Brendoncare Foundation(The)

Brendoncare The Old Parsonage

Inspection report

Main Road
Otterbourne
Winchester
Hampshire
SO21 2EE

Tel: 01962713977
Website: www.brendoncare.org.uk

Date of inspection visit:
23 January 2017

Date of publication:
25 July 2017

Ratings

Overall rating for this service	Requires Improvement

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?	**Requires Improvement**

Summary of findings

Overall summary

This unannounced inspection took place on 23 January 2017. Brendoncare The Old Parsonage provides accommodation and nursing care to older people, some of who were living with dementia. The service can accommodate up to 28 people. On the day of inspection, 26 people were using the service.

At our previous inspection of 9 and 10 June 2015, we found the service was in breach of four regulations of the Health and Social Care Act 2008 (Regulated Activities) 2010. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Brendoncare The Old Parsonage' on our website at www.cqc.org.uk.

We undertook a comprehensive inspection on 23 January 2017 to follow up on those previous breaches and to check that the service now met the legal requirements.

At this inspection, we found the provider had taken sufficient action and resolved the issues we found at our previous inspection of June 2015. However, they remained in breach of the regulation in relation to safe care and treatment as people's medicines were not managed appropriately. The provider had introduced an electronic medicines management system and was having set-up problems.

The provider had strengthened the management of the service and had appointed a registered manager since our last 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.

Staff had identified risks to people's health and put measures in place to protect them from risk of harm. They followed guidance in place to manage the risks safely.

There was a sufficient number of competent staff deployed to meet people's needs. The provider used appropriate procedures for safe recruitment of staff suitable to provide care and had recruited more nurses since our last inspection.

Staff were trained in safeguarding people and followed the provider's policy on how to keep people safe. They knew how to recognise abuse and understood their responsibility to report concerns. The registered manager ensured staff received support, relevant training and regular supervision to maintain their competency to support people.

People's privacy and dignity were respected. Staff provided their care with kindness and compassion. People were involved in planning their day to day lives. People had sufficient food and drink and accessed healthcare services when needed. Specialist care was provided for people who were nearing the end of their lives and in line with their wishes.

People's needs were assessed and reviewed regularly to ensure staff provided appropriate support. Staff had support plans with guidance on how to provide care to people. People received personalised care that reflected their preferences and choices.

People gave consent to staff before they received care. Staff supported people in line with the principles of the Mental Capacity Act 2005 and the requirements of the Deprivation of Liberty Safeguards. People's views were sought and their feedback was used to make improvements to the service. The registered manager knew how to resolve complaints in line with the provider's procedure.

There was an open culture at the service. Staff were able to raise concerns about the service and felt valued by the registered manager. The quality of the service was subject to regular checks and audits by the registered manager and additional quality assurance reviews by senior managers. Audit findings were used to develop the service.

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 always safe. The service had not always followed safe medicine management procedures. People had not always received their medicines when required.

Staff understood how to protect people from abuse. Risks to people's health and safety were identified and managed.

There were sufficient skilled staff deployed to meet people's needs safely. Appropriate recruitment procedures were used to recruit staff suitable to care for people.

Is the service effective?

Good

The service was effective. Staff had received support to develop their skills and knowledge to enable them to support people effectively.

Staff had undertaken training and supervision to enable them to meet people's needs.

The service complied with the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People received sufficient food and drink. People's health needs were met.

Is the service caring?

Good

The service was caring. Staff treated people with kindness and compassion. People's privacy and dignity were upheld.

Staff understood people's communication needs and promoted their independence. People were involved in developing their care plans and felt listened to by staff.

People received appropriate end of life care and staff respected their wishes.

Is the service responsive?

Good

The service was responsive. People's needs were assessed and

staff responded to the changes in their health.

People were supported to take part in activities of their choice.

People and their relative's views of the service were considered and their feedback acted on.

People knew how to make a complaint.

Is the service well-led?

Requires Improvement

The service was not always well-led. The audits systems were not always effective in identifying all aspects of people's care that required improvement.

Staff were supported in their role and felt valued at the service. The registered manager was approachable.

The service worked in partnership with other organisations and healthcare professionals.

Brendoncare The Old Parsonage

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 unannounced inspection took place on 23 January 2017. The inspection team consisted of one 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 uses this type of care service.

Before the inspection, we reviewed information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law. The provider completed a Provider Information Return (PIR). This is a form that requires providers to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to inform the planning of the inspection.

During our inspection, we spoke with 12 people using the service and four relatives and friends. We also spoke with a GP who was visiting people in the service. We spoke with 14 staff including the registered manager, head of quality and compliance, the chief operating officer, deputy manager, a nurse, activities co-ordinator, a volunteer, maintenance officer, administrator, housekeeper, receptionist, kitchen staff and six members of the care team.

We looked at 12 care records and 12 medicines administration record charts. We read management records of the service including incident reports, safeguarding concerns, complaints and audits to monitor quality of the service. We viewed records relating to staff including training, supervision and appraisal records. We checked feedback the service had received from people and their relatives.

We undertook general observations of how staff treated and supported people throughout the service. 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.

After the inspection, we received feedback from two healthcare professionals.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection of 9 and 10 June 2015, we found there was a breach of our regulation in relation to medicines management. Medicines were not stored appropriately in the treatment room. The medicines policy was outdated and the service did not have a protocol for 'when required' (PRN) medicines.

At this inspection of 23 January 2017, we found the concerns we identified at our previous inspection had been addressed. The provider had updated the medicines policy in line with current guidance and best practice. Protocols were in place for the management of PRN medicines. Medicines kept in the treatment room were safely and securely stored. However, they remained in breach of the same regulation in relation to medicines management.

People were exposed to medicines which could cause them harm. We observed medicines of a person that were not stored safely in their room. Although there was a minimal risk to people who could access the room, this was not in line with the provider's policy and the person's risk assessment that required medicines to be stored safely in a cupboard provided in their room. We observed a tin of fluid thickener that was not stored safely in another person's room. A thickener is recommended for people who can no longer swallow fluids safely, because drinks go into their lungs, causing coughing, choking or more serious risks such as chest infection and aspiration pneumonia. There was a risk of ingestion of this product from other people who could access the room. This was not in line with best practice and the provider's policy on administration and storage of medicines. We raised our concern with the deputy manager in the morning of our inspection. We returned in the afternoon and the tin was still on the side in the bedroom. We raised the issue with the registered manager during our feedback session who was going to look into the matter. We received an action plan put in place after our visit which showed guidance for staff and close monitoring on the safe management of the thickener. The registered manager had ensured information was shared in staff handovers and included in the handover report which all staff had to read. The person's nutrition care plan was updated and included the risk of choking from unsafe handling of the thickener. The registered manager had reviewed person's risk assessment and the thickener was now managed by staff.

Medicines were not always managed appropriately. A person was prescribed a cream to manage a skin condition. We found an emollient in their room did not match that of the current prescription which could cause confusion to staff and might be the incorrect current treatment for the person. Various other creams were in the person's room two of which did not have a date of opening. There was a risk these creams could be applied out of date. One of the creams was steroid based and required safe storage.

People had experienced a delay in receiving their medicines which could make them ill or delay their recovery. Records showed that over a four week period, nine people were out of stock of their medicines at some point. For example, one person had been prescribed ear drops in readiness for a specialist ear, nose and throat (ENT) appointment. The ear drops had been prescribed on 30 December 2016 and were received on 21 January 2017. Staff told us the ENT appointment was subsequently cancelled. We asked the registered manager about this and she contacted us after our inspection and informed us that the eardrops had not been reordered due to the fact the person's ear wax had gone. They said they would be speaking to

staff in regard to using the correct exception on the medicine system. Another person did not receive their medicine for five consecutive days. Their medicine was then purchased over the counter by a family member. A healthcare professional commented that they were kept informed of the delays of some people receiving their medicines and that they were working with the registered manager to resolve the issues.

The registered manager had not protected people against the risk of receiving unsafe care. This was a breach of Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014.

People were at risk of avoidable harm. One window on the first floor did not have a window restrictor in place and posed a risk of falls for people. Although there were two bars across the window to minimise the risk of a person falling through the window, the gap between the bars was large enough for a person to fall through. We showed this to the registered manager and they told us they had raised the issue with the maintenance team and this was being looked into. A health and safety audit of January 2017 on windows and glazing stated that the restrictors fitted to windows were satisfactory although we identified this window without a restrictor. After the inspection, we contacted the registered manager to check on the action taken about this. The registered manager indicated they did not recall discussing this on the day and commented, "We did not have a discussion in regard to this on the day. The window in question has bars across to prevent incidents, therefore not requiring window restrictors and has been passed as safe by our health and safety inspection."
This was a breach of Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2014.

Since our last inspection of June 2015, the provider had changed from a paper-based system to an Electronic Medicines Administration Record management system (EMAR). The service had experienced difficulties during the changeover which included duplication and or unintended removal of people's medicines on their EMAR's and over and under delivery of stocks to the service.

The registered manager had taken action to minimise the risk to people of not receiving medicines. Staff checked medicines on delivery to ensure there were sufficient stocks for a cycle. Any shortfalls were reported to the GP practice to ensure any discrepancies on repeat prescriptions were addressed and an order placed with the pharmacy. In addition, there were daily and weekly medicines counts to ensure each person had sufficient stocks and received their prescribed medicines. Medicine audits of November 2016 and January 2017 showed there was some improvement on the supply of medicines. The registered manager met with senior management in December 2016 to review the medicines management action plan. The measures put in place had ensured that shortfalls in medicines delivered were identified and addressed on time to reduce the risk of people not receiving their medicines when required.

At our previous inspection of the service on 9 and 10 June 2015, we found staff had not always protected people against the risk of receiving inappropriate or unsafe care. There was a lack of appropriate risk assessments and risk management plans in relation to pressure ulcer prevention and prevention of choking for some people.

At this inspection of 23 January 2017, we found the service had addressed the concerns. Staff had carried out risk assessments and identified concerns for each person. Risk assessments were in place for concerns such as a person becoming malnourished, choking when eating and drinking and developing a pressure ulcer. Support plans were in place with guidance to staff on how to support people manage the risks. The registered manager had ensured staff reviewed risk assessments to ensure they remained effective. Staff kept records of wounds, treatment given and dressings used and worked closely with nurses and tissue viability nurses to review progress of healing.

At our previous inspection of 9 and 10 June 2015, we found there were not enough nurses on duty at all times to meet people's needs. At this inspection of 23 January 2017, we found there were sufficient numbers of competent and skilled care and nursing staff deployed to support people and to meet their needs safely. People and their relatives said there were sufficient numbers of staff available to support them. We observed there were enough members of staff on duty and that they were able to respond to people's requests and meet their needs without delay. The registered manager explained that they determined staffing levels by reviewing people's needs monthly and when their needs changed to ensure there were enough staff to support them. Records showed the registered manager held daily clinical meetings with assistant managers and discussed people's needs and staffing levels. The service had contingency plans for nursing cover as the registered manager, head of quality and compliance and the chief operating officer were practising registered nurses who were on standby for emergencies. Staff rotas showed absences were covered adequately mainly by permanent staff. The provider had recruited more nurses since our last inspection to cover vacancies and reduce reliance on agency staff.

At our previous inspection of 9 and 10 June 2015, we found the storage of equipment was not safe. Equipment was stored in corridors, halls and stair wells which presented a potential trip hazard for people. At this inspection of 23 January 2017, we found the equipment was stored safely in areas only accessible to staff. This reduced the risk of falls and injury to people using the service. Records showed the registered manager carried out audits of the environment and ensured equipment was kept in safe areas.

People were protected from avoidable harm as staff learnt from incidents and near misses. Accidents and incidents were recorded, monitored and appropriate action taken to protect people from harm. The registered manager analysed incidents and put action plans in place to prevent a reoccurrence. For example, the registered manager had resumed the monitoring and recording of some medicines stocks manually, whilst they waited for the EMAR concerns to be resolved. This had ensured any shortfalls were identified and addressed promptly.

People received their medicines from staff assessed as competent to do so. Staff told us and records confirmed they had received training that included a competency assessment before using the EMAR. There was an instruction booklet available to support staff and a user guide had been adapted by the registered manager for ease of use. The head of quality and compliance told us and records confirmed all staff who administered people's medicines had received general and EMAR specific training which included a competency assessment before they were deemed competent to do so. Records showed staff followed the service's protocols in supporting people with their PRN's medicines and had these reviewed when necessary. EMAR were accurately completed to show whether people had received their medicines.

People received support from suitable staff. Recruitment checks were appropriate to ensure staff were suitably qualified and competent to support people safely. Pre-employment checks included obtaining references, confirming identification, employment history and criminal records checks and applicant's eligibility to work in the UK. The provider ensured staff started work at the service after they obtained all checks. This minimised the risk of people being cared for by staff who were inappropriate for the role. New staff were subject to a six month probationary period when the registered manager monitored and reviewed their performance before their appointment was confirmed.

Staff knew how to support people in case of an emergency. Each person had a Personal Emergency Evacuation Plan with up to date information about the risk level associated with evacuating them safely in the event of a fire. Staff knew about the needs of people and the support they required to be evacuated safely in the event of an emergency. There were regular fire drills which ensured staff understood the procedures required to evacuate the building safely. The provider had a business continuity plan which staff

were aware and understood the actions to take to keep people safe. There was a major incident plan which covered events such as disruption to utilities supply, a fire and flood.

People at the service were protected against potential abuse. Staff knew the types of abuse and understood their responsibility to report any concerns to keep people safe in line with the provider's safeguarding procedures. One member of staff told us, "Safeguarding is making sure people are safe at all times. I would report any suspected abuse immediately to the senior on duty." Another said, "I would report serious abuse directly to the police." There was an up to date safeguarding policy and staff knew how to access it. Staff understood how and when to report poor practices and abuse to management and external agencies through whistleblowing. The service had a whistleblowing policy in place and contained up to date information on who to contact to raise concerns.

The equipment at the service was in good working order and safe for people to use. The maintenance staff carried out regular checks on water temperatures, fire alarms and emergency lighting. The provider ensured there were regular maintenance checks for gas and electricity. Maintenance records showed regular checks and servicing of equipment to make it safe for people to use. Staff reported and recorded any maintenance issues. The registered manager ensured repairs were carried out and completed in a timely and satisfactory manner.

Good

Is the service effective?

Our findings

At our previous inspection of 9 and 10 June 2015, we found concerns about food and fluid recording and monitoring for people identified as being nutritionally at risk. At this inspection of 23 January 2017, we found this required further improvement. For people on fluid monitoring there was a chart kept in their room which staff completed to record the fluids given. However, there was no target amount recorded for one person to help staff understand what the person was recommended to drink. Staff told us they raised any concerns about a person's food and fluid intake during the shift and handovers to ensure appropriate action was taken. Although referrals were made to healthcare professionals when necessary, the lack of information on required fluid intake amounts for people could cause a delay in seeking timely care for people putting them at risk of receiving ineffective support.

People received support from healthcare professionals with their dietary needs. A person was recommended a puree diet and custard consistency fluids by the SALT team. The person's records contained a soft diet guide and that the person had received a marmalade sandwich two days before our visit which would not constitute a puree diet. We asked the registered manager about this person and they told us the person had capacity to make a decision about the food they ate. They told us the person had requested the food. We spoke with three members of staff who could not tell us how to ensure the person food and drinks were at the recommended consistency. One member of staff told us, "If it's too thick it won't go up the straw." The care plan did not state a straw was required from the SALT advice. By not following the SALT advice and guidelines, there is a risk of and the person choking. We received the person's records with an entry after our visit that the person would like to have a straw and that the GP and the SALT team had been contacted about this.

People were supported to eat and drink enough and maintain a healthy diet. There were mixed views about the food served at the service. Out of the 12 people we spoke with about the food, three were not happy about the quality of food provided at the service. One person told us, "The food is very nice, I like it. They prepare a lovely roast." Another person had said, "The food is well presented." A relative said, "The food is very good and they have a good selection." However, a third person had said, "I think it [food] could be improved." The registered manager had acted on these concerns some of which had been highlighted in a food survey. For example, action had been taken to ensure people received the food they liked when the kitchen was closed or the chef was not on duty. The registered manager carried out dining room observations to ensure people had a positive experience when having their meals.

People were involved in planning the menu. Staff held regular meetings with people, discussed what food they wished to have and encouraged them to make choices when they could. Records confirmed the discussions with staff and menu plans reflected people's choices and preferences. The menu planner showed healthy options available to people which included vegetables in season and fresh fruit. Staff had detailed information about people's dietary needs and preferences and understood how this this could impact on their well-being. The chef had a list of people's food preferences and choices and ensured they received the food they wanted. The chef had a record of people's 'must have' food, their likes, dislikes, special requirements such as and any risks to their swallowing. This ensured the chef prepared appropriate

foods to cater for people's different needs and preferences. For example, people received food that met their dietary needs including small sized portions, soft and fork mashable diets.

We saw lunch served and observed people had received appropriately prepared and presented food. Staff assisted people discreetly with their meal where this was required. People had adapted cutlery and crockery as identified in their support plans to enable them to have their meals without support and to maintain their independence. People told us and we observed refreshments, snacks and fruit were available in the service for them when they wished.

People received support from staff who were inducted in their role. This included meeting people, discussing their role and understanding the health and safety issues around the service. One member of staff told us, "Induction training was thorough." New staff had completed the Care Certificate training required to enable them to meet the essential standards of care. Induction records showed staff had read people's care and support plans to understand how to support them. Staff told us and records confirmed the registered manager had discussed the values of the organisation, introduced key policies and ensured all staff completed the provider's mandatory training. A new member of staff told us they had received support from an assigned member of staff who acted as a buddy during their induction which had allowed them to get to know people and understand their responsibilities. Records showed all new staff had satisfactorily completed the induction programme before they commenced work independently.

People's care was provided by staff who were supported to undertake their role. Staff had regular supervision to discuss their learning and training needs, talk about difficulties in their role and receive guidance and feedback about their work. One member of staff told us, "The manager gives valuable guidance and support." Supervision records were comprehensive and had follow up actions on previously discussed issues. Staff told us they received guidance from the nurses and management team on how to support people effectively in regards to their nursing needs. In addition, nurses received clinical supervision to review care monitoring and sharing of information to identify and improve the quality of care. A nurse told us this professional review of their work enabled them to deliver appropriate care and treatment. Staff received an annual appraisal of their performance. Appraisal records showed staff had discussed the skills and knowledge they needed to develop in their roles and learning development plans put in place.

People received support from staff who had up to date skills and knowledge to care for them effectively. Staff had attended training in safeguarding adults, person centred care, food hygiene, fire safety, first aid, infection control and moving and positioning. Staff told us the training helped them to understand how to support people meet their needs. Specific training such as end of life, tissue viability, hydration and nutrition dementia and responding to behaviours had enabled staff to understand people's health conditions and to develop relevant skills to meet their needs. The provider maintained training records and ensured staff attended courses when they were due.

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. The application procedures for this in care homes and hospitals 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.

People gave consent to care and treatment. People told us staff asked for their consent before they carried out any care tasks and supported them as they wanted. The registered manager and staff had good understanding of MCA and supported people in line with the legislation. Mental capacity assessments were carried to determine whether a person could make certain decisions in relation to their care. Records showed a person's family and professionals involved in their care were appropriately involved in making decisions in their 'best interest' when they were unable to make specific decisions regarding their care. Care records showed people were involved in care planning and reviews and that staff respected their decisions.

People enjoyed their freedom and rights as appropriate to meet their health needs. Staff had received training on the MCA and DoLS to ensure they understood how to respect people's rights whilst they maintained their safety. The registered manager had made DoLS applications to the local authority regarding people's safety and well-being. The registered manager told us none of the applications made had been approved and no person was subject to DoLS at the time of our inspection.

People received support to maintain their health and well-being. Staff had sufficient knowledge on people's health needs and understood how their conditions affected their well-being. Each person had an individualised health management plan. People had routine appointments with their GP and records confirmed regular health checks. Staff had made referrals to relevant healthcare professionals to ensure they received guidance to support people appropriately. People's records confirmed appointments attended and visits by GP's, Speech and Language Therapists, tissue viability nurses, chiropodists and dieticians. A healthcare professional visiting people in the service told us the registered manager and staff effectively liaised with them to ensure people received the treatment and care they needed.

Good

Is the service caring?

Our findings

People and their relatives said staff were kind and caring. One person told us, "Staff are wonderful, helpful and almost affectionate." Another person said, "They are kind to me. I'm happy here." A relative told us, "Staff are fabulous. They are so good with [relative]." Another had written to the registered manager, "The Old Parsonage has a lovely caring feel about it, and you all do well at looking after your residents and making them feel cared about." We observed that staff spoke with people politely and addressed them by name. Staff spent time interacting with people and sharing a laugh.

Staff had developed positive relationships with people and their relatives. The service used 'This is me' tool to gather a person's life history which they used to build a meaningful relationship with them. There was friendly and positive interaction between people and staff. One relative told us, "It's a home away from home." Another relative told us, "[Person] is very happy with the staff and they get on very well."

People were involved in the planning and review of their care and support to ensure staff understood their needs. Staff developed individual care plans which were updated when people's needs or preferences changed. Records contained information about people's likes and dislikes and preferred daily routines. One person told us, "I choose when to go to bed." A member of staff told us, "We give people choices and let them choose what they want to wear and what to eat." We observed staff people supported in line with their preferences and to make choices about how they wished to receive their care. For example, one person was served their meal in their bedroom as they wanted.

People were supported to maintain relationships with family and friends if they wished to do so. One person said, "My family is often here. I enjoy every visit." People told us they regularly received visits from or visited family and friends. Their relatives and friends were encouraged to visit when they could and were made to feel welcome at the service. A member of staff told us, "We have family and friends visiting. People can see their relatives in private." We saw staff greet relatives and friends of people in a way that they knew them and had developed a rapport with them.

People received support in a manner that that maintained their dignity and privacy. Staff demonstrated respect for people's dignity by being discreet in their conversations with one another and with people who were in communal areas. People told us they felt able to maintain their privacy whilst in their rooms. Staff told us they protected people's privacy, for example by making sure that doors were closed when giving them personal care and checking with them if they needed any support. We observed staff knocked on people's doors and waited for their responses before entering and that any treatments people needed were carried out in private. The registered manager ensured staff understood how to promote people's dignity and treat them with respect in supervision sessions and observing their practice. There was a dignity champion who was a member of staff nominated to speak up and ensured people's dignity was upheld at the service.

People at their end of life received the support they required. Staff were trained and skilled in identifying any changes in people's health at end of life and had guidance recorded in their support plans. Staff planned for

people's care and support with healthcare professionals such as the GP and palliative team and had information which detailed what they would like to happen to them in the event of deteriorating health. Some people had advanced care plans and or 'Do Not Attempt Resuscitation' (DNAR) forms in place signed and agreed to by a health professional. The registered manager had arranged that a person on end of life had easy access to out-of-hours specialist palliative care and medicines that can help them if their condition were to change rapidly at night or during the weekend. Staff respected people's wishes as stated in their advance care plans such as were they preferred to receive their treatment and spend their last days. Relatives and friends were able to spend time with people at end of their life which contributed to their comfort.

Good

Is the service responsive?

Our findings

At our previous inspection on 9 and 10 June 2015, we found that people had not always received person centred care. This was because not all people had care plans and guidance for staff on how to provide support appropriate to people's needs.

At this inspection of 23 January 2017, the registered manager had addressed the concerns in relation to care planning and reviews. People and their relatives were involved in assessing and reviewing people's needs and the support they required with their health and daily living skills. Care plans were in place and included up to date reviews on people's health condition such as skin care and nutrition and hydration needs. The registered manager had a 'Resident of the day' which ensured that each person had a monthly evaluation of their support needs and that risk assessments were reviewed and updated when needed. For example, a person's advanced care plan was completed after a review in November 2016 noted that this required updating to reflect their changing needs. The registered manager worked closely with the head of quality and compliance to ensure care plans were reviewed and that staff had up to date and accurate information on people and the support they required.

People received support that was responsive to their needs. People's care was personal to the individual and care plans provided guidance for staff about people's preferences and how they wanted their care to be delivered. Staff received updates of people's conditions during daily handovers at the beginning of each shift, staff meetings and information on the staff noticeboard highlighting any changes or concerns in their health. For example, changes in people's physical, social and mobility needs, their medicines and skin integrity. This ensured staff understood the support people required before they started to provide their care.

Staff communicated effectively with people and provided the support they required. We saw staff responded to people's requests and offered them choices. For example, people were asked what they wanted to eat and drink and where they wanted to have their meals. Staff knew people well and were able to describe the kind of support each person needed and how they preferred to have their care delivered, how they preferred to spend their time, what they liked to do and how they preferred to socialise. People's choice and preferences were respected. For example, some people liked to get up early and others preferred to have a lie in. One person preferred to have breakfast before having a wash and staff responded to these requests.

People took part in activities of their choice and received support to follow their interests. Staff knew people's life stories and interests. The activities team which included volunteers from the local community organised a weekly varied programme of individual and group activities within and outside the service. People told us they enjoyed taking part in community activities which enhanced their sense of well-being. Staff told us people chose whether they wanted to join in activity sessions. We observed a poetry session organised by volunteers for people who wished to attend and people were happy to be there. One person had later told a relative who had visited them that they had enjoyed the activity. Staff and volunteers provided one to one activities for those people who could not participate in group activities or unable to leave their rooms to reduce the risk of social isolation and boredom. An activities board and people's care

records showed there were sufficient and specific enough to meet people's differing needs or preferences. The planned activities were displayed in the dining room and there was a monthly newsletter advertising them. If an activity proved unpopular on the day, something else was suggested. We saw the activities co-ordinator visited people's rooms before the activity to tell them what was planned and to invite them.

We saw opportunities for people to socialise, go out on a trip, take part in activities, or just have one to one time chatting to staff. This also included music, craft activities, puzzles, scrabble, and keep fit exercises, ageless golf, quizzes and bingo. One person said, "I play dominoes, watch television, go out or sit and chat with friends here." People were encouraged to maintain a healthy lifestyle and went out for walks in the garden and took part in gentle exercise sessions at the service. A volunteer told us may people enjoyed gardening and said in the warmer weather they planted seeds and potted up plants at a table in the garden so that people with limited mobility were able to take part. An activity coordinator told us people enjoyed painting and reminiscence focussed on what people used to do with themes such as a wash day or a day in the kitchen. Entertainers performed at the service at least once a month. The service had a regular church service and people were supported to practice their faith.

People were supported to be as independent as possible. Staff encouraged people to carry out daily tasks they could. One person said, "It's important I do as much as I can." People told us they were comfortable to approach staff to spend time with them or ask for assistance. People told us that they liked their bedrooms. Staff encouraged people to bring pictures, photographs and ornaments of sentimental value. People's rooms reflected their personality and were well decorated.

People's views of the service were sought and their feedback acted on. People and their relatives attended regular meetings organised by the registered manager and were encouraged to speak to staff and give their views about the service. Records of the meetings showed the registered manager actively encouraged people to contribute their views and responded to their concerns. For example, relatives were involved in fundraising for the service. A visitor satisfaction survey provided an opportunity for the service to receive feedback about staff's helpfulness, respect, knowledge shown to visitors. Comments received in 2016 were positive about the staff. The service used a newsletter to communicate with people, relatives and their community. For example, a 2016 'Oscar awards' ceremony awarded people's involvement, openness and enthusiasm at the service. Compliments received by the service were positive and showed relatives were happy with the care people received. One had written, "Thank you all for the dedication, care and support. We know the support you gave, made a real difference in adding to his quality of life over that period."

People and their relatives knew how to make a complaint or raise a concern about the quality of service and care provided. One person told us, "I would talk to the manager." People were confident the registered manager would address any concern they had. A relative told us "If there is a problem, it is addressed straight away." People and their relatives were aware of the complaints procedure and how to use this. The service had not received any complaints in the last 12 months. The registered manager told us they resolved any concerns before they escalated to a formal complaint. Staff told us how they would support people to make a complaint to ensure they received an appropriate response.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection on 9 and 10 June 2015, we found the service did not have robust system of monitoring the quality of service. At this inspection on 23 January 2017, we found the provider and the registered manager had put in place appropriate quality audit assurance systems to monitor care provided. The registered manager carried out regular audits for risks associated with the environment, nutrition and hydration, the spread of infection, fire safety and equipment used to assist people to move. The provider had oversight of the management of the service and carried out additional quality assurance checks. However, the service had not made all the necessary improvements required and in a timely manner as highlighted in this report in relation to medicines management.

The registered manager carried out audits on health and safety and the environment and made improvements when necessary. For example, an audit had identified warped windows. The repairs had been authorised and a secondary glazing of the windows done. Checks showed a person had been refusing their medicines and the GP and community psychiatrist nurse had been involved to review their needs. Monthly audit of people's nutritional and dietary needs had resulted in the registered manager making appropriate referrals to relevant healthcare professionals for end of life care and wound management. Care planning audits identified care plans that had not been reviewed in time and the action taken to address this. For example, this had been discussed with the staff responsible during their performance development review.

Feedback obtained from surveys was used to develop the service. Quality assurance surveys were sent out to gain feedback about the quality of the service provided. Completed surveys were evaluated and the results were used to develop the service. The 2016 resident's survey showed positive responses with a score of over 90% for respect of people's privacy, meal choices, support and care and overall satisfaction with the home. 97% of respondents felt the home was a safe and secure place to live whilst 89% said the food served at mealtimes is of good quality.

People, relatives and staff spoke positively about the registered manager and the service. They described the registered manager as supportive and approachable. One person told us, "Yes, she is friendly and checks we are doing things right." Another said, "The manager is usually out and about, seeing everything is ok. It is pretty easy to talk her." We observed the service had a busy but welcoming and pleasant atmosphere.

The registered manager and staff understood and put into practice the provider's values of treating people with respect, kindness and dignity. Staff knew who they were accountable and there was a clear accountable management and staffing structure. Staff understood their roles and responsibilities. They were able to describe these well and were clear about their responsibilities both to people and to the management team. They told us there was good communication with nursing staff and the management team and they could discuss any concerns at any time. Staff meetings were held where information was shared about the running of the service and any issues to improve the service people received.

People told us they benefitted from good leadership by the registered manager. The registered manager told us the provider made available resources the service requested to improve the quality of care to people.

The registered manager attended regular meetings for all managers organised by the provider to share good practice, provide peer support and discuss any changes or new legislation that affected the service delivered. The registered manager received a daily handover from a nurse in charge about people's health and medicines, staffing levels and maintenance issues and took appropriate action when necessary.

The service had an open and transparent culture. Staff understood the areas they needed to improve on to ensure they provided consistent support to people. Staff told us the registered manager encouraged a learning culture to improve the care they provided. One member of staff told us, "We work together and learn from each other and our mistakes." People, their relatives and staff confident the registered manager would act on their concerns to develop the service. One healthcare professional said, "Communication from the manager is good and has always been positive. We work well together and they communicate with us when there are problems such as delays in people receiving their medicines."

The registered manager submitted relevant notifications to CQC as required by law in relation to incidents and accidents. They had informed the local authority on safeguarding concerns they had to allow for investigations. Staff had access to up to date policies and procedures about how to support people. Records were labelled, dated and stored securely and confidentially in lockable areas. Only staff who provided support to people could access the records.

The service had good community links. The provider was accredited with the Investing in Volunteers award. The provider ran a programme to encourage volunteers to join and be part of a group of people supporting people with activities through 'Turn frowns into smiles." The chef manager was a finalist in the National Care Cook Awards 2016, a competition held in in recognition of the specialist skills and knowledge required by chefs working in a care environment. A person was honoured with the Freedom of Bletchley Park for her work before and during the Second World War and family and staff attended a small ceremony. They were also featured in the local newspaper. Several members of staff had received an 'Extra mile award' for making a difference to the lives of people using the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not always provided in a safe way for service users as the registered person had not always ensured the proper and safe management of medicines. (Regulation 12(1)(2)(g))

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider did not ensure that all premises and equipment used were secure and suitable for the purpose for which they were being used as there was not a window restrictor fitted to one upstairs window. (Regulation 15(1)(b)(c))