Barchester Healthcare Homes Limited

Ashfields

Inspection report

31 Salhouse Road
Rackheath
Norwich
Norfolk
NR13 6PD

Tel: 01603721720
Website: www.barchester.com

Date of inspection visit:
19 March 2018

Date of publication:
01 June 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

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

The service provides residential care in a purpose built building for up to 44 older people, the majority of whom are living with dementia. There were 39 people living in the service when we inspected on 19 March 2018. This was an unannounced comprehensive inspection.

We last inspected this service in November 2016 and rated the service as required improvement. During that inspection, we found that, although effective systems were in place to monitor the quality and safety of the care provided in most areas, the provider had not effectively assessed and monitored that people received enough to drink to meet their individual needs. There were not always sufficient staff on duty to support people; this had an impact at mealtimes, which meant that sometimes people had to wait for assistance. Risks in relation to people developing a pressure ulcer required improvement. This was because people assessed as being at a high of developing a pressure ulcer were observed as not using specialist equipment to protect them, people were seen not using their pressure relieving cushion. This meant that the systems in place to assess and monitor the quality of care provided were not effective.

Following the last inspection, we asked the provider to complete an action plan telling us what improvements they would make to bring the service to at least Good. During this inspection on 19 March 2018, we found that improvements had been made to meet the requirements to help ensure that people received a good service.

Ashfields has a newly registered manager. 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.

The new registered manager took up their post in December 2017 shortly after the previous manager left in that month.

People who spoke with us and relatives said they believed their relatives were safe and well cared for.

There were systems in place that provided guidance for staff on how to safeguard the people who used the service from the potential risk of abuse. Staff understood their roles and responsibilities in keeping people safe. There were processes in place to ensure the safety of the people who used the service. These included risk assessments, which identified how risks to people were minimised.

There were sufficient numbers of trained and well supported staff to keep people safe and to meet their

needs. Where people required assistance to take their medicines there were arrangements in place to provide this support safely, following best practice guidelines.

Both the registered manager and the staff understood their obligations under the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager knew how to make a referral if required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People were supported to eat and drink enough to maintain a balanced diet. They were also supported to maintain good health and access healthcare services.

There were arrangements in place to make sure the service was kept clean and hygienic.

We saw many examples of positive and caring interactions between the staff and people living in the service. People were able to express their views and staff listened to what they said and took action to ensure their decisions were acted on. Staff protected people's privacy and dignity.

People received care that was personalised and responsive to their assessed needs. The service listened to people's experiences, concerns and complaints. Staff took steps to investigate complaints and to make any changes needed.

People, their relatives and the staff, told us that the registered manager had made positive changes in the service and that they were open and had good management skills. There were systems in place to monitor the quality of service offered people.

Further information is in the detailed findings below.

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 minimise risks to people and to keep them safe.

There were enough staff to meet people's needs. Recruitment checks were robust and contributed to protecting people from staff not suitable to work in care

People were provided with their medicines and in a safe manner.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to meet people's needs effectively.

The service was up to date with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were met and professional advice and support was obtained for people when needed.

People were supported to maintain good health and had access to appropriate services, which ensured they received ongoing healthcare support.

Is the service caring?

Good

The service was caring.

We saw many examples of positive and caring interaction between the staff and people living in the service.

Staff knew the people they supported and found ways to communicate with them meaningfully. This meant that people were able to express their views and staff listened to what they

said and took action to ensure their decisions were acted on.

Staff protected people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People were provided with personalised care to meet their assessed needs and preferences.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

People were supported at their end of their lives to have a comfortable and dignified death

Is the service well-led?

Good

The service was well-led.

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

The service had a quality assurance system and identified shortfalls were addressed promptly. As a result, the quality of the service was continually improving. This helped to ensure that people received a good quality service.

Ashfields

Detailed findings

Background to this inspection

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

This unannounced comprehensive inspection was carried out on 19 March 2018. The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On this occasion our expert by experience had personal experience of caring for a relative living with dementia and supporting them while living in a residential service.

Before our inspection, we reviewed the Provider Information Report (PIR). This is a form that asks the provider to give some key information about the service; what the service does well and improvements they plan to make.

We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We observed care and support being delivered in communal areas and we observed how people were supported to eat and drink at lunchtime. We also 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.

We looked at four people's care plans and spoke with six people who used the service and three people's visitors. We also spoke with the registered manager, the deputy manager, the regional director and four care staff and an activities coordinator.

We looked at records relating to the management of the service, three staff recruitment records, training, and systems for monitoring the quality of the service.

Good

Is the service safe?

Our findings

During our last inspection in November 2016, we found the service was not always safe, and was rated Requires improvement in this key question. We found that the number of staff required to meet people's needs, as determined by the provider, had not been met on a regular basis. We also found that people at risk of developing a pressure ulcer were not always protected from harm.

At this inspection on 19 March 2018, we found that improvements had been made, and the people were well cared for and were safe. There were sufficient staff on duty to help keep people safe and we noted that staff ensured that pressure-relieving equipment was used where needed.

People's care records included risk assessments, which identified how risks could be minimised without limiting people's independence more than necessary to keep them safe. These included risks associated with pressure ulcers, mobility and falls. Where people had been assessed as being at risk of developing pressure ulcers there were systems in place to minimise the risk. This included seeking support from health professionals, providing pressure relieving equipment and supporting people to reposition. Where people had experienced falls, there were systems in place to analyse them for trends and develop ways of reducing future incidents. Risk assessments and interventions were in place that identified potential triggers for anxiety and distress for some people so staff could limit behaviour that some may find challenging.

The service ensured that risk assessments associated with emergency situations were carried out. For example, there was a fire risk assessment in place for the building and each person had an individual personal emergency evacuation plan (PEEP) in place so that staff and emergency workers knew what support people needed in times of emergency.

People who spoke with us told us they felt safe. One person said, "I like it very much here and feel really safe. I have no worries about anything." Another person told us, "I do feel safe here. It's really nice and I am really at home here."

People's relatives we spoke with said they believed their relatives were safe and well cared for. One person's visitor told us, "I think my friend is safe here. I come to see [them] each day and we have lunch together." Another person's relative commented, "I certainly feel that my [relative] is safe here particularly given [their dementia]. [The staff] understand [their] condition and how they need to help [them]."

There were systems in place designed to keep people safe from abuse. People received support from staff trained to recognise and report abuse. Where a safeguarding concern had arisen records showed that the service learnt from the incident and used it to improve the service. For example, when two people had a personality clash staff were made aware that they needed to be encouraged to sit in different areas of the service so they could be more comfortable and to be able to relax.

To help ensure that people were safe, regular health and safety checks were carried out regarding the building and environment, such as legionella water checks, fire alarm tests and fire drills. Regular servicing

schedules were in place to make sure that equipment within the home was properly maintained and safe to use. This included fire safety equipment, gas appliances and hoists.

There were suitable numbers of staff to meet people's needs. People and staff told us that there were enough staff working at the service. One person's relative said, "I think there are enough staff, but we did come one time and [my relative] needed some help and [they] had to wait for a while. There are times when they are a bit rushed, but they generally have time for my [relative]." One person's visitor told us, "The carers always have time for my friend and never rush [them] when [they] need to do things." We noted that call bells were answered quickly and staff were available if people were looking for help. One person told us, "They come very quickly, they don't hang about, I get on alright with the staff." Another person said, "They're soon here, it's the same all day, at night it's not long before they come, they've got enough staff." The rota reflected the staffing levels we had seen during our inspection and what we had been told about the planned staffing levels.

We saw that there was a policy and procedure in place for the safe recruitment of staff. The files showed that this procedure had been followed including disclosure and barring service (DBS) checks on staff. This meant that recruitment processes were robust and contributed to protecting people from the employment of staff who were not suitable to work in care. The registered manager told us that the service had a robust recruitment process in place; potential staff must have two references in place and DBS clearance prior to commencing employment. New staff undergo a 12 week induction process including five classroom based induction days, e-learning and shadowing experienced staff prior to being assessed as competent to work independently.

People told us that they received their medicines on time. One person said, "I have tablets from the doctor…. [The staff] always make sure that I get them on time and that I take them." One person's visitor commented, "[My friend] always gets [their] tablets on time, certainly when I visit."

Medicines were safely managed. Staff had undergone training and their competencies were checked regularly. Storage was secure and stock balances were well managed. We checked stock balances, including drugs which carried a higher risk, and found they corresponded to medicine administration records (MAR) and the correct records. Records were comprehensive and well kept. Staff were observed administering medicines appropriately and told us they were confident that people received medicines as they were intended.

People told us that the service was clean and hygienic. One person said, "The home is clean and tidy, which I like." Another person commented, "I think the home is really nice and is always lovely, clean and tidy." One person's relative said, "I think the home is kept very clean."

Staff were trained in infection control and food hygiene, those we spoke with understood their roles and responsibilities in relation to infection control and good hygiene. The service had achieved the rating of five in their latest food hygiene inspection, which is the highest rating awarded.

There were systems in place to reduce the risks of cross infection, which we saw were being followed by staff. There were hand sanitisers provided throughout the building. All the bathrooms and toilets had liquid soap and disposable paper towels for people to use. There were gloves and aprons around the service that staff could use to limit the risks of cross contamination. We saw that staff used the disposable gloves and aprons while preparing to support people with their personal care.

People received care in a manner that minimised the risk of a recurrence of any accidents or incidents. Staff

reported and maintained accurate records of incidents such as injuries and falls. The registered manager monitored and reviewed incidents to identify any trends. Staff had sufficient guidance to reduce the risk of repeated accidents. The regional director told us, "We have developed positive working relationships with external professionals visiting the home, which ensures an open and honest relationship by highlighting any feedback or concerns, enabling lessons learnt and addressing any areas required."

Good

Is the service effective?

Our findings

During our last inspection in November 2016, we found the service was not always effective, and was Requires Improvement in this key question. We found that improvements were required to ensure that people receive good effective care in relation to eating and drinking. At this inspection on 19 March 2018, we found that these improvements had been made and this key question was rated Good.

The registered manager completed full assessments of people's individual needs before they started using the service. This meant that the resulting care plans were able to reflect people's needs holistically. The areas covered in the assessment included their physical, mental, social needs and future plans. The management team and the staff worked with other professionals involved in people's care to ensure that their needs were met in a consistent and effective way.

The registered manager was able to demonstrate that they had a good understanding of relevant guidance and standards and made sure they were aware of changes in legislation that would affect the service. The registered manager told us that they received regular communication and contact from the Clinical Commissioning Group (CCG) about any updates or changes. The registered manager also received e-mail updates from other organisations, the National Institute for Health and Care Excellence (NICE) and Skills for Care for example. This provided them with up to date information and changes in legislation.

The provider's policies and procedures, that were aimed at protecting people and staff from discrimination, were displayed within the home and were reflected in the service's statement of purpose, which set out the organisations expectations, culture and approach to equality. Staff received equality and diversity training, which helped them to support people in a way that gave them the opportunity to achieve their potential, free from prejudice and discrimination. One staff member told us, "I do what I can to help people how they want to be helped." The registered manager told us that these were topics that were revisited during staff supervision and at team meetings.

Assistive technology was used within the service to support people in their everyday life to make life easier or to help keep them safe. For example, for some people who were at risk of falling because they were unsteady on their feet, monitors were in place to immediately alert staff when they got out of bed and may need assistance.

People had access to Wi-Fi throughout the service so they could use their electronic devices. People were supported to stay in contact their friends and relatives by e-mail or video conferencing.

People told us that the staff had the skills to meet their assessed needs. One person said, "The [staff] know what they are doing, I am confident they have the right skills." Staff told us that they had the training and support they needed to carry out their roles. When asked if they felt they had the right skills and support to be able to do their jobs, a staff member told us, "Definitely, I'd like to do more, but I am trained to do my job." They went on to tell us that the newly appointed registered manager had taken steps to ensure that staff were up to date with their training and that more face-to-face training was provided to staff, which they

said they found easier to take in than the e-Learning they had been using predominantly before.

Staff were provided with training and the opportunity to achieve qualifications relevant to their role enabling them to meet people's needs effectively. Staff were provided with the opportunity to complete a 'qualifications and credit framework' (QCF) diploma qualification relevant to their role. Training provided to staff included safeguarding, moving and handling, fire safety, and dementia. Staff files evidenced the training staff had achieved.

The registered manager monitored standards and provided staff with the support they needed in order to fulfil their roles and responsibilities. Records and discussions with staff showed that they were supported. Staff received one to one supervision meetings which provided them with the opportunity to discuss their work, receive feedback on their work practice and identify any further training needs they had. The registered manager told us that they liked to be visible throughout the home. Staff told us that, if needed, the registered manager and deputy manager led by example and helped on the 'floor'. One staff member told us, "The manager is hands on and always there if we need them."

There were systems in place to support people to move between services effectively. For example, there were folders in people's care records which included important information about the person which was sent with them if they were admitted to hospital. The service is part of the Red Bag initiative, which is a best practice project aimed at improving communication between the hospital and care homes. Before their admission, people's information, personal possessions, care notes and medicines were put into a red bag by the service, which was kept with the person during their stay in hospital and returned with them when they were discharged.

People told us they were supported to access health professionals when needed. One person told us, "If I need to see the doctor then I just have to say and it will happen." A relative told us, "If they have a concern about [my relative] they speak to us. They rang us when [relative] had an infection, which gives us confidence in how they deal with things." People's records included information about treatment received from health professionals and any recommendations made to improve their health was incorporated into their care plans. This ensured that people received consistent care.

The service supported people to maintain a healthy diet. Lunch was a relaxed, social event and people spoke well of the food. People told us that they chose what and where they wanted to eat. The brightly decorated dining area was well lit with open views of the main village street. Drinks were plentiful throughout the day, people were offered drinks and snacks and there was a café area where people could sit with their visitors and offer them a drink. One person told us, "I think the food I get is really nice and they have a good selection. If you don't like what's on offer they will always make you something else that I like. I prefer to eat in my room with all my things around me." Another person said, "The food here is five star and there is always a choice. They are always bringing drinks round and I have jug of drink in my room, which is always changed each day. I can't really fault it." A relative told us, "The meals are nice here and I enjoy coming to see [my relative] and having lunch with them. It's a very pleasant experience and with a glass of wine which everybody enjoys, it's like being at a hotel or at home without having to do the work."

The regional director told us, "We feel that mealtime experiences are an important positive experience for our residents. We ensure choices of meals are offered at the meal time in the dining room or in people's own room, we also encourage families to come and enjoy a meal with their relative in the home, all dining areas have laid tables with flowers and condiments. Sufficient staff are present to interact with residents and support those that may need assistance."

Records showed that where there were risks associated with eating and drinking appropriate referrals had been made to health professionals. In addition, records were kept to allow the staff to monitor if people had enough to eat and drink; where people required assistance to gain weight high calorie items such as drinks were provided. Staff told us that finger foods were available for people who had difficulty sitting down at the dining table to eat, people living with dementia for example. This meant that they were able to eat as they walked to maintain their nutritional intake.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Staff received training in MCA and DoLS and they were able to demonstrate they understood the MCA and how this applied to the people they supported. People's care records identified their capacity to make decisions and included signed documents to show that they consented to the care provided in the service. The records showed that DoLS had been applied for or had them in place. We observed that staff knew people well, including who was subject to DoLS restrictions, they understood the best way to communicate with them and this allowed them to support people in making decisions.

We saw that the bedrooms were individual to the occupant; people had added furniture and effects to make it personal to them. If people liked to have their possessions close to them they were able to, and they were able to keep their bedrooms how they preferred. People were complimentary about the environment that they lived in. One person said, "My room is nice and I am now getting how I like it. The lounge is nice and there is always something going on." Another person told us, "My room is quite nice and I am able to have my photographs and pictures up in my room." One person's relative commented, "This is the perfect place for my [relative]. Everything is on one level and there are no steps." The registered manager told us his plans to update the service, saying that there was an ongoing maintenance and redecoration programme in place. He said that he asked people to help him choose colours and artefacts to decorate the home.

Good

Is the service caring?

Our findings

During our last inspection in November 2016, we found the service was caring, and was Good in this key question. At this inspection, we found the service remained Good.

The service was caring, people told us that staff treated them well and that they were kind and caring. One person said, "The [staff] here are really nice they always have time to a chat and don't run off when they have done the job. They are always polite and make you feel part of a big family." One person's relative told us, "My [relative] gets on well with all the staff and they understand [their] needs and how [they] react at different times in the day. The staff are very caring and will always make time to have a chat with [them]. They have a great deal of patience when they are working with [them] as [they] can get quite impatient at times." One person's visitor commented, "The staff have always got time to talk to my friend and to me. They are all very polite and caring and their first thought is of the residents. It makes a difference."

We saw examples of positive and caring relationships between the staff and people living in the service. When staff interacted with people, they were open and friendly; there was a light-hearted atmosphere and staff found time to stop to spend time with people. For example, the registered manager is tall, towering above most of the people living in the service which some could find intimidating. However, when one person wanted to talk with him, he knelt by the person to have that conversation. This meant that they made good eye contact and they were able to have their conversation in comfort without the person having to strain to look up at him. The registered manager listened to the person's question and offered reassurance. The person was amused that they had knelt so they could talk more easily and joked, "We're engaged now, did you see him propose to me?"

From the discussions we had with staff, it was obvious that they knew the people they supported well. They were able to tell us people's preferences, background and the help and level of support they needed to retain as much independence as possible. When staff talked with us about people, they did so in a respectful manner and protected their privacy. Staff closed bedroom doors when they were supporting people with their personal care needs and spoke softly to them when asking if they needed to use the toilet, which showed they respected people's dignity and privacy. We saw one interaction between a person living with dementia who also had a sight impairment, which showed care and consideration of their needs. The care staff was assisting the person to move back to their bedroom. The staff member constantly reassured them of their direction of travel whilst praising their effort. The staff member gave clear instructions that they followed to arrive safely.

People told us that staff encouraged them to maintain autonomy and to continue to make life decisions in regards to future plans and their care. People's care records identified that they had been involved in their care planning and where required, their relatives were involved as well. One person's relative told us, "We have had several planning meetings as my [relative] needs have changed over time. It has been very useful to help us make sure [they] get the best care for [their] needs. The home always makes sure that [my relative] is happy with what they are doing for them, which is really important given [their medical condition]."

The registered manager told us that all care plans were reviewed monthly as part of their resident of the day process, along with six monthly and annual reviews. They commentated, "This drives the risk assessments for individuals, families are invited to take part in the resident of the day process. As part of resident of the day, members from all teams meet with the person. For example, the chef will discuss their likes, dislikes, and nutritional needs with them. With people's consent family are invited to discuss and contribute to the care plans."

During the assessment process, people were asked if they had any cultural needs or different lifestyle choices that they wanted to be met by the service. If there were any we saw them recorded in their care plans. People had signed the documents to show that they agreed with their contents.

The registered manager told us that staff had undertaken dignity training including new staff that completed the Care Certificate, which included working with people to protect their dignity in a respectful manner. They said, "Staff are trained in core values during induction, ensuring dignity, respect and kindness to all residents, visitors, professionals and respecting people's needs. If a person is distressed in any way this is identified, reported and action is taken to relieve any distress. For example seeking support from the GP, contacting relatives, health professionals and by providing direct emotional support to individuals."

Records included information about people's friends and family who were important to them and the arrangements for support to maintain these relationships. There were areas in the service where people could entertain their visitors, in private if they wished. This included people's bedrooms, the main lounge and other quiet areas. We saw people receiving their visitors; one person's relative told us that they were always welcomed when they visited their family member. They said, "I visit [my relative] every day to be with [them] at teatime which [they] look forward to. My whole family feels welcomed in the home; particularly me, I spend a lot of time here."

Good

Is the service responsive?

Our findings

During our last inspection in November 2016, we found the service was responsive, and was rated Good in this key question. At this inspection, we found the service remained Good.

People told us they were happy with the standard of care they received. The registered manager completed an assessment with people before they moved in. Records identified that, where they were able, people had visited the service before making a decision as to whether or not they wanted to move in.

People were supported and encouraged to maintain their independence in areas that they were able to, including choosing their own clothes, how to spend their time, what to eat and dealing with their own personal care. We talked with people about how their needs were met, they were positive about the staff's supportive and caring attitudes. One person said, "I would be happier at home but that can't be. They certainly know what I like and what I don't like. The manager always has a chat to see how I'm getting on."

Along with their preferences and expectations, if people were happy to share them, their personal histories were recorded. This enabled the staff to get to know people well and to be able to support them in the way they wanted to be. We noted that the registered manager had also completed a personal history page and had displayed it on his office door. This gave people an introduction to him and was an example of their willingness to share.

Care plans were clearly written and had been reviewed and updated to reflect people's changing needs and preferences. The registered manager told us, "People and their relatives are invited to participate in monthly reviews if they wish and also the yearly reviews, this gives them the opportunity to provide feedback or alter their own care plans." People's relatives described ways that showed the care home staff understood their family member's likes and dislikes. One example of this was at lunchtime where the staff member responsible for providing drinks knew each individual's preference but still asked if they would prefer something else. Another example was of a person who liked to sit at a particular seat for lunch and another for breakfast. A person's relative said, "When we discuss my [relative's] care plan they always make sure that it reflects [their] needs and what they prefer to happen."

Different activities and outings were planned and staff worked together to make sure people were provided with the opportunity of participating in activities to reduce the risks of boredom. Activities staff planned the programme of activities, which was displayed as pictures around the service. There was a minibus available on site to take people on trips out and to appointments. One person spoke of how they loved to go on walks. We saw later that they went for a walk with a few other people supported by staff. Staff told us that that person went out for a walk at least three or four times a week. Another person went with one of the two activities coordinators to help choose the flowers to be used in that mornings flower arranging session.

Church services were held on a Sundays for those wishing to participate as well as session of hymn singing at the start of the week. During our inspection a church choir held a session at the service, they interacted well with people and it was obviously enjoyed by people who attended, they were joining in the singing and

smiling.

People chose whether they wanted to take part and the staff acted in accordance with their wishes. There were photographs in the service of people taking part in activities. One person said, "I like to get involved in trips and paint and draw."

Outside entertainers were booked to visit the home. Parties and social gatherings were arranged for cultural celebrations and other important days. This included people's birthdays and family celebrations. In the summer, the service organised garden parties and people's families and friends were invited.

People told us that if they needed to complain they were confident it would be handled quickly and dealt with properly. When asked if they had made any complaints, one person said, "If I needed to complain I would talk directly to the manager. I don't have any reason to complain, everything works just right for me and I am very happy here." A relative said, "We have never had to complain but I am sure that if we did that the problem would be fixed." Records showed that complaints received were recorded, investigated and action taken.

The service supported people as long as it was appropriate to do so. This included towards the end of the person's life. People's care records included information about the choices that people had made regarding their end of life care. This included whether they wished to be resuscitated and where they wanted to be cared for at the end of their life. The community nurses and GP supported the service to ensure the person had all the support they needed to have a pain free death and to stay comfortable. Where people were unable to make decisions these were taken in people's best interest by the relevant people. Staff received training around respect and dignity but not specifically around end of life care. A relative told us, "We have discussed the future for [my relative] and have come to an agreement as a family and have discussed it with the manager. The manager was very good at making sure we clearly understood the options." We saw cards and letters from people's relatives; they were all positive and thanked staff for the care, love and support they gave to their family members at the end of their lives.

Good

Is the service well-led?

Our findings

During our last inspection in November 2016, we found the service was not always well-led, and was rated as Requires Improvement in this key question. During that inspection, we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we found that not everyone's records were up to date or accurate and that communication and guidance to staff was not always effective. The provider sent us an action plan that detailed the improvements they planned to make. At this inspection, we found that improvements had been made, and the provider was no longer in breach of a Regulation. At this inspection, we found the service was well-led.

There was a registered manager in post and people and relatives were complimentary about the management of the service. One person said, "I think the home is well organised and runs smoothly. They arrange visits from the local school and a lady brings in her dog which is really nice to see them. You can always speak to any of the staff about anything." A relative commented, "I think the home is well run and the new manager is very approachable and is always ready to talk and listen. We are happy with the care [our family member] gets and can't fault it." All of the people we spoke with told us that they liked the registered manager and felt he was committed to improving their quality of life. One person told us, "There is nothing you can't ask for, the manager listens to what you have to say and tries to help."

The registered manager said they were well supported by their deputy manager and the providers. The service promoted an open culture where people, relatives, visitors and staff were asked for their views of the service provided. This included 'resident and relative meetings' and satisfaction questionnaires that were sent out regularly. A notice board had been added in the service to highlight 'you said' and 'we did', in response to people's comments.

Staff told us that the registered manager was often seen around the home, saying that they were very visible and supportive. One staff member said, "He is there if you need help, I hadn't been here a month when he was so supportive and helpful to me about a personal problem that was affecting my work."

The minutes of staff meetings showed that they were kept updated with any changes in the service or to people's needs and they were encouraged to share their views and comments to improve the quality of care. Staff told us that they were happy working in the service. One staff member said, "The changes that have happened since the manager started has made a real difference, it's a different place to work in now."

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including GPs and district nurses.

The service made sure that they kept us updated about important events within the home in the form of notifications. People's care records were kept securely and confidentially, and in accordance with the legislative requirements. They were stored in locked offices on each floor.

The management team and the provider assessed the quality of the service through a regular programme of audits. These included audits on medicines management, health and safety, care records and the care provided to people. These were effective in identifying shortfalls where improvements were needed. Where shortfalls were identified, records demonstrated that these were acted upon promptly. This contributed to enhancing the quality and safety of the service people received.