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Southcrest Nursing Home

Inspection report

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Tel: 01527550720

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 16 April 2018 and was unannounced.

Southcrest is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Southcrest accommodates up to 40 people in one adapted building, with areas for people to spend time together or more privately as they choose. Accommodation and care is provided to older people, including those living with dementia. There were 32 people living at the home at the time of our inspection.

There was a registered manager in post and they supported the inspection process on the day of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection on 17 December 2015, we gave the service an overall rating of Good. At this inspection, we have rated the key questions Safe and Caring as Requires Improvement which has meant the overall rating has changed to Requires Improvement.

Some individual staff practices did not always promote people's safety in aspects of infection prevention and control. There were some areas of the home environment where on-going action was required to continue to reduce the risks of people falling accidently. Although the registered manager had assessed staffing levels to make sure there were enough staff there were examples throughout our inspection where people's individual needs were not responded to in a timely way. This was to ensure people's safety was maintained and people received individualised care in a timely way.

People's information was not always stored to make sure their privacy and confidentiality was maintained. We found some individual staff practices did not always reflect a thoughtful approach when supporting people with their needs.

Further work was in needed to improve the regularity of fun and interesting things for people to do which were personalised to meet their individual needs.

People had no concerns about their safety. Risks to their safety had been identified and staff had training in how to recognise and report abuse. The registered manager reviewed accidents and incidents to look for opportunities to improve staff practices for the future.

Effective recruitment processes were in place and followed by the management team. Staff were recruited in

a safe way and had relevant training and support to develop their skills in meeting people's needs.

People had their medicines when they needed them and staff had been trained to manage medicines safely. Staff had written guidance to support people with their medicines so that they were administered safely at the right times and in the right way.

People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible; the provider's policies and systems supported this practice. Staff respected people's right to consent to and make their own decisions about their care and treatment. Where people did not have capacity to make their own decisions, systems were in place to support the ethos of people's decisions being made in their best interests.

People were able to access a range of healthcare professionals when they required specialist support and they were provided with meals which met their nutritional needs. People's diverse needs were met by the adaptation, design and decoration of their home.

People were supported by staff to keep their dignity and maintain their privacy when assisting people with their needs. People and their relatives were involved in planning the care and support provided. Staff listened to people and understood and respected their needs. Staff reflected people's wishes and preferences in the way they supported people at the end of their lives.

People told us that they were happy living at the home. They knew how to raise any concerns if they needed to and we saw arrangements were in place to listen and act upon any concerns. The registered manager had an open and inclusive way which encouraged staff to speak out if they had any concerns. Quality monitoring systems were in place and the registered manager had made improvements so that the home was run in the best interests of the people who lived there.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Staffing levels were monitored to ensure there were enough staff, however the deployment of staff required improving to ensure people's individual needs are met whilst their safety was not compromised. The provider had systems in place to maintain the cleanliness of the home environment however; some practices required improving to further support the prevention and control of infections. Staff had received training in keeping people safe from abuse and the registered manager investigated concerns and took appropriate action. People's risks had been identified and care was planned to keep people safe from avoidable harm. Safe principles were followed when recruiting new staff and administering people's medicines.

Is the service effective?

Good

The service was effective.

Staff received training and support which helped them to provide the care people required to meet their particular needs. People's capacity to consent was taken into account and any limitations on choice were planned for. People were supported with their dietary needs and had access to health and social care professionals to maintain good health. People's individual needs were met by the on-going work to the adaption design and decoration of the premises.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People's personal information was not always kept and maintained to protect people's privacy and confidentiality. Staff showed they were caring however not all staff were consistently thoughtful in their approaches when assisting people. People were supported to make choices and decisions about their day to day lives. Staff supported people to maintain their independence and dignity.

Is the service responsive?

Requires Improvement

The service was responsive.

People did not consistently receive care that was responsive to their individual needs in a timely way. More improvements were needed to ensure people were given opportunities to take part in a range of fun and interesting things to do that met their particular needs. Staff supported people at the end of their lives so people had the care required and were assisted to continue to live at their home. People felt able to raise concerns and complaints and felt they would be listened to and acted on.

Is the service well-led?

Good

The service was well led.

People and their relatives were encouraged to voice their opinions and views about the service provided. Staff felt they were well supported and were aware of their responsibility to share any concerns they had about the care provided. The registered manager and registered provider had systems in place to assess and monitor the quality of the service provided.

Southcrest Nursing Home

Detailed findings

Background to this inspection

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

This inspection which took place on 16 April 2018 by two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses this type of service and has knowledge about people living with dementia.

We looked at the information we held about the service and the provider. This included notifications received from the provider about deaths, accidents and safeguarding alerts. A notification is information about important events which the provider is required to send us by law.

We requested information about the service from the local authority. They have responsibility for funding people who used the service and monitoring its quality. In addition to this we received information from Healthwatch who are an independent consumer champion who promote the views and experiences of people who use health and social care.

We spoke with 11 people who lived at the home and five relatives. We spent time with people in the communal areas of the home. 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 use the service. We also sampled three people's care plans and daily records to see how their care was planned and delivered. In addition we looked at people's medicine records and saw parts of the morning medicine rounds to gain an insight into how people were supported with their medicines.

We spoke with four care staff, the activities co-ordinator and chef about what it was like to work at the home. We talked with the registered manager and deputy manager about the management arrangements.

We saw records which showed how staff, were trained to provide care and support appropriate to each person's needs. We looked at how accidents and incidents were analysed and actions taken to reduce risks.

In addition, we saw the registered manager and provider's quality monitoring systems to see what steps had been taken and planned to improve the quality of the service provided.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in September 2017 we rated "Is the service Safe?", as "Requires improvement". This was because the preventive practices to ensure avoidable risks of potential cross infection and environmental trip hazards for people were not consistently reduced.

At this inspection we saw staff practices had improved in some areas of infection control and prevention. However, we saw some instances where individual staff did not always protect people from possible cross infections. For example we saw a staff member walking in a corridor carrying a used continence aid in a bag without gloves on, to help reduce the risks of cross infections. We also saw was a staff member blew on a person's food to cool it because they felt it was too hot. We brought these issues to the attention of the registered manager who immediately spoke with the staff concerned. The registered manager told us they would ensure all staff were reminded about good infection control practices. This was to ensure lessons were learnt to improve the inconsistencies in staff's practices and to ensure risks to people from acquired infections continued to be reduced.

The home was clean and hygienic and effective infection control and prevention measures were in place. During our inspection we saw people's rooms and communal areas were cleaned and people commented positively on the cleaning arrangements in the home. One person told us, "It's clean here and never smells." Staff had access to plentiful supplies of personal protective equipment, such as gloves and aprons, to ensure good infection control practices. Records showed staff had up to date training in the prevention and control of infection. There was a team of domestic staff who took responsibility for the cleanliness of the home and the registered manager completed regular audits of the environment to identify issues and ensure good practice.

Since our previous inspection the registered provider had continued to make improvements to the home environment, such as redecorating rooms and continuing to lay new flooring. At this inspection we saw the refurbishment of the home environment was on-going. However, we identified some areas of worn carpet which were a potential trip hazard trip to both people who lived at the home and staff. We spoke with the registered manager who told us new carpets had been quoted for and was in the process of ordering new flooring in the bedrooms, communal areas and bathrooms. As a temporary measure the raised carpets had been taped down to prevent people from tripping or falling.

People who lived at the home told us they thought there were enough staff on duty to meet their needs. However, we heard varying views from relatives, such as there were not enough staff and there could be more staff at weekends. One relative stated this was so, "They [staff] could attend to people in the lounge quicker."

During our inspection we saw examples whereby staff responded to people's needs to ensure their safety was not compromised, such as when a person asked for assistance to meet their particular need and another person was supported to move safely. However we saw an example of one person who asked for assistance to use the toilet. They waited, 35 minutes before staff were available to assist them. In another

example we saw a domestic staff member made a person a drink because care staff were busy. The domestic staff member did this with the best intentions. However, the person required their drink to be thickened and this staff member did not have the knowledge to ensure the person's drink was of the right consistency so their needs were met safely. The person's drink was removed before they drank it and an alternative drink was provided. The registered manager told us the staffing levels were lower than usual as a staff member was unable to work on the day due to illness. They told us they had requested agency staff cover and were awaiting a reply.

Staff we spoke with said they felt the staffing numbers supported people's safety. Although staff acknowledged there were busy times during the day, they felt this had not impacted upon people's safety. The registered manager told us they reviewed staffing levels in line with the needs of people living at the home. However, they would undertake further work to ensure staff worked as a team with the deployment of staff in each part of the home based on a mixture of skills and knowledge especially at times of unplanned staff absence.

People we spoke with provided individual reasons for feeling safe. One person told us, "I feel safe, there are people here day and night." Another person said, "Yes, I feel safe here the staff are very nice. No nothing makes me worried." A further person told us, Another person said, "Considering everything this place is wonderful especially my bed and I feel secure with the sides on the bed." We heard similarly positive comments from relatives about the safety of their family members. One relative commented, "They are very good to him, no one shouts he tips his coffee on the floor no one shouts at him." Another relative said, "Yes, mum is safe here they are all very caring people and I think there are enough staff."

Staff had undergone safeguarding training. We found staff understood how to maintain people's safety by knowing how to provide the support required and how to reduce risks to people's welfare by reporting any concerns of harm and abuse. Staff knew how to identify abuse and who to report their concerns to which included the role of the local authority to investigate and take actions to keep people safe from the risk of harm. One staff member said, "Any abuse I'd go to the nurse in charge of manager. No one is abusing the residents [people who live at the home] here - I'd report it if they were."

Staff we spoke with could identify the risks to individual people's safety and the actions they needed to take to manage these risks. For example, we saw people with physical needs were assisted by staff from their chairs to wheelchairs. We saw staff supported people with specialised equipment and staff made sure people were comfortable. Staff we spoke with were able to tell us they felt confident to use equipment to help people to move as they had received training to do this safely.

People's safety was also protected through regular checks on the facilities and equipment used at the home. In addition, people had individual personal evacuation plans in place which provided information about how to support people's needs in the event of a fire. Regular fire procedural checks were in place which included testing fire alarms. The registered manager was working with a local church to develop strategies in the event of a fire, so if required people would have a safe place to go.

We spoke with the registered manager and staff about how they managed accident and incidents at the home and what action was taken to prevent reoccurrence. Where people had falls, staff would ensure the person's safety, check the person for injury and contact emergency services if required. Staff told us they completed reports where required in conjunction with the senior staff member on duty which the registered manager would look at, so they had an oversight and analysis. Where required, people were referred to the relevant healthcare professionals such as, doctors and or physiotherapists. In addition, staff told us, they were encouraged to learn from incidents and events in the home, through one to one and group meetings,

so any learning from these could be incorporated into their practices, to ensure these remained effective in supporting people's safety.

We checked the provider's recruitment procedures by checking three staff files, we found the staff had undergone a Disclosure and Barring check [DBS] and two references were obtained before they could start their employment. This showed that checks had been completed to make sure staff were suitable to work with people who lived at the home.

We saw a medicine round and people told us they received their medicines as prescribed. PRN [when required medicine] protocols were in place which gave staff direction of when and how they should be administered. For example, administration of PRN pain relief, had been recorded on the back of the MAR [Medicine Administration Record] sheet, so this could be monitored. Medicines were stored safely and securely and the registered provider had arrangements in place for medicines which required stricter controls by law. We saw these were stored correctly and records kept in line with the relevant law. We conducted a random count of people's medicines and found the amounts to be correct to reflect people had received their medicines as prescribed.

Good

Is the service effective?

Our findings

At our last inspection in September 2017 we rated "Is the service Effective?" as Good. We found staff were supported to continually improve their skills, knowledge and received regular support in order to meet people's needs effectively. At this inspection the rating continues to be Good.

People told us their needs were assessed prior to moving into the home, to ensure their needs and expectations could be met. One person said, "All the carers [staff] help me in the best possible way, they know what I need." Staff we spoke with were mindful of people's differences and ensured people's preferences for how their preferred to receive assistance and support were recorded in their care plans. Where appropriate, the registered manager and staff utilised assistive technology and equipment to support people's independence and safety. For example, specialised chairs were provided for some people with physical disabilities in order to support their independence.

Staff we spoke with told us, they had received an induction and training when they started to work at the home. One staff member told us the induction they received had helped them to be confident in their role. A staff member told us they had completed the Care Certificate. The Care Certificate sets out common induction standards for social care staff. This was incorporated into the induction process for newly recruited care staff.

All staff said they felt supported in their roles by the registered manager, deputy manager and their colleagues. Staff told us they had individual meetings which gave them the opportunity to discuss any concerns or issues they had, training they needed and to gain feedback about their own performance. The registered manager confirmed what staff had told us. One staff member talked about how training in equipment used to support people with their physical needs had benefitted their understanding of the different ways equipment could be used to meet people's individual needs effectively. They also told us how staff had received training from other health professionals to meet people's specific needs, such as the knowledge gained from staff speaking with the tissue viability nurse to assist them in promoting the healing of people's skin care wounds.

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 an assessment shows a person lacks 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager understood their responsibilities under the Act. They had assessed people's capacity to make specific decisions about their care and support. Records showed where people were assessed as lacking the capacity to make

specific decisions; the decisions were made by a team of people in their best interests. For example, where a person required medicine to meet their health needs a specific decision was made for this to be administered covertly [disguised in food]. The 'best interest' team included healthcare professionals, the person's representative and people who were important to them.

We looked at how the registered manager had ensured people's freedom was not restricted. We found DoLS applications had been made to the local authority and applications had been authorised to ensure any restriction was lawful. The registered manager understood the requirement to adopt the least restrictive practice. The registered manager was continually supporting staff to ensure they understood and knew what MCA meant for their caring practices.

Staff had training in the MCA and understood the importance of supporting people to make their own decisions. Where people had capacity to make decisions they were supported to make choices and were involved in decision making about their care. People told us they made choices about their daily routines, how and where they spent their time and what they ate. People said staff asked their permission prior to providing support. One person told us, "They [staff] explain things to me before they do it and tell me about things." Staff described consulting people about their care and support and said they understood the importance of gaining consent.

People told us they liked the food offered to them. One person told us, "I like the food, it tastes good." One relative said, "The food is good they let me have a meal when I come." We spoke with the chef who told us, "People tend to like traditional meat and two vegetable meals. I have tried to offer different types of food but this is what people prefer. If they don't like some foods I offer an alternative". The chef was aware of people's special dietary requirements, for example people who needed extra calories to maintain their weight or people who needed a low sugar diet due to diabetes. We saw throughout the inspection people were regularly offered drinks to remain hydrated.

If people were at risk of poor nutrition, staff monitored their dietary intake and weight and obtained advice from doctors, dieticians and the speech and language team. People's care plans included the advice from healthcare professionals for how to support people with their specific dietary needs and staff had a good understanding of this.

From talking to people and sampling people's care records, we could see their healthcare needs were monitored and supported through the involvement of a broad range of professionals. This included doctors, district nurses, optician and chiropodist when required. On the day of our inspection we saw an optician was at the home testing people's vision. One relative told us, "I am delighted with it here she [family member] came in September she has put on weight they sorted out her teeth and glasses she has come on a treat."

The provider was continuing to update and improve the physical environment in the home to ensure it remained suitable for people's needs. For example, a new bathroom area which made it easier for people with restricted physical abilities so they could comfortably use this facility. People's individual rooms were adapted and personalised to ensure they supported each individual person's preferences and abilities. These were considered to be the person's private space and reflected their personalities accordingly. One person told us about the items they cherished in their room which made it feel homely to them. There were communal lounge areas, with dining areas on each floor which provided people with space to spend time socialising with friends and family.

Requires Improvement

Is the service caring?

Our findings

At our last inspection in September 2017 we rated "Is the service Caring?" as Good. We found people were supported by staff in a caring and respectful way. At this inspection, we saw practices did not consistently support people's dignity and right to confidentiality. The rating has changed to Requires Improvement.

Staff showed their understanding of the need to maintain people's personal information in a confidential manner when we spoke with them. They told us how they knew this information should only be shared on a 'need to know' basis with those whom people had agreed to share information with.

However, we saw people's daily records were left in a communal area of the home when staff were working on people's care documentation including information which staff used to share people's needs on a daily basis. Staff were not always present to make sure people's information was kept private from unauthorised people. This was also the case for information which was on display in a communal area about how to meet a person's needs with the specific equipment they required. We spoke with the registered manager about our concerns about this information being on display for anyone to read. The registered manager acknowledged our concerns and took immediate action so information would be accessible for staff reference only.

We identified for some people staff did not consistently support them in a considerate and thoughtful way. For example, we saw a staff member assisted two people with their meal at the same time which did not support people to feel valued and receive personalised care.

However, we saw other examples whereby people were treated with kindness and respect. We saw staff knew how to support people with their changing needs throughout the day and staff showed they cared. For example, staff chatted with people and listened to things which were important to them. A staff member told us, "We get to know people by speaking with them, what they like and don't like." This was also echoed by one person who said, "The carers [staff] are very kind." Another person told us how they were supported by staff to have their souvenirs and things they cherished brought in to the home to make their room feel more like home.

Staff were knowledgeable about the care people required and the things which were important to them in their lives. They were able to describe how different individuals liked to dress and we saw people had their wishes respected. People who lived at the home and relatives confirmed staff knew the support people needed and their preferences about their care. For example, staff supported a person to fold laundry as they enjoyed doing this and it enhanced their feelings of wellbeing. Another person preferred to try and eat their meal independently which was respected by staff.

People's diverse needs were recognised and accommodated. Staff and the management team recognised the importance of respecting people's individual needs such as sexual orientation and gender identity. People's spiritual and religious needs were accommodated and people were supported to worship and religious ceremonies were held at the home.

There were some features that enabled people to independently move around the home. Clear signage was evident to help people locate the toilets and their rooms. We saw a person moved around the home independently and told us, "I know where my room is." People told us they were happy with the way staff helped them. One person said, "They will help me with some things I can't do."

People told us that staff were respectful towards them and took steps to promote their privacy and dignity. One person commented, "They [staff] do everything right and it's always done in private." Another person commented, "They [staff] always knock on my door and treat me as they should." On several occasions we noticed that staff approached people to offer personal care and each time this was done as discreetly as possible.

Staff gave us examples of how they maintained people's dignity and respected their wishes. One staff member said, "I always knock before entering people's rooms. I always cover people with a towel to stop them feeling embarrassed." A second member of staff commented, "I close the curtains and talk to people politely. It's all about having good manners."

We saw there were some arrangements in place for people to be involved in making decisions. If people needed an advocate staff had access to information about this resource to support people in their lives and speak up on their behalf when this was required.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection in September 2017 we rated "Is the service Responsive?" as Good. We found people received care that was personalised to their needs. At this inspection we saw people did not always receive care that was individualised and responded to people's needs in a timely way. More improvements were also needed to ensure people were supported with activities that met people's individual needs and interests. As at our last inspection people received care and support that was personalised to their needs. The rating has changed to Requires Improvement.

During our inspection people did not consistently receive care that was individualised to their needs. For example, we saw staff were not always available at the times people needed assistance.

However, some people told us staff were responsive to their needs and listened to what they had to say. One person told us, "They [staff] are very caring if you ask they do it straight away." Another person said, "Yesterday I had a bad headache and the staff came and gave me some tablets." One relative told us, "It's lovely everyone is marvellous they help him [family member] with a shower they bring the hoist in. He is always happy when I come, he looks comfortable. I come at different times and find the girls [staff] in here talking to him. He is always clean and dressed." Another relative said, "It's lovely, the care I could not ask for any better they [staff] are always coming in asking mum to drink she has never had a water infection here. She had a cough, the nurse came in and gave her plenty of warm drinks, and she had a headache they were in straightaway with some paracetamol. Yes if it's necessary they call the doctor. It might look a bit grim here but it's the care that's important."

We heard different views from people about how they were supported in following their interests and pastimes. One person told us, "I do things I like, when I like so I am happy." Another person said, "There could be more on offer to do, I do like reading and I am able to do this." One Relative told us, "No I don't think there is anything for them to do just the TV or music they have an occasional singer but nothing on a day to day basis."

Since our previous inspection there had been further changes in how things for fun and interest were planned and provided. The registered manager had taken action following our previous inspection to recruit a person to support people with things to do but the person did not turn up. In the interim period a staff member was supporting people to follow their interests and pastimes. For example, people had opportunities of joining in with group activities and more personalised ones, such as craft work and reminiscence. On the day of our inspection cakes were being sold. The registered manager told us about the planned activities included, external entertainers, theme days related to times gone by and potting up of plants. The registered manager had already identified the range of fun and interesting things for people to do needed broadening. We will look at how this has been achieved at our next inspection to support people's needs.

Throughout this inspection we saw examples of how staff supported people with the practical everyday support they needed. Staff practices reflected how they attended to people's individual needs and

considered each person's preferences. For example, one person liked to have an item they cherished with them and their wellbeing was enhanced when staff stopped to talk with them about their item. Another person liked to be in a certain position when they were in bed and staff knew this was the person's preferences even when inspectors queried whether the person was comfortable.

Staff also had a good understanding of a person's cultural food needs and this was respected and food provided for them. Staff we spoke with described how people received care personalised to them. One staff member said, "I always ask people what they want." Another staff member said they had 'handovers' which gave them information about people's current needs together with any changes to people's needs. They told us this was important as a lot could happen between each shift changing. We saw staff had handovers that took place at the end of each shift and staff told us they were able to refer to the notes during the shift.

The registered manager looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. For example, the registered provider's complaints procedure could be accessed and provided in different formats to meet people's individual needs. Another example was providing people with pictures to assist people when making their own choices in different aspects of their daily lives, such as pictures of meals.

People and relatives who we spoke with told us they would raise any concerns or complaints that they had with the staff and management, if they needed to. They told us that they would feel comfortable in doing this. We looked at the provider's complaints procedure which showed how people could make a complaint and what would be done to resolve it. There had been no complaints made since our last inspection. The registered manager told us if and when complaints had been raised they had taken action to resolve these and ensured any learning from these was shared with their staff team to ensure improvements were made. We saw the registered manager used staff meetings to share when comments had been made about staff practices so improvements were required.

Staff reflected in their conversations with us how they supported people at the end of their life. One staff member told us they, "Make sure they [people who lived at the home] were comfortable." Staff described how they would sit with people to provide comfort and reassurance. Staff's ethos was that they saw this as an important part of their role when providing people with responsive care and support at the end of their life. In addition, people were supported to confirm their own wishes for their end of life care where this was appropriate and at a person's own choosing. Following the recent deaths of people who lived at the home, family members had written to the registered manager to say thank you for the care and kindness provided to their family member.

Good

Is the service well-led?

Our findings

At our last inspection in September 2017 we rated "Is the service Well-led?" as Good. As at our last inspection we found the registered manager had effective systems in place to assess, monitor and improve the quality of care. The rating continues to be Good.

People showed us they knew the registered manager and liked living at the home. One person told us, "It couldn't be any better." Another person said, "Considering everything this place is wonderful especially my bed and I feel secure with the sides on the bed." We saw the registered manager communicated with people who lived at the home and with staff. They had good knowledge of the care each person was supported with. We saw there was warmth between people and the registered manager during communications where people smiled and touch was used.

There was open communication with people who lived at the home and their relatives because the registered manager and her staff team regularly spoke with relatives about their family member's care. This was also confirmed to us by relatives we spoke with. Relatives told us they felt very much part of their family member's care and felt able to make suggestions whenever they needed to and spoke with staff regularly when they visited the home. One relative told us, "I speak to the carers [staff] quite often they keep me informed."

There was clear leadership and staff understood this together with their individual roles and responsibilities. We saw the registered manager was very much part of the staff team and spent time with people. When we spoke with the registered manager they showed they knew people well and their staff team. They told us they were supported by the deputy manager and we saw this happened on the day as we spent time with the deputy manager. The deputy manager was knowledgeable about their role and responsibilities which included the management of people's medicines.

Throughout this inspection visit, the registered manager showed a responsive and reflective management style. She was quick to acknowledge and took responsibility for focusing upon the deployment of staff especially at the time of unplanned staff absences. This was to see if there were any further improvements which could be made so people's individual needs were consistently met with reduced risks to their safety. The registered manager's open and accountable leadership provided a positive role model for other staff and set the cultural tone within the home. For example, one member of staff told us if they ever made a mistake, they would not be afraid to tell the management team, who they felt assured would give them support to resolve the issue.

We saw staff worked together in a friendly and supportive way. One staff member said they were, "Happy with my job." Another staff member told us, "We have lots of training. I love this job." There were regular staff meetings and staff confirmed these were a good forum for sharing their views. A staff member told us, "We are encouraged to air any issues openly in the staff meeting." Staff showed a clear understanding of their roles and responsibilities within the team structure. There were on-call arrangements to ensure staff were able to contact the management team for advice and guidance if required. One staff member commented

that any of the staff were able to contact the registered manager and deputy manager at any time. Staff also knew about the registered provider's whistle blowing procedure. They said they would not hesitate to use it if they had concerns about aspects of people's quality of care, which could not be addressed internally.

We found the registered manager had a good overview of the service and could show us where improvements had been made or where they were needed. The registered manager's vision was for the home to be a pleasant place for people to live which included making sure the redecoration and refurbishment continued to take into account people's views and individual needs. We saw how the work was progressing, for example, a bathroom had been refurbished with a bath to specifically meet people's needs.

Throughout our inspection we saw the registered manager and deputy manager led by example which reflected a supportive approach to their staff team. We noted the deputy manager was actively involved in providing people with support and consequently had a very good knowledge of the support each person was receiving. They also knew about important points of detail such as which members of staff were on duty and which tasks they were going to complete. This level of knowledge helped the registered manager and deputy manager to work together to run the service effectively so people could be supported in the right way.

Support was available to the registered manager to develop and drive improvement and a system of internal auditing of the quality of the service being provided was in place. We saw help and assistance was available from the deputy manager. Records showed the registered provider visited the home on a regular basis to monitor, check and review the service and ensure good standards of care and support were being delivered. This included identifying areas of the home environment where improvements in replacements of items were required. For example, the registered provider noted the on-going refurbishment work to ensure actions were taken to progress the work.

The registered manager worked in partnership with other agencies and the local community. For example, they were working with a local church on an evacuation plan in the event of a fire so if required people would have somewhere safe to go. The provider is required to display their latest CQC inspection rating so that people, visitors and those seeking information about the service can be informed of our judgments. We found the registered provider had displayed their rating as required.

In addition to these measures, people had benefited from the registered manager's keen interest in bringing in new ideas and supporting research which people would benefit from. For example, the registered manager told us about a research project they were currently involved in. This project focused on the use of probiotics to reduce infections in older people. People who lived in the home and their relatives were involved in this project so their views could be taken into account as part of the study.