

Sentimental Care Limited

# Hamilton Park Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Hamilton Park Nursing Home provides accommodation and nursing care for up to 34 people. Accommodation is arranged over three floors and all bedrooms are single occupancy. The home is staffed 24 hours a day and a registered nurse is always on duty. 15 people were living at the service at the time of the inspection.

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

The provider and registered manager had made improvements in relation to the areas of concern we found at our last inspection. A new manager has been registered with the Care Quality Commission and provided strong leadership and direction for the staff team. People, relatives, staff and healthcare professionals were positive about the new manager and commented on the positive changes they had introduced.

The registered manager and provider monitored the quality and safety of the service. There was an improved programme of checks in place. Many improvements had been made since the last inspection to ensure the safety and quality of the care and support provided.

People using the service and their relatives were satisfied with the care and support they received from staff. People said they felt safe at the service and staff treated them with care and kindness. Staff were attentive, thoughtful and caring. We observed positive interactions between people and the staff team.

People were protected from the risk of abuse as staff received training, so they understood how to keep people safe. Risks associated with people's care were identified and managed safely. Sufficient numbers of safely recruited staff were on duty to meet people's needs. Medicines were managed in a safe way. Staff practiced good infection control to help protect people from possible infections.

People were supported by a group of staff who were trained and competent and who took pride in their work. Staff ensured people were supported with their dietary needs and had enough to eat and drink. People were referred to healthcare professionals when necessary and their recommendations were followed.

People were supported by staff who upheld their dignity and encouraged their independence. Staff supported people to take part activities and we observed staff spending time engaging people in conversations, and speaking to them in a friendly, warm and polite way.

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.

People knew how to raise concerns and were confident the registered manager would deal with them

appropriately and resolved them where possible. There were systems in place to obtain people's views about the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update - The last rating for this service was requires improvement and there were breaches of regulation (published 3 December 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider follow manufacture's guidance when using medicine patches and that they ensure medical equipment is serviced as per the manufacture's recommendations. At this inspection we found the provider had acted on this recommendation and had made improvements.

Why we inspected - We undertook this unannounced comprehensive follow up inspection to check they had followed their action plan and to confirm they now met legal requirements.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hamilton Park Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Hamilton Park Nursing Home

## **Detailed findings**

### Background to this inspection

#### The inspection

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

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

Two inspectors carried out this inspection.

#### Service and service type

Hamilton Park Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hamilton Park Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

## Notice of inspection

This inspection was unannounced.

## What we did before the inspection

We reviewed the information we had received from and about the service since the last inspection.

We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We were able to gather this information during our inspection.

We used all this information to plan our inspection.

## During the inspection

We shared an inspection poster with the registered manager with our contact details to circulate to people, relatives and staff to seek their feedback. We spoke with eight people who were living at the service. We also spoke with 11 staff which included the registered manager, a registered nurse, care staff and ancillary staff. We spoke with three professionals during the inspection. We spent time observing the care and support provided to people.

We reviewed a range of records. This included four people's care records, multiple medication records, two staff recruitment files, minutes of meetings, health and safety records; audits and the service improvement plan. Following the inspection site visit, we received feedback from three relatives and two visiting professionals.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At the last inspection we found improvements were needed to ensure fire safety checks were completed regularly and records for the maintenance or servicing were up to date. Thickeners used for drinks for people with a choking risk were left on lockers instead of being securely locked away to reduce risks. We found improvements had been made.

- Fire safety was well managed. Regular fire safety checks were completed along with fire drills to ensure staff understood and followed procedures.
- The registered manager had commissioned two fire risk assessments. Work had been carried out to ensure the fire safety at the home was in line with the fire risk assessments requirements.
- People had personal emergency evacuation procedures in place (PEEPs) in their care records which detailed how staff needed to support individuals in the event of an emergency to keep them safe.
- Premises and equipment were managed and maintained to keep people safe. There were systems in place to ensure the maintenance person undertook regular checks. These included electrical testing, effectiveness of window restrictors, hot water temperatures and wheelchair checks. Wheelchair checks reviewed the safety of footplates, tyres and brakes. Any found to be unsafe had been taken out of use.
- External contractors undertook regular servicing and testing of moving and handling equipment, fire equipment and stairlift maintenance. This helped to make sure the equipment was safe for staff and people to use.
- Risks to people's health and wellbeing had been assessed and considered areas such as falls, skin integrity, nutrition and any distressed behaviours.
- Staff were knowledgeable about individual risks people might experience. They confirmed they had the necessary equipment to reduce risks, such as pressure mattresses and cushions, and mobility aids. Risks were monitored.
- Professionals told us risks were managed to reduce possible harm. One said, "Staff demonstrated confidence in speaking up about risks they had identified related to residents' moving and handling, and everyone I spoke with appeared to have the residents' best interests in mind".

We made a recommendation at the last inspection in relation to the management of medicines. We recommended the provider follow manufactures guidance when using medicine patches and that they ensure medical equipment is serviced as per the manufacture's recommendations. We found improvements had been made.

### Using medicines safely

- Medicines were safely managed. Processes were in place for the timely ordering and supply of medicines and medicines administration records (MAR) indicated people received their medicines regularly.
- There were suitable arrangements for storing and disposal of medicines, including medicines requiring extra security.
- Nurses administered medicines. They had received training to support their responsibilities in dispensing medicines and had their competency reviewed.
- Staff were observed taking time supporting people with their medicines. They asked them if they required any pain relief, ensured the person had a drink and stayed until the medicines had been taken.
- Regular medicine audits were completed, where errors or concerns were identified, an action plan was put into place. A lead nurse was working with the GP to implement a safer system for the use and recording of homely medicines at the home.
- The supplying pharmacy had undertaken an inspection of the medicine management at the home on the 21 January 2022 and had not identified any significant concerns. One concern they identified regarding two staff signing handwritten entries on the MAR charts had been actioned and we found all handwritten entries had been double signed.
- A system was in place to ensure emergency equipment, for example a suction and nebuliser machine, was regularly checked and serviced.

#### Staffing and recruitment

- There were enough staff to meet people's care and support needs. The registered manager assessed the required number of care staff, based on a dependency tool, which reflected people's support needs. Since the last inspection staffing in the afternoon had been increased by one member of care staff. This continued to be monitored.
- The registered manager said there had been staffing challenges but praised their team for stepping in and undertaking additional duties when there were gaps in the rota.
- People using the service and staff said staffing levels were good and staff attended to people's requests and needs quickly. Comments included, "Oh the staff are just lovely. Always someone around to help me when I need it" and "Staff never rush me. They always have time for us".
- Safe recruitment procedures were in place. The registered manager carried out pre-employment checks to ensure staff were of good character before they were employed to work at the service.

#### Systems and processes to safeguard people from the risk of abuse

- Everyone we spoke with said they felt safe at the service. Comments included, "The staff are very kind, never short with me; always helpful" and "Yes I am certainly safe here. Staff come quickly to help me. That is reassuring".
- Relatives and professionals felt people were safe from harm and they expressed confidence in the staff and the care provided. Comments included, "We are very happy with the standard of care which my loved one receives at Hamilton Park" and "I have not witnessed any concerning practice during my visits. Our team have no concerns about this service".
- Systems and procedures were in place to protect people from the risk of abuse. Staff had received safeguarding training and knew how to identify abuse. Staff were confident the registered manager would act upon any concerns raised with them and knew external agencies they could approach.
- The registered manager worked with other professionals to make sure people were kept safe. Full investigations were carried out when concerns were raised, and action was taken to protect 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.

#### Visiting in care homes

- The provider had followed all government guidelines to support people to have visitors safely and stay in touch with friends and family.

#### Learning lessons when things go wrong

- Accidents and incidents were reported and recorded correctly. The registered manager reviewed all accidents and incidents to monitor for trends. There were regular discussions with staff about these incidents and any actions arising were addressed promptly. For example, at the previous inspection thickeners used for drinks for people with a choking risk were left on lockers instead of being securely locked away. At this inspection thickeners were securely locked away.
- The registered manager operated an open and transparent culture whereby staff were encouraged to report concerns or safety incidents.
- A professional described how staff had modified a person's food without speaking to speech and language therapy (SLT) first. They added, "Whilst in this instance, the modification was sensible this should have been discussed with SLT prior to action being taken. The staff team appeared to have learnt from this experience as they recently requested a review from physiotherapy prior to making changes to a physio care plan".

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last comprehensive inspection, we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At the last comprehensive inspection, we found areas for improvement included, staff training; the quality and variety of the meals provided and some parts of the premises needed redecoration and refurbishment. We found improvements had been made at this inspection.

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

- The registered manager spoke at length with people considering a permanent move to the service prior to their admission to assess their needs and ensure expectations could be met. Information from these assessments helped to ensure needs and preferences were known and could be met.
- Relative's, where appropriate, were also involved in the assessment and care planning processes. One relative explained the level of personal detail they had shared with staff to ensure their loved one's needs and preferences were understood fully. They added, "I understand it is to try and provide an environment which will help to create more mental stimulation".
- Care and support plans reflected people's support needs. The provider and registered manager used appropriate tools to assess risks and identify people's support needs, which were reviewed regularly.

Staff support: induction, training, skills and experience

- People received care from staff who had the right mix of skills, knowledge, and support to deliver it safely and effectively. Staff received the training they required to meet the needs of people they supported. This included a comprehensive induction programme, which was mapped to the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in health and social care sectors.
- People, relatives and professionals expressed their confidence in the staff team's knowledge and competencies. Comments included, "The staff seem to be well trained. They keep on top of everything. Any concerns are reported" and "We see staff demonstrating competence as referrals are always appropriate. They recognise when people's needs change". One professional described how staff were working closely with a physiotherapist to increase their confidence and competence around implementing a new physiotherapy care plan for one person with complex needs.
- Staff confirmed they had completed a "lot of training". One staff member told us, "The training had been good, a lot to catch up on... feel it is beneficial."
- Registered nurses undertook additional training to ensure they had the knowledge and competence to undertake their role. This included verification of death training, syringe driver training (a small, portable pump that can be used to give you a continuous dose of painkillers and other medicines through a syringe) and venepuncture (taking people's blood).

- Checks were made by the registered manager to ensure nurses working at the service were registered with the Nursing and Midwifery Council (NMC) and registered to practice. The NMC is the regulator for nursing and midwifery professions in the UK. Nurses are required to undertake a revalidation process to demonstrate their competence.

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

- People's dietary needs and preferences were recorded in their care plans and kitchen staff were made aware of their preferences and any special requirements such as modified meals. The cook and staff were knowledgeable about people's nutritional needs.
- People said they enjoyed the food; comments included, "The food is good...I am always given a choice. I like the salads" and "The food not so bad, we are asked every day what we would like. I get what I like". People were able to have their meal wherever they chose. Some people ate in the main dining room, others in the lounge area and some people chose to eat in their bedroom.
- The registered manager had been working with staff to improve the dining experience for people. This included, not rushing the mealtime and taking people's meals to their rooms separately from their dessert, so they were not overwhelmed, and their dessert would not go cold.
- We observed that staff supported people to eat and drink in a relaxed way. People were being shown sample plates of the menu to choose their preference and a dessert trolley was taken around so people could choose their dessert. Staff chatted with people when they were supporting them with eating and drinking. Staff offered people drinks and snacks throughout the inspection.
- There were systems in place to monitor people's food and fluid intake when required.

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

- People were supported to access healthcare services in a timely manner. For example, the GP visited the service every week and reviewed people as required.
- Feedback from professionals was positive. They described good communication with the service, which meant people's changing needs were identified, assessed and additional professional support was sought in a timely way when necessary.
- Comments from professionals included, "Staff have always been friendly and supported therapy assessments/appointments"; "Staff are knowledgeable about folk here. The registered manager knows a lot about the clinical issues for each person" and "The registered manager is not scared to ask questions or challenge us where needed and tells when the service needs help. The registered manager is so open".
- People had care plans detailing the support they needed to maintain and promote their oral health. The registered manager explained most people would not be able to visit the dentist and the domiciliary dental service had ceased some time ago. The registered manager explained that access to emergency treatment was available if required. In the meantime, the registered manager continued to try to source another dental service which would visit people at the home.

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

- The provider was investing significantly and undertaking a lot of work to improve the premises. Several communal areas and bedrooms had been redecorated and new flooring had been laid.
- The installation of a new call bell system had been agreed to improve people's ability to alert staff to their needs and to be able to monitor pressure mats and sensors if required.
- The laundry area had been moved to a much larger space, which provided a safer working environment for staff and enable clean and dirty laundry to be separated. The laundry assistant "We have a good system for laundry now".
- People's bedrooms were personalised with mementos meaningful to them. Following a meeting and

feedback from people living at the service, a new bar area was installed in the lounge for people to enjoy.

Ensuring consent to care and treatment in line with law and guidance

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

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

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

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

- Staff demonstrated good knowledge of the MCA. Staff were observed asking people's consent before any care or support was provided.
- People's care records included capacity assessments where needed and these were regularly reviewed. Where people were assessed as lacking capacity to make a decision, best interest processes were followed and recorded.
- The registered manager understood their responsibilities in relation to DoLS. Appropriate DoLS applications had been applied for if people had their liberties restricted.
- A visiting professional described the registered manager as "a real advocate for people". They explained the registered manager was confident to challenge in a professional and polite way. They added, "This shows a desire for people at the service to get the best possible care".

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last comprehensive inspection, we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

At the last comprehensive inspection, we found people were not always treated as individuals. Improvements were observed at this inspection.

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

- We received consistently positive feedback from people about staff's approach and attitude. People described staff are kind, caring, friendly and helpful. Comments included, "The staff are lovely. They listen to me, help me. I feel lucky to have them"; "The staff are my friends" and "The staff are very considerate".
- Relatives and visiting professionals also shared positive feedback about staff. Comments included, "Interactions between care staff and residents have been caring and encouraging"; "We observe spontaneous conversation and laughter, a focus on valuing the voice of the people who live there and a focus on dignity" and "I am pleased to tell you we are very happy with the standard of care which my loved one receives".
- There was a relaxed atmosphere in the service, and we observed staff chatting genially with people when supporting them and addressing them by their preferred name. It was clear people had developed good relationships with staff.
- One relative shared how staff had supported their loved one following a bereavement. They said, "They were expecting (person's) health to deteriorate due to the grieving but the staff have shown so much support (the person) continues to be happy and healthy".
- We observed many positive interactions between people and staff. We heard friendly exchanges between people and staff and people were not rushed when they were supported with personal care or mealtimes. One person said, "They (staff) are so lovely, so kind. They are always thoughtful".
- A professional said, "I witnessed a very good interaction between a resident and their carer during an emotionally and physically difficult task. The carer was calm, constructive and supportive and the resident really listened to them and was able to then actively participate. The carer asked the resident to lead where appropriate and was able to help them calm when they were getting anxious/frustrated".
- Information on people's past lives was recorded to assist staff to better understand them. Staff and the registered manager demonstrated a good understanding of the people they were supporting.
- Staff had completed diversity and inclusion training to help them have a better understanding of individual needs and preferences.

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

- People living in the service, and where appropriate their relatives, were encouraged to express their views and were involved in making decisions about the care and support they received.

- People said they were confident staff would listen to their requests and preferences. For example, one person told us they enjoyed time in their room and staff respected this. Another person described how staff assisted them with their preferred daily routine. They added, "They (staff) couldn't be better here".
- Care records included person centred information such as people's likes and dislikes, their eating and drinking preferences and their interests and hobbies

#### Respecting and promoting people's privacy, dignity and independence

- Staff supported people in a patient manner and treated people with respect. Staff knocked on people's doors before entering rooms. One person said, "They knock every time; never fail".
- Staff ensured they did not provide personal care in the communal areas and they were discreet when assisting people. People appeared well dressed and groomed, which promoted dignity and self-esteem.
- People were encouraged and supported to maintain their independence. People had the appropriate equipment to promote their independence as appropriate referrals were made to external professionals for advice.

# Is the service responsive?

## Our findings

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

At our last comprehensive inspection, we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

We found improvements were needed at the last comprehensive inspection. This was because some people's care plans did not provide clear, consistent information about their needs and risks. We found improvements had been made.

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

- Care plans reflected people's needs, abilities and preferences. They included any nursing interventions required by staff. These were reviewed regularly which helped to ensure they were current.
- Care plans were individual to people and covered areas that were relevant to them. They included areas such as personal hygiene, mobility, pressure area management, eating and drinking and medication. Feedback from professionals included comments about improved records at the service. One professional said, "We have seen a big improvement in records since the appointment of the registered manager".
- The service provided was responsive to people's needs and preferences. People said routines were flexible and their preferred routine was respected. One person said, "Things are done just the way I like them".
- Staff were aware of people's individual needs and preferences; they said the care records were used regularly and handover provided an opportunity to be updated on any changes to people's care needs. Staff described the improvements to communication with the appointment of the new registered manager and felt they always had up to date information to deliver appropriate care and support.

Meeting people's communication needs

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

- Assessments and care plans were used to identify any care needs in relation to disability, impairment and/or sensory loss. Where people had support needs, a communication care plan was in place on how best to support people.
- The registered manager said alternate formats were available should people, or their relatives require this.
- There was clear signage to help people find communal areas, such as bathrooms and sitting room. Some pictorial boards were used

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 encouraged and supported with their preferred activities, which reflected their interests; whether that was sitting having a chat, reading the newspaper, or joining a planned group activity. For example, one person said they liked to stay in their room but enjoyed a visit from staff for a chat. During the inspection we saw staff take time to do this. Another person said they enjoyed colouring and the staff ensured they had access to the materials they needed to enjoy this activity.
- An enthusiastic activities co-ordinator had been employed since the last inspection and several people spoke positively about them. They had developed a programme of activities which were based on people's interests and preferences. More work was being done with individuals to extend and vary the programme. Weekly activities were clearly advertised so that people could choose what to join in with.
- Reports from visitors and professionals highlighted the staff interactions and activities as an area that had improved. One professional told us about their recent visit, "The visit was uplifting and the home seems to have come alive (since the appointment of the manager)". A relative commented, "They are providing an environment which will help to create more mental stimulation".

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. This was displayed in communal areas and gave clear guidance on how to complain and explained how complaints would be handled.
- The registered manager had dealt with four complaints since starting at the home in January 2022. They had followed the provider's policy and investigated and responded to the complainants to let them know their findings and actions taken. People told us they were confident about raising any concerns if they needed to.
- The service had received several complimentary messages and thank you cards from relatives and professionals. Comments included, "As a visiting professional, the whole team were very open and willing to help me...I was particularly impressed with the level of person-centred information in care plans".

End of life care and support

- No one was receiving end of life care at the time of the inspection, but some people were having palliative care. People's wishes regarding their end of their life care were discussed with them when they felt able to talk about this sensitive subject.
- Treatment Escalation Plans (TEP) were in place, which recorded important decisions about how individuals wanted to be treated if their health deteriorated. This meant people's preferences were known in advance, so they were not subjected to unwanted interventions or admission to hospital at the end of their life, unless this was their choice.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection the provider was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure effective systems and processes were established to monitor and assess the safety and quality of the service, drive improvement and maintain accurate and contemporaneous records.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- Since the last focused inspection, a new manager has been registered with the Care Quality Commission. The registered manager provided clear direction and good leadership. They were very knowledgeable about service, and the people who used the service.
- People using the service, relatives, staff and visiting professionals described the many ways in which the service had improved since the appointment of the registered manager.
- Relatives, staff and professionals told us communication and general organisation had improved greatly. One professional said, "The registered manager has clearly worked tirelessly to make improvements". They added that paperwork had improved, there was more structure and organisation, and staff were able to seek support. A relative said, "The new manager is really friendly and has improved the home even more, everything is so clean and fresh".
- Systems and processes for monitoring quality and safety had improved and were effective. The registered manager had a good oversight of the safety and standards of care delivered. They carried out a range of checks such as dining and nutrition, activities, mental capacity, medicine audits and a robust review of accident and incidents. These checks and audits helped to identify where the service achieved the desired outcome and any areas to improve.
- Staff demonstrated good awareness of their roles and responsibilities. They told the registered manager was very supportive and approachable. Staff said communication across the service was effective and ensured everyone was kept informed.
- Staff had received additional training to ensure they worked safely and confidently with people. They were receiving supervision and appraisals, which provided an opportunity for staff to discuss their work and training needs and receive feedback about their performance.
- Learning from accidents or incidents was used to improve the service. The registered manager had utilised other healthcare professionals to support improvements within the service.

- The registered manager had introduced a "policy of the month" to ensure staff were working with current guidance to deliver the best possible care and support.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager promoted an open and person-centred culture. We received very positive feedback from all those we spoke with about the newly registered manager. Staff, relatives and professionals told us the registered manager always placed people at the centre of everything they did. Comments included, "There is nothing negative I can think of to say about the home. My loved one is just so happy and loves the staff there. We are happy to have this home to support us"; and "There was very closed culture, but this has changed with the registered manager. It is much more open".
- People looked well cared for and staff were observed providing person-centred care. Feedback about the service was consistently positive.
- The registered manager had introduced 'resident of day' 'resident of the day' was used to ensure that people were offered a meaningful opportunity for a care review and to feedback on the service provided.
- Staff felt valued and supported, and were confident people received good care. One member of staff said, "Things are a lot better now, staff are happier than they have been for a long time. The team morale is good. You can speak with the manager at any time. Although she's been here for a short while, she has made a brilliant impact".
- Feedback shared by one professional following their visits included, "The manager has clearly worked tirelessly to make improvements and the feedback from staff was very positive".

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

- People were consulted and involved in the service provided. The registered manager was visible within the service and made themselves available to speak with people, their relatives, visitors and the staff team. People knew the registered manager and felt able to speak with her about any concerns or suggestions. One person said, "Oh she is lovely". Another said, "It is nice here, staff are all lovely."
- The registered manager involved people in a meaningful way and genuinely welcomed feedback. Residents meetings were held to provide an opportunity for people to discuss any changes they might like, including new activities or new menu items. Regular satisfaction surveys were being completed by people using the service and staff. The registered manager reviewed these and actioned any comments.
- To increase people's involvement in the running of the service, the registered manager established the role of a "resident's ambassador". The person in the role had a job description and was able to raise any issues on behalf of other people using the service.
- Relatives told us they had not seen anything to concern them and if they had any issues, they were more than happy to raise these with the registered manager.
- Staff spoke about a positive, person centred culture and family atmosphere. Comments included, "Oh my goodness we've got some wonderful staff. The manager is amazing, she has put so much time in..." and "Everything the manager is doing the residents are at the forefront".
- Staff meetings took place. These offered staff the opportunity to discuss issues arising or raise any concerns they may have had. Staff said the regular meetings improved communication and team work.

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

- The registered manager understood the requirements of the duty of candour, that is, their duty to be honest and open about any incident or accident that had caused or placed a person at risk of harm. They had a log, which identified two concerns in 2022 they had needed to review and share information with

relevant parties. On both concerns they had identified where lessons had been learnt and what would need to be done differently in future incidents.

- Throughout the inspection we found the registered manager to be open, honest and transparent and wanting that to be the culture at the home.

#### Working in partnership with others

- The registered manager clearly understood the importance and benefits of working alongside other professionals. They promoted and encouraged partnership working.
- In their feedback, all professionals remarked on the improved working relationship with the service since the appointment of the registered manager, which greatly benefitted the people using the service. Comments included, "There is such a difference with the manager now. She is linking in with other professionals, engaging with the multidisciplinary team and building relationships with GP. Things have improved massively" and "We have no concerns about this service. Comparing with other services, the attitude towards care and time given to us is more than we have experienced with other services. It is a pleasure to work with them and be greeted with a smile".