Ashmere Derbyshire Limited

The King William Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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?	**Requires Improvement**

Summary of findings

Overall summary

This unannounced inspection took place on 5 June 2018. The King William Care Home was registered by Care Quality Commission (CQC) on 22 December 2016 following a change in legal entity and this was the first time we had inspected this service.

The King William Care Home 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 King William Care Home provides care and support for up to 28 older people, some of who may be living with dementia. The premises had been adapted and consisted of two floors which included bedrooms, a main lounge, garden room, dining room and an activities room. There were 20 people living at the service at the time of our inspection.

There was no 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. However, there was a manager in post who was in the process of applying to become the registered manager.

We found that regular audits by the managers of the service had identified areas of the environment that needed attention to ensure that people's needs were met by the adaptation, design and decoration of the service. Although the provider had carried out some improvements to the environment such as servicing and repairing equipment and on-going essential repairs such as fixing leaking taps and replacing toilet seats, they had failed to address the areas of concern identified in the environmental audits. During this inspection, we found the same issues in relation to the environment as identified by the audits. For example, we saw that some bedrooms had an unpleasant odour because carpets were stained and worn. In one bedroom there had been a leak and the carpet was wet and this room had a strong odour.

Both sluice rooms were in need of refurbishment. They were not easy to clean and walls and floors were stained. Several toilets needed new flooring, the laundry was not a clean and hygienic environment to wash people's clothes and windows in many areas of the service had condensation in the pains obscuring peoples view to the outside.

People were safe at the service and staff knew how to protect them from abuse. Managers and staff monitored people's well-being and took preventative action to keep them safe. There were enough staff on duty to support people and meet their needs. Staff supported people with their medicines and this was done safely. Staff were trained in infection control and wore PPE (personal protective equipment) to reduce the risk of the spread of infection or illness.

People's needs were assessed before they started using the service. The staff were well-trained and knowledgeable. Staff assisted people with their meals and made sure people had enough to eat and drink. People's healthcare needs were met and staff referred them to healthcare professionals where necessary. People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met. 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

The staff were caring and kind and had developed good relationships with people using the service. They engaged with people and welcomed their relatives and friends when they visited. Staff respected people and supported them to make choices about their care, support and any individual needs they might have including cultural, religious, and those relating to disability. People told us staff treated them with dignity.

Staff provided people with individualised care that met their needs. Care plans were personalised and written in conjunction with the person themselves and others involved in their care. They included information about people's life histories, which enabled staff to get to know people and take an interest in their lives. Staff encouraged people to socialise and to join in with activities and events that took part on the premises and provided assistance for them to do this where necessary.

Staff were trained in equality and diversity and information was provided to people in formats that were accessible to them. The service had a complaints procedure and if a person made a complaint they were listened to and their concerns taken seriously.

People were satisfied with the care and support provided. Staff said they liked working at the service because they were well supported by the manager and their peers. People, relatives, and staff had the opportunity to comment on the service through surveys, meetings and one-to-one discussions. Records showed the service worked with other agencies to ensure people's needs were met.

At this inspection, we found the service to be in breach of one regulation of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. The action we have taken are detailed at the end of this report.

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 received safeguarding training and had a good understanding of the different types of abuse and how they would report it. People had risk assessments in place to keep them safe.

Thorough recruitment procedures reduced the risks of unsuitable people working with people using the service.

Systems were in place for the safe management of medicines and people were protected by the prevention and control of infection. Staff understood their responsibilities to raise concerns and report them.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The physical environment was not decorated or adapted to a consistent standard to meet people's needs.

People's care needs were assessed and met by staff who were skilled and had completed the training they needed to provide good care. People were supported to maintain their health and well-being and staff helped to ensure people's nutritional needs were met.

Staff understood the principles of the Mental Capacity Act 2005, including gaining consent to care and people's right to decline their care.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and caring. Staff respected people's privacy, dignity and independence ensuring people were involved in decisions about their care.

Is the service responsive?

Good

The service was responsive.

Care plans were personalised containing information about peoples likes, dislikes and personal preferences. People were supported to participate in individualised activities. The provider's complaints policy and procedure was accessible to people and their representatives.

People could be assured they would receive appropriate end of life care

Is the service well-led?

Requires Improvement

The service was not always well led.

Environmental quality audits had been carried out by the previous registered manager and the present manager and sent to the provider to take them aware about areas of concern. However, the provider had failed to take action to address the issues.

There was a new manager in post and people, relatives and staff all provided positive feedback about their leadership.
The staff team worked well together and felt supported by the new manager. People told us they were happy with the service they received.

The King William Care Home

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 inspection took place on 5 June 2018 and was unannounced. The inspection was carried out by one 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.

The inspection was informed by the information we held about the service. This included statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We used this to formulate our inspection plan.

Before the inspection, the provider completed a Provider Information Return (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. This was used to inform our inspection judgements.

We spent time observing the care and support given to people in the communal areas and we observed how staff interacted with people. We also spoke with eight people using the service and four relatives. In addition, we had discussions with two visiting healthcare professionals. We did this to gain people's views about the care and to check that standards of care were being met. We also spoke with the manager for the service, the area manager, the cook, the maintenance manager, the activities coordinator and three care and support staff.

We reviewed records, which included five people's care records to see how their care and treatment was planned and delivered. We reviewed five staff employment records and other records, which related to the

management of the service such as quality assurance, staff training records, the staff rota, quality assurance audits and policies and procedures.

Good

Is the service safe?

Our findings

People told us they felt safe at the King William Care Home. One person told us, "I have never ever thought I may be at risk. I am safe here. It seems good security and there are good people on duty who keep us secure. They keep us safe at night." Another person said, "It is very safe here they have 24-hour security." A relative commented, "It's very safe here. There are always staff here when you want them. They always help and they have time for you."

Staff understood the procedures to follow in the event of them either witnessing or suspecting the abuse of any person using the service. One member of staff told us, "I would report it to the manager straight away." Staff knew which external agencies to contact if they felt the matter was not being referred to the appropriate authority. Staff told us they received training for this and had access to the provider's policies and procedures for further guidance.

Records showed the managers reported safeguarding concerns as required to the relevant agencies including the local authority and CQC. Where necessary they took immediate action to protect people and worked with other agencies to ensure people were safe.

The manager and staff had a good knowledge of the people using the service and where they might potentially be at risk of harm. This meant they could monitor people's well-being and take preventative action to keep them safe. People had risk assessments in place so that staff had the information they needed to keep people safe. For example, if people needed support with their personal care or mobility staff had instructions to follow on how to assist them safely. Risk assessments also covered people's mental health needs and advised staff how best to communicate with people to help ensure they were supported in the way they wanted. Risk assessments were updated when care plans were reviewed or when people's needs changed.

We saw that plans were in place to respond to emergencies, such as personal emergency evacuation plans. The plans provided information on the level of support a person would need in the event of a fire or any other incident that required the home or areas of the home to be evacuated. This provided assurance that people would receive the appropriate level of support in an emergency to keep them safe.

Our observations confirmed that people were supported safely when care was provided, for example, when moving around the building and eating. We saw staff acted promptly and considerately when offering support and encouragement as required to ensure people were safe whilst maintaining their independence.

Most people said there were enough staff available to meet their needs. One person told us, Staff come very quickly when you press the buzzer you don't have to wait long." However, another person explained, "They could probably do with more they are always busy." A relative said, "There always appear to be enough staff. Whenever I visit there are always staff around."

During our inspection visit there were enough staff on duty to support people safely. Most staff said they

were satisfied with the number of staff available. However, one member of staff said that if there was a lot going on during the shift it could be difficult to meet people's needs in a timely manner. We discussed this with the manager who said that a monthly dependency tool was completed and staffing hours were based on this information. However, she said she would continue to monitor staff numbers on all shifts to ensure there was always enough staff on duty to meet people's needs. We observed sufficient numbers of staff to support people and rotas showed that staffing was consistent.

We found that the recruitment of staff was robust and thorough. This ensured only suitable people with the right skills were employed by the service. Checks on the recruitment files for five members of staff evidenced they had completed an application form, provided proof of identity and had undertaken a Disclosure and Barring Service (DBS) check before starting work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. The records we looked at confirmed all staff were subject to a formal interview which was in line with the registered provider's recruitment policy.

People received the support they needed to take their medicines as prescribed. One person said, "They [meaning staff] give me my tablets or I would forget to take them." A relative confirmed, "I have seen the staff giving [relative] their medicines. I don't have any concerns."

People's medication needs were assessed when they first came to the service and written instructions were available to staff on how to support them to take their medicines safely. People had medication risk assessments in place to ensure staff were aware of any issues concerning people's medicines, for example allergies and side-effects.

Staff were trained in medicines administration and the staff we spoke with understood the importance of safe medicines administration and what to do if they thought a mistake had been made. One staff member told us, "We do regular medicines training. It's very good and we are assessed to make sure we are safe." People's medicines care plans were personalised and set out how they wanted to receive their medicines and whether or not they could take responsibility for some or all of their medicines. People's individual MARs (medicines administration records) were audited monthly by a manager and action taken if any improvements were needed. We sampled people's MARs and those we saw were completed correctly with no gaps or errors evident. Regular auditing of medicines was carried out to ensure any errors could be rectified and dealt with in a timely manner. Staff told us and records confirmed they were trained to administer medicines safely.

There were systems in place to prevent the spread of infection. One person said, "The Staff clean my room every day, it is so clean." Staff we spoke with could describe infection control procedures and told us they had plenty of personal protective equipment (PPE). One staff member said, "There's always plenty of gloves and aprons." Staff followed suitable procedures to ensure the risk of cross infection was minimised. For example, we saw staff wearing aprons and gloves when they assisted people at lunchtime. We saw the building was clean and tidy. However, there were areas that were shabby with scratched paintwork and worn furniture and old and stained carpets that despite regular cleaning remained stained. During our inspection, we saw that housekeeping staff were vacuuming and cleaning the communal areas. Relevant staff training in infection control and food hygiene had taken place.

Staff understood their responsibilities to raise concerns in relation to health and safety and near misses. Accidents and incidents were recorded and monitored by the manager to ensure they had been managed appropriately and lessons learned. The manager told us, "We complete a monthly analysis of all accidents and incidents and we agree on actions to make improvements." This demonstrated that the provider made

improvements and looked at what lessons could be learned when things went wrong.

Requires Improvement

Is the service effective?

Our findings

We found the provider had made some improvements to the service such as refurbishing several bedrooms and servicing essential equipment. They had purchased dining equipment such as cutlery and table clothes and completed on-going maintenance issues. However we found that people's needs were not always met by the adaptation, design and decoration of the service. For example, we found that several bedrooms had an unpleasant odour, where their carpets were stained and worn. In one bedroom there had been a leak and the carpet was wet and this room had a strong odour. We brought this to the attention of the manager who said they would arrange for the person to sleep in another room and a new carpet could to be provided if necessary. Both sluice rooms were in need of refurbishment. They were not easy to clean and walls and floors were stained. Several toilets needed to be sealed around the base and in the bathroom on the upper floor some tiles had fallen off the wall and there was a wire exposed behind this area.

Windows in many of the areas of the service had condensation in the pains obscuring peoples view to the outside. All the corridors were in need of redecoration. One wall in particular had large areas of damp and the paintwork had started to bubble. The paintwork on all the skirting boards was chipped and scuffed. Carpets in communal areas and in some bedrooms, were badly stained, worn and some had frayed causing a trip hazard. The dining room and the activities room were in need of redecoration. Paintwork was chipped, flooring had started to raise up and furniture in some of the rooms was in need of repair.

The laundry area was not fit for purpose. The paint on the walls was peeling off the brick work and the walls and floor were not easily cleanable to ensure a clean and hygienic environment for washing clothes. Cupboards in this area were all broken where clothing and bedding were stored.

At the time of our inspection we found the garden was becoming overgrown making it difficult for people to access easily. The maintenance manager told us this was because the gardener had left. However they had recently employed a new gardener who was on their induction and hoped to get the gardens maintained soon.

We looked at the most recent staff survey and saw comments that included, "The home needs a good re-decoration." "We need the decoration doing and the dining chairs are falling to bits." Another read, "Carpets are old and stained and the floor in the activities room is coming up." Another was "The whole home needs refreshing."

The manager completed a monthly audit of the environment and this had been sent to the provider, regularly so they were made aware of the issues within the premises. However, to date no action had been taken to address the issues by the provider. We spoke with the area manager and the maintenance manager who told us that a refurbishment of the service could possibly commence in July 2018. However, this would be dependent on the availability of enough maintenance staff to undertake the work.

These issues were a breach of Regulation 15 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014, Premises and equipment.

People's care was effectively assessed to identify the support they required. Each person received a pre-assessment of their needs before moving in, to enable the service to support them effectively. Assessments included a summary of people's cultural and religious needs so staff were aware of these as soon as people began using the service and could ensure they were met.

People received care from staff that had the knowledge and skills they needed to carry out their roles and responsibilities. One person said, "Oh yes the staff are very good. They have been well trained and know how to care for us." A relative told us, "The staff are very confident. They know how to do their job and are professional whilst being caring and friendly."

A visiting health professional told us. "The staff are knowledgeable and very quick to inform us if there are any concerns. They recognise when things are beyond their experience and will call us."

Staff told us they received the right training to carry out their roles, including support to achieve national health and social care qualifications. One member of staff said, "The training is very good; it helps give us the knowledge to do the job." Another staff member told us about their induction training and said they had spent a week completing all their mandatory training and then were able to shadow a more experienced member of staff, to support them in gaining the right skills and knowledge to meet the needs of the people using the service. Records conformed that all staff had completed an induction when they first commenced at the service and received regular on-going training. In addition, they received specialist training in relation to dementia care, equality, diversity, dignity and human rights and tissue viability.

Staff told us they were supported through one to one supervisions. Supervision is a meeting with a manager to discuss any issues and receive feedback on a staff member's performance. They said, "Supervisions have been very effective for me in my new role as senior carer. All the issues I have raised have been dealt with."

People told us they enjoyed the food served at the service. One person said, "The food is good there is a choice and there is plenty of it. It is very tasty and hot I usually have it brought to me in my room. Any thing I want they get for me. I am very satisfied here the staff are very good." Another told us, "The food is fantastic here. I have dinner and its really sociable. They know what I like and what I cannot eat." A relative commented, "[Relative] really likes the food. You get two choices and its very good quality. [Relative] was a good cook and does like their food. They can have anything they want for breakfast, a hot dinner and puddings."

We spent time observing people at lunchtime. We saw that staff were available to assist and/or encourage people to eat and drink. This was done discreetly and staff socialised with people while supporting them and joined in conversations and banter. The atmosphere was pleasant and relaxed and people could take as long as they liked over their meals. We saw that one person did not eat fish so was provided with sausages. Another person was tempted out of their room for dinner by offering them a curry sauce with their fish, which they liked. The cook was flexible as to people's preferences and offered snacks /fruit all day long and full cooked breakfast in the morning. The cook knew which people had fortified drinks and pureed meals and this was recorded in the kitchen.

Within the care plans we saw there was guidance for staff in relation to people's dietary needs, their likes and dislikes and the support they required. Where it had been identified that someone may be at risk of not eating or drinking enough, appropriate steps had been taken to help them maintain their health and well-being. Training records showed that staff had received up to date training in nutrition and food hygiene.

People were supported to access external health professionals when they needed to for the purposes of

routine health. For example, in one person's record we saw a dietitian had been called when one person had developed swallowing difficulties. A relative told us, "The GP comes very quickly if they are needed or I take [relative] too." Staff confirmed there was regular contact with a doctor and any health problems were referred to appropriate professionals as required.

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 people lack mental capacity to take particular decisions, any decisions 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 it is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). A DoLS provides a process by which a provider must seek authorisation to restrict a person's freedoms for the purposes of their care and treatment. At the time of our inspection there was no one with a DoLS authorisations in place.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring. One person said, "The staff are very kind and very careful when dressing and looking after me when I have a shower. Sometimes I prefer a good wash and they are good they just give me a good wash when I want it." Another person commented, "The staff are all very supportive and very kind they are all very good." A relative told us, "They treat [relative] like they are special and they all care for them really well. They are always around and give them big hugs; staff bring in their dogs on their day off because they know [relative] used to have a dog. They know a lot about their history too. Staff give their time freely after work at special events."

Staff were caring in their interactions and spoke politely to people giving them time to answer. When one person shouted for assistance, staff responded quickly and assisted the person in a dignified manner checking they were comfortable. Staff communicated with people effectively and used different ways of enhancing that communication, for example, by touch and altering the tone of their voice appropriately.

We looked at compliments received from relatives of people using the service. One read, 'Thank you for the patience you gave my [relative]. Only a short time but it made all the difference to their last months with us.' Another read, 'We find it difficult to put into words our appreciation for your kindness and help you have given [relative] over their stay with you. We all felt that they were part of a vibrant community where every member of staff showed the highest standards of care and professionalism.'

People told us they were treated with respect and dignity when being supported by staff. One person said, "The staff do respect my privacy and dignity. They are very good." Throughout the inspection, we observed staff were courteous, polite and consistently promoted people's rights by listening carefully, offering choices and respecting decisions. For example, we saw they responded promptly, calmly and sensitively when helping a person to sit comfortably. We observed that a person required assistance with their personal hygiene and became upset about this. A staff member provided reassurance to the person and discreetly supported the person to the toilet.

Staff we spoke with consistently showed they understood the importance of ensuring people's dignity was preserved. They were able to give examples of how they did this, which included closing doors, approaching people quietly, and covering people when they received personal care. Staff also described how they encouraged people to remain independent. A staff member told us, "We try to get people to do as much as they can for themselves safely." People we spoke with confirmed this. One person said, "The staff know what I can and cannot do and if I can't do something they will help. They have helped me with my walking a lot. They encourage me to use my frame not my wheelchair." Our observations at lunch showed that staff encouraged people to carry out some tasks independently such as supporting people to use their cutlery when eating and verbally encouraging people to eat independently.

People's care plans showed friends, family relationships and contacts that were important to them and how they were involved in people's care. There was a document that detailed people's life history that included information about the person's previous work, family and people that were important to people and their

particular likes and dislikes. The care plans showed that people's wishes were considered. People confirmed that they had not experienced any restrictions on visiting hours for friends and relatives. They told us they were supported to maintain relationships which were important to them. One person said, "There is no particular visiting time, visitors can come anytime." A visitor we spoke with also confirmed this.

The manager told us they would provide people with information about how to access advocacy services if required and we saw this information displayed around the service. This is an independent service which is about enabling people to speak up and make their own, informed, independent choices about decisions that affect their lives.

Good

Is the service responsive?

Our findings

The manager and staff provided a service to people that was personalised and focussed on making people's quality of life as positive as possible. One person told us, "I don't have a shower I prefer to have a bath. The staff know that's what I like and they make sure I have a good soak because they know it helps ease my pain." Another person said, "When the staff move me around they are very careful, gentle and kind. They know how to move me so it doesn't hurt." A relative commented, "The staff provided [relative] with a walking frame. It's much better and [relative] can get around on their own so they can be independent."

People received an assessment of their needs before they came to stay at the home. As part of the pre-admission process, people and their relatives if required were involved to ensure that staff had a good insight into people's personal history, their individual preferences and interests. From this information a plan of care and support was developed, ensuring the person was at the centre of their care. The care pans reflected how each person wanted to receive their care and support. One staff member said, "We like to gain as much information as possible so we know exactly how to support a person."

We reviewed care records and found that people had been asked for information prior to moving in. People's care plans considered their diverse needs, including those related to disability, gender and other protected characteristics. For example, we saw that some sections of the care plan asked people what music made them happy, sad and wanting to dance to. Care plans were comprehensive and provided detailed guidance for staff to follow so they were able to fully meet people's needs.

During our inspection, we saw that staff knew people's likes and dislikes and were able to personalise their interactions with people. Staff clearly knew what things people liked to talk about, their preferred names, and things that they liked. For example, we saw staff talking with people about the music they liked, what they wanted to do that day and about the weather which one person was very interested in. One person told us, "I love to sit in the garden under the umbrella; we go outside when we can. My neighbour comes and we watch films together."

Staff understood the need to meet people's social and cultural diversities, values and beliefs. For example, some people were visited by a church leader that visited them every three weeks. One person was visited by the Salvation Army another person had requested to be visited by a spiritualist and this was being looked into by staff at the service. An activities coordinator was employed by the service and had a comprehensive programme of activities. One person commented, "I have been to the garden centre with [activities coordinator]. They take me and we buy the plants for the garden." A relative informed us, "They take my [relative] swimming and they love it. They have volunteer drivers for the minibus and go on trips."

Staff told us they were guided by people's wishes and preferences when it came to arranging activities. They had an excellent understanding of people's needs and continued to find ways of supporting them. People told us that there was always something for them to do if they wanted to. One person said, "I like to read my papers I get them every day." We observed activities taking place throughout the day - some planned and some not. We noted that the use of the television was kept to a minimum, and people were encouraged to

participate in activities that were meaningful for them. Activities included exercise groups, swimming, a visiting singer, bingo, baking, darts, flower arranging and jewellery making. We also saw evidence to suggest that the service had organised themed events to celebrate key dates and holidays such as Christmas and the Royal Wedding.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

Everyone we spoke with told us they knew how to make a complaint or raise a concern. People told us they felt the staff team were approachable and that they would feel comfortable speaking with a member of staff if the need arose. One person told us: "I have not got any complaints it's very good here but I would complain if I wasn't happy." A relative said, "I would feel comfortable to raise any worries I had. I've not had to do it yet but [name of manager] is always about and easy to talk to." Staff we spoke with were clear that they would report any complaints they received to a senior member of staff.

We saw clear information had been developed for people outlining the process they should follow if they had any concerns. The complaints log showed that there had been two complaints made about the service by relatives of people using the service. Records provided to us showed that these complaints had been fully and a full response provided to the complainant. This showed that people were listened to and lessons learnt from their experiences, concerns and complaints.

Staff understood the importance of supporting people to have a dignified end of life as well as living life to full whilst they were fit and able to do so. Comments received from relatives following a family members death included, 'There are no words good enough to express my feelings of your support and kindness you gave me and [relative]. How can I ever thank you for standing by my side, holding my hand and watching the tears fall. I cannot praise you enough for fighting for [relative] like the way you did. All I can say is thank you a thousand times and more.'

We saw that all staff had received training in end of life care and the manager told us they would involve appropriate health professionals such as a GP to ensure medicines were available to deal with pain management. Also, if the person required religious or spiritual support they would contact the relevant places of worship and involve family where possible. A staff member said, "We have all had end of life training. It's about making sure the person is comfortable as possible, making sure they are not alone and supporting their family."

Requires Improvement

Is the service well-led?

Our findings

The previous registered manager and the current manager in post at the time of our inspection had completed regular monthly audits of the environment and sent these to the provider to make them aware of numerous improvements needed at the service. However, the provider had failed to take action to ensure the environment was decorated and adapted to a consistent standard to meet people's needs. At the time of our visit there had been routine maintenance carried out but the areas that the environmental audits had identified and which we also noted during our inspection had not been addressed by the provider.

During this inspection, we found there was a manager in place who was in the process of registering with the Care Quality Commission. People were very positive about the care they received and about the management of the service. One said, "[Name of manager] is always around and they are very approachable. They come to see if we are ok and they talk to us as a group. The staff are very understanding and caring." Another person commented, "Well there is nothing I need, they provide everything they are always kind and caring." A relative told us, "As soon as we came to look round we knew this was the one. The atmosphere is caring, friendly and like home. On top of that the care that [relative] gets is second to none. I know they couldn't get any better."

People told us they felt they were included and valued and received the care and support they needed to help them live as independently as possible. One person said, "I try to stay independent and the staff know this. They only help me a bit because that's what I want. They keep an eye on us and come in to my room at night to check if am ok. They also check my buzzer too." A relative commented, "[Relative] is supported enough to be independent and they can ask if they need help and staff are there straight away. There always seem to be plenty of staff around."

Many people complimented the new manager for their kindness and support. One said, "Staff seem to be happy. I don't think the staff will have a problem with [manager]. She is approachable and she is here at different times not always mid-week. She does the job she needs to do and is very approachable." Everyone we spoke with knew who the manager was. This was because they had previously been the deputy manager and people and staff knew them well.

Staff told us the manager ensured the culture at the service was open and transparent and they were positive about the leadership of the service. They also told us the manager was approachable and supportive and acted on suggestions made. Staff felt when they had issues they could raise them and felt they would be listened to. One staff member told us, "The manager is very open and always around if you want to talk with them. They work hands on and know what we do and what the challenges can be." All staff without exception told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures.

Staff told us they felt valued and respected by the manager. One staff member said, "They [meaning the manager] treat us with respect and listen to what we have to say." Regular staff meetings were held and staff were able to exchange information and share best practice ideas. This was to make them aware of any new

initiatives or changes taking place in the service.

We found there were systems in place to check the quality of the care provided. Quality audits relating to medication recording sheets, accidents and incidents and daily record sheets were regularly undertaken. These had been analysed and areas requiring attention were supported with action plans to demonstrate how continuous improvements would be made.

People were regularly asked to comment on the quality of their care. This was gained using satisfaction surveys and residents and relative's consultation meetings. One staff member told us, "We are asked for our opinions and we are listened to. We do have a say."

The registered manager told us that they were aware of their responsibility to submit notifications to the Care Quality Commission (CQC). A notification is information about important events that the service is required to send us by law in a timely way.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The physical environment was not decorated or adapted to a consistent standard to meet people's needs. Where environmental audits had identified areas of the premises that needed substantial improvements, actions had not been taken by the provider to address the issues.