Barchester Healthcare Homes Limited

Mortain Place Care Home

Inspection report

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Date of inspection visit:
17 June 2021
18 June 2021
21 June 2021

Date of publication:
30 July 2021

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Mortain Place Care Home is registered to provide residential care to older people, including those people living with dementia. Accommodation was provided over two floors. and divided into four named units. The ground floor provided care and support for people who lived with general frailty and a range of conditions such as Parkinson's disease and mobility problems. The upper floor was a dedicated Memory Lane Community for people who lived with dementia. There were 47 people living at the home at the time of the inspection.

People's experience of using this service and what we found
The providers' governance systems had identified some of the shortfalls found at this inspection. we found there was a lack of clear and accurate records regarding changes to people's health and well -being, for example oral care. Changes to people's health and well- being were therefore not always planned for and monitored effectively.

People received safe care and support from staff who had been appropriately recruited, trained to recognise signs of abuse or risk, and understood what to do to safely support people. People said, "I feel safe, good food," and "I like it here genuinely, I'm very safe, I feel this is my home now." People were supported to take positive risks, to ensure they had as much choice and control of their lives as possible. Medicines were given safely to people by competent and knowledgeable staff, who had received appropriate training. There were enough staff to meet people's needs. The provider used a dependency tool to determine staffing levels. Staffing levels were reviewed following falls or changes in a person's health condition. Staff were deployed in a planned way, with the correct training, skills and experience to meet people's needs.

Visitors were welcomed at the home. People were able to receive visits from their named visitors. Visiting could take place in a lounge which had been converted to a visiting room with a room divider. Dependant on people's needs, some visits took place in the person's room. Garden visits were also available. Throughout the pandemic, where people were receiving support with end of life care, they had been able to receive regular visits from family in their bedrooms. Visiting was on an appointment system to allow time for appropriate cleaning between visits and keep the home safe from the risk of infection. All visitors were required to have a rapid Covid-19 test before the visit. During the visit they wore the appropriate personal protective equipment (PPE).

Staff told us that they had received the training they needed to meet people's needs safely and effectively. The training matrix tracked staff training and this had ensured all staff received the training and updates needed to provide safe consistent care. A plan of supervision to support staff was available and this also included competency sessions on training received. One staff member said, "Supervision is every couple of months, but we are encouraged to speak up if we need support." People's nutritional and health needs were consistently met with involvement from health and social care professionals.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Everyone we spoke to was consistent in their views that staff were kind, caring and supportive. People were relaxed and comfortable in the company of staff and were treated with respect. People's independence was considered important by all staff and their privacy and dignity was also promoted.

People were encouraged to go out and meet family and friends. Technology was used to keep families in contact by skype and email. Staff knew people's communication needs well and staff communicated with people in an effective way.

Care delivery was based on people's preferences and wishes. People were involved in their care planning as much as they could be. One person said, "I am very involved in my care plan because I know what I want." End of life care planning and documentation guided staff in providing care at this important stage of people's lives.

People, their relatives and health care professionals had the opportunity to share their views about the service. Complaints made by people or their relatives were taken seriously and thoroughly investigated. One visitor said, "I speak to the manager if I have any concerns." The provider and manager were committed to continuously improve, and had developed structures and plans to develop and consistently drive improvement within the service to deliver sustainable good care.

Notifications had been completed to inform CQC and other outside organisations when events occurred.

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

Rating at last inspection:
This service was registered on the 27th September 2019 and this is the first inspection.

Why we inspected:
This was a planned inspection to rate the service.

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our safe findings below.	**Good**
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 not always well-led. Details are in our well-Led findings below.	**Requires Improvement**

Mortain Place Care Home

Detailed findings

Background to this inspection

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

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

Inspection team
The inspection team consisted of four inspectors.

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

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

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed the information we held about the service and the service provider. We looked at the action plan supplied by the provider following the last inspection. We looked at notifications and any safeguarding alerts we had received for this service. We sought feedback from the local authority and professionals who work with the service. Notifications are information about important events the service is required to send us by law.

The provider was asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection
We looked around the service and met with the people who lived there. We used the Short Observational Framework for Inspection (SOFI) during the morning of the first day of our inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 18 people to understand their views and experiences of the service and we observed how staff supported people. We spoke with the registered manager, and 14 members of staff, including the chef, maintenance person, senior care staff and housekeepers. We were able to speak with three visitors during the inspection and four family members contacted us following the inspection.

We reviewed the care records of eight people and a range of other documents. For example, medicine records, four staff recruitment files; staff training records and records relating to the management of the service. We also looked at rotas, training and supervision data.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We spoke with four professionals who regularly visit the service.

Good

Is the service safe?

Our findings

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

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

This meant people were safe and protected from avoidable harm.

Safeguarding systems and processes:
● People were protected from the risks of abuse and harm, because staff had a good understanding of their responsibilities and how to safeguard people. A staff member said, "We have all had training." Another staff member said, "It's important to know what abuse is, I wouldn't hesitate to tell the manager if I saw something that was wrong."
● Staff had received the appropriate safeguarding training and had continued to receive refresher training throughout the pandemic.
● There was a safeguarding and whistleblowing policy which set out the types of abuse, how to raise concerns and when to refer to the local authority.

Assessing risk, safety monitoring and management
● People's care plans had individual risk assessments which guided staff in providing safe care. Risk assessments for health-related needs, such as skin integrity, weight management and nutrition, falls and dependency levels had been undertaken. We found some shortfalls within the care documentation which have been reflected in depth in the responsive question.
● Care plans and risk assessments identified specific risks to each person and provided written guidance for staff on how to minimise or prevent the risk of harm. For example, people with mobility problems had clear guidance about how staff should move them safely. People with fragile skin had guidance on how to prevent pressure damage using air flow mattresses, regular movement, continence promotion and monitoring.
● Risks associated with the safety of the environment and equipment were identified and managed appropriately. Environmental risk assessments had been expanded and developed to reflect the pandemic.
● Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. People's ability to evacuate the building in the event of a fire had been considered and each person had a personal emergency evacuation plan (PEEP).
● Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.

Staffing and recruitment
● People received care and support in an unrushed way throughout the inspection and call bells were answered immediately. Monthly call bell audits showed that call bell average response time was 2.5 minutes.

● Comments from people about staffing included, "They are very attentive -excellent," and "I have never been worried about staff, they are very nice and prompt to help me."
● Rota's confirmed staffing levels were consistent, and the skill mix appropriate. There was always a senior on duty who took the lead on the floor.
● There was a robust recruitment programme. All potential staff were required to complete an application form and attend an interview, so their knowledge, skills and values could be assessed. During the pandemic interviews were conducted either in the pod facility or via zoom.
● New staff were safely recruited. All staff files included key documents such as a full employment history, at least two references and a Disclosure and Barring Service (DBS) check. These checks identify if prospective staff had a criminal record or were barred from working with children or adults. This ensured only suitable people worked at the service.

Using medicines safely:
● Arrangements had been made to ensure the proper and safe use of medicines. Medicines were stored, administered and disposed of safely. Medicines were ordered in a timely way.
● We asked people if they had any concerns regarding their medicines. One person said, "No concerns at all, very good." A second person told us, "It's a relief to leave them to someone else, if the doctor changes anything, staff will talk me through what's changed." We were also told, "I assume I get my medication on time, I do query them on the odd occasion, I look to the staff to know, and they are the experts."
● All staff who administered medicines had the relevant training and competency checks that ensured medicines were handled safely. We observed staff administering medicines safely to people ensuring that they were offered the medicines, given time to take them in the way that they preferred and signed for once they were taken.
● Protocols for 'as required' (PRN) medicines such as pain relief medicines were available and described the circumstances and symptoms when the person needed this medicine.
● Medication audits were completed on a daily and monthly basis. The registered manager reviewed and analysed the findings of the audits to ensure they took action that may be required to safeguard people.

Preventing and controlling infection:

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was meeting shielding and social distancing rules.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was accessing testing for people using the service and staff.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance

Learning lessons when things go wrong

● Accidents and incidents were documented and recorded. We saw incidents/accidents were responded to by updating people's risk assessments. Any serious incidents resulting in harm to people were escalated to other organisations such as the Local Authority and CQC.

● Staff took appropriate action following accidents and incidents that ensured people's safety with restricting their mobility and this was clearly recorded. For example, one person had an unwitnessed fall in their bedroom. Staff looked at the circumstances and ensured that risks such as footwear and trip hazards were explored. A sensor mat had been placed in their room which meant staff could support the person safely, whilst not restricting them from walking independently.

●Specific details and follow up actions by staff to prevent a re-occurrence were clearly documented. Any subsequent action was shared with all staff and analysed by the management team to look for any trends or patterns. This demonstrated that learning from incidents and accidents took place.

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.

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

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

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

- People's needs were assessed before they started to receive support from staff. Records showed consideration had been taken to establish what practical assistance each person needed before they had moved into the service. This had been done to make sure the service had the necessary facilities and resources to meet people's needs.
- Nationally recognised risk assessment tools were used to assess risks, for example, those associated with nutrition and skin integrity. Care plans and assessment tools reflected NICE guidance.
- Where required, healthcare professionals were involved in assessing people's needs and provided staff with guidance in line with best practices, which contributed to good outcomes for people. The staff team worked closely with the community diabetic team to ensure people received the care they needed.
- Peoples needs were consistently reviewed and when peoples' needs changed, a review was held to ensure that Mortain Place was still able to meet their needs safely. If the person required nursing care, or specialist care, the appropriate referrals were made.
- People's protected characteristics under the Equalities Act 2010 were identified. For example, around people's heritage, cultural requirements and gender preferences of their staff. One person said, "I was asked if I wanted a male or female care to do my personal care, they have always ensured that I get a female carer."

Staff support: induction, training, skills and experience

- On-going training was completed by staff in a variety of subjects such as food safety, infection control and moving and handling. One staff member said, "The training has been on-line because of the pandemic but its been good."
- Staff had recently attended an on-line dementia course which staff said , "Really good, I learnt a lot," and "Really good training."
- Our observations during the inspection confirmed that staff had received training, for example, people were moved safely with lifting equipment and medicines were handled safely.
- New staff completed an induction aligned with the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff spoke positively about their induction experience. One staff member said, "The induction was good, I had time to read care plans, get to know people before working on the floor."
- Staff received regular supervisions with their line manager. One staff member said they valued their supervision as it was a chance to discuss their professional development and an opportunity to discuss training.

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

● People told us they enjoyed the food. Comments included, "The food is lovely, we get a choice from a menu each day, glass of wine, snacks in-between, home-made cakes," and "In my opinion the food is very acceptable, I sit at a table with three ladies, we get a menu, there is a choice, and we get plenty of drinks with cakes."

● People on both floors were offered and shown choices of food and drink. Vegetables were served separately on the first floor enabling people to choose what they wanted and how much. One person said, "Yes, they offer me choice at all mealtimes, we help ourselves and there's always something I like."

● On the Memory Lane community, the crockery was yellow which demonstrated an awareness of how to encourage people to eat more of their meals and hopefully put on weight.

● Staff knew people's preferences, which were recorded in care plans. Discussion with the kitchen team confirmed they were knowledgeable about people's personal preferences and dietetic requirements. They confirmed that they had received training in the preparation of textured foods and received regular updates when dietary guidance was changed. The food prepared was presented well and met people's individual needs. For example, one care plan stated the food should be cut in to bite size pieces to prevent choking.

● Staff offered people drinks throughout the day and staff supported them appropriately. People who had been identified as at risk from dehydration had their fluids recorded, monitored and drinks encouraged by staff. Staff were informed at handover of those who had not been drinking very much. We saw some recording issues which we have reflected in the well-led question of the report.

● Food offered and taken by people was recorded in their care records and an overview of peoples' weights were kept by the manager.

● Staff were knowledgeable when asked who needed fortified food and close monitoring because of weight loss. One staff member said, "We discuss residents every day at hand over and if someone is not eating or has lost weight we discuss how to prompt and improve their intake. The chef adds double cream, butter and evaporated milk to food and sauces to add calories."

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

● Mortain Place Care Home continued to ensure joined up working with other agencies and professionals to ensure people received effective care. We saw people continue to have multi-disciplinary team meetings to discuss people's needs and wishes.

● The service continued to have links with other organisations to access services, such as tissue viability services and speech and language therapists (SaLT). A visiting healthcare professional told us, "Staff are knowledgeable about their residents and they ring if they need advice."

● People were assisted with access to appointments. People told us, "Staff will help me get to the hospital if I need to go, and come with me," and "If I need to see a doctor, staff organise it on my behalf."

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

● Mortain Place Care Home was a purpose-built building and provided a welcoming and comfortable environment for people. The home had been designed with specific attention to ensuite facilities and communal areas.

● Mortain Place Care Home offered a cinema room, hairdressing salon, training/ spiritual/church service room, activity room and well-maintained garden /patio areas. The garden area was well kept, safe and suitable for people who used walking aids or wheelchairs. There were areas to sit and enjoy the pleasant garden.

● Notice boards contained information about the service, activities, staff names and roles, religious services and complaint procedures.

● People's bedrooms were personalised and individually decorated to their preferences. People and

relatives said they were encouraged to bring in their own possessions, such as pictures, photos and small bits of furniture. Bedrooms reflected people's personal interests.
● The first floor was accessible, by stairs or a lift which ensured that people who were unable to walk independently had full use of the communal areas and gardens.
● More use of appropriate signage to support people living with dementia/memory loss to recognise and access communal areas and toilets may prove beneficial. We discussed this with the registered manager during the inspection.

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

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

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

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

● Staff had received training in the principles of the MCA and understood their role and responsibility in upholding those principles.
● People were asked for their consent and were involved in day to day choices and decisions. Staff interaction with people demonstrated that people's choice and involvement was central to how care was provided. We saw people making choices about who supported them, how they spent their time, and meals and drinks.
●There was a file kept by the manager of all the DoLS submitted and their status. The documentation supported that each DolS application was decision specific for that person. For example, regarding restricted practices such as locked doors, and bed rails. We saw that the conditions of the DoLS had been met. For example, each person's care plan reflected how the decision had been made and what actions staff needed to take.
● The registered manager had made DoLS applications to the local authority when necessary and kept them under review until a response had been received.

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.

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

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Feedback from people and visitors described staff as kind and caring. Comments included, "Staff treat us very well," and "The staff are nice, they are very helpful. Visitors said, "There are some great staff and my relative is very much treated with dignity and respect."
- The kindness of the staff team was commented on by a visiting health care professional who told us, "Polite and welcoming." Another health professional said, "I have no concerns, people seem happy and staff are respectful."
- People were treated with kindness and care by staff. Staff spoke respectfully to people and showed a good awareness of people's individual needs and preferences. People were relaxed and cheerful in the presence of staff. Birthdays and special events were celebrated.
- Equality and diversity was embedded in the principles of the service and the provider had an equality and diversity policy in place to protect people and staff against discrimination. Staff understood the importance of people's diversity, culture and sexuality to them as a person and to managing their care needs in a person-centred manner. The registered manager used team meetings to share information by national organisations to promote discussion and reflection around this area.

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

- People and their families confirmed they were involved in day to day decisions and care records showed they participated in reviews of their care. Comments included, "We all sat together and discussed the care and "I'm sure I have been involved, I know they ask me if I'm happy with the care." A visitor said, "We are really pleased at the level of involvement, they inform us of changes." "We are involved in her care and have Power of Attorney."
- People's views were reflected in their care records, especially night-time wishes. Where people needed support with decision making, family members, or other representatives were involved in their reviews. As discussed during the inspection, this could be more clearly documented.
- Care records included guidance for staff about how to help people make as many decisions for themselves as possible.
- Staff supported people to keep in touch with their family. Visitors were always made welcome and offered privacy to talk. One visitor said, "The staff help my relative to contact me and vice versa." Another visitor said, "They contact me and discuss changes and doctor visits I am involved in decisions they also keep me updated."

Respecting and promoting people's privacy, dignity and independence

● People's privacy and dignity was respected. Staff explained how they listened to people, respecting their choices and upheld their dignity whilst providing support and care. One staff member said, "Some people are very proud, and we need to respect that." Staff gave examples of how they ensured people's clothing was clean and their dignity was maintained during mealtimes.

● Staff knocked on people's doors to seek consent before entering. Discussions about people's needs were discreet and conducted in private, personal care was delivered behind closed doors and staff understood people's right to privacy.

● People were supported by staff to take pride in their appearance. People were supported to maintain their personal hygiene through baths and showers when they wanted them. People were assisted with make-up, jewellery and nail care. There was an in-house hair salon and the hairdresser worked only at Mortain Place Care Home.

● Staff told us they always promoted people's independence when they were supporting them. We saw staff prompt and encourage people to walk independently, with the appropriate aid.

● Confidential information was held securely in locked staff offices. People had received an updated privacy policy and policy statements following changes to data protection legislation in May 2018.

Good

Is the service responsive?

Our findings

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

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

This meant people's needs were met.

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

● Before coming to live at Mortain Place Care Home, a pre-admission assessment was completed. This ensured that the person's needs' and expectations could be met by the service. For example, ensuring specialised equipment, such as pressure relieving mattresses were in place before they arrived, and that staff had the necessary training to meet their needs. Information regarding the reasons and decisions for coming to live at the service were not always clear and therefore not reflected in the formation of care plans.

● Care plans whilst personalised did not contain up to date information to guide staff on how best to support them with their assessed needs. For example, depression, scalp conditions, weight loss and oral health. This has been reflected in the well-led question as we received information during the inspection process that that the risk had been mitigated and areas identified were being managed pro-actively and advice sought.

● Night care plans were detailed, person specific and provided guidance for staff to follow.

● People's records reflected their beliefs, values and preferences and included specific details like favourite clothes, whether they liked to wear makeup and how they liked to wear their hair.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● People were supported to maintain relationships that were important to them. Visitors were made welcome at the service and supported with the pandemic visitors' procedures by staff. Visitors told us, "We always feel welcomed, always greeted politely."

● Care plans recorded information about people's interests and hobbies. People confirmed they were usually happy with the activities on offer. We saw group activities take place throughout the inspection in different areas of the premises. There were quizzes, fudge making and film club. We saw evidence of group activities that had taken place over the past month which included, a garden party and pampering sessions.

● People told us, "Usually a lot to do, we have a minibus and that will get us out and about, when we are allowed to" and "I am a bit of a loner, so don't do some of the activities, I sit and watch on the sidelines, we had a quiz today."

●The planned activity programme was varied and displayed on notice boards throughout the home.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability,

impairment or sensory loss and in some circumstances to their carers.

● Staff were knowledgeable about people's communication needs and there was a communication care plan highlighting support needs within their care plans. This included specific information on how the person communicated, and any aids they might use, such as glasses and hearing aids.

●Technology was available in the home for people to communicate internally with staff using the call bell system and externally using landlines or mobiles to talk to and receive calls from relatives and friends. There was a broadband system in place and people used this to contact relatives using skype and emails.

● Notice boards and walls were used to display information about up and coming events or something interesting and attractive to look at.

Improving care quality in response to complaints or concerns

● There was a copy of the complaints policy readily available for people and visitors to the service. People and their relatives knew how to make a complaint and felt comfortable to do so. They described how the management and staff team were receptive to feedback and shared examples of their views being acted on.

● We reviewed complaints that had been received by the service since opening in 2019. Only two complaints had been received. One had been investigated, an outcome and lessons learned were recorded. the other had been referred to the ombudsman for an independent investigation.

End of life care and support

● Staff attended palliative/end of life care training and there was a provider policy and procedure containing relevant information about end of life care. Staff told us that they felt prepared and understood how to support people at the end of their life. One staff member said, "We know how important it is to make sure people are comfortable and pain free. The district nurse and GP are really supportive."

● Care plans identified people's preferences at the end of their life and the service co-ordinated palliative care in the care home where this was the person's wish. Care plans also contained information and guidance in respect of peoples' religious wishes and their resuscitation status. Do Not Attempt Resuscitation forms (DNAR) had been discussed with the person if possible, family, GP and had been reviewed regularly. We saw respect plans in peoples care plans that highlighted their wishes should they become ill.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had made changes to their quality assurance system during the pandemic by condensing the audits. The monthly audit included reviewing the infection control procedures, medicines, and care records.

- Audits were carried out by the deputy manager. Actions were recorded that had arisen out of any issues found. Actions were clearly documented and followed-up. For example, fluid charts were identified as not being consistently completed and care plan reviews not showing effective review of changing needs. These were identified on consecutive months. The action was taken forward to senior care meetings and individual supervisions. However, we found that these issues were not yet fully resolved.
- Care plans needed to be reviewed to ensure they reflected people's specific needs. For example, one person had a scalp condition that was not mentioned within the care documentation, and some peoples' mental health was not monitored effectively. There was also some weight loss that had not been identified and followed up.
- Staff told us that the management team had discussed a recent safeguarding investigation and that they had to "improve their documentation" and ensure they record food and fluid intake and undertake oral health risk assessments. However an area that wasn't taken forward was the monitoring and recording of peoples mental health and any changes to their personality that may impact on other areas of their health and well being. We also found that the practical areas of oral health recording could be improved.
- People whose mental health had deteriorated, for example, taking to bed, losing their appetite and becoming withdrawn had not always been monitored and advice sought from health professionals. A plan to manage these symptoms therefore had not been devised.
- Other examples where specific health problems had not been considered and had the potential to impact on people's health and well-being, included guidance for people who lived with a chronic disease to prevent further deterioration of health and management of symptoms.
- People who remained in their rooms or on bedrest had no record of access to one to one activities. There was no record kept of interaction from staff. There were monthly reviews, some saying the person didn't want to join activities but they didn't record any alternatives offered or considered.

The registered manager addressed the shortfalls identified during the inspection process. We also received further information regarding peoples' care following the inspection which assured us that the management team strive to continuously improve outcomes for people.

●The registered manager was open and knowledgeable about the service, the needs of the people living there.
● The registered manager understood their role and responsibilities to notify CQC about certain events and incidents.
● The registered manager and provider collected and analysed information about the service, for example falls, and used this information to create an action plan to reduce or mitigate identified risks. We saw that following a fall, a sensor mat had been used to alert staff the person was up and moving and therefore at risk.
● Staff and records regarding accidents and incidents showed that accidents were forward as learning to reduce the risk of a further incident or accident.
● Notifications were submitted to the CQC, as required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;
● People felt confident to talk with the manager if they needed to. One person said, "(name) I know who the manager is and the ladies on the desk , very approachable and kind," and "Very good staff here, always try to sort out things, I lost a cardigan, but they returned it safely."
● People and relatives told us they found all staff to be approachable, from care staff to management. Interactions between people, relatives and staff, were warm and positive and they clearly knew each other well.
● Staff, people and relatives told us they were given opportunities to share ideas and make suggestions to improve the service as and when they wanted to. There were residents' meetings that people 'owned' and staff were invited to. One person said, "It's good to be able to speak up, we can have a moan but we also talk about what is good, fun and put ideas forward."
● Families told us, "They are some really good staff and it's a lovely place to live."
● The provider issued satisfaction surveys annually to gain people's feedback. We reviewed the outcome of surveys and saw that people had expressed a good level of satisfaction with all aspects of the service. Relatives' feedback indicated that staff were always friendly, helpful and supportive. Staff meetings were held, and minutes taken. A clinical governance meeting was held after the monthly audit to discuss the finding of the audits ad discuss any changes needed. There was opportunity to discuss training and accident prevention. At the last staff meeting, staff were reminded of the importance of good recording of fluids. This had improved recording and monitoring.

Working in partnership with others
● Staff worked closely with local healthcare providers such as the GP surgery, district nurses and the local pharmacy. The manager and provider worked in partnership with the local authority commissioners to share information and learning around local issues and best practice in care delivery. A district nurse told us, "Very good home, staff call us for advice and also if there is a problem, it means we can get treatment started earlier."