysphagia and how to minimise the risks of choking, because of poor swallowing.

Staff support: induction, training, skills and experience
• People told us, staff were trained and had confidence in them to provide their care. Comments included, "I think staff are all trained well," and "For me, they have the right training and experience."
• Staff told us they had good access to training. One member of staff commented, "A lot of training is face to face, unless its specific, such as first aid which was provided by an external training provider. Training is really good. I like my training."
• The service had two care managers who provided the training. Both had completed training to enable them to teach and train other staff. One care manager told us, "All training is provided face to face as much as possible rather than eLearning, but we use this resource as a last resort."
• A review of the training matrix confirmed staff had completed a wide variety of training to ensure they had the knowledge and skills to carry out their roles and meet people's needs. Examples included dementia, diabetes, catheter care, food safety, food allergens and equality, diversity and sexuality.
• Staff were encouraged and supported with their professional development and were given opportunities to enhance their skills both internally and via external training, such as National Vocational Qualifications (NVQ).
• New staff completed an induction when they joined the service before commencing shifts as a permanent member of staff. This included shadowing experienced members of staff.

Staff working with other agencies to provide consistent, effective, timely care
• Staff told us, and records showed advice and support had been sought from other health professionals, such as the tissue viability nurse, dieticians, diabetic nurses and continence team.
• Staff knew people's needs well and ensured any changes in a person's condition was noted, discussed with the management team and referred to the appropriate professionals.
• Where people's mental health needs had deteriorated the service had established good links with the community mental health team and the Crystal Centre outpatient service at Broomfield hospital who specialise in depression, dementia and Alzheimer's disease.

Adapting service, design, decoration to meet people's needs
• People and their relatives told us the service was homely and comfortable. One relative commented, "They do make people feel like it is a home from home here."
• Boars Tye is a 17th Century farm house, adapted to provide accommodation for up to 27 people. There are 23 single rooms, with two shared rooms. One of the shared rooms is currently being made into single use, with a sitting room to accommodate the needs and wishes of a person moving to the service.
• The premises were accessible and suitable for the needs of the people living there, with aids and adaptations to encourage independence.
• The decor of the building varied between the new and older part of the building but was generally well maintained and clean. People's rooms were warm and personalised to meet their needs.
• The addition of a large dayroom, with underfloor heating overlooking the garden, provided space for people to enjoy, receive visitors and view the local wildlife. We saw this room was well used during the inspection.
• Assistive technology and equipment, such as alarmed mats, bed rails and hoists were provided to meet people's needs and ensure risks to their safety were minimised.

Supporting people to live healthier lives, access healthcare services and support.
• People's care records confirmed they were supported to access healthcare professionals and specialist teams to ensure they received appropriate healthcare and treatment. Examples included access to the chiropodist, dentist, speech and language therapist and their GP.
• People's relatives told us if their family member was unwell, staff acted promptly to seek advice from health professionals. Comments included, "Staff tell me of concerns or changes in my [Person], I come here every day, so they tell me straight away. I don't think they could do anything better," and "All of [Person's] healthcare needs are met. The staff are very good at identifying concerns, and very good at communicating with me. For example, my [Person] had some cardiac problems and staff were very quick to call an ambulance and to call me to let me know, they had been taken to hospital."

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 with appropriate legal authority. 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 understood the importance of gaining consent before providing support and were observed doing so consistently during the inspection. One member of staff commented, "We help people to make choices for themselves, we can't just make the choice ourselves."
• People's care records contained information on how staff supported them to make day to day decisions. Management and staff knew what they needed to do to make sure decisions were taken in people's best interests.
• Where people had been deemed to lack capacity to make significant decisions about their care, health, welfare and finances, relevant people including their Lasting Power of Attorney (LPOA) and health professionals had been involved. For example, where a person had been deemed to lack capacity to agree to have their medicines disguised in food or drink, a covert medication assessment had been carried out. This had been discussed with the persons GP and POA to agree this was in the person's best interests.
• DoLS applications had been made where needed and approvals were monitored to ensure any conditions on authorisations were being met.

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 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; equality and diversity
• People, and their relatives, were complimentary about the care provided and the attitude and capability of the staff. One person told us, "Some carers are exceptional and really stand out. The other staff are all good, but there are those who stand out." Other comments included, "I think the care I get here is very good," and "The care I get here is excellent, I wouldn't be here if I wasn't happy, I feel at home here."
• People were treated with kindness, respect and compassion. Relative's told us, "It really is excellent here. The general feeling is staff are very kind, understanding and patient," and "Everyone seems very helpful, the staff are very nice, they have a laugh and a joke with everyone."
• Staff had developed good relationships with people. We saw positive interactions between staff, and the people they supported. Interactions were natural, but respectful.
• We heard people discussing with each other and relatives what it was like living at Boars Tye. Comments included, "I feel comfort and happiness while I am here," and "I feel comfy here and I feel loved."
• People, including those who stayed in bed, received the care and support they needed from staff who knew and understood their needs well. One person told us, "Staff know what is wrong with me, they always offer me the options of when I want to go to bed and what I want to do."

Supporting people to express their views and be involved in making decisions about their care
• People were supported to express their views and be involved in making decisions about their lives. The registered manager told us, and records confirmed six monthly reviews of people's care took place and families were invited. One relative told us, "I have been involved in [Persons] care planning, it's a nice informal process where conversations happen easily and freely. My [Person] is palliative care now, and the two palliative carers stay in regular contact with me, they are really good."
• Records showed where there was no family involvement, advocacy support had been requested.
• Staff knew people's communication needs well and we saw people being able to make decisions about how they spent their day and what they had to eat.
• People's responses in the provider customer survey in 2019 reflected 85% of people using the service said staff helped them to plan their care, explain information to them to make choices and obtained their consent before providing care.

Respecting and promoting people's privacy, dignity and independence
• Staff understood it is a person's human right to be treated with respect and dignity. We observed them

putting this into practice during the inspection.
• We saw staff provided encouragement to people when they needed it and supported them to retain their independence wherever possible. People confirmed this, comments included, "I self-medicate, I have a box locked in the medicines cupboard, and staff bring for me when I need take my medicines. I also monitor my own diabetes."
• The provider had made sure staff had the time and skills to ensure people were made to feel that they mattered, for example one a member of staff told us a person received a weekly newsletter from their church and they sat with them to read through it, talking about their memories and looking at pictures.
• Staff spoke discretely when asking or encouraging people to use the toilet and were observed gaining people's consent to enter their rooms and before providing personal care. People told us, "They respect my privacy with regards to showering I do it mainly on my own, and they respect that."

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.

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

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
• The service had engaged with the local community, such as village halls to access coffee mornings and schools to interact with children, however more work was needed to ensure people had meaningful engagement, occupation and access to therapeutic activities.
• We received mixed opinions from people and their relatives about activities in the service to keep people stimulated and occupied. People loved the accordion player that visited on a regular basis, however others told us, they were not offered activities to do. Relatives comments included, "There isn't any specific things for my [Person] to do, but staff come and talk with them, and help them dance, which they love," and "[Person] has quite advanced Alzheimer's so it's difficult for them to engage in anything, they don't really get involved in activities because they can't really do anything, however the staff said they were dancing the other day, but I missed it."
• One member of staff told us, "I am one of five staff who provide activities. The care manager is head of activities and provides us with our structure to ensure all residents are getting their fulfilment, activities happen every day, and at weekends. However, we saw minimal one to one, or group activity other than nail manicures during the inspection, unless people had visitors.
• The deputy care manager told us, "We are drifting away from providing large activities, to ensure people have more individual meaningful occupations. For example, each day we have a 'time for 10' where everything stops, and all staff spend at least 10 minutes talking with people."
• One member of staff told us, "Residents are very hard to be kept entertained, it's a difficult job sometimes. People's families or residents themselves will give us a brief background of hobbies or jobs they used to do, and we try to tailor activities accordingly. For example, one person loves knitting, so we got them involved in the hospital charity to knit squares for new born baby blankets."

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.
• Peoples needs were assessed on admission to the service and used to develop care plans setting out the how their care and support needs were to be met. However, further work was needed to ensure care plans provided guidance for staff on how to support people at times when their behaviour manifested in anxiety, physical and verbal aggression to keep them and others safe.
• The providers computerised care planning system enabled relatives to access their family members care plan via a separate log in, so they could be involved in their care. Care plans reviewed reflected relatives had had input into people's care, including their past, likes, dislikes, and health.
• The registered manager told us work was in progress to promote discussions in the service with relatives

and staff to ensure people's protected equality characteristics, such as age, gender, and sexuality were respected.
• The registered manager had attended an Essex Care Association breakfast meeting, where LGBT had been on the agenda, with a view to writing a policy about relationships and sexual relations of people in the service. [LGBT is an acronym for lesbian, gay, bisexual, and transgender. These terms are used to describe a person's sexual orientation or gender identity.]

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.

• The service had developed a range of ways to comply with these standards. Information, such as how to make a complaint had been written and in easy read with symbols.
• Pictures had been used to help people make choices about what they wanted to eat, and if they wanted small, medium or large portions. Additionally, the cook wrote the menus on a whiteboard in the dining room.
• Flash cards had been developed to help staff people communicate with people and ascertain choices, and if they were in pain.
• A 'Natter station', had been created in the dining / lounge area, which contained objects, and flash cards referring to old film stars, such as John Wayne and Doris Day, a range of hats and beads. Staff told us this had proven to be a good way for staff and relatives to engage people in conversation.

Improving care quality in response to complaints or concerns
• The registered manager told us they encouraged people to discuss any concerns in an open and transparent way. People, and their relatives confirmed they would speak with the registered manager or staff if they had any concerns. One person told us, "If I was unhappy, in the first place I would go to one of the senior carers, who would normally be able to deal with it. Failing that, and if I wasn't satisfied, I would go to the manager, they listen to things.
• Relatives comments included, "If I had a real complaint I'd just tell the manager, and they'd sort it," and "I haven't had to raise a concern, but I would speak to the care manager or the manager, or anyone in the office. If it was trivial, I would speak to the care staff."
• Systems were in place to acknowledge and respond to complaints. A new format for dealing with complaints had been introduced, to reflect lessons learned following investigations.
• A review of the complaints book showed there had been five complaints raised about the service since the last inspection. These had been investigated and responded to appropriately within the expected timeframe and used to improve the service.

End of life care and support
• Systems were in place to ensure people were provided with the support they needed to experience a comfortable, dignified and pain free death.
• The service had two palliative care ambassadors in post who had done some exemplary work to promote good quality end of life care. The ambassadors provided support to people, and their families to develop a plan of care at the end of a person's life. They worked well in conjunction with the local hospice to ensure people had a pain free, comfortable and dignified death.
• We received positive feedback from relatives about the care provided to people at the end of their life. For example, a letter of thanks praised the care provided to a family member, commenting, "Thank you for everything. You looked after [Person] with the care and dignity they deserved and were there for me too. I

really appreciated all your help with securing the continuing health care I know you came in on your day off to help me. It's difficult to put into words my appreciation of your care, support and kindness from the first day to the last."

• The ambassadors had developed an 'End of life' pack, setting out the services promise to be compassionate and respectful and make a difference to people's end of life journey. This pack explained people's preferred priorities of care, including their religious faith, beliefs, favourite music, flowers, smells, and preferences around their environment and what they would like to be wearing at the end stages of their life.

• People's relatives had been involved in conversations about end of life care, including Do Not Attempt Resuscitation (DNAR) orders. A DNAR form is a document issued and signed by a doctor or medical professional authorised to do so, which tells the medical team not to attempt cardiopulmonary resuscitation (CPR).

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 good. At this inspection this key question has remained the same.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• The registered manager was in the service daily and knew the people using the service, their relatives and staff extremely well. One person told us, "I think it's well managed. I am very happy with the staff here, I see all the manager's often. In the mornings, I always say morning, and they always turn around and say, 'Morning to me, how do you feel?" A relative told us, "It's difficult to say if anything has improved, it's just been consistently good. I am always made to feel welcome when I come here."
• The registered manager told us they occasionally worked alongside staff to monitor their practice and the interactions with people using the service. They commented, "There is a good work ethic which runs through the home. We have a very good staff team who have worked here for several years, who work well together."
• Staff told us, the management team were approachable and supportive. Staff comments included, "On the whole the management team are pretty good. Work colleagues all support each other, we work well as a team," and "We work as team, and support each other it all stems from the residents, hand on heart this is the best place to work, and for residents, it is a home from home."
• The deputy care manager told us, "I am currently reviewing the vision and values of the company with staff from each department across the service to develop a set of values we will all have pride in."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
• The provider and registered manager had a good oversight of what was happening in the service. Both currently have registered manager status with CQC. The registered manager told us their key challenge moving forward was taking over full time as the registered manager, as the provider was taking a step back.
• The provider had systems to identify and manage risks to the service, including audits by an external company. We saw these were being used effectively to drive improvements. For example, a recent independent audit identified improvements needed to be made to medication practices and for care plans to be more person centred.
• The registered manager and staff had a clear understanding of what was needed to ensure the service continued to develop, and ensure people received high-quality care.
• Staff received regular supervision and annual appraisal regarding their performance. Supervision is a

formal meeting where staff can discuss their performance, training needs and any concerns they may have with a more senior member of staff.

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

• Both registered manager's were committed to ensuring that a high-quality service was provided and sought information from people using the service, their relatives and staff at regular meetings to identify what worked well and where improvements were needed. For example, the minutes of a recent relatives / residents meeting confirmed people were happy with the menu and food provided, happy with the care they received and knew who to go to if they were unhappy about something.

• Surveys completed in 2019 by people and their relatives showed they had been asked for their feedback on the quality of the service. These contained positive feedback, in percentages of how they rated the quality of the service. For example, 71.4% agreed they were treated with kindness compassion and respect, with 28.6 strongly agreeing.

Continuous learning and improving care

• Information obtained from audits and analysis of incidents and complaints was used to drive improvement. For example, where audits had identified repeated falls and urinary tract infections (UTI), the deputy care manager had developed systems such as a 24 hour falls clock and a traffic light system to alert staff to people at high risk of UTI. As a result there had been a reduction of falls and UTI's. These initiatives had won the care manager a PROSPER award for innovation.

• The registered manager was an active member of 'My home life'. This is an initiative driven by the care home sector to support managers of care homes to develop leadership skills and connect more productively with staff, supporting them to be innovative.

• Two senior staff had initiated the end of life project. They told us they had made the proposal to the management team who had been amazingly supportive and helped to put it into place.

• The deputy care manager showed us a game they had designed to encourage staff to better engage with the supervision process. This involved cards with a range of health and social care subjects, and cards with emotions and feelings to prompt discussion. These discussions would then prompt goals to support staff's professional development.

• We spoke with an NVQ assessor who regularly visited the service. They told us, "The provider is really supportive of developing their staff. The management team are in constant contact with me for an update on staff's progress and provide them with the support they need to complete their qualification. I've never had any concerns about the home and it's a nice place to come to."

Working in partnership with others

• The provider, registered manager and staff demonstrated a willingness to work in partnership with other agencies to improve the service.

• The service engaged well with other professionals, such as the local authority and health sector partnership PROSPER campaign, to promote safer provision of care for elderly people.

• The provider was a member and chair of the Essex Care Association (ECA) an independent voluntary not for profit organisation that provides support, knowledge and advice to the social care sector.