

London Residential Healthcare Limited Solent Grange Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Solent Grange Nursing 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. Solent Grange is registered to provide care for up to 89 people, including people who are under a temporary rehabilitation arrangement. At the time of the inspection, there were 44 people living at the service, some of whom had a diagnosis of dementia.

People's experience of using this service:

People told us they liked living at Solent Grange and felt safe.

There were enough staff to meet people's needs and they had been recruited safely. Staff received appropriate training and support to enable them to carry out their role effectively.

Appropriate safeguarding procedures were in place to protect people from the risk of abuse. Staff knew how to report concerns and were confident that anything they raised would be taken seriously by management.

Medicines were managed safely and in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored and administered appropriately.

People had access to health and social care professionals where required and staff worked together co-operatively and efficiently.

Staff treated people with kindness and compassion. Staff had developed positive relationships with people and their relatives and knew what was important to them.

People had clear, detailed and person-centred care plans, which guided staff on the most appropriate way to support them.

People, their relatives and staff members commented positively about the management of the service and felt that the service was well-led. The provider was engaged with the running of the service and staff and people told us they were approachable.

The registered manager and provider carried out regular checks on the quality and safety of the service.

The service met the characteristics of Good in all areas. More information is in the full report.

Rating at last inspection:

The service was rated as Good at the last full comprehensive inspection, the report for which was published on 25 October 2016.

Why we inspected:

This was a planned inspection based on the previous inspection rating.

Follow up:

There is no required follow up to this inspection. However, we will continue to monitor the service and will inspect the service again based on the information we receive.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Solent Grange Nursing Home

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was conducted by two inspectors and an expert by experience [ExE]. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Solent Grange is a care home registered to accommodate up to 89 people who require nursing or personal care. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We did not give notice of our inspection.

What we did:

Before the inspection we reviewed information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We also considered 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 twelve people living at the service and four relatives. We spoke with the

the registered manager, the deputy manager and the regional manager of the provider's team. We also spoke with nine members of care staff, two nurses, a housekeeper, a member of catering staff, an activities coordinator and the in-house training co-ordinator. We looked at nine people's care records, staff training and recruitment files, records of accidents, incidents and complaints, and audits and quality assurance reports.

Following the inspection, we gathered further information from four external health and social care professionals.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and secure living at Solent Grange. One person said, "I feel very safe, they [staff] treat me very well."
- People's relatives told us they were confident that their loved ones were cared for safely by staff. One relative commented, "I know [my relative] is safe here, I've got nothing to worry about."
- There were robust processes in place for investigating any safeguarding incidents. We saw records which confirmed that where abuse was suspected, action had been taken immediately and thoroughly investigated. There were systems in place so that any concerns would be reported to CQC and the local safeguarding team when needed.
- Staff had received training in safeguarding adults and knew how to recognise and report abuse to protect people.
- A senior member of staff was appointed as a 'safeguarding lead', who helped other staff to understand their safeguarding responsibilities through further training and role play scenarios. The service also had a 'safeguarding access point' on each floor of the building, where staff could access information about safeguarding, reporting forms and key contact numbers.

Assessing risk, safety monitoring and management

- Risks to people were assessed, recorded in their care plans and updated when people's needs changed.
- Risk assessments in place included areas such as, moving and positioning, skin integrity, medicines management, the use of bed rails and behaviours.
- For people who were at risk of developing pressure sores, we found that clear guidance was available to staff about how these should be prevented. Information included advice on regular repositioning and the provision of pressure relieving equipment, such as specialist mattresses. Where people required a specialist mattress, there was a system in place which showed these were checked twice daily, which ensured they remained at the correct setting.
- Where people had fallen, the service had a robust falls assessment procedure in place, which included the completion of a falls risk assessment, recording of an accident log and following a clear post falls assessment protocol. This meant that staff followed an observation period and completed a body map which identified any signs of injury. The registered manager used this process to monitor any trends and patterns in falls and identified action taken to minimise the risk of falls re-occurring.
- People who were at risk of malnutrition and dehydration had clear and up to date information within their risk assessment of how this should be monitored and managed by staff. This included information about their likes and dislikes of certain food, and the implementation of food and fluid charts, so that their intake could be closely monitored.
- On reviewing the monitoring charts that had been put in place for food and fluid intake, position changes, people's weights and wound charts, these demonstrated that care was being provided as highlighted within

people's care plans and risk assessments.

- Equipment such as hoists and fire safety equipment were serviced and checked regularly.
- Personal evacuation and escape plans had been completed for each person, detailing action needed to support people to evacuate the building in the event of an emergency.

Staffing and recruitment

- There were enough staff to meet people's needs and keep them safe. Throughout the inspection we observed that people were given the time they required and were not rushed by staff. Where people rang their call bells, we saw staff attended to these promptly, which people confirmed to us.
- Staffing levels were determined by the number of people using the service and the level of care they required. The registered manager also used a comprehensive dependency tool to help determine the number of staff required. This was reviewed regularly and updated according to people's needs.
- Staff told us they did not feel rushed in their roles and felt the level of staffing had improved. Short term absences were covered by existing staff members working additional hours or agency staff. One staff member said, "I don't feel rushed at all, I'm there for clients when I need to be" and another said, "Whenever we are short of staff, we have support from an agency. [The deputy manager] is straight onto the phone sorting it out."
- Recruitment checks had been completed to ensure that new staff employed were suitable to work at the service. However, where staff had gaps in their previous employment history, these were not always explored and an explanation for the gap was not recorded. By the second day of the inspection, the registered manager had amended the application form completed by staff to ensure any gaps in employment were accounted for and recorded. They also arranged to discuss gaps in employment for existing staff where identified and record this appropriately.

Using medicines safely

- People were supported to take their medicines safely and as prescribed.
- There were suitable systems in place to ensure that medicines were securely stored, ordered and disposed of correctly and safely, in accordance with best practice guidance.
- Staff had been trained to administer medicines to people appropriately and their competency was checked regularly to ensure they remained safe to do so.
- Medicines administration records (MAR) were completed correctly and indicated that people received their medicines as prescribed. We observed nursing staff administering medicines in an appropriate and safe manner.
- Clear information was available to staff about how people preferred to receive their medicines. For example, one person's medicines record stated, 'I like one tablet at a time, from a spoon, followed by a drink after each tablet.'
- Each person who needed 'as required' (PRN) medicines had clear information in place to support staff to understand when these should be given, the expected outcome and the action to take if that outcome was not achieved.
- Stock checks of medicines were completed monthly and medicines audits were completed weekly to help ensure they were always available to people and medicines were being provided as prescribed.
- Controlled drugs were stored in accordance with legal requirements.
- Safe systems were in place for people who had been prescribed topical creams.
- Where people required their medicines to be given covertly, clear guidelines were in place for staff to administer this accurately and as prescribed. Advice had also been sought from a medical professional as to the most appropriate method of administering the medicine.

Preventing and controlling infection

- The home was clean, hygienic and well maintained. Domestic staff were employed within the service and

staff completed regular cleaning tasks in line with set schedules.

- There were processes in place to manage the risk of infection and personal protective equipment (PPE), such as gloves and aprons, were available throughout all areas of the home. Staff were seen using these when appropriate. One person told us, "They always wear gloves and an apron when giving me personal care."
- The laundry room was clean, organised and measures had been taken to ensure the risk of infection was minimised. For example, there was a dirty to clean flow for laundry, and all clean laundry was kept in a separate room following washing. This helped to prevent cross contamination.
- Infection control audits were completed regularly by a member of the management team and we saw that actions had been taken where required.
- Staff were trained in infection control. There was an up to date infection control policy in place, which was understood by staff.

Learning lessons when things go wrong

- A clear system was in place to monitor accidents and incidents. The registered manager produced a monthly summary of all incidents and accidents that took place within the service. This meant that any patterns or trends could be easily and quickly identified to ensure people's safety. Information of all incidents and accidents was also shared with the provider's compliance team along with a clear action plan of any follow up actions taken.
- Where medicine administration and recording errors had occurred, this was reported and shared with an external medicine's management team for advice. Additional staff training and reflective supervision was also provided where required.
- Staff were given information about any incidents that had occurred during the handover between shifts. This meant that staff could provide support to people that recognised any impact on their wellbeing.

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- Pre-admission assessments were completed by the registered manager before people moved into the home to ensure their needs could be met. This included an assessment any specific equipment that people required.
- A clinical review of people's needs and health conditions was held during a daily meeting between care and nursing staff. This ensured that any changes in people's needs or medical attention required could be identified and followed up in a timely manner.
- The service used technology to monitor people's general health and take action where appropriate. For example, a variety of health monitoring equipment was used as part of a 'Telehealth' scheme in partnership with a local medical centre. With the consent of the person, trained staff used the equipment to take their observations, such as blood pressure, temperature and pulse, which could then be sent electronically to the medical centre. This enabled staff to identify adverse readings and highlight this to medical professionals immediately. A health care professional commented of the scheme, "The [staff] are very thorough and have welcomed the use of the Telehealth system to record accurate measurements on the residents so that we can anticipate if there has been any decline in their health, and act promptly when needed."
- Furthermore, an electronic call bell system allowed people to call for assistance when needed and pressure-activated floor mats had been used to alert staff when people moved to unsafe positions.

Staff support: induction, training, skills and experience

- People received effective care from staff that were skilled, competent and suitably trained. One person said, "Lots of good care goes on here" and a relative commented, "I am always impressed at the quality of care I see."
- New staff completed a comprehensive and structured induction programme relevant to their role, which had been developed by an in-house training co-ordinator. This included essential training, working alongside senior members of staff and learning about key documents and procedures within the service.
- Staff had completed a range of training to meet people's needs effectively. Training was delivered in a variety of ways such as in-house classroom sessions, online 'e-learning' and practical training with external providers. The training was refreshed and updated regularly.
- A system was in place to monitor staff training and ensure staff kept up to date with their knowledge of current practice. Where staff training had not been refreshed in the timescales specified by the provider, this had been identified promptly and arranged for staff to complete.
- Staff received regular one-to-one sessions of supervision, which they told us they found useful. These provided an opportunity for the registered manager to meet with staff, discuss their training needs, identify any concerns, and offer support. A staff member said, "[Supervisions] are really good. Every time we have talked about things, things change and get done. [The registered manager] has helped me to better myself."

- Staff used a computer programme which enabled them to access a range of useful tools relevant to their role; this included online training courses, best practice documents, information about the provider, standard guidance and policies and procedures.

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

- People were complimentary of the quality and choice of food available. One person said, "[Staff member] is a marvellous cook, lovely" and another said, "You definitely get enough to eat. My favourite is the fish pie." Menus were personalised to people's needs and preferences and people received a balanced diet.
- Throughout the inspection, people were offered drinks and snacks regularly. Care records and food and fluid charts also demonstrated people had choice and access to sufficient food and drink throughout the day and night.
- Where people were at risk of poor nutrition and dehydration, plans were in place to monitor their needs closely and professionals were involved where required to support people and staff.
- People's care plans clearly highlighted people's food preferences, such as the type of diet they required, any food allergies and the level of assistance they needed. Where people were supported to eat, this was done in a relaxed and encouraging manner.
- Mealtimes were a sociable experience for people who chose to sit in the dining room.
- People were supported to be independent at mealtimes. For example, they were provided with adapted cutlery and plates of contrasting colours where required, to enable independence. In addition, people were provided with the opportunity to 'help themselves' and prepare their own breakfast if they wished to.

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

- People were supported to access healthcare when needed and to participate in regular health checks. For example, people were supported to access dentists, chiropodists, doctors and hospital appointments. A relative commented, "If [my relative] needs any treatment, he is looked after well and there are no issues."
- A range of well-known tools were used to monitor people's health and wellbeing in line with best practice guidance. For example, staff used nationally recognised tools to assess people's pain levels, risks of developing pressure injuries and to monitor their bowel movements.
- Care records also demonstrated that other specific healthcare needs were being appropriately met. For example, where a person had a wound, this was being redressed regularly and was showing signs of healing. For another person with a wound, further advice and guidance had been sought from the tissue viability nurse specialist on how to best care for the wound and promote healing. The service received a weekly visit from the local GP which allowed people's health needs to be discussed in a timely manner.
- When people's needs changed, staff sought the support of health care professionals in a timely way to ensure the person got the right support. For example, when a person's mobility needs had changed, records showed that advice and support had been requested from occupational therapists and physiotherapists.
- The service ensured that people received consistent and coordinated care if they were required to move between services; such as requiring a hospital stay. This was done by providing the receiving service with up to date and relevant documentation and a verbal handover.
- Changes to people's health needs and any visits from health care professionals were well documented in their care plans, with records of any follow up action taken. This ensured a consistent and joined-up approach to achieving people's needs.

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

- The home was well maintained, calm and people could move around freely. The environment had been designed and adapted to promote people's safety, independence and social inclusion.
- The home was set over three floors, each floor had its own communal lounge and dining area. Floors could be accessed by a passenger lift and the flooring was suitable for people with mobility needs.

- Consideration had been given to some areas of the home to support people living with dementia or poor vision, such as signs on toilet, bathroom and bedroom doors. Hand rails were in place along corridors and these were of contrasting colours to the walls. One floor of the service had an indoor garden and kitchen area, which was specifically designed for people living with dementia. Furthermore, the registered manager told us of an ongoing programme of redecoration, which included a renovation project to make the home more dementia friendly.
- People's bedrooms were decorated to their taste and individual interests, with personal possessions, furniture and photos.
- People had access to a large, pleasant garden area, which was suitable for those with limited mobility.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff were knowledgeable about how to protect people's human rights in line with the MCA and received regular training on this topic.
- During the inspection, we observed staff seeking people's consent before assisting them with all aspects of their care.
- Where people were able to, consent forms had been signed and recorded in their care plans regarding the care and support they received.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. MCA assessments and best interest decisions were completed and recorded appropriately, where required.
- We checked whether the service was working within the principles of the MCA and found that they were. DoLS applications had been made where appropriate and others were awaiting assessment by the local authority. The registered manager had a system in place to ensure that all DoLS authorisations did not exceed their expiry date.

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were supported by kind, caring and compassionate staff. One person told us, "The staff just do what you ask and are always pleasant" and another commented, "They are always looking in on you. I'm always being asked if I'm OK."
- Staff were friendly and polite. Staff spoke with people respectfully, ensured they were at eye level and addressed them in a way they preferred.
- Interactions between staff and people were natural and showed positive relationships had been developed. We overheard one person say to a staff member, "Oh you are wonderful, you couldn't be any better!", whilst giving them a big hug. Another person told us, "It's always nice, here and I feel like part of a big family."
- Staff joined in with group and individual activities and offered people support if required. Staff were considerate of people's interests and preferred topics of discussion and encouraged their participation in conversations.
- Staff recognised when people needed emotional support and reassurance, and provided this in a caring way. For example, we observed a person telling a staff member that he did not feel himself and had woken up 'feeling a little lost'. The staff member took time to sit and listen to the person, offering them reassurance and reminding them of their independence and what they enjoyed doing around the home. We saw that this clearly made the person feel valued, empowered in their own abilities and gave them a purpose to their day. The staff member then asked the person if they would like to go for a walk outside, which they happily accepted.
- People's cultural and diversity needs had been assessed and were detailed within their care plans. This included people's needs in relation to their culture, religion, sexuality and gender preferences for staff support.
- Staff completed training in equality and diversity and the registered manager and staff were committed to ensuring people's individual needs and choices were met. For example, the registered manager described the actions they had taken in the past when a person of a particular religion was living temporarily at the service. This included adapting the available menu and arranging for a member of the person's religious group to visit the service.
- The registered manager worked hard to build positive relationships with people's friends and families. Where appropriate, people told us they were kept informed of any changes or updates in their relative's care. One relative told us, "We are always made to feel welcome here" and another said, "They ring me about anything I need to know."
- Special events in people's lives were recognised and celebrated by staff. For example, where a person had celebrated a milestone birthday, staff had organised a party and invited the person's family. We saw a 'thank you' card from one of the person's relatives, which stated, "We really cannot thank you enough for all the

kindness, help and generosity of spirit in making this such a memorable occasion."

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

- Staff showed a good awareness of people's individual needs, preferences and interests. Care files included information about people's life histories and their preferences. Staff used this information when talking with people.
- People's communication needs were identified, recorded and highlighted in their care plans. This ensured that staff were aware of the best way to talk with people and present information. For example, one person's communication care plan stated, "Staff should speak clearly and slowly and give me time to reply." Furthermore, information was recorded about how the person's diagnosis of dementia affected their ability to understand and communicate, which ensured that staff had a clear understanding of the person's abilities.
- Staff provided people with choice and control in the way their care was delivered. Throughout the inspection, we observed people being given a variety of choices about what they would like to do and where they would like to spend time. This was done in a patient and attentive manner. For example, we overheard a staff member asking two people if they would like to do a puzzle together, the staff member commented, "I'll show you a few and you can choose which one you'd like to do."
- Staff spoke respectfully about people's involvement in decisions about their care. For example, one staff member said, "One [person] can take up to an hour with personal care, but that's ok, that's her choice. I won't rush her as I want to help her exactly as she wants it to be done."
- The registered manager was aware of how to request the services of independent advocates if needed. Advocates can be used when people have been assessed to lack capacity under The Mental Capacity Act 2005 for a specific decision and have no-one else to act on their behalf. We saw examples in people's care plans where advocates had supported people to make choices about their care.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect and provided compassionate support in an individualised way.
- Throughout the inspection we saw that staff took steps to protect people privacy, such as knocking on their door before they entered and speaking with people quietly and discreetly about any personal care if they were in a communal area.
- Staff described how they took action to protect people's dignity and privacy when supporting them with personal care, such as covering them with a towel and closing the door. A staff member commented, "I always put a towel over people's bottom half whilst helping them with their top half. I talk through everything, so they are aware of what I'm doing."
- People were supported to maintain their independence as much as possible in their daily routines. One staff member described how they encouraged people's independence when providing personal care; they commented, "I encourage people to do as much as possible, I just do the bits that they can't. I never want them to feel I am taking over."
- Staff handovers and discussions about people and their care needs took place in private areas and records were stored securely and confidentially.
- Information in people's care records reminded staff of the importance of maintaining people's dignity in a way which they preferred. For example, on person's care plans said, "I like to look smart, feel clean and fresh. Please ensure my clothes are well kept and well fitting."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Assessments were completed before people moved into the service, to determine whether their needs could be met appropriately. These were used to develop detailed and person-centred care plans for each person.
- Care plans contained clear guidance for staff about the level of support people needed with their personal care and daily routine. This took into account people's preferences and wishes around how they wished to receive support. Care plans were reviewed on a monthly basis and were updated appropriately where people's needs had changed.
- Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences. This enabled them to engage effectively and provide meaningful, person centred care. Staff had access to key information about people's care needs and used this information to help ensure they supported people in line with their preferences.
- The service employed three activities coordinators and people were provided with a range of activities. Activities included; visits from external entertainers, arts and crafts, music, quizzes, reminiscence, baking and exercises.
- People commented positively on the variety of events and activities held at the service. One person told us. One person said, "I always have something to do" and another commented, "I'm never bored here."
- The service was responsive to considering peoples interests and how this impacted upon their wellbeing. For example, we spoke with a person who told us they had brought their musical instrument with them when they moved into the home and were encouraged to play, which they enjoyed doing freely. They further commented on an outing with staff, in which they had been able to play the musical instrument in a local church.
- People who remained in their rooms were offered one to one activities regularly; such as reading, singing, music, hand massage and games. We were also told by the registered manager that people had been visited in their rooms by the 'pat dogs', donkeys from the local donkey sanctuary and smaller animals.
- Activities staff held theme days to celebrate special events and days. For example, we saw pictures of a fayre which was held to celebrate Easter, with Easter themed baking and a raffle.

Improving care quality in response to complaints or concerns

- The service had a clear policy and procedure in place to deal with complaints appropriately. Information about how to raise a complaint was clearly displayed in the main reception area of the service, along with contact numbers for the local authority complaints team and the CQC.
- We viewed records of recent complaints. These had been investigated thoroughly and responded to promptly, in accordance with the provider's policy. The registered manager described how they used complaints to help identify learning and to improve the service.
- The registered manager and staff regularly engaged with people and their families so that any low-level

concerns could be addressed quickly. Feedback was sought through formal questionnaires and through daily conversations and observations of people.

End of life care and support

- At the time of the inspection, 10 people living at Solent Grange were receiving end of life care. An individualised care plan and recording tool was used where people had been assessed as requiring end of life care, which focused on the priorities of caring for people at the end of their lives and detailed information about their wishes and preferences.
- The registered manager and staff were able to provide us with assurances that people would be supported to receive good end of life care and effective support to help ensure a comfortable, dignified and pain-free death. Staff had received training in end of life care and demonstrated that they understood this.
- Staff were considerate of people visiting their relatives towards the end of their lives. A relative's room was available at the home, which allowed people's friends and families to be closer to and remain with loved ones who were very near the end of their life.

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People told us they enjoyed living at Solent Grange and felt the service was well run. People's relatives were confident their loved ones received high-quality and person-centred care. A relative comment from a recent survey stated, "[Solent Grange] is a really good care home, with informative, respectful and caring staff."
- There was an open and transparent culture within the home. The registered manager was aware of their responsibilities to notify the CQC of significant events, and the previous performance rating was prominently displayed in the hallway of the service.
- Staff felt well supported by the management team, which enabled them to deliver effective care and support. Staff comments included, "I feel like I can go to the [registered] manager or deputy manager at any time; they are both lovely", "[The registered and deputy manager] are brilliant and very approachable. I cannot sing their praises enough" and, "I can go to [the registered manager] with anything, his door is always open and he will help me."
- The registered manager was aware of their responsibilities under the duty of candour, which is a requirement of providers to be open and transparent if things go wrong with people's care and treatment.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since the previous inspection, there had been changes to the management team of the service. Throughout the inspection, it was evident that the new registered manager in post and their team were passionate and committed to delivering high-quality care.
- Feedback we received highlighted that improvements had been made within the service following the changes in management. A relative commented, "[The registered manager] should be proud of what he has done here and how much it has improved."
- The registered manager understood their responsibilities as a leader and had previously worked within the service as a nurse. They demonstrated an in-depth understanding of each person's needs and on occasion worked alongside care and nursing staff to provide people with support. A staff member commented, "[The registered manager] was helping a person the other day who had split their dinner. He just cracks on and helps out."
- We received positive feedback from health and social care professionals about the registered manager. One health care professional said, "The [registered] manager is always very approachable and keen to maintain high standards of care for his residents."
- The registered manager spoke passionately about the vision of the service and their aim to realise the

potential of the service, whilst giving staff the confidence to do so and create a family feel to the service.

- The registered manager and staff told us they felt supported by the provider and their team of representatives, who visited the home regularly. They commented, "[The provider's representative team] are brilliant. I can pick up the phone and they always give us fresh ideas for us to work with. They are involved with anything going on and staff know them personally."
- The home had comprehensive quality assurance processes in place. A range of audits were undertaken on a regular basis to ensure that a high-quality service was being provided. Areas audited included health and safety, medication, infection control, care planning and accidents and incidents. The registered manager used a clear tracking system to ensure that audits and meetings were completed in line with scheduled timescales.
- Staff understood their roles and communicated well between themselves to help ensure people's needs were met. For example, staff used a written handover sheet between shifts, which was thorough and provided them with key information relating to the previous shift. Staff commented that they all worked together and approached concerns as a team. One member of staff told us, "There are days when things don't go to plan, but we pull together and get things done."

Engaging and involving people using the service, the public and staff:

- The provider and the registered manager sought feedback from people about the service in a range of ways, which included annual quality assurance surveys and one-to-one discussions. Resident and relative meetings, and staff meetings for each department were held regularly. Minutes were kept and showed that where issues or suggestions were raised, action was taken. Meetings were used to provide information, such as planned improvements to the environment and changes to the menu. A relative commented, "I come to the resident's meetings and they have invited me to [an upcoming event] for the company."
 - A daily meeting was held and was attended by representatives from each department including a member of the management team, administration team, housekeeping, the chef and a member care staff from each area of the home. During this meeting staff shared information about the general maintenance of the environment, any areas that required additional housekeeping input, staffing levels, updates from the provider and management team and any specific changes in the needs of the people living at the home.
 - The registered manager sought feedback from staff about changes within the home and involved them where possible. For example, they showed us results from a staff survey they had carried out regarding a review of the environment. This had been used to develop upcoming plans for dementia friendly adaptations around the service. A staff member commented, "We put forward ideas as a team. We all want what is best for the clients."
 - Staff demonstrated a genuine passion for their roles. They told us they enjoyed working at Solent Grange and felt valued. One staff member told us, "I enjoy it here, I feel like I'm where I'm meant to be." Another staff member commented, "I love it, I love the whole atmosphere. This has been the best home I've ever worked in, it's a really good team" and a third said, "I get excited about coming into work."
 - Staff were recognised during meetings when they had done a good job and a 'compliments board' on display in the main reception area was also used to thank staff for their hard work.
- The registered manager encouraged staff to progress in their careers by developing their skills and knowledge. For example, one care staff member told us they had recently been offered an advanced training course alongside their role within the service. They commented, "[The registered manager] has given me a massive opportunity to do an assistant practitioner course which means I can assist nurses with their duties. I do feel valued that I have been given that opportunity." Another staff member told us, "[The registered manager] is all for getting staff where they want to be, he tries to encourage people."

Continuous learning and improving care; working in partnership with others

- The provider and the registered manager worked with social care professionals, health care professionals

and the local authority to develop the service and improve the quality of care provided. For example, they had built strong working relationships with a local hospice, in order to provide staff with a range of training course. Staff followed guidance provided by external healthcare professionals to ensure people received good overall care.

- The registered manager attended regular meetings and forums run by the provider, which gave them an opportunity to share and discuss ideas with other managers. They commented, "We all come together and share best practice. It's a really good way to get support." In addition, the registered manager attended regular forums with the local authority to improve people's care experiences.
- The provider held regular 'best practice groups' which were attended by service managers. This provided the opportunity for lessons to be shared and learnt as a result of incidents that had occurred in other care services.
- The registered manager had implemented a 'policy of the month' scheme, where the chosen policy was discussed at staff meetings to aid staff understanding of key procedures relevant to the home. In addition, the registered manager regularly discussed examples of outstanding and good practice with different departments of the service, to encourage a high standard of care and support being delivered.