Sentinel Health Care Limited

Dunwood Manor Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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
Dunwood Manor Nursing Home is an extended and renovated country house set in large grounds. It provides personal and nursing care to up to 55 people. There were 43 people using the service when we inspected. There are two units. The Willows supports people who are physically frail or have complex health care needs. The Beeches cares for people living with dementia, some of whom also had frail physical health. Both units are nurse led and are arranged over two floors.

People's experience of using this service and what we found
People told us they felt safe. Whilst most risks had been assessed and planned for, there were some areas where risk reduction measures needed to be more robust. There were sufficient numbers of staff to ensure that people were cared for safely, although some concerns were raised about the timeliness of support, the regular use of agency staff and the impact of this on the continuity and quality of care provided. Medicines were administered safely by staff who had received training and had been assessed as competent. There were some areas where staff could further embed best practice frameworks in relation to the management of medicines. There were systems in place to learn from safety events. However, there were a number of incident reports relating to unexplained bruising which although investigated had not been escalated to the local authority. The service was visibly clean throughout and no malodours were noted. Staff received training in safeguarding adults from harm and had a positive attitude to reporting concerns.

People needs were assessed and planned for. Staff were suitably trained, well supported and had the necessary skills and knowledge to perform their roles and meet their responsibilities. People's nutritional needs were met, although there was room to improve the mealtime experience for some people. The design and layout of the building could be further improved to support those living with dementia. 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.

People had developed caring and meaningful relationships with staff. Where people could make decisions about their care, they were encouraged to do so, and this helped them to feel that they had control over their lives. Staff understood the importance of providing dignified care and supporting people to maintain their independence.

Overall people received person centred care that met their individual needs. People's communication needs were identified and planned for. People expressed confidence that they could raise any issues or concerns with any member of staff or the management team and that these would be addressed. The registered manager was passionate about providing people with a dignified and pain free death and the systems within the service supported this.

Feedback about the registered manager was positive and demonstrated that people, their relatives and health care professionals had confidence in their ability to lead the service and drive ongoing

improvements. People and their relatives were consulted and involved on an ongoing basis about their care and wider issues within the home. The registered manager was open and collaborative and worked in partnership with local organisations and agencies to strengthen local relationships and improve care.

Rating at last inspection
The last rating for this service was 'Good' (April 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.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe Details are in our Safe findings below.	**Requires Improvement**
Is the service effective? The service was effective Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was well-led Details are in our Well-Led findings below.	**Good**

Dunwood Manor Nursing 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team
The inspection team on the first day included a lead inspector, a second inspector, a specialist nurse advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who has used this type of care service. One inspector returned on the second day to complete the inspection.

Service and service type
Dunwood Manor Nursing Home is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection
The inspection was unannounced.

What we did before the inspection
Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification tells us about

important issues and events which have happened at the service. The provider had not been asked to complete a 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. We instead discussed this information with the registered manager during the inspection.

During the inspection
We spoke with six people who used the service and with nine relatives. Not all the people living at the service were able to fully express their views about their care. Therefore, 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 spoke with the registered manager, registered provider, director of care / nominated individual. We spoke with three registered nurses and four care workers. We also spoke with a chef, a member of the housekeeping team and a staff member responsible for planning activities. We reviewed the care records of eight people in detail. We also looked at the records for four staff that had been recruited since our last inspection and other records relating to the management of the service such as medicines administration records, audits and staff rotas.

After the inspection
Following the inspection, we obtained feedback from three health and social care professionals who worked closely with the home.

Requires Improvement

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 deteriorated to 'Requires improvement'. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

● People told us they felt safe. One person said, "Yes I feel safe" and another said, "I feel safe, yes, the staff are alright… they are a good bunch and I can talk to them". A third person said, "I would tell them if I was miserable or worried, but I haven't been because they look after me alright". Relatives also felt their family members were safe. One said, "[Person] is absolutely safe here, much safer than at home as they are monitored here".

● Most risks had been assessed and planned for. People had moving and handling and falls risk assessments. Two relatives told us how staff had been successful in using risk reduction measures to successfully prevent their family member from falling.

● People's weight was being monitored in line with recommended frequency. Where bed rails had been recommended as a safety measure, these were observed to be in place and relevant risk assessments completed.

● One person who could display behaviours which might challenge others had a detailed behaviour management plan and another person had a risk assessment regarding their tendency to have frequent urine infections. This included information about the signs and symptoms staff should look out for.

● There were some areas where risk management measures needed to be more robust. One person's health needs meant that they had on one recent occasion needed the nursing staff to perform a procedure known as suctioning to remove excess secretions from their airways to ensure safety and comfort. Their condition meant they remained at risk of needing this intervention, but there was no care plan or risk assessment in place regarding this. We discussed this with the registered manager who assured us this would be addressed.

● We observed that a new staff member who had not previously worked in care and had not yet received training in supporting people to eat and drink was assigned to assist a person with eating their meal in their room. This person required a modified diet and were therefore at increased risk of choking. We were concerned that the staff member would not have been suitably skilled to respond to should the person choke on their meal. We discussed this with the registered manager who is taking remedial actions to ensure this does not happen again.

● Whilst nationally recognised tools were being used to assess people's risk of poor nutrition, records did not consistently provide assurances that fluid intake was being robustly monitored. For example, we saw records which indicated that the person's target fluid intake had not been achieved, but there was no clear evidence about what had been done in response. Whilst there was no evidence to suggest that people were experiencing poor hydration, how this was being monitored was not always well evidenced. The provider assured us that systems were in place to support this and expectations regarding fluid monitoring would be reinforced at the clinical governance and staff meetings.

● Overall regular checks of the safety of the premises and equipment used for people's care took place and were robust. This included checks of fire, gas and electrical safety and legionella prevention. However, we found that two pressure reducing mattresses were incorrectly set and a third was found to have a fault. We brought this to the attention of the registered manager and provider who took immediate action to address this and to implement more robust procedures to monitor and check mattresses daily.
● Fire drills took place regularly but the records relating to these were not fully completed and lacked an analysis of whether the drill had been successful or whether any learning or further actions were needed.
● The service had a detailed business continuity plan which set out the arrangements for dealing with foreseeable emergencies such as fire or damage to the home.

Staffing and recruitment
● This inspection found that overall, there were sufficient numbers of staff to ensure that people were cared for safely.
● However, whilst people generally received the care and support they needed to stay safe, feedback from people, relatives and staff was mixed with some people indicating that there were occasions when staff were too busy to always meet their needs flexibly. Concerns were also raised about agency staff being used too frequently which impacted upon the continuity of care provided. One person told us, "There definitely aren't enough staff, they're so busy…. If I want a shower, I've got to try and find someone". A second person said staff often said, "Can you please wait ten minutes, then its 20 or even 40 minutes and that's a long time to wait". However, a third person told us, "There are enough staff, I think so, they come when I need them, it's just a few minutes…. They're pretty good". Feedback from relatives was equally mixed.
● Overall staff felt there were sufficient numbers of staff available to meet people's needs. However, they too raised concerns about the number of agency staff required and told us that some agency staff were not as effective as others which could impact on the responsiveness of care provided.
● Our observations indicated that call bells were being answered promptly and that staff generally had time to meet people's practical needs. However, there were short periods of time when there were no staff present in the communal areas on Willows. This was not the case on Beeches based on our observations.
● Staffing levels were calculated using a dependency tool. The provider and leadership used this to guide and inform decisions about staffing levels. Rotas from the 7 October 2019 – 6 November 2019 showed that planned staffing levels had been met.
● The provider was working hard to recruit and reduce the number of agency staff required and wherever possible regular agency staff were used to help provide continuity of care for people. The initiatives being used included, ensuring pay rates were competitive and advertising on local radio and buses within Romsey and the surrounding area. Some staff were being recruited from abroad in partnership with recruitment agencies. Accommodation was provided for these staff.
● Staff were recruited safely, and appropriate checks were completed.

Using medicines safely
● People were happy with the support provided with their medicines. One person told us, "My tablets are usually given on time, they're pretty good".
● We observed people receiving their medicines. This was managed in a person-centred manner.
● Medicines were only administered by staff who had received training and had been assessed as competent.
● Staff followed a safe process for the storage and disposal of medicines.
● Each person's medicines administration record (MAR) contained all the information needed to support the safe administration of their medicines. Overall these provided assurances that people received their medicines as prescribed. We did see one example, where staff were using a laxative medicine on an 'As required' or 'PRN' basis, when it had been prescribed as regular medicine. We have asked the registered

manager to clarify the prescriber's instructions and address this with staff.
● The use of covert medicines (giving medicines to people without their knowledge) was taking place in the context of existing legal and good practice frameworks including the MCA.
● There were some areas where staff could further embed best practice frameworks in relation to the management of medicines. For example, staff were not consistently recording the actual time that some 'time specific' medicines were administered.
● Overall there was individualised and specific guidance in place to support the administration of 'PRN' or as required medicines, but staff were not recording the reason why PRN medicine was required. This can be useful to help staff identify any themes or trends that might require a review by a health care professional.
● Records showed that pain assessment tools were not always completed regularly, but relatives told us, staff were skilled at recognising if people were in pain and when pain relief had been administered, there was clear evidence that staff had checked to see that this was being effective and to ensure people's comfort.
● Topical medicines administration records (TMARs) did not consistently contain sufficient information regarding the frequency with which, and location, topical medicines needed to be applied. The majority of TMARS viewed contained gaps, but as the prescriber's instructions were not clear, we could not be certain whether this was an administration concern or not.

Learning lessons when things go wrong
● There were some systems in place to learn from safety events.
● 'Post falls huddles' were being introduced to identify the potential cause of falls and help prevent this from happening again.
● Monthly analyses took place of some of the incidents and accidents that had occurred within the service and we were able to see examples where remedial actions had been taken in response.
● However, we found a number of incident reports relating to unexplained bruising which although investigated had not been escalated to the local authority and were not included in the monthly analysis of incidents. Reporting unexplained bruising to the local authority is important to ensure they have oversight of potential risks within the service. We have informed the local authority of our findings and discussed this with the registered manager. They have, since the inspection, implemented a new procedure for reporting and escalating incidents of unexplained bruising.

Preventing and controlling infection
● During our inspection, we observed that the service was visibly clean throughout and no malodours were noted. People and their relatives confirmed this was usually the case. For example, one person said, "My room is looked after, they clean all that for me". A relative said, "They [staff] are good with hygiene. I've notice they are serving food with tongs and they wear aprons and gloves. The bathroom is always clean".
● We did note that the cleaning schedules for commodes did not always evidence that these were being cleaned on a regular basis. We discussed this with the provider who has assured us that commode cleaning guides have now been put in each person's room and staff will be reminded in supervision of expectations around this.
● The kitchen was noted to be clean. The local council's environmental health inspectors had assessed the hygiene standards in the kitchen in February 2019 and awarded the highest rating.

Systems and processes to safeguard people from the risk of abuse
● The provider had appropriate policies and procedures which ensured staff had clear guidance about what they must do if they suspected abuse was taking place.
● Staff received training in safeguarding adults from harm and had a positive attitude to reporting concerns and about not tolerating poor care.

● Staff were confident that any concerns raised would be acted upon by the registered manager to ensure people's safety.

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

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff understood the importance of seeking people's consent, supporting them in the least restrictive way possible and to upholding their right to be involved in decisions.
- Mental capacity assessments had been undertaken to ascertain whether people could consent to aspects of their care and support and to living at Dunwood Manor.
- Whilst staff were working within the principles of the MCA, there were some areas where best practice frameworks could be further embedded. Some consent forms had not been signed by the person, but by a third party without it being evident that the person lacked capacity to give consent or that the third party had legal authority to sign on their behalf.
- Applications for DoLS had been submitted where appropriate and there was a clear tracking system in place to monitor the dates these were authorised or needed to be reapplied for.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- Before providing a service, assessments were completed to establish if people's needs could be fully met. This was confirmed by a relative who told us, "[Registered manager] saw [Person] in hospital, we filled in a form about their likes and dislikes and personal history, so the staff could get to know and talk to [Person].
- The assessments explored whether people had needs in relation to any of the seven protected characteristics of the Equalities Act 2010 so that these might be planned for.
- In most cases care plans contained an appropriate level of detail to support staff to deliver effective care and covered a range of needs, including, communication, mobility, nutrition, personal care, continence and

sleeping care plans. One person living with contractures had a very comprehensive care plan regarding the management of this condition.
● Nationally recognised tools were being used to assess people's risk of skin deterioration and wound care was being delivered in line with best practice.
● The International Dysphagia Diet Standardised Initiative (IDDSI) was embedded within the service. This is a framework that supports staff to meet the needs of people who require modified diets. People's care plans contained clear records regarding people's risk of poor nutrition and whether a person required a modified diet and included a copy of the speech and language therapist assessment.
● In line with guidance from the National Institute for Health and Care Excellence (NICE), people had oral health assessments. A staff member told us, "In the nurse's station we have a specific topic we focus on and last month it was oral hygiene, checking gums, that dentures fit and correct cleaning". Staff were able to tell us the signs that might indicate a person had poor oral health.
● Staff used an initiative designed to support homes to recognise, using clinical observations, that a resident may be deteriorating and to support staff escalating any concerns quickly to health care professionals.
● We did see a small number of examples where care plans were not fully up to date or reflective of people's current care needs. We brought this to the attention of the registered manager.
● Some of the staff we spoke with, did not provide consistent or comprehensive responses when asked how they performed catheter care. To address this, the provider has told us they are implementing a catheter care competency assessment which will be completed with all staff.

Staff support: induction, training, skills and experience
● Staff, including agency staff, completed an induction when they first started working at the service. For care staff the induction included completion of the Care Certificate. The Care Certificate was introduced in April 2015 and sets out explicitly the learning outcomes, competences and standards of care that care workers are expected to demonstrate.
● People and their relatives generally felt that staff were well trained. One person said, "I have to go in the hoist, it's alright…. The staff know what they're doing". A relative said, "The staff here have good skills…they use special stuff to wash and cream [Person's] skin and where they had cellulitis in the past, the skin is beautiful".
● Staff completed a range of training. This was completed face to face and included health and safety, infection control, fire awareness, food and nutrition, safeguarding, emergency first aid, the Mental Capacity Act 2005 and moving and handling.
● The provider offered additional training to staff in areas relevant to the needs of people using the service. For example, staff team had undertaken training in Dementia, behaviour management, dysphagia and end of life care.
● We did note that the provider's records did not provide assurances that one agency worker had undertaken a comprehensive range of training. This staff member had worked in the service three times within the last 5 months. Whilst this information has now been obtained and did evidence that the staff member had completed training, we were concerned that this had not been checked and followed up prior to them working in the service.
● The registered nurses had undertaken training to support them to keep their clinical skills up to date. For example, training was completed in wound care, catheterisation, venepuncture and the use of equipment which manages people's pain at the end of their life. We saw a letter, from a specialist healthcare professional, congratulating the registered nursing team on their 'Superb achievement of encouraging healing' of one person's vulnerable skin.
● Staff received group supervisions, one to one sessions and an appraisal. Staff told us they felt well supported and were able to seek additional advice from the senior team at any time.

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

● People commented positively on the food provided and told us their dietary needs were met. One person said, "The food is very good, they have very nice meat… I can choose, I certainly get enough to eat and drink" and another said, "The food is very good, I don't like fish but I can ask for something else and they'll do it for me. I get plenty of cups of tea and plenty to eat". A relative described how staff effectively monitored their family members nutrition saying, "They keep an eye on their weight… they feed them and give thickened fluids and pureed food. That is done very well, we've no worries at all".

● The registered manager had recently introduced a 'High tea' on Beeches. This was served on cake stands and china cups and saucers were used. The high tea included a selection of sandwiches, cubed cheese, diced tomatoes, crisps, cocktail sausages and cheese straws. This change had been introduced in response to research which has shown that people living with dementia can often find it easier to eat finger food rather than using cutlery. The registered manager told us this approach had increased dietary and fluid intake.

● We observed the lunch time meal during our inspection. Adapted cutlery and plates had been made available for those that needed this. The food looked and smelled appetising. People were offered a choice of squash, water and some people had a sherry.

● Some aspects of the mealtime experience could be improved to make this a more positive experience for people. For example, we observed that senior staff were answering the phone whilst at the same time serving people their meals. Most staff interacted very positively with people whilst supporting them to eat and drink, a small number of interactions were more neutral. For example, we saw one staff member place a beaker in one person's mouth and begin tipping this before saying what they were doing. One staff member was observed to be helping two people to eat at the same time. Whilst the dinner tables were laid with cloths, there were no condiments available for people to use to season their meal. The provider acknowledged our feedback and assured us that this would be monitored moving forward.

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

● Dunwood Manor Nursing Home is an extended and renovated country house set in large grounds. There was an ongoing programme of improvement, maintenance and decoration to help ensure that the home provided a pleasant and homely environment.

● Rooms varied in size and a small number were shared rooms.

● Rooms were furnished with people's personal items to help create a homely feel.

● Each unit had a large communal lounge and a dining area. Bathing and shower facilities were designed to be fully accessible for everyone. The Beeches had its own secure garden which was accessible and allowed people living with dementia to continue to safely enjoy outdoor spaces.

● Signage was available to support people living with dementia to recognise and access areas of the home. Memory boxes were being introduced to help people recognise their rooms.

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

● People had access to a range of health care professionals such as GP's, tissue viability nurses, speech and language therapists, opticians and community mental health teams. This helped to ensure that they received timely and appropriate healthcare support.

●The care provided helped to ensure that people received positive health outcomes. For example, a relative told us, "They've picked up on things, is [Person] is chesty, they always know and get the doctor". Another relative said, "The care is excellent, they're on top of [Person's] leg ulcers and have managed them better than anyone did at home, we're delighted, [Person] had flu last year and was in hospital within 24 hours".

● A healthcare professional told us, "This home is excellent, I see patients come in in a real pickle, they calm them".

● Care plans contained hospital passports. These are designed to give hospital staff helpful, personalised information about each person, helping them care for people more effectively.

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; respecting equality and diversity

- People consistently told us that staff were kind, caring and compassionate. One person said, "They [Staff] are very nice people, friendly and interested in you". Another person said, "The staff are kind, the way they speak to me is nice. If I was miserable, I'd tell them, or they'd notice and they cheer me up, they look after you".
- A relative told us, "They [Staff] always seem to love [Person]. They talk to her and although they can't understand what [Person] says, they still interact with her all day". The relative went on to share how their family member enjoyed listening to a particular singer. They told us how staff had put on this music which had produced a positive response from the person. They said, "One staff member cried because she'd reacted in such a positive way. They think a lot of her… when it was [Person's] birthday, they came around and sang to her in all different languages".
- Another relative told us how staff had celebrated their family members birthday with a cake and birthday present. They said, "It was really nice, he cried".
- Relatives told us how staff conveyed their care and concern for people. For example, a relative said, "[Staff] make a fuss of [Person], they talk to her and include her, even though they can't speak. They make sure she knows what is going on… They are used to [Person] putting out their left hand, they'll get hold of it and give it a kiss. Another relative said, "The staff are caring, they make physical contact, if [Person] wants someone to hold their hand, they will find time to do that".
- Staff understood how their actions contributed to people's sense of wellbeing. One staff member told us, "I love it when we have photos and look back on their lives…it is about treating them as the person they were, not just the person they have become. I love my job, absolutely love it, I love my residents… at the end of the day, I feel I have made a difference".
- We observed that staff consistently responded in a patient manner to one person's distress and agitation.

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

- People told us that staff offered them choices. One person said, "I can go to bed when I want, I get tired in my chair, they [Staff] understand it" and another person said, "I can ask for a shower or a bath, it's as you prefer". A relative said, "[Person] likes to stay up late and is a night owl. They try to respect that".
- Staff ensured that people were able to access advice, support and independent advocates. This helped to ensure that people's choices and voice were heard and acted upon. For example, staff were working hard, alongside other social care professionals, to help one person achieve their wish of returning home. One social care professional told us how the person they supported, had "Real control over their preferences".
- Most of the relatives we spoke with had not actually seen their family members care plan nor been

involved in formal reviews, most however, had no concerns about this and felt that communication with the home was good. For example, one relative said, "We talk about the care plan informally rather than having a formal review".

Respecting and promoting people's privacy, dignity and independence

● People and their relatives told us staff always treated people with respect and dignity. One relative said staff were "Very respectful and always say what they're going to do they talk [To person] as if she fully understands and don't talk down". Another relative confirmed that preferences about having male or female carers were respected. Screens were used in the shared rooms.

● A dignity champion was in place and they spoke passionately about how they worked alongside staff to promote dignified care within the service.

● It was evident that staff took care to ensure that people were well groomed. Staff showed respect for people by addressing them using their preferred name and maintaining eye contact.

● Staff understood the importance of ensuring doors were closed and people covered when delivering personal care. Discreet signs were placed on people's doors to alert others that personal care was taking place.

● Care plans included information about people's religious beliefs and people were supported to follow these in practice.

● There was no evidence of any discrimination in the service.

● Staff understood the importance of supporting people to maintain their independence and shared examples with us which demonstrated how they encouraged this in practice. A relative said, "They [Staff] do promote independence within the bounds of physical restrictions".

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 had remained the same. 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 were satisfied with the care and support they received. One person said, "All my needs are looked after" and another said, "It's a good place, I'm happy".
- Relatives shared examples of how staff recognised their family members individual needs and worked hard to be responsive to these. For example, one relative said, "Being here [Person] has improved and is better that she has been for years". Another relative said, "[Person] came from hospital after a stroke and they have been ever so good. They've been nice and ordinary… they adjust things to suit and don't make them do anything she doesn't want to do. [Staff member] knows them really well and just wants them to be happy".
- Care plans contained person-centred information about people's preferred routines, the gender of care staff they wished to provide their support and their life histories before coming to live at the home.
- Feedback received during the inspection indicated that the permanent staff team used this information effectively to provide individualised care and support. For example, a relative said, "They [Staff] make sure like today that [Person] had fish instead of turkey as he doesn't like turkey". A social care professional told us, "Staff have a personalised knowledge of individuals such as their favourite foods, this includes the matron… their care plans really reflect her wishes".

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

- Relatives told us they were welcomed at the service. One said, "The staff are warm and friendly to us". Relatives and visitors were also encouraged to continue to take an active role in caring for their family member. This helped to ensure that people maintained relationships that were important to them.
- Staff provided a range of activities. Throughout the day, we observed staff playing games and undertaking arts and crafts with people in the communal areas.
- Planned activities for October 2019 included, puzzles, quizzes, table top games, chair exercises and pet therapy.
- Each day some time was set aside for one to one support for those who preferred this, or for those who were cared for in their rooms.
- Regular trips were arranged to local places of interest such as garden centres, coffee shops, the Milestones Living Museum and for boat trips. An external company ran twice monthly clubs focusing on seasonal topics for our people with dementia and a local charity also visited monthly to run a memory box session to engage, support and share memories with people.
- The activities provided were meaningful to people. For example, the registered manager told us about one

person who did not readily communicate with others, but when the therapy cat came in her eyes "lit up and she would play with it". We were told how when the person because unwell, the cat was still taken to visit her in her room. In another example, a therapy rabbit helped one person to stop self-injurious behaviours. The registered manager said, "It worked fantastically, it really provided comfort for her".

● Overall, people and their relatives felt the activities provided were adequate. Some felt that there had been some changes within the activities staff team which had impacted on the quality and quantity of activities provided. For example, one relative said, "They've struggled with recruitment, the activities coordinator left and there was a gap, so there wasn't much going on. It's starting to pick up again. They've arranged outings, they've had animals coming in and there a gardening group which [Person] likes".

● The registered manager and provider were aware that the provision of activities was an area which could be developed further, particularly for those living with dementia and those cared for in their rooms. There were plans to expand the activities team and new projects were being explored, for example, the provider was currently trialling a project where school children would be invited to visit the home for ten weeks and spend time interacting with people.

● Technology was used to support the provision of responsive and timely care. For example, sensor mats were used to alert staff that people at high risk of falling were mobilising. The sensor mats immediately activated the emergency buzzer and helped to ensure that staff responded promptly.

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.

● People had a communication plan. This described how the person communicated and how information might best be presented to them to help them understand this.

● We saw some evidence that the identified information and communication needs were met for individuals. For example, staff used a whiteboard to communicate with one person who was deaf. This had enabled them to be involved in decisions about their healthcare.

● When completing mental capacity assessments with one person who had a learning disability, pictures were used to help them understand and express their choices.

● Talking books and newspapers were also available.

● Pictures of menu options were available but were not being actively used to support people, living with dementia, to express their choices. The Director of Care told us staff would be reminded of the importance of using these where appropriate.

Improving care quality in response to complaints or concerns

● Information about how to complain was readily available within the service.

● People and their relatives mostly expressed confidence that they could raise any issues or concerns with any member of staff or the registered manager and that these would be addressed. For example, one relative said, "You only have to pick up the phone or pop your head around the office door, you can always find someone to talk to".

● The registered manager maintained a record of the complaints raised and the actions taken in response.

End of life care and support

● The registered manager and staff were passionate about providing people with a dignified and pain free death and the systems within the service supported this. One staff member said, "I am very privileged being there to care for [People] during and after their death…we pay good attention to pressure areas, oral

hygiene and making sure they have their medicines at the right level so they are not agitated, but safe and comfortable". Another staff member said, "We make sure they have the things around them that are familiar to them and are comfortable, we have time to sit with them and have music on and their photographs close".

● Staff had ensured that people's choices about the care of their body following their death was also provided in line with their wishes. For example, staff had dressed one person in their military uniform.

● A relative's room was available and allowed family to stay close by their family members as they neared the end of their lives.

● The service had received compliments from relatives thanking staff for the end of life care their family member had received. Comments included, 'Mum got such good care in the last months of her life' and 'Thank you so very much for all the support and love you have all given [Person] over the years, [Person] was beautifully looked after and as a family we were always made very welcome'.

● The registered manager had introduced the 'Rose Room' which was a shared space for people and relatives to reflect about the friends and family members that had died. There was a remembrance book commemorating those that had died and each year a 'Remembrance Day' was held where relatives of those people who had passed away came together to remember and celebrate the lives of their family members. The day had included a garden party with harpist and a service where a red rose was planted in memory of those who had died. Relatives were each given a red rose and poem to remind them of the day. Relatives had positively commented on the day with one saying, 'We thought it was a very poignant and suitable way to remember all those for whom you have cared'.

● Two staff had completed training in an end of life care pathway known as the 'Six Steps' at a local hospice. The registered manager had plans to embed this programme within the service, further supporting the development and quality of end of life care.

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 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; how the provider understands and acts on their duty of candour responsibility

- The feedback about the registered manager and leadership team was positive and demonstrated that people, their relatives and health care professionals had confidence in their ability to lead the service and drive improvements where these were needed. One relative said, "I can't think of anything they could improve, it's never any trouble at all to talk to [Registered manager] … It seems to be well run". Another relative said, I can't rate [Registered manager] high enough, she is approachable, helpful, just like a normal person, I would be happy to go to her with my problems".
- A healthcare professional told us, "[Registered manager] is an excellent manager with a good grip on her team" and another said, "The manager has been in post for a long time and has a very good understanding of the residents".
- Staff told us the registered manager was "Accessible", "Supportive" and a "Good leader".
- The registered manager was supported by the provider who had a range of systems in place to ensure the smooth operation of the home.
- Both the Director of Care and a clinical auditor visited the service frequently to undertake audits which helped identify and manage risks to the quality of care provided. The registered manager and other senior staff also undertook a range of audits in areas such as infection control, medicines and care planning. Records showed that actions from audits were generally completed in a timely manner and helped to drive ongoing improvements within the service.

Planning and promoting person-centred, high-quality care and support with openness

- People and their relatives told us there was a warm and friendly culture within the home. For example, one relative told us, "I know all the staff, we chat, it's a friendly place". This was mostly in keeping with our observations, although as mentioned elsewhere in this report, we did see a small number of more neutral interactions between people and staff. However, overall, staff were often seen to be smiling, positive and friendly in their approach to people. One staff member told us, "Sometimes new staff or agency workers, are not invested in care, I tell them we treat people as human beings here, we have to make the most of their lives". The worker told us that where they had had concerns about staff, once brought to the attention of the registered manager they had addressed this.
- Throughout the inspection, the registered manager and provider were transparent and collaborative and demonstrated a commitment to improve the service and to support organisational learning. Where our inspection noted areas which could be developed, they were responsive to our feedback and took prompt action to address these.

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

● People and their relatives were consulted and involved on an ongoing basis about their care and wider issues within the home.

● Monthly 'Residents' meetings were held. People were encouraged to give their feedback about the activities, trips they would like to go on and the food and their views were acted upon where possible. People were also reminded of how to raise concerns.

● Annual surveys were undertaken. The latest survey had just been undertaken and the registered manager was waiting for the results to be analysed following which an action plan would be developed to address any areas where improvements could be made.

● Staff meetings were held periodically. One staff member told us the staff meetings were, "A good chance to raise issues, they normally get sorted…. if I have any issues, I am taken seriously".

● Staff felt supported in their roles and told us morale and teamwork was good. Staff told us they felt valued and were supported to develop their skills and knowledge.

● People were supported to access their local community using the provider's mini bus. For example, twice a month a group of people were taken along to a music group in Romsey and others to a monthly support group for those living with dementia where they could enjoy a cup of tea and a chat.

Continuous learning and improving care

● The registered manager was committed to the ongoing improvement of the service and to their own professional development. They had completed a level 2 health and safety course, an employment law course and attended forums run by the local clinical commissioning group on topics such as infection control.

● Clinical governance meetings were used to reflect on the safety and quality of the clinical care provided, learning from incidents and the outcome of audits. Matrons meetings were held during which learning from across the organisation was shared.

Working in partnership with others

● The registered manager was open and collaborative and worked in partnership with local organisations and agencies to strengthen local relationships and improve care. This collaborative approach was confirmed by a social care professional who told us, "They have a real joined up approach and are keen to get external advice".