DES Healthcare Limited

Bernadette House

Inspection report

The Old Vicarage
South Park
Lincoln
Lincolnshire
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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We carried out this unannounced inspection on 1 October 2018.

Bernadette House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service is registered to provide accommodation and residential care for up to 35 people, including older people and people living with dementia. There were 31 people living in the home at the time of our inspection.

The service can also provide personal support and care for people in their own homes. The registered manager confirmed the service covered the Lincoln city area and surrounding villages. At the time of this inspection there were no people using this part of service.

The service was run by a company who was the registered provider. The service had a registered manager in post who was available at the time of this 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. Like registered providers ('the provider') 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. In this report when we speak both about the company and the registered manager we refer to them as being, 'The registered persons'.

At our last inspection on 3 March 2017 we found that improvements needed to be made to ensure that the service was consistently safe and well-led. We rated each of these parts of the service as 'requires improvement'. Overall, our assessment of the service was 'requires improvement'.

At this inspection we found that the improvements we had identified were needed at our last inspection had been made and that suitable arrangements had been introduced to ensure that the service was safe and being well-led. Given the progress made we revised our assessment of each of these aspects of the service to 'good' and also changed the overall assessment of the service to 'good'.

However, at this inspection we found some peoples care records were not consistently effective in fully confirming all of their individual wishes and how decisions about the way their care was delivered had been agreed. The registered persons have told us about the actions they are taking in relation to this.

There were sufficient staff available and deployed in ways which helped to keep people safe and meet their care and support needs. Staff worked well together in a mutually supportive way and communicated

effectively, internally and externally.

People's medicines were managed safely and staff worked closely with local healthcare services to ensure people had access to any specialist support they required. Systems were in place to ensure effective infection prevention and control.

People were supported by staff who knew how to recognise abuse and how to respond to concerns. Risks in relation to people's daily life were assessed and planned for to protect them from harm. There was evidence of organisational learning from significant incidents and events. Any concerns or complaints were handled effectively.

People were supported to make choices and have control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The registered persons had processes in place which ensured, when needed, they acted in accordance with the Mental Capacity Act 2005 (MCA). This measure is intended to ensure that people are supported to make decisions for themselves. When this is not possible the Act requires that decisions are taken in people's best interests.

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. Through our discussions with staff it was clear they understood the principles of the MCA and demonstrated their awareness of the need to obtain consent before providing care or support to people. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of our inspection, five people who lived at the home were subject to a DoLS authorisation and the registered persons informed us they were awaiting the outcome of a further seven applications which had been submitted to the local authority.

Training and support systems were in place to provide staff with the knowledge and skills required to meet people's needs effectively. Staff worked well together and were kind and attentive in their approach.

The overall physical environment and facilities in the home generally reflected people's requirements and people were provided with a range of food and drink which met their individual needs and preferences.

People were involved in giving their views on how the service was run and there was a range of audit and review systems in place to help monitor and keep improving the quality of the services provided.

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.

Staff were recruited safely.

There were sufficient staff to meet people's care and support needs.

People's risk assessments were reviewed and updated to take account of changes in their needs.

People's medicines were managed safely.

Effective infection prevention and control systems were in place.

There was evidence of organisational learning from significant incidents.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff understood how to support people who lacked the capacity to make decisions for themselves. However, peoples care records did not always clearly confirm all of their individual wishes and how decisions about their care had been agreed.

People had access to the food and drinks of their choice and were supported to access their meals in ways which met their needs and preferences.

People received co-ordinated care when the service worked across organisations and people had received support to meet their on-going healthcare needs.

The environment of the home was appropriate to the needs of people and people's rooms were set out and decorated in the way people preferred.

Is the service caring?

Good

The service was caring.

Staff were caring, kind and compassionate.

Staff respected people's right to privacy and promoted their dignity.

Staff encouraged people to maintain their independence and to exercise choice and control over their lives.

Is the service responsive?

Good

The service was responsive.

People's individual care plans were kept under regular review by staff and reflected peoples current care needs.

People were supported to continue to enjoy, maintain and develop their interests and hobbies through the pursuit of a range of individual and group activities.

People's concerns and complaints were listened and responded to in order to improve the quality of care.

Is the service well-led?

Good

The service was well-led

There was an open culture at the home and people benefited from staff understanding their responsibilities.

Quality checks had been completed and the home worked in partnership with other agencies to promote the delivery of joined up care.

People, their relatives and staff were engaged with and involved in contributing to the on-going development of the service.

There were suitable arrangements to enable the home to keep improving and maintaining their sustainability.

Bernadette House

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 checked 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.

Before the inspection, the registered persons completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the services. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the services that the registered persons are required to tell us about. We also invited feedback from the local authority who contributed to the cost of some of the people who lived in the residential service or who received care at home. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 1 October 2018. The inspection team consisted of three inspectors and the inspection was unannounced.

At our last inspection on 3 March 2017 the service was rated 'Requires Improvement'. At this inspection we found the service had improved and was 'Good'.

In preparation for, and as part of this inspection we reviewed information that we held about the service. This included information the registered persons sent us in their Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service did well and improvements they plan to make.

We reviewed notifications of incidents that the registered persons had sent us since they had been registered with us. These are events that the registered persons are required to tell us about. We also looked at information that had been sent to us by other organisations and agencies such as the local authority who commissioned services from the registered persons and the local authority safeguarding team.

During our inspection we spent time observing how staff provided care for people to help us better understand their experiences of the care they received. In addition, as part of our review of the residential 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 were not able to speak with us.

We spoke with three people who lived in the home, four visiting family members, four care staff, the activity co-ordinator, the cook, the maintenance staff member, the deputy manager and the registered manager.

We looked at a range of documents and written records including the care records related to the needs of five people and five staff recruitment records. We also looked at information relating to the administration of medicines and the registered persons auditing and monitoring of the overall service provision.

Good

Is the service safe?

Our findings

At our last inspection on 3 March 2017 we found that improvements were needed in order to provide us with assurances that the service was consistently safe. This was because people had not always been protected from the risk of avoidable accidents, medicines were not consistently managed in the right way and background checks for new care staff had not always been correctly completed.

At this inspection we found the improvements that were needed at the last inspection had been made and were being sustained.

People we spoke with told us they felt safe living at the home. When we spoke with relatives about their views regarding the safety of the home one family member told us that their loved one had grown in confidence since living at the home and that if they used the buzzer to call for help, staff came immediately.

We asked staff about how the home ensured that people were safe. They told us that they did not restrict people from moving around to reduce the risk of falls, that they recorded incidents and accidents in a detailed way and that a senior member of staff would support them to ensure that issues were recorded accurately. One staff member told us that reporting incidents sometimes led to a risk assessment being undertaken to reduce risks for people using the service.

The care records we looked at included information about any risks care staff had identified as part of the on-going review processes in place. One person told us how they liked to go out into the community to undertake activities and that staff were always available to support them to do this safely and without risk.

When we asked staff about the training they had undertaken, they told us that they had recently undertaken training in manual handling and were shown how to safely use hoists and slings.

We saw that care staff had access to a range of equipment they used to help people move around and receive personal care safely. The equipment included special hoists, wheelchairs, walking aids and bathing equipment. The registered persons had ensured the equipment was checked and serviced regularly so that it was safe for staff to use.

Records showed that the registered manager carried out regular audits of accidents and incidents such as falls. The registered manager told us that analysis of such events enabled them to learn lessons and make improvements to enhance people's safety and welfare. An example of this was how the security arrangements at the main entrance had been upgraded following an incident.

We found that the arrangements for the storage, administration and disposal of people's medicines were in line with good practice and national guidance. Staff we spoke with told us that only senior staff undertook medication administration and that they received training to do this safely.

Detailed information was available for staff on all the medicines in use in the home. Medicines were stored

securely and only accessible to staff who had received the training they had described.

Unused medicines were stored in the medicines room, pending regular collection by the supplying pharmacy. We saw those staff who had responsibility for medicines management maintained an accurate record of the medicines they administered, including prescription creams. Each person's medicine file included an up to date picture of the person so they could be easily identified. Details of any allergies were available to staff so they knew about any related risks.

Daily checks were undertaken and recorded in regard to the temperature of the medicines fridge, whenever this was in use. The registered manager told us how this helped ensure medicines were stored in the right way and were safe to use. Arrangements were also in place to ensure the safe use of any 'controlled drugs' (medicines which are subject to special storage requirements). The registered manager undertook their own monthly medicine audits and confirmed external medicine audits were carried out at regular intervals. The registered manager told us that all of the recommendations from the last external medication audit undertaken in May 2018 had been completed.

During our inspection we noted the flooring in the medication storage room needed attention in relation to infection control. The registered manager took immediate action in relation to this and provided clear information following our inspection to confirm the issues we identified had been fully addressed.

The registered persons followed safe recruitment processes. There were procedures in place which ensured staff were recruited safely and were suitable to work with the people who lived in the home. We reviewed recruitment information related to five staff and saw that references had been obtained, application forms had been completed and Disclosure and Barring Service (DBS) checks had been carried out. The registered manager had also developed a process to ensure people who lived in the home were involved in the recruitment of new staff when they wished to be.

We noted that some of the staff at the home were related to each other. The registered persons had a policy which described how they managed any potential risks associated with relatives who did work together. They told us how they used their rota planning to deploy staff who were related on different shifts wherever possible.

Duty rotas were clear and showed working patterns of managers, care staff and ancillary staff. They included the management on-call rota which provided staff with support outside office hours. The registered manager told us they had recruited a bank of staff members who were only required to work as and when they were needed, for example to cover absences. They had also developed working relationships with two care agencies who could provide staff cover if required. A relative told us they had noticed a clear improvement in staffing levels over the past year which meant people did not have to wait for support for any length of time.

Staffing levels and staff deployment were kept under daily review using staff handover meetings and care review processes. Care staff we spoke with told us the handover meetings helped them identify any increases in care needs for people.

Staff we spoke with also told us that they knew about safeguarding, had completed training and were aware of the local authority safeguarding procedures and how to access these if they needed to. We knew from our records and information received from other agencies that the registered persons had responded appropriately when any concerns had been raised.

Staff also told us about their understanding of whistle blowing. Whistle blowing is the process for raising concerns about poor practices. They described how they would speak to the registered manager or the deputy manager if they had a concern, but that if they ever had any concerns about the registered manager or the deputy that they would feel confident enough to speak with the owner of the home direct and knew about the external agencies they could also report any concerns to.

The registered manager told us how they kept the environment maintained through the checks they and the staff team undertook and through the support of a maintenance staff member who told us about how they responded to any maintenance work required.

The registered persons had also maintained an emergency contingency plan for the home so that they and care staff would know what to do to keep people safe in the event of any emergency which may occur and people needed to be evacuated from the home.

We observed the home was clean and odour free and the registered manager had effective systems for infection prevention and control in place. Throughout our inspection we observed care staff correctly followed safe infection control practices. This included care staff putting on gloves and aprons before they carried out specific personal care tasks with people. Cleaning schedules were maintained to show how regular cleaning of the home and people's rooms took place. The registered manager also told us they developed their own and staff learning through input from one of the staff team who acted as the home 'Infection control lead'.

Records of audits in relation to housekeeping and infection control had identified that a specific make of anti-bacterial spray was not as effective as they needed it to be and this led to a more effective product being put into use.

Requires Improvement

Is the service effective?

Our findings

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and through our discussions with them they demonstrated they understood the importance of obtaining consent before providing care or support to people. The 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. The registered manager told us they made use of mental capacity and best interest's decision-making processes to support people who had lost capacity to make some significant decisions for themselves. Where appropriate these had been recorded in most people's care records.

However, when we looked at the care records for four people who were sharing rooms at the home there was insufficient information about the processes used to help them make their decision to share a room. The Information in the care records included information about how people sharing a room had preferences and or care needs in the evening which could possibly impact negatively upon the other person sharing the room with them. In addition, the care records we looked at did not describe the strategy required to reduce negative impact upon the persons health and wellbeing. We discussed this with the registered manager who agreed to immediately review the current situation with the individuals and their families and would begin the process of reviewing the arrangements in place.

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). At the time of our inspection, two people were subject to a DoLS authorisation in order to keep them safe. The registered persons also confirmed they also had also submitted seven DoLS applications which were pending approval from the local authority.

People and family members we spoke with told us that staff had the right knowledge and skills to meet their needs effectively. One person said, "The staff know what they are doing and I think they are good at their jobs." A relative told us that the health of their loved one had been declining before living at the home, but that since moving in, their health had not deteriorated further and had now stabilised.

Staff were provided with induction, ongoing training and support to develop their skills and knowledge. For example, training records showed that all staff had completed an induction programme when they started work at the home. When we asked staff about their induction they told us that they were given the opportunity to shadow more experienced members of the staff team before working alone with people living at the home. They also told us that they were given the opportunity to read care plans before supporting people so they fully understood their needs.

We spoke with staff about the training that they received, one staff member told us that they had never worked in care before working at the home, but that in addition to being provided with a comprehensive induction they had received on-going training in health and safety and moving and handling. They told us

that the home had recently invested in more training for the staff and that most of the training they received was delivered in person by a trainer or the registered manager. They also described how the registered manager or other senior members of the team would undertake observations of competency. One staff member told us that the registered manager had recently observed them undertaking personal care and supporting a person with their needs and that good practice or areas for improvement were always discussed following the observation.

The registered persons had maintained a record of each staff member's annual training requirements and organised a range of courses which had been identified to ensure people's needs could be met in the right way. This included key subjects, such as how to support people who experienced memory loss and who lived with dementia. One staff member told us the dementia training they had received had helped them, "Understand that a person with dementia can make choices and that you shouldn't take choice away from people."

The on-going training programme for all staff included topics such as keeping people safe, fluid and nutrition, health and safety, medicines management and moving and handling people. New staff were supported to complete the Care Certificate whilst working under supervision. Care staff told us and records confirmed they had also been supported to obtain nationally recognised qualifications in care.

The registered manager had developed a new training matrix which had identified that some staff were behind with their update training plan. One of the areas we noted was in relation to person-centred training. An action plan was in place to ensure this was in the process of being rectified.

Senior care staff had regular shifts rostered to work as care staff. The registered manager told us this enabled them to maintain a clear overview of how the teams worked and there were systems in place to support staff through individual and group supervision sessions and observed practice by senior staff members. We saw that these sessions were recorded and those records kept in staff personnel files. As part of this process the registered manager had identified members of staff to act as a learning and support lead resource for other staff in areas such as dignity and respect, infection control, dementia awareness and keeping people safe.

People we spoke with told us they enjoyed the food provided in the home. One person said, "I have enjoyed the main meal and the sweet is good too." We saw that the person had a person-centred profile which described their favourite foods as omelettes and quiche. When we asked the person about the food they ate, they confirmed that they regularly eat omelettes and quiche. They also told us that if they didn't like what was on the menu they could ask for something else.

A relative told us the food was good and that they had regular opportunities to try the food themselves, having been actively encouraged by the staff at the home to sample it. They also told us that the home provided their family member with a fortified milkshake which helped them maintain a healthy weight.

We saw kitchen staff had prepared menus for the dining tables so that people knew what foods were available to them. They also had clear and accessible picture menus for those people who needed more support to make their choices.

Kitchen staff demonstrated they had a clear knowledge of people's likes and dislikes and said that care staff updated them if preferences or dietary needs changed. Information was also available to guide the kitchen staff in relation to any dietary risks associated with the menus they produced and how food was presented.

Records also showed that kitchen staff followed good practice guidance with regard to food hygiene and the home had recently been awarded the highest food hygiene star rating from the local Environmental Health Officer.

From talking to people and looking at their care records, we could see that their healthcare needs were being monitored and checked regularly. Any additional needs were being followed up by the registered persons and supported through the involvement of a broad range of external health professionals including GPs, district nurses and healthcare therapists. A relative told us that staff had responded quickly and efficiently when their loved one had experienced a health issue. They said staff had worked closely with specialist health professionals to make sure the care they provided the right care. They also said staff had kept them fully informed about their loved one's progress. Another relative told us that their family member had developed a cough and when they informed the deputy manager a doctor was called out immediately.

We also found the registered persons had given consideration to ensuring the physical environment and facilities in the home reflected people's needs and requirements. Toilets and other communal facilities in the home were clearly sign-posted to assist people and visitors in finding their way around.

Good

Is the service caring?

Our findings

People and relatives told us they felt staff were caring in their approach to meeting their needs and in their communications with them. One person told us that the staff were always polite and respectful.

A relative told us how they and they family member were supported to personalise their room and make it homelier. They went on to say. "The staff team are calm and patient and what you witness while you are here is what they [Staff] behave like all the time – not just because you are here." The relative also commented that the activities co-ordinator was "seriously good."

Another relative told us about the activities available at the home and said that their relative was very stimulated and that the activities coordinator was very good. They told us that they are actively encouraged to visit the home, get involved and eat with their family member at mealtimes. They stated that they would "unreservedly" recommend the home to others.

When we asked one of the staff what they were most proud of they told us, "I am proud of my caring side and the patience we have as a team. We always try our best."

Two visitors we spoke with told us that they felt very welcome when they visited the home. They added that staff were always respectful and friendly towards them and the people who lived in the home. Both visitors commented on how staff took time to support people to maintain a well-groomed appearance and ensure they were comfortable throughout the day.

As part of our inspection we undertook some observations of interactions between care staff and people in the dining room during the lunch time period. We saw positive interactions between staff and people which were friendly and person centred. Several people chatted happily between themselves whilst they were eating lunch. We saw staff helping people to eat their lunch and enquiring if they needed any help or support. We also observed the chef come into the dining area to ask people if they enjoyed their main course and dessert and that staff regularly asked if people wanted any more food and drink.

Throughout our inspection we noted staff ensured people were treated with kindness and that they were given emotional support when needed. Examples of this included when and how care staff communicated with people. We noted staff always waited till the person was available to speak with. If needed staff also ensured they were careful to place themselves physically at the level of the person so they could talk directly with them. We observed this approach had a positive effect on how communication worked and saw a number of interactive and reassuring conversations taking place in different parts of the home.

A relative we spoke with described the process they went through when deciding upon the right care home for their family member. They told us that it was a big decision, and that the deciding factor when choosing the home was based on the interaction between the staff and people who lived there. The relative told us about one interaction where they saw a staff member sensitively mirroring the behaviour of a person to calm them and stated that they thought to themselves "Now there's a carer that cares". They described how

it took only one week for their relative to feel settled and at home and credited the registered manager and the team for this. They stated that their family member was better living at the home than at home with them and that their health and wellbeing had improved since living there. They described their relatives increased motivation to get up and out of bed in the morning, they said that this was, "Down to the way it (the home) is run". They went on to say, "Given the choice of care at home or care here, I'd choose here, I have complete faith."

The registered manager told us and we also saw how care staff promoted people's privacy, dignity and independence. People had their own bedrooms that they had been encouraged to furnish and make their own personal space. One person we spoke with told us they would like to have a key to their room so they could lock their door when they went out. With the persons permission we spoke with the registered manager about their request. They confirmed a key was available and ensured the person had access to this. The registered manager also told us she would update care records to ensure they reflected when people wanted access to their own room key.

Staff recognised the importance of not intruding into people's private space by knocking and waiting for permission before going into bedrooms, toilets and bathrooms. In addition, we noted that care staff were discreet when providing close personal care by carefully checking and closing toilet and bathroom doors when they assisted people with personal care or if the rooms were in use by people who had chosen to be independent.

During our inspection visit we observed one example of inappropriate language being used by staff when they spoke with us about people. Whilst this did not have a direct impact on people and there was no malicious intent we were concerned about the need for this to be addressed. When we discussed the example with the registered manager they welcomed our feedback and told us about the actions they would be taking to address these.

We found that people could speak with relatives and meet with health and social care professionals in private if this was their wish. In addition, we noted that care staff had assisted people to maintain their family relationships and keep in touch with their relatives by post, telephone and through the use of any personal electronic devices people had access to.

Wherever possible, people had also been supported to express their views and be actively involved in making decisions about their care and treatment. Most people had family and friends who could support them to express their preferences. Records showed and relatives confirmed that the registered manager had encouraged their involvement by liaising with them on a regular basis. In addition we saw information about local lay advocacy services was available for people to access in the home. Lay advocacy services are independent of the service and the local authority and if needed can support people to communicate their decisions and wishes. The registered manager told us told they would not hesitate to help someone access the services of a lay advocate, should this be necessary at any time it was needed.

The registered persons were also aware of the importance of maintaining confidentiality in relation to people's personal information. When administering medicines a senior member of staff demonstrated respect for people's privacy by speaking with them in private or in lowered voice tones about their medicines. They discussed with people if they needed medicines that were prescribed to be taken only when necessary before dispensing them. They also demonstrated a clear understanding of how each person preferred to receive their medicines and stayed with the person until they had taken them.

People's main care plan records were stored securely and computers the registered persons used to store

confidential information were password protected. The registered persons had also provided staff with additional guidance to ensure they did not disclose people's personal, confidential information in their use of technology including electronic communications and social media platforms.

Good

Is the service responsive?

Our findings

People and relatives told us they felt the registered manager and staff were responsive to their needs. A relative told us, "If you ask for anything they do it straight away". They described how their family member when they arrived at the home was lacking confidence regarding their mobility. They said that they asked for a sensor mat so that staff would be alerted and aware their family member was moving around, they said that this was done immediately and without delay and has resulted in their family member gaining confidence and mobilising themselves more often.

If someone was interested in moving into the home, the registered manager told us they, or another senior member of staff normally visited them personally to carry out a pre-admission assessment to make sure the registered persons could meet all of their needs including communication needs.

As part of this process we saw information about what was provided at the home was shared with people and the registered manager confirmed if needed it was accessible to people in different formats, for example in large print or braille for people who needed it. This meant people would be able to understand what the service did and how care was provided. During our inspection visit we saw information about how the home operated and services provided was also accessible to people who lived there and any visitors to the home. This included the homes food menus which were available in picture format. This demonstrated that the provider ensured people were protected under the Accessible Information Standard which applies to people who have information or communication needs relating to a disability, impairment or sensory loss.

Care records we looked at were clear, well structured so information was easy to locate and clear and relevant to the needs of people who lived at the home. We found that the records were also regularly reviewed and updated where people needs changed. The registered manager told us and records we looked at showed how people were supported at the end of their life to have a comfortable, dignified and pain-free death. The registered manager described how care records had been reviewed to reflect people's change in need as they neared the end of their life and information showed measures had been taken to ensure medicine was available to support any distress or pain.

When we looked around the home we saw it had been decorated to create a homely feel, with paintings by people on the walls and reminiscence items which staff told us were used for discussion topics. We also saw that there was an area that had been made to look like a bus stop with a bench for people to use to remind them of visits, trips and holidays.

There was a clear system in place for the provision of stimulating activities that people could take part in. Activities on offer included pet therapy, exercise classes, 'singing for memory' sessions and trips out. We also saw that themed activities such as harvest time reminiscence and a McMillan coffee morning were planned. On the day of the inspection people were engaging in 'Lincolnshire Day' celebrations and were enjoying a finger buffet of traditional local foods.

A relative told us that there was a "visible" improvement in the way people were supported to engage in meaningful activities. They said, "There's always something going on, the new activity lady has really made a difference."

We spoke to the activities co-ordinator who told us about the range of activities available for the people living at the home, they described how they would involve the people in choosing activities, and that the most important thing to do was to get to know people and find out what they could do rather than could not do. The co-ordinator described how they put on events to involve people's families & friends and that often these would be undertaken at the weekend so that people who worked during the week could join in.

On the day of our inspection visit, the staff were having a themed event called, 'Lincolnshire Day.' The staff were wearing items of yellow clothing (In reference the Lincolnshire Yellow Belly) and had a range of Lincolnshire cuisine such as plumb bread and various Lincolnshire cheeses available for people to choose from.

We asked people living at the home about their hobbies and interests, one person told us that they went out to watch Lincoln City Football Club when they were playing at home, that they went to the cinema almost every week and that they also went on outings to places like Skegness and a local visitors centre which displayed information about the history of the second world war. The person told us that the staff at the home asked them what they wanted to do saying, "I tell them and we plan lots of things."

There were arrangements in place to make sure that people's concerns and complaints were listened and responded to in order to keep improving the quality of care provided at the home. Two visitors told us they felt very comfortable to raise issues or concerns with any member of staff including the registered manager. One visitor said staff were "all very approachable." Both visitors had seen the complaints policy which was available at the main entrance to the home. The registered manager told us and we saw that there was a suggestions/concerns box at the main entrance to the home for anyone who wished to raise an issue anonymously. When any concerns had been raised records showed issues had been responded to and if needed investigated.

Good

Is the service well-led?

Our findings

At our last inspection on 3 March 2017 we found that improvements were needed in order to provide us with assurances that the service was always being well-led. This was because quality checks had not always resulted in problems in the running of the service being quickly put right.

At this inspection we found improvements had been made.

People and relatives, told us they felt the home was well-led. A relative commented that they were, "Seriously impressed with this place, it is brilliant to be fair." They also told us "Management here are fantastic. I've seen that with everyone they treat them as people – like friends"

There was a registered manager in post who demonstrated that they understood the requirements of their role. As part of our inspection our inspection we noted the report and rating from our previous inspection was on display in the home, and on the registered person's website as required by law. The registered persons had also correctly informed us about significant events that occurred within the home which had an impact on the people who lived there.

The registered manager held daily meetings with senior staff to make sure that information was discussed and communicated in a timely and effective manner. The meetings included topics such as staffing levels, new admissions, incident records and people's health needs. This also enabled the registered manager to maintain a clear overview of day to day issues within the home.

The registered manager told us it was important to support staff and recognise any achievements they had made and that staff at the home had recently been nominated for care awards and one staff member told us that the registered manager had implemented an employee of the month award and that they had been awarded this twice. They told us that the registered manager would issue a certificate, a small gift and recognised the award in the monthly newsletter.

We found that the registered persons had established suitable arrangements to enable the staff team to maintain and further develop their learning. This included members of staff being provided with written policies and procedures that were designed to give them up to date guidance about their respective roles.

When we asked staff about how they were supported to share ideas and best practice, they told us that the registered manager had an approach based on the on-going improvement of the service. One staff member told us about a medication incident where a mistake was made, they told us how the matter was reported and how they were fully supported by the registered manager to identify what had gone wrong and to learn from this process so that any risks could be eliminated. They told us they were, "Committed to learning from it."

Records showed that care staff attended regular staff meetings at which they reviewed how well the service was meeting people's individual needs and how it could be further developed. Staff and relatives also told

us the owner of the home attended the home regularly and was interested in receiving feedback, was approachable and that she knew people, relatives and staff by their names.

We found that the registered persons had worked in partnership with other agencies. There were a number of examples to confirm that the registered persons recognised the importance of ensuring that people received 'joined-up' care. These involved the registered persons liaising with external health and social care professionals and when needed, working with commissioners of the services they provided, keeping them updated regarding the improvements they had made and were making.

Staff told us and records showed that information about peoples care needs and any changes to these were handed over between care staff leaders from one shift to the next. This helped to ensure that people's changing needs were identified so that they received all of the care they needed. Furthermore, there were arrangements in place to ensure that either the registered manager or appropriate designated senior staff cover were always 'on call' if care staff needed advice out of office hours.

Records showed that environmental risk assessments had been regularly reviewed and updated. They also showed regular servicing and maintenance was carried out for equipment such as hoists, gas and electrical systems.

We found there were systems in place to check the quality of the service that people received. Regular audits were recorded for topics such as kitchen and food management, medicines management, housekeeping arrangements and care planning. The registered manager also conducted regular observational checks for topics such as staff appearance and attitudes, building maintenance and cleanliness of the home. These checks included night time visits to monitor that people's preferred routines were being followed.

An example of how quality checks had led to improvements was seen in the April 2018 care plan audit where it was highlighted that staff needed more information about the requirements of the keyworker role. The registered manager subsequently developed a job specification that is now embedded in the staff induction programme. A senior care worker was identified to act as a 'keyworker champion' so that staff had on-going support to maintain their role effectively. We also saw an example of how people who lived in the home were involved in quality checks which led to change. During regular food quality and flavour audits people had remarked that a specific variety of food lacked flavour so they were involved in choosing a more flavoursome alternative.

We asked people how they were involved in making suggestions to improve the home. One person told us that the staff often bring surveys to complete and that they could tell them about how to improve. The person said, "I am happy to say what I think because they do take notice of me."

The registered manager told us they carried out the surveys to gather people's views about the service they received and the views of their families and visitors. The results of the March 2018 survey were clearly displayed in the home so that people could see the outcomes. The survey was designed around the five key questions we ask about care services. The survey showed positive responses for all key questions.