

Willow Tower Opco 1 Limited

Signature at Fleet

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

Signature at Fleet is a residential care home providing accommodation and personal care to up to 78 people. The service is provided to older people who may also be living with dementia. The ground and first floor were designated as 'Assisted living', whilst the second floor was the 'Reminiscence' unit for people living with dementia. At the time of our inspection there were 64 people using the service.

Two providers are dual registered to provide this service and both are responsible for service delivery at the location.

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

Potential risks to people were assessed with them and measures were in place to ensure they were enabled to stay safe, with minimal restrictions on their freedom. People were safeguarded from the risk of abuse. People's medicines were managed safely. Staff had managed a recent outbreak of COVID-19 effectively, in line with their training, the provider's policies and national guidance. There were sufficient, appropriate staff of the required level of skill and experience rostered to meet people's needs. Staff were recruited safely. Incidents were reviewed and any required actions to minimise the risk of repetition were taken, any learning was shared.

People's needs and choices were assessed and their care and support was planned and delivered in accordance with good practice guidance, to achieve effective outcomes for them. Staff had the required skills, knowledge and experience. People were provided with a range of nutritious food and drinks and any risks were identified and mitigated. Staff worked both across the team and with a variety of external agencies to ensure people's health care needs were identified and met. The colour of the corridor wall on the reminiscence unit was not dementia friendly. The provider was aware and addressing this, with the planned refurbishment of the service, which was taking place this year.

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.

Staff treated people with kindness, respect and compassion. Staff recognised people's emotional support needs and ensured they were met. People were involved in decisions about their care. People's privacy, dignity and independence were promoted by staff. People were well supported by staff at the end of their lives.

People received personalised care which reflected their individual needs, preferences and wishes about their care. Staff had a good understanding of each person's needs and how these were to be met. Staff understood people's communication needs and ensured these were met. People were able to access a range of opportunities for social stimulation both in the home and in the wider community.

The registered manager created a person centred, inclusive and open culture, they were a good leader. Staff felt motivated by and proud of their work with people. There was a strong governance framework in place to monitor performance. Processes were in place to seek people's feedback on the service and to drive improvements. Staff used the provider's governance processes to monitor the quality of the service and to identify and address any areas for improvement. Staff worked openly with professionals and external agencies to ensure people's care needs were met.

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

Rating at last inspection

This service was registered with us on 10 December 2021 and this is the first inspection. The last rating for the service under the previous provider was good, published on 26 September 2020.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Signature at Fleet

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 Health and Social Care Act 2008.

Inspection team

The inspection was completed by 2 inspectors and an Expert by Experience on the first day and 1 inspector on the second day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Signature at Fleet is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Signature at Fleet is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since it was registered. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with 8 people and 3 people's relatives. We also spoke with 15 members of staff including the regional operations director, registered manager, deputy manager, care, activities, maintenance, laundry, cleaning and catering staff.

We used the Short Observational Framework for Inspection (SOFI) on the reminiscence unit. 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. These included 4 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems, policies and processes to ensure people's safety. New staff's induction to their role, included safeguarding awareness. Staff told us they then updated this annually, records confirmed all staff were up to date with this training. Staff had access to the provider's safeguarding policies and guidance which referenced relevant legislation and good practice. Staff spoken with understood their role and responsibilities, in relation to safeguarding people.
- Managers completed further safeguarding training, to ensure they had the skills and knowledge required. Records showed safeguarding incidents were identified and reported to the relevant agencies. People confirmed to us they felt safe in the care of staff.

Assessing risk, safety monitoring and management

- Staff assessed potential risks to people and measures were implemented to mitigate them. People's risk assessments were very person centred, they and their relatives where they wished them to be involved, were fully consulted wherever possible about how they wanted risks to them to be managed. If people lacked the capacity to be consulted, then legal requirements were met and decisions were made in the person's best interests. People and relatives told us, "Yes, everything's taken care of" and "Absolutely safe, 100%. It's peace of mind for us in case [name of person] has a stumble." Restrictions on people's freedoms were kept to a minimum and technology was utilised, to ensure any measures were the least restrictive for the person.
- The provider had recently changed the call system which people could use to alert staff if they had a fall. The response was set in accordance with each person's individual risk of falling. If a person was assessed as at high risk of falling, there was an emergency response. People had been consulted about this change. A person told us, "Everything [makes me feel safe], this mainly [showed us their call bell]." Another person said, "The call bell was positioned to make sure it was accessible and not a trip risk. They also put in another one." Staff ensured if people still required a pendant, for example, due to a sensory impairment then this was provided. This change had resulted in a significant reduction in the number of falls people experienced during the first month of operation.
- The provider had processes in place to identify and assess any potential risks to people's skin integrity and any required equipment was provided and relevant safety checks completed. Staff checked the settings of people's airflow mattresses daily on the reminiscence unit and reported any issues, but these checks were not recorded. This was discussed with staff and addressed during the site visit.
- People were provided with a copy of the fire procedures when they moved in. However, there was limited fire evacuation information displayed, apart from by the entrance. If people or visitors to the 1st or 2nd floors had not read the guidance provided, there was a lack of further information. This was discussed with the provider, who immediately addressed this. The activities cupboard was cluttered and therefore a potential risk in case of a fire. This was raised with the registered manager and was immediately addressed.

- The provider ensured relevant safety checks were completed on all services such as water safety, equipment safety, electrical and gas installations. The provider ensured fire risks had been assessed and safely managed and staff received fire training and regular drills were completed.

Staffing and recruitment

- People's individual dependency levels and the staffing requirements for the service were kept under regular review. Staffing rosters took into account staff's skill mix and experience and people's preferences. People confirmed there were sufficient staff. Their feedback included, "There's always somebody" and "We know if we need any help we just shout."
- Staffing vacancies had successfully been filled and as of February 2023 there were not any vacancies. The provider ensured, if any agency staff were needed, only 2 agencies were used to ensure consistency.
- Staff's required pre-employment checks included a Disclosure and Barring Service (DBS) check. The DBS check provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Staff were safely recruited to their role.

Using medicines safely

- The role of staff in relation to safe medicines management was set out in the provider's policies and procedures, only trained medicine leads administered people's medicines. People received their medicines from staff whose competency was regularly assessed. People confirmed, "I get them when I need them" and "I get [my medicines] three times a day when I need it." People's medicines were ordered, stored and disposed of safely. Staff ensured risk assessments were in place for the safe use of emollients used to moisturise people's skin, which are a fire risk. People had protocols in place for medicines they took 'as required'.
- People could self-medicate if they preferred and the required processes were in place to enable them to do this safely. Processes were in place to ensure any use of antipsychotics, which can impact people's behaviours was appropriate and kept under regular review. The provider ensured where people received their medicines covertly, legal processes had been followed.
- The registered manager had identified through their trends monitoring there had been a number of medicine administration or recording errors. Staff had focused on reducing these and we saw apart from 1 month, they had greatly reduced. The provider's new electronic medicines administration recording system (Emar) had enabled the prompt identification of medicine administration issues. Any medicine incidents were recorded, reviewed and appropriate actions taken. A root cause analysis was completed as required and any learning was then shared with staff. There was a monthly medicines steering group to discuss and review medicines management and safety with staff.
- We identified in the controlled drugs register, a drug had only been signed for by 1 staff rather than 2 as required. Controlled drugs require additional security and have specific recording requirements. The registered manager was able to assure themselves through checking the person's Emar, the administration had been witnessed by 2 staff as required. The registered manager told us they were going to address this recording omission with staff.
- The provider had a paper system for staff to record the location of the application of people's transdermal patches, which are used to administer a medicine over time, via the skin. We found 2 examples of where the paper record was either incomplete or incorrect, although the person's Emar was correct. The registered manager told us they would address this with staff. Staff checked people's patches were still in place during their daily personal care, however, these checks were not recorded. The provider has since taken action to ensure staff record their daily checks electronically.

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 supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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 managed. Staff had managed a recent outbreak of COVID-19 effectively, in line with their training, the provider's policies and national guidance.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Staff understood their responsibility to raise any safety concerns for people and how to do so. National patient safety alerts issued by the NHS were shared with staff for their awareness.
- Management used the provider's electronic incident monitoring system and care planning system to review and investigate incidents. A root cause analysis of events was completed as required and required actions were taken and any learning was shared across the wider staff team, to reduce the risk of repetition. Data on incidents was used to identify any trends to improve people's safety.

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.

This is the first inspection for this newly registered service. This key question has been rated 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's needs and choices about their care were holistically assessed and the delivery of their care was planned in accordance with national guidance. People's care plans reflected their physical, mental health and social care needs. Their expected outcomes from the provision of their care were identified and any required actions to ensure outcomes were met.
- People's care plans were regularly reviewed, especially when they had just moved in, to ensure they addressed their needs.
- People's needs related to their protected characteristics under the Equality Act 2010, including any communication or sensory needs were identified, assessed and met.
- The provider's new electronic care planning system and the new call bell system were used to enhance the delivery of people's care and to promote people's independence. Technology was also utilised where appropriate, to protect people from the risk of leaving the service alone where this could place them at risk of harm.

Staff support: induction, training, skills and experience

- Staff told us they completed an induction to their role when they first started work. Care staff were required to complete the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. People confirmed staff had the required skills.
- Staff received training specific to the needs of the people they cared for, such as dementia care. In addition to the provider's online training, staff had opportunities for face to face training during the medicine technician's meetings and workshops on topics such as oral health and end of life care. Staff also attended training events run by external agencies.
- Staff told us they received regular supervision of their work and an annual appraisal. Staff said they felt supported with their professional development and could undertake further professional qualifications.

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

- People were provided with a range and choice of food and drinks at each meal which reflected their dietary needs and preferences and took into account their religious requirements. A relative said about the meals, "Perfectly adequate for[name of person]. I've looked at the menus, they have a 28 day repeat of meals. Breakfast is in [name of person's] room which suits her." A person commented, "We're well fed."
- Mealtimes were observed to be unrushed, staff supported people as required. The dining tables were well

laid and inviting. We heard staff accommodating people's wishes about their meal preferences. People ate at their own pace and stayed as long as they wished. The chef spoke to people at each table at lunchtime to seek their feedback. There were also weekly catering meetings and people's views on the meals were also sought through the resident's meetings.

- People were observed to have a late breakfast if they preferred. There were attractive 'snack stations' strategically positioned so people could help themselves to a variety of snacks and drink dispensers. This was particularly important for people living with dementia, as this provided them with a visual prompt to eat and drink regularly. The snack station on the reminiscence unit resembled a traditional sweet cart, which was designed to attract people's attention.
- Staff ensured any potential risks to people associated with their eating, drinking or intake, were identified, assessed and appropriate referrals made. There was clear guidance for staff about people's modified diet requirements both in people's care records and in the main kitchen. The chef had a clear system in place for ensuring all waiting and kitchen staff were aware of each person's nutritional needs and risks.

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

- Staff worked together across the floors and roles to ensure the provision of people's care was co-ordinated. For example, staff ensured kitchen staff were updated when people had been weighed, or if there were any changes to their nutritional risk assessment. This enabled them to modify or supplement people's meals if required. There was a daily head of department meeting, to ensure essential information was shared, as well as interdepartmental meetings to enable staff to collaborate across the service.
- Staff referred people to a range of professionals from different teams as required, for example, GP's, district nurses, physiotherapist and speech and language therapists. Professionals involved with the home confirmed staff made appropriate and timely referrals to external agencies as required and acted promptly on any guidance provided. Staff told us they used the 'care home red bag' scheme to ensure if people were admitted to hospital any required information and personal items were sent and returned with them.
- A GP visited the home weekly. A person confirmed, "There's a doctor. My doctor comes on a Tuesday and you can be on the list to be seen. I have a dentist arrangement." Another relative confirmed, staff ensured they received feedback if their loved one had a health need. People were encouraged to remain as active as they wished and staff ran daily exercise groups.

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

- People had access to a range of different communal spaces and facilities across all floors and a garden, so they could see their visitors in private, join in activities or visit the hairdressers.
- Signage was provided on the reminiscence unit and people's bedrooms displayed their names and personal photograph frames to prompt their memory. However, the walls of the corridors were beige, which did not empower people living with dementia to orientate themselves independently. The provider has approved a complete refurbishment of the service in 2023. We saw the new design is more dementia friendly and will include colour changes, to promote people's independence.
- Other communal spaces were to be re-configured to maximise the use of space for people. There was also a planned physiotherapy reablement room, to optimise people's functioning.

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 MCA 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 , whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- There was clear evidence in people's care plans of their involvement and agreement with how their care was to be provided, their care plans reflected their personal wishes. We asked if people had signed their consent to their care plan, to provide a written record. Staff advised people's care plans had been re-written when the provider had introduced the new electronic care planning system and people's written consent was still in the process of being obtained. The registered manager was aware of this issue and told us it had been discussed at the regional meeting and action was being taken.
- Where people lacked the capacity to consent to their care, legal requirements had been met and MCA 2005 assessments and best interest decisions completed as required. Where any restrictions in place amounted to a deprivation of liberty for the person, a DoLS application had been made to the relevant authority. Staff had completed MCA training and understood its application to their role.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The registered manager and the leadership team created a person centred culture. Both people and staff were cared about and cared for. Staff were encouraged and supported to raise any issues they needed to and then individualised support was provided, which enabled them to be effective in their role of caring for people.
- A person told us, "Staff are brilliant. I see staff as family" and "Definitely staff are caring." Another person when asked about how staff treated them said, "Very well."
- We observed staff were kind and caring to people. Staff spoke respectfully, courteously and in a kindly manner to people. Staff had empathy for people and wanted to support them. We observed on the reminiscence unit people enjoyed positive relationships with the staff who cared for them. They were happy to approach them. A health care professional confirmed, they found staff were kind, caring and empathetic to people.
- Staff documented people's emotions across the course of the day. This enabled them to monitor people's moods over time and to identify if any actions were required. Staff ensured people were also physically comfortable.
- People's care plans provided staff with detailed information about people's preferences and routines for the provision of their care.
- Staff had been complimented on their caring approach. Compliments included, how well staff had enabled a person to settle into the home, thanks for making significant events feel so special for the person and thanks for staff sharing a video of their loved one playing the piano.

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

- Staff had the time and understanding to provide people with compassionate, kind and personalised care. A staff member said, "It's nice to be able to have conversations with people to spend quality time with them."
- People were supported by staff to involve their family in making decisions about their care to the extent they wished them to be involved. Staff had worked sensitively with 2 people and their relatives, to ensure their wishes, preferences and needs remained central and paramount, whilst increasing risks to them were acknowledged and addressed with them.
- People's communication needs were recorded in their care plan. The registered manager told us how people's individual communication needs were identified and met.
- We saw on the reminiscence unit, staff used 'show plates' where appropriate, to enable people living with dementia to see what the choice of main meal was and to smell the dishes. This sensory experience, enabled them to make their choice of the main meal they wanted.

- People were provided with information about the service and the support available to them. The registered manager was in the process of designing a bespoke user guide for people in addition to the service information brochure. Staff displayed information for people around the service to inform and update them about the day's menu, activities and any special events.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity needs were understood and respected by staff, who had completed relevant training and had access to the provider's guidance. People were able to have a key to their bedroom if they wished. If people preferred a particular gender of staff to provide their personal care, this was noted in their care plan and respected.
- Staff recognised and valued the importance of people's relationships. They had planned a romantic evening for Valentine's Day, to which couples were sent personalised invites, with a special menu and flowers. Some couples lived together at the service, others were new couples and invites were sent to couples where one partner remained living in the community. This enabled different couples to enjoy and celebrate the evening with their loved one.
- People's visitors were welcomed and some came daily to spend time with their loved one. They were also able to use technology to chat and interact with their loved one at any time of the day, as they wished. Staff worked sensitively with people and their families, to enable them to continue to maintain and enjoy their personal relationships.
- Staff supported people's independence. People's care plans detailed what they could do for themselves. A person confirmed, "I am independent, I get myself up in the mornings, have a wash or a shower." Another person said they liked, "The independence and I don't have anything to worry about like the shopping for food. I'm pampered." We observed during a group activity, the staff member leading it, used encouraging words and phrases to make sure each person was able to do as much as they were able.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 and those they wished to be involved, contributed to planning their care. People's care plans identified their individual care needs, goals and planned outcomes for each aspect of their care. Their preferences and wishes about how they wanted their care to be provided and by whom were also detailed. People's care plans were very person centred, they focused on the individual's background, interests and routine. They included people's identified needs related to the Equality Act 2010, such as those needs related to their ethnicity, religion or disability and how these were to be met.
- Staff demonstrated a good understanding of each person they supported. Staff told us from the care plan, "You get a good insight into people's family background." A person confirmed, "Staff know me well." Records showed staff's knowledge of people and how to support them was assessed.
- People's care plans provided staff with insight into each person and how best to support them. For example, people with dementia may express their feelings and emotions through their behaviours. There was detailed guidance for staff about the potential triggers for people's emotions, the time they may occur and why and how to intervene positively. There was guidance for staff such as how to use music and other items to support people who might be anxious or resistant to receiving personal care, in order to relax them and enhance their experience. Staff were seen to be observant of and responsive to people's needs and wishes.
- People's care needs were monitored, reviewed and regularly updated. A relative confirmed, "There are meetings that take place and you can raise issues."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's individual communication needs and preferences were identified and met, through their communication plans, which also detailed how factors such as their mood, impacted their communication. If people communicated non-verbally, staff understood what they communicated through their body language and alternative communication methods were in place. Signage was displayed in braille for people with a visual impairment who read braille.

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 were provided with a range of different activities and opportunities on both the assisted living and reminiscence units and externally for social stimulation. Activities staff told us, "We cater for what everyone wants."
- There were joint activities run across the 2 households to integrate people. Activities were designed to promote people's engagement. Staff told us of 2 activities, designed for people to get to know each other, which included a Desert Island Discs theme, with 3 key questions about people. Staff said, "Even those who were shy, spoke up" and "Even if this doesn't encourage people to talk to each other, they can look at someone and think, I know where that person is from or what they did for a job." A person confirmed, "They [staff] keep us stimulated as much as possible."
- A facilitator also visited fortnightly to run art projects with people. They explained to us how the activity was adapted to ensure everyone who wanted to, could participate. The work was then framed and displayed, which validated people's work.
- There were also displays and activities on the reminiscence floor, for people to explore and interact with. For example, tactile 3D wall art and a display of objects about birds with items for people to read, touch and take with them if they wished.
- Staff had designed activity packs for use during the pandemic which had been used when people needed to self-isolate. People who stayed in their bedrooms were visited daily and offered activities. This ensured people's need for stimulation was met even if they did not participate in group activities.
- Staff took people out in the minibus on trips to places of interest, events and to access the local community. The service is located near the town centre which people were able to access if they wished. A relative confirmed, "I like we're on the edge of town, the location is ideal."
- A church service and communion was held on-site by a local church for people to attend if they wished. During the pandemic, people's religious needs had been met through online services.

Improving care quality in response to complaints or concerns

- People and relatives we spoke to had not needed to raise a complaint, but felt they could do if required. People were provided with details of how to raise a complaint in the provider's statement of purpose and in the resident's agreement.
- Any verbal or written complaints received were logged, investigated and any areas for improvement were identified and any learning from complaints was then shared with staff.

End of life care and support

- Staff had received relevant training and worked alongside health care professionals to identify and support people at the end of their life. Staff ensured people had anticipatory medicines for use as required. A health care professional said the quality of end of life care provided by staff was "Excellent."
- People's wishes for their end of life care and whom they wished to be involved to meet their emotional and spiritual care needs were documented in highly personalised plans of care.
- People's families were welcomed in to spend time with their loved one and provided with a personalised end of life box they could use during their time with their loved one. The box included items to ease the person's pathway and other items which were personal to the individual and their interests. For example, their favourite books.
- Processes and policies were in place to ensure people had privacy and dignity, both during and after their end of life care.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People and staff were confident in the registered manager and their leadership of the service. When asked about how the service was managed a person said, "Very well." Another person commented, "[Name of registered manager] does a good job. I have great faith in her." Staff said, "Management are supportive and approachable."
- The registered manager had been in their role for a number of years, having worked their way up through the different roles in the home. This had given them an in-depth understanding of the responsibilities and challenges of each role and enabled them to provide people and staff with consistent and strong leadership.
- There was a positive culture focused on people and the achievement of good outcomes for them. Staff had received many compliments about the standard of care provided. We saw staff at all levels of the service were committed and passionate about their work.
- The registered manager fostered an inclusive working environment and ensured staff were not discriminated against on the grounds of their protected characteristics. Staff received any support they required, for example, either emotionally, or in the form of practical support to enable them to be effective in an appropriate role for their needs. Staff's cultural diversity was recognised and celebrated.
- The registered manager monitored the mood of the staff team, to ensure they felt fully supported. During the height of the pandemic when team morale had been low, the management team had supported staff on the floor caring for people. They had also encouraged people and staff to do 'fun' things such as making a socially distanced dance TikTok video. People had wanted to 'Clap for Carers' so the registered manager had emailed their families, who then came to the car park to clap with their loved ones.
- Staff were also valued by the provider and a number of initiatives had taken place to promote staff recruitment and retention, including a pay rise and an increase in their annual leave. Staff reported they felt happy in their role. A staff member told us, "There is a good team" and another told us they, "Like the challenge" of their role. Staff worked collaboratively as a team.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. Records confirmed people and their relatives had been informed of any notifiable incidents.

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

regulatory requirements

- There was an experienced registered manager in post, who understood their role and responsibilities well. Other members of the senior leadership team had been promoted from within the service, so they also had a good working knowledge of the service and any issues and challenges. The regional operations director told us the service had been used to roll out changes across the region, such as the new Emar and care planning systems. The registered manager had then shared any learning with other registered managers. The registered manager was well supported in their role by their management team and the provider.
- There were clear governance and management arrangements. Robust clinical governance systems were in place from the location to board level, to ensure data about the performance of the service was constantly gathered, analysed, reviewed and evaluated in order to identify and address any issues and to drive improvements for people.
- There was an open, 'no blame' reporting culture, people, their families and relevant external professionals and agencies had been informed of any medicine errors or notifiable incidents.
- The registered manager understood when statutory notifications needed to be submitted to CQC and had ensured they were submitted.
- The provider's website for the service referenced nursing care, although the service provides residential care and people's nursing needs were met by the local district nurses. The use of the word nursing, could mislead people into thinking they were looking at a nursing home rather than a residential home. This was feedback to the provider at the site visit who has since addressed this.

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

- Processes were in place to seek the views of people, their families and staff. People could provide their feedback on the service through their reviews, surveys, meetings, forums and speaking directly with the registered manager, whom we saw was visible in the home, chatting with people.
- The results from the 2022 resident's survey, indicated activities was an area where further improvements could be made. The registered manager and staff had since worked with people to identify what they wanted and how this could be provided. Some people wanted to swim, so contact had been made with a local pool. A person living with dementia had requested brass cleaning, so this was to be arranged.
- Staff were also looking outwards, into setting up a bridge club and inviting members of the local community for matches. They had also hosted an inter home quiz night, when people from another of the provider's services had joined them for an evening's entertainment. Staff listened to people and were responsive to their feedback.
- Staff's views on the service were also sought through their supervisions, surveys and last year staff listening groups had been held with staff.

Continuous learning and improving care

- The registered manager was knowledgeable about the quality issues and priorities for the service. There was a culture of learning and development. Root cause analysis was used as required, to identify the underlying cause of a problem and to identify actions.
- Systems were in place to ensure staff assessed, monitored and reviewed different aspects of the service in order to identify areas for improvement. For example, in addition to audits of the service, regular night checks were completed. This ensured people's care at different times of the day was monitored. The regional operations director also completed a monthly home review for the provider.
- There was a monthly clinical risk meeting, to review any clinical concerns and risks for people. When required improvements were identified, actions were taken and any learning shared. Trends in people's care were identified and acted upon by staff across the service. For example, staff identified 3 people had experienced some weight loss. Staff reviewed the snack choices provided with catering staff, to ensure they

were stocking high calorie snacks and reviewed the presentation of snacks to ensure this was optimised in order to appeal to people.

- Although staff did not provide nursing care, the registered manager was able to discuss any clinical concerns identified through monitoring with the provider's clinical lead, who could advise, support and signpost them. They had access to resources to support them in their work.

Working in partnership with others

- The service worked openly and collaboratively with stakeholders and agencies, to ensure people received co-ordinated care. They had forged good working relationships with key professionals who provided positive feedback about their communications with the home and the quality of care provided by staff.