

Four Seasons (No 11) Limited Ladyville Lodge

Inspection report

Fern Lane
North Ockendon
Upminster
Essex
RM14 3PR

Tel: 01708855982
Website: www.fshc.co.uk

Date of inspection visit:
13 November 2018

Date of publication:
17 December 2018

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

We carried out an unannounced inspection of this service on 13 November 2018. Ladyville Lodge provides accommodation and nursing care for up to 38 older people who have nursing or dementia care needs. At the time of our inspection 34 people were living at the service.

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

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

At our last inspection on 26 September 2017 the service was rated 'Requires Improvement'. We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found inconsistent practices in relation to infection control and the maintenance of equipment. At this inspection we found that this breach had been addressed. Therefore, we rated the service as 'Good.'

People using the service and their relatives said they felt the service provided safe care and treatment. People were protected from the risk of infection. There were procedures in place to protect people from harm and staff were clear on how to recognise and report abuse. The service assessed and managed risks to people in a way that considered their individual needs. We found that 'personal emergency evacuation plans' (PEEP) were not readily available; a recommendation was made for the provider to ensure they follow best practice guidelines to keep people safe at all times. Recruitment systems were robust and staff had been recruited safely with appropriate checks on their backgrounds. There were sufficient numbers of staff employed by the service. The service managed medicines safely. Accidents and incidents were evaluated to continuously improve.

The service completed pre-admission assessments to ensure the service could offer them the best support. Staff received a thorough induction, undertook regular training and received regular supervision to enable them to feel supported to provide effective care. People were encouraged to live a healthy lifestyle and received holistic support from various health and social care professionals. The service had been designed and adapted with people's preferences and support needs in mind. Staff understood the Mental Capacity Act 2005 (MCA) and gained consent before providing care and support. MCA is law protecting people who are unable to make decisions for themselves and where people were not able to do this, the appropriate authorisation procedures had been completed. These are referred to as the Deprivation of Liberty Safeguards (DoLS).

People were protected from potential discrimination and staff understood the principles of equality and

diversity. However, there was no information available about people's sexuality or relationships. A recommendation was made for the provider to ensure they follow best practice guidelines and support people to safely express their needs and receive safe care.

People and their relatives told us staff treated people with dignity and respect and confidentiality was maintained. People were supported to be as independent as possible. People and their relatives felt involved in the running of the service and could have an input into the care and support provided.

Each person had an individual care plan that reflected their support needs and were regularly reviewed. The service held a variety of meaningful activities to ensure people were engaged. The service welcomed people raising any issues they might have about the service and there were systems in place to respond to all complaints. The service supported people with their end of life wishes.

Staff felt valued and supported by the registered manager who was approachable and knowledgeable. The service demonstrated an open and supportive culture. Feedback was gathered from people, relatives, health and social care professionals and staff to assess, monitor and improve the quality of the service. Regular audits and spot checks were carried out to ensure people were receiving safe and effective care and support. The registered manager received support at provide level to ensure the service was well-led.

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.

There were systems in place to reduce the spread of infection.

Staff were aware of safeguarding procedures and knew how to identify and report abuse.

Risk assessments were in place which kept people safe from potential harm.

Staffing levels were appropriate and staff had been recruited in a safe manner.

Medicines were managed safely.

The service monitored accidents and incidents and learnt lessons to keep people safe.

Is the service effective?

Good ●

The service was effective.

Pre-admission assessments were completed to ensure people's needs could be met.

Staff received a detailed induction and regular training to ensure they could carry out their roles effectively.

Staff were supported through regular supervisions and appraisals.

People were supported to stay healthy and access health and social care professionals.

The service had been adapted to meet people's needs.

The service was working in line with the legal requirements of the Mental Capacity Act 2005 and staff gained consent before providing care and support.

Is the service caring?

Good ●

The service was caring.

Staff were kind and provided emotional support to people.

People were protected from discrimination.

People's privacy and dignity was respected.

People were encouraged to maintain their independence.

People and their relatives were involved making decisions about care.

Is the service responsive?

Good ●

The service was responsive.

Staff understood people's support needs and provided person-centered care.

People were encouraged to engage in activities.

Care plans were regularly reviewed to reflect people's changing support needs.

The service responded to all complaints.

The service supported people at the end of their life and took into consideration their wishes.

Is the service well-led?

Good ●

The service was well-led.

People, relatives and staff felt supported by the management team.

People, relatives and staff had opportunities to provide feedback about the service.

The service worked well with other health and social care professionals to provide holistic care and support.

The service had robust quality assurance systems in place.

The manager felt supported at a provider level.

Ladyville Lodge

Detailed findings

Background to this inspection

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

We carried out an inspection of Ladyville Lodge on 13 November 2018. This inspection was unannounced and carried out by one inspector and one CQC colleague from legal services.

Before the inspection we reviewed relevant information that we held about the service. This included the previous inspection report, and notifications we had received. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law. We contacted other health and social care professionals for their feedback. We used information the provider sent us in the 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 does well and improvements they plan to make.

During the inspection we spoke with 11 people who used the service and two relatives. We spoke with ten staff members, including the registered manager, the chef, the activities co-ordinator and care staff. We also spoke with one health and social care professional.

We reviewed documents and records that related to people's care and the management of the service including three care plans, four staff files, the staff rota, four Medicine Administration Records and service audits.

We also undertook general observations of people and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection we received additional documents to review including the business plan and policies and procedures.

Is the service safe?

Our findings

During our previous inspection on 26 September 2017 we identified a breach of Regulation 12 of the Health and Social Care Act 2008 Regulated Activities Regulations. We found inconsistent practices in relation to infection control and to the maintenance of equipment. During this inspection we found this breach had been addressed.

We found the home to appear clean and well looked after. People told us they were happy with the cleanliness of the home. One person told us, "Oh yes, my bedroom is nice and clean. If it wasn't [staff] would sort it." The registered manager told us, "We have put more hand sanitisers around the home, we spoke to staff and reminded them [about infection control]." Staff told us they were provided with resources to keep the service clean and reduce the risk of infection. One staff member said, "Always have hand sanitiser, gloves, uniform. The home is clean." We saw records of a cleaning schedule and saw that staff inspected the service daily for cleanliness.

The registered manager also advised us that all electrical equipment was audited annually. They said, "We have an external company doing our PAT testing. After the previous inspection, with immediate effect I got them to come back out and re-assess everything that needed to be done." Records confirmed all Portable appliance testing (PAT) testing had been done for this year. PAT testing is done to ensure all electrical appliances and equipment are safe to use.

Records confirmed that all moving and handling equipment was audited monthly by a designated staff member and re-audited by the registered manager. We also saw records to confirm that every 6 months all moving and handling equipment was inspected by an independent company.

People and relatives told us they felt safe living at Ladyville Lodge. One person told us, "I never feel worried." A relative told us about their loved one who had been moved from a previous service due to a decline in their health and concerns raised about safe care and treatment; they said, "This home saved [person's] life." Since living at this service this person has not experienced similar problems. This demonstrated the service could keep people safe from harm and keep them well.

Staff demonstrated an understanding of safeguarding and how to keep people safe from potential harm or abuse. One staff member said their role was, "Making sure the residents are not being neglected and are being cared for in the best way possible." Another staff member told us, if they suspected abuse was happening, they would, "Talk to the manager straight away and tell them, if the manager didn't listen I would go somewhere higher." The registered manager told us, "I want the best for the residents, to make sure people are safe."

The service had a safeguarding log in place that was reviewed monthly by the registered manager. We reviewed last month's log and saw an example of a safeguarding alert that had been raised for a person who fell. All appropriate actions had been taken to ensure lessons were learnt and the person was safe. This demonstrated that the service was doing all that was possible to keep people safe from potential harm or

abuse.

Individual risk assessments were in place and were being reviewed weekly or as and when a person's need changed. These covered topics such as communication, hearing and sight, mobility needs and personal hygiene. Mobility risk assessments asked if people were independently mobile and able to weight bear. One person's risk assessment said, "[Person] is checked regularly to ensure [person] is comfortable." Records confirmed hourly checks were taking place and this person was being supported with their repositioning to avoid damage to their skin. Another person's risk assessment said, "[Person] needs full hoist for transfer operated by two staff."

We saw the service had a 'moving and handling' folder that provided picture and written guidance to staff about how to use the different types of equipment for individual manoeuvres. Records confirmed that all staff were compliant with their moving and handling training. This demonstrated that people were being supported to manage their risks and keep them safe from potential harm.

The service had a 'personal emergency evacuation plan' (PEEP) in place for each person. These answered questions about if the person's door was fitted with a lock or if a person smoked. These would enable emergency services and staff to work well together to ensure people could be safely evacuated from the service in the event of an emergency. However, during the inspection staff were unable to locate the PEEP's and we were told they had recently been moved as part of a provider level audit. The registered manager found them later in the day. This meant that in the event of an emergency staff would have been unable to produce essential documents to support the emergency services with a safe evacuation. We recommend that the provider follows best practice guidelines to ensure people are safe in the event of an emergency.

We observed staff supporting people promptly meaning they did not have to wait to have their needs met. The service used a dependency tool to determine the amount of staff they needed to provide adequate support to people. One staff member told us, "I have no concerns [about staff levels], we all work together as a team." We spoke with the visiting doctor who said, "[The service has] very stable staff." The registered manager told us, "If staff can't support the person with their needs straight away they are at least reassured that someone is on the way." This showed that people were receiving support from staff in a timely manner to ensure they were safe and well.

Staff records showed that pre-employment checks had been completed. This ensured staff were suitable for the role of providing care and support to people. The Disclosure and Barring Service (DBS) is a criminal record check that helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable people. Pre-employment checks such as DBS checks, references, employment history and proof of the person's identity had been carried out as part of the recruitment process. This meant that the service could be assured that staff employed were of good character and suitable to carry out the role to ensure people always received safe care.

Care plans included information about people's medicines and medicine reviews were being completed regularly. One person's medicine review said, '[Person] needs assistance with taking [person's] medication to promote health and wellbeing.'

We saw that all staff had received medicines training and they told us that they were confident with supporting people to take their medicines. One staff member said, "I have had training, I am happy [administering medicines]." We spoke with the visiting Doctor about how medicines were managed within the service; they said, "I do not have any problems with staff. They are good at following instructions, they have the full view and are always prepared. No concerns have ever come up."

We observed a medicine round and found that people were asked how they were, if they would like a drink with their medicines, and were guided through the process by being told what their medicines were for and how they should be taken. The staff member then stayed with people afterwards for a few minutes to offer reassurance and make sure they were comfortable.

Medicines were kept securely in a locked treatment room. The treatment room and the fridge temperatures were checked daily to ensure medicines were stored at the appropriate temperature. Any medicine that was opened had the date recorded so it could be disposed of within the correct timeframe. Controlled drugs were securely locked away and a nurse and clinical lead counted these at the start of every shift. Controlled drugs are medicines which are more liable to be misused and therefore need close monitoring. This showed the service had robust systems in place to manage the safe storage medicines and ensure people were receiving their medicines in a safe way.

Medicine Administration Charts (MAR) included details on how to administer individual medicines, the person's medical diagnosis and allergies. MAR charts were audited weekly by the management team. The registered manager also told us that medicines were audited as part of performance spot checks and audits. We also saw records to confirm that the service had recently had a pharmacy audit, which was satisfactory and no actions were recorded. This demonstrated that people were supported to receive their medicines in a safe way.

Records had been kept of accidents and incidents which detailed the incident and the action that had been taken. The registered manager told us that they always analysed incidents to ensure lessons were learnt and to minimise the risk of re-occurrence. The registered manager said, "We had one incident where an agency staff tried to move someone inappropriately, the person was okay." The registered manager told us this was a lesson learnt about using agency staff as, "They don't know the residents. We have had the same couple of [agency] nurses now for the last few months, they know the residents. It is better." The registered manager advised these two agency staff are familiar with people living at the service and work full-time, and they do not use agency staff in any other capacity. This demonstrated a culture of continuous improvement to ensure people received high quality and safe care and support.

Is the service effective?

Our findings

People and relatives told us they felt staff provided effective care and support. One person said, "The staff are very good, they are all most helpful." Another person said, "[Staff] are efficient." One relative told us, "[Person] has good care. Some staff are stunning."

The service completed pre-admission assessments to ensure that they could offer the best support to people. This identified information about people's health and support needs and peoples likes, dislikes, medicines, their life history and communication needs.

Staff told us they received an induction into the service before being able to work independently. One staff member said, "It was really good, I shadowed, I learnt how the paperwork works, I got shown the fire health and safety stuff and the care plans. I had my manual handling training before I started." The registered manager said, "Some [staff] take three or four weeks, but the minimum is two, they tell us when they are ready. The first two-week process is getting to know the residents. They read all the care plans. The handovers have each person's diagnosis on them. Staff sit in on this." Records confirmed new staff had completed their induction.

Staff said they felt supported by their manager and received regular supervision and an appraisal. Records confirmed that supervisions did take place. We reviewed staff supervisions and appraisals and found they looked at topics including infection control, documentation and job satisfaction.

The service provided ongoing training to all staff to ensure they could provide effective care and support. One staff member said, "I have done first aid, CPR, safeguarding, food hygiene, health and safety. We did dementia, it made me think more about the way I address people. I understand [people's] behaviour more." We reviewed the training matrix which confirmed that staff were compliant with essential training required to provide effective care and support to people, including understanding dementia, life support, moving and handling and using bed rails.

The service supported people to keep hydrated and have a healthy, balanced diet as well as support people to eat foods they liked. One person told us, "The food is good, I am very happy with it. The chef is excellent." Another person said, "Oh yes we always have a great breakfast." During lunch and throughout the day people were observed to have access to drinks, alcoholic and soft, and various snacks. We saw one person have some cake and fresh fruit in the late afternoon.

We spoke to the chef who showed us a list kept in the kitchen of people's individual dietary needs and preferences. They told us, "Once every few months we meet with the manager and the clinical lead and review all people's needs, their preferences and allergies." The chef gave an example of one person's preference; "[Person] likes salads, always has this and is happy with their routine, rather than things off the main menu." The registered manager told us, "We tailor the menu, [people] choose what they want to eat and when."

Care plans detailed people's dietary needs and preferences. We also saw evidence of people, where appropriate, having choking risk assessments in place, monthly weight charts, referrals to Speech and Language Therapists (SALT) and oral assessments. One person's care plan said, '[Person] to be encouraged to have a well-balanced diet and optimum hydration to help reduce the risk of constipation and UTIs.' Another person's care plan said, '[Person] has lost weight in the past month this is due to a reduced calorie intake as advised by GP in best interest.'

The service worked well with other health and social care professionals to ensure people received the best quality of support. Staff spoke positively about working with the doctor. One staff member said, "It is amazing, families can come on a surgery day and we can record any concerns throughout the week that can get looked at." Care plans contained up to date details and records of referrals for health and social care professionals.

During the inspection we met with the doctor, who visited the service once a week. During their visit they were provided with a list of people who needed reviewing, that had been completed by staff throughout the week. They told us they did medicine reviews of all people in the home every two to three months and reviewed all people's health and wellbeing every eight weeks. The doctor said, "[Registered manager] is brilliant, always has been helpful. If there is anything major or urgent we all get it done." This showed the service supported people to stay healthy and well whilst providing person-centred care.

We found that people's individual needs were met by the design and decoration of premises which made people feel more safe and comfortable in their home. People were given a choice about whether they wanted personalised signs on their bedroom doors to help them locate their bedroom and feel more at home. We saw people's bedrooms were decorated with individual items. The registered manager told us about two people who were next door to each other had wanted outdoor furniture and plants to help them identify the corridor they lived on. We saw window boxes; a garden bench and a painted window had been put in place.

The service has a large outdoor space full of different areas for people and their relatives to engage in activities. We saw the vegetable patches were accessible for people in wheelchairs, and people had their own fruit and vegetable patches. We saw there was a bar area; the registered manager told us in the summer people enjoyed drinking Pimm's and gin. We also saw a memorial bench under a tree, where people and relatives could place a stone and leave flowers to commemorate people who had passed away at the service. The registered manager told us, "A partner of someone at end of life contributes to the home, it gives them something to live for and a sense of purpose. When someone passes, it doesn't end for the family." One staff member told us, "The garden has made the biggest difference." This shows the service was meeting people's individual needs by the adaptation, design and decoration of premises.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

Staff demonstrated an understanding of the MCA and how to gain consent from people before supporting them. One staff member said, "If they have capacity they can tell you what they like or don't like, but if they don't you match their support to their best interest." Another staff member told us, "Always ask [people],

some of the residents they can't respond, I can tell when [person] doesn't want to eat or drink as [person] move head away or whispers no, I watch their body language."

Records showed that people, where appropriate, had signed to say they consented to the care and support provided. Where people were not able to sign, we saw these consent forms had been signed by relatives. Records also confirmed that formal assessments of capacity were in place for each person and best interest meetings had been held to decide how best to support people. One person's care plan said, '[Person] is living with [health condition], this affected [person's] ability to communicate and express needs and wishes and to retain information, [staff] to weigh up information to enable [person] to make an informed decision.'

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service had applied for DoLS in line with best practice. One person's DoLS said, '[Person] is nursed in bed; [person] had bedrails in place and requires hourly safety checks to be carried out during the day.' Records confirmed this person was being supported regularly. This showed the service provided appropriate care and support to people to keep them safe and well.

Is the service caring?

Our findings

People felt that staff cared for them and supported them. One person said, "Everybody is lovely and friendly, what more do you want, we all get on well together." Another person told us, "The staff are all very nice, it is a happy home." A third person said, "I wouldn't be anywhere else. The staff are nice, it goes a long way."

Staff, including the registered manager, demonstrated an understanding of how to provide emotional support to people and treat them with kindness. Staff told us of one person who, "Has dementia, communication is difficult, it is all about reassurance for them." During our inspection we observed staff walk past this person's room and go inside to say hello to them and see how they were. Another staff member told us they could, "Judge moods by facial and hand expressions, and vocal noises." We observed one person talking to staff; they understood that they worked at the service rather than lived there. Staff were kind and respectful, talking to the person about what they liked about the service and telling the person what they liked about them, rather than correcting them and causing them distress.

Records confirmed the service understood people's individual care and support needs and guided staff to offer the most appropriate support to ensure people felt cared for. One person's care plan said, '[Person] is unable to verbally express [person's] needs and wishes. Staff to continue to anticipate [person's] care needs. Staff to observe for non-verbal cues, facial expression etc if in pain and report any concerns.' This showed that people were supported in a kind and caring way that makes them feel safe and secure living at the service.

Staff demonstrated an understanding of the importance of equality and diversity. They told us people should not be discriminated against and all people should be treated equally. We spoke to one staff member about how they would support people who identified as Lesbian, Gay, Bisexual or Transgender; they said, "It wouldn't differ to me." One person's religion meant they did not eat a certain food; the chef and other care staff were aware of this. One staff member advised there were no other people in the home who had identified support needs in relation to their religious or spiritual beliefs but would support them to access a place of prayer if it came up. The service had an equality, diversity and inclusion policy in place that said, '[We are] committed to promoting equality and diversity and fostering a culture that actively values difference.' This showed that the service worked in a caring manner to ensure people received support that met their needs in a non-discriminatory way.

However, we did note that within care plans there was no information available about people's sexuality or relationships. We recommended that the service works in line with best practice guidelines to ensure all people felt safe, supported and welcome at the service.

During the inspection we observed one person returning from hospital; this was managed in a dignified way. The person was wrapped up in warm clothes and the entrance of the home was cleared to ensure the person could be supported inside in a swift and stress-free way. We observed staff welcome the person home and support them to settle. This person was smiling and appeared calm. This showed staff worked in compassionate and caring manner to make a potentially difficult transition as easy as possible and promote

the person's privacy and wellbeing.

We spoke to the visiting doctor who told us, "Staff manage confidentiality." They also told us the registered manager had supported their request to have the layout of two lounges changed to ensure there was a confidential space for staff to speak about people whilst still being able to see them. This shows that staff understood people's individual needs around privacy and dignity and could support people accordingly to ensure they felt respected.

The service promoted people's independence and staff demonstrated an understanding of how to support people in managing their independent living skills. One staff member said, "Offer [person] to wash their faces, give them options of clothes to wear, offer to help them get out of bed. It's a little bit of control for their health and socialisation, it is important." Another staff member told us their role was, "Preserving [people's] dignity and trying to maintain [people's] independence." Care plans confirmed staff were guided to respect people's independence, privacy and dignity. One person's care plan said, 'Staff to respect [person's] choices and wishes.' This showed that the service knew how to support people to be as independent as possible and therefore improve their sense of achievement and overall wellbeing.

The service encouraged people and their relatives to be involved in their care and support. People told us their relatives felt supported. One person told us, "My relatives visit whenever they like." Another person said, "[The home] suits us [referring to their partner]." A relative told us, "I get enough support and respect." The registered manager said, "We have a great open relationship where relatives and family are welcome here."

Records confirmed people and their relatives were involved in care planning. One person's care plan said, 'Their partner visits daily and staff feel it is important to involve them in care planning.' Daily records showed people had relatives visiting regularly. This showed that where appropriate, people and their relatives were supported to express their views and be actively involved in making decisions about their care and support.

Is the service responsive?

Our findings

People told us the service provided personalised care and support and responded to their needs. One person said, "If I needed help somebody would come." Another person told us, "There is nothing more I need. Staff are efficient." One person's care plan said, 'Staff to continue to assist [person] with daily hygiene needs and to be assisted prior to breakfast as [person] appears more alert in the morning.' This showed the service were providing care that was person-centred and accommodated to people's needs.

When we spoke with people about activities, feedback was mixed. One person told us they, "Joined in activities." However, another person said, "I wish there was more to do." During our inspection we observed staff spending time with people in their rooms on a one-to-one basis and in the afternoon, we saw people watching a film in the lounge with a glass of sherry. People were observed to be smiling and singing along. This correlated with the activities timetable that said Monday afternoon activities would involve a film and drinks and nibbles. The registered manager said, "We are very passionate about ensuring residents doing things. We have 9-5 activities every day." Other activities included arts and crafts and baking to contribute towards the home and upcoming events.

We were shown a collection of photographs of different events the service had held in recent months; these included a 'Woodstock Festival', a 'Street Food Market' and a 'Casino Night.' The registered manager told us, "People got to try food they might not have had before. It's all for [people], to prevent them feeling isolated." The registered manager said if people are unable to join in the group activities, "Staff will sit in the room with [people]. For example, I've bought music DVD's so [person] can associate the picture with the voice and [person] will watch these all the way through." Care plans and daily records confirmed people were encouraged to engage in activities. We saw one person's care plan showed they had completed a 'Alzheimer's walk' and another said, 'Encourage [person] to join in all activities and day trips; [person] enjoyed a trip to Southend and had fish and chips and ice cream.' This shows that people were encouraged and supported to engage in a wide range of activities to enhance their wellbeing.

Individual care plans were detailed and provided information about people's care and support needs. We found that care plans looked at areas such as, 'Important memories', 'Sleep' and, 'Communication.' One person's care plan said they enjoyed watching a re-run of a specific, historic sports event on DVD.

We saw that care plans were reviewed every weekly or as and when a person's support needs changed. One person's care plan had recently been reviewed and said, 'Care plan has been reviewed today, it is still relevant to [person's] needs.' Another person's review said, 'Care plan remains relevant for this month and [person] still requires carers to anticipate [person's] needs in best interest.' This showed the service were providing up to date care and support in line with people's needs and preferences.

The service had a complaints policy in place and people were supported and encouraged to inform the service of any concerns they had or to make a formal complaint. In the reception area there was a device that people, relatives or visiting health and social care professionals could complete and leave feedback about the service. This feedback could be anonymous. The registered manager then received an email

notification and reviewed and responded to the complaint.

These complaints were recorded into system that tracked complaints monthly. We reviewed complaints received and found there was an action plan and a response in place for all. For example, one complaint was about a person who had their phone broken in the wash and the resolution was to replace the person's phone and remind staff to always empty people's pockets. Another complaint was from a relative about a person not having their teeth cleaned twice in 24-hour period. The registered manager recorded, 'I have reassured relative I will discuss this with the team and address all shortfalls, relative is happy with the outcome and no further action.' A relative we spoke to confirmed they had previously raised concerns about a person's care and the registered manager addressed this. The registered manager said, "I try to meet with both parties, I look at us moving forward." This shows the service supported people to make complaints and uses these as an opportunity to learn and develop.

People were supported to receive appropriate care and support when they were reaching the end of their life. Records confirmed staff had received appropriate training, and one staff member said they would, "Be more compassionate, and patient. Following what [person] listed in their end of life care plan, talking to their relatives and making [person] comfortable." The registered manager advised us, "We have an end of life facilitator that visits every month." We reviewed one person's care plan who was receiving end of life support and saw that their care plan was reviewed weekly with relevant health and social care professionals and relatives. We spoke to this person's relative who said they had ideas of how they wanted their loved ones' support to look at the service. They told us, "I always feel listened to." This showed the service was working in line with best practice guidelines to ensure the care and treatment people received was appropriate and person-centred.

Is the service well-led?

Our findings

People and staff spoke positively about the registered manager. One person said, "Oh [registered manager] is lovely." Throughout the inspection the registered manager was seen to be interacting with people and people were responding in a positive way. One person was observed to reach out for the registered manager during lunch and the registered manager approached them with a smile and spent time speaking with them.

One staff member told us, "I love [registered manager]." Another staff member said, "I love it here, it's my favourite job." We observed the registered manager interacting with the staff throughout the day and staff were observed to approach them to ask for help. The registered manager spoke highly of the staff. They said, "The home runs with or without me. Myself or the clinical lead, we work weekends. I want [staff] to see me as versatile."

The service regularly sought feedback from people, relatives, health and social care professionals and staff to allow them to shape and improve. The registered manager and other staff told us the service gathered feedback through day to day interactions, meetings and surveys.

We reviewed records from a recent resident survey and found that of the 27 people who had participated, the service scored 100% for, 'Is the home a happy place to live?', 'Do you feel safe and secure living here?' and, 'Are the team members friendly and helpful?'

The registered manager told us that there were six resident and relative meetings a year; we looked at the minutes from September 2018 and saw that topics including activities and events, staffing and GP visiting times were discussed. One relative had volunteered to contribute towards the Christmas activities. Another relative had asked how they would know who was looking after their loved ones on each day and were advised to ask the nurse in charge. The registered manager told us, "We keep [relatives] updated as much as we can, we send out newsletters and we talk to them about any concerns."

We also saw examples of compliments that the service had received from relatives. One relative had said, 'The care [person] gets is very good, nothing is too much trouble for the wonderful staff.' Another relative had said, '[Person] is my world and I only want the best for [person], and that is Ladyville.'

We looked at a recent staff survey and found that 88 staff had responded. We found that 90.91% of staff felt they had the knowledge and tools to do a good job, and 97.73% of staff trusted the registered manager to do the best for the staff and the home. We reviewed minutes from the last team meeting and saw that topics discussed included confidentiality, infection control and to encourage the use of the garden whilst supporting people to keep warm when outdoors. The registered manager said, "We share the concerns from the meetings with relatives to staff and then from staff to relatives."

A recent health and social care professional survey had been completed by six visiting professionals. The service scored 100% for, 'Were the staff professional and knowledgeable?' and, 'Based on your visit today,

would you place another resident in the home?'

This showed that the service was dedicated to ensuring that all people receiving care and those involved in delivering care and support to people were provided with opportunities to provide feedback about the service and be kept up to date with the running of the service to ensure the best quality of care is provided.

The management team did regular spot checks on staff for various parts of their role. Records confirmed these were done for medicines, the use of thickening agents and day to day delivery of care and support. Staff confirmed spot checks took place. One staff member said, "I do have them come and check on me." The registered manager said as part of their spot checks they look at the daily notes for people. They told us staff were reminded, "Around the importance of documentation. [Staff] need to realise the importance of this, if we just tell them, there are no lessons learnt. [Staff] have to attend the training, they get lots of dates to choose from."

The management team also completed audits for housekeeping, health and safety, bed rails and dining experience for people. We saw records from a recent housekeeping audit that identified, 'Several bedrooms require decorating, also need to be more person-centred.' From this we saw an action plan had been put in place.

During the inspection we spoke to the 'Resident experience support manager' who told us they were the, "Backbone for the managers. As senior management, we have oversight and come to the home if anything comes up that [staff] might need support for." The registered manager told us they felt supported by the provider.

The resident experience support manager told us, "There have been so many significant improvements, the [registered manager] does so many good things." We were shown a copy of a provider level audit of the service that took place over the 10th and 11th October 2018. This audit used the Care Quality Commission outcomes to measure how well the service was doing and identify any areas where the service could develop to improve. The audit found the service was 'good' overall. One area of action was the training matrix identified that just 94% of staff were up to date with 'Information governance.' The audit identified, however, that a 'proactive response to improvement was observed during the review' and staff had been advised to complete this training. This demonstrated that high quality care was being delivered always and there was a culture of continuous improvement at provider and service level.