Select Health Care Limited

Jubilee Court

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

This inspection took place on the 4 & 5 June 2018 and was unannounced. Jubilee Court is a purpose-built rehabilitation centre. It provides accommodation with personal care and nursing for up to 30 adults who have acquired brain injury. At the time of our inspection 29 people were using the service.

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

At the last inspection of the service in June 2017, the provider was rated as Requires Improvement in all five key questions. They were also in breach of regulations because they did not have effective systems of governance to assess, manage and monitor risks to people living at the service. Following the last inspection, we served a Warning Notice to require the provider to take immediate action in relation to their governance. We asked the provider to complete an action plan to show what they would do and by when to improve the key questions Safe, Effective, Caring, Responsive and Well-led to at least good.

At this inspection, we found that regulations had been met, and there had been improvements across all five key questions.

People were supported by trained staff who understood how to recognise, and report abuse or harm. A clinical lead nurse had been recruited which had improved the oversight and management of risks to people's safety in relation to their medical conditions. Risks assessments were up to date and showed what support people needed to keep them safe. People were supported by sufficient numbers of staff and safe recruitment practices were followed. People received their medicines as prescribed. Shortfalls in nurses keeping accurate medicine records were being addressed with improved checks in place to enable the provider to identify and act on errors.

People received effective care from staff that had the skills and additional training specific to the needs of people. Staff had an induction and regular supervision and described positive support from the management team. Staff had additional support to enable them to understand the Mental Capacity Act and we saw they supported people in line with its principals. 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 supported this practice. People's dietary needs were met; they enjoyed the meals provided and had assistance to eat and drink sufficient amounts. People were supported to maintain their health and had access to a range of healthcare professionals. This included on-site therapists who supported people to manage their medical conditions.

Staff were caring towards people and demonstrated a compassionate response to people's personal circumstances and needs. People were supported with their privacy and dignity.

People had been enabled to identify their personal goals in relation to developing their skills and level of independence. They were involved in the development and review of their care plan. The resources needed to support people were identified and we saw people had benefitted from the combined efforts of the therapist team and care staff to develop their strengths and quality of life. People enjoyed a range of activities and social opportunities which focused on their personal interests and included opportunities for voluntary work and maintaining educational interests. People knew how to raise concerns and were happy these would be responded to.

The provider's quality assurance systems and processes had improved. We saw audits were carried out regularly and had been effective in identifying areas for improvement. The systems in place had enabled the provider to assess, monitor and manage risks to people's safety. We found the introduction of a clinical lead nurse had improved the clinical oversight of people's needs. Records had been improved to show the clinical support people needed and provided. Feedback from external professionals recognised improvements had been made. The provider had addressed shortfalls identified at the previous inspection in relation to staff knowledge regarding people whose liberty was restricted. They had also sourced additional training to support staff in meeting people's complex medical conditions. There had been an improvement in maintaining up to date care records. The checks in place helped the provider to ensure people who used the service were not at risk of unsafe care. As the provider was previously rated requires improvement on three consecutive inspections the improvements now need to be sustained.

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.

People were supported by staff who knew how to protect them from harm or abuse and risks to people's safety were identified and managed.

There were sufficient staff to meet people's needs and safe recruitment practices were followed. People had their medicines as prescribed and were provided with a clean environment.

Is the service effective?

Good

The service was effective.

People's needs were assessed and met by trained staff.

People were supported to eat and drink and maintain their health. Staff sought people's consent and ensured they were not deprived of their liberty unlawfully.

The design and layout of the premises met people's diverse needs.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion. People had been supported to express their views and the services of independent advocates was established.

People's dignity and independence was protected and promoted.

Is the service responsive?

Good

The service was responsive.

People were supported to plan and review their care. There was a strong emphasis on enabling people to follow their interests which included engaging in social, educational and work opportunities.

People were confident complaints made would be investigated and resolved.

Is the service well-led?

Good

The service was well led.

The systems to assess and monitor the quality and safety of the service were effective in identifying improvements.

People felt the service was well-led and described a positive and supportive culture.

Jubilee Court

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 4 and 5 June 2018 and was unannounced. The inspection was undertaken by two inspectors, and a specialist nurse advisor with experience of this type of service.

The provider had completed a Provider Information Return (PIR) at our previous inspection in 2017. 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 took this information into account when we planned our inspection. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We also contacted the local authority who monitor and commission services for information they held about the service. We took this information into account when planning our inspection.

We spoke with ten people, three relatives, a nurse, occupational therapist, six care staff, the cook, activities coordinator, registered manager and area manager. Some of the people living at the home had complex care needs and were unable to tell us about the service they received. We used a tool called the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We sampled ten people's care and medicine records, viewed training records for staff, staff rotas, three recruitment records, accident and incident records and the providers quality monitoring to include complaints and compliments. We looked at external professional's reports such as the homes pharmacist, the clinical commissioning group and the local authority.

Good

Is the service safe?

Our findings

At our last inspection in June 2017, we rated the provider as Requires Improvement as shortfalls were identified in relation to managing risks to people related to their diabetes, catheter care and medicine management. At this inspection we found improvements had been made.

The provider had recruited a clinical lead nurse and implemented systems to manage people's diabetes. Checks were in place to ensure records related to the administration of insulin were completed. The clinical lead nurse told us that these systems would enable them to identify quickly if someone's blood sugar levels were low and how to act to keep them safe. Nurses had access to emergency supplies for when a person had hypoglycaemia, [low blood sugar]. We saw people had a plan in place to manage their diabetes which included the recommendations of healthcare professionals and about how their diabetes should be managed such as monitoring their condition, symptoms to look for and dietary needs. We observed that staff understood how to support the person with their diet by encouraging them to eat appropriate snacks between meals.

In addition, we saw that the provider had improved catheter care management. People had a plan in place to show how their catheter should be changed and emptied to reduce the risk of infection. The clinical lead nurse told us they had followed best practice guidelines to ensure people were supported safely. We also saw she conducted audits to ensure all the nurses were following this guidance consistently to keep people safe.

At the previous inspection in June 2017 shortfalls in medicine management had been identified by visiting healthcare professionals following a medicine error. The provider's medicine audits had not identified the shortfalls.

At this inspection we found people received their medicines as prescribed and our checks did not identify any missed medicines. We found that although several improvements had been made, there were still several errors in the records related to the administration of medicines. The registered manager and clinical lead nurse had introduced systems to check medicines daily and were aware of and taking action to address the shortfalls. These related to nurses not signing for people's medicines or incorrect medicine balances. We saw each error had been followed up to ensure people had received their medicines as prescribed. Nurses responsible for the administration of medicines had completed training and their competency was assessed regularly. We saw that additional support and training had been provided to the nurses and the provider was taking disciplinary action to ensure nurses practiced in a safe manner. We observed the medicine round and saw that the nurse administering medicines was interrupted on a few occasions. These disturbances have the potential to create errors which we shared with the registered manager for further review. We viewed the most recent clinical commissioning group report on medicine practices for January 2018. The outcome of this check provided assurances that medicine management had improved and that the provider was following the action plan. Similarly, we saw the provider's local pharmacist had audited medicines in March 2018 and noted, 'A huge improvement'. The clinical lead nurse told us improvements were being noted and that their own daily checks enabled them to rectify any gaps quickly. Our findings

showed that nurses did not always follow relevant national guidelines for keeping accurate medicine records, but the provider had clearly taken a number of actions to improve this aspect of the service. We found medicines were stored and disposed of safely. Where people required medicines to be given to them 'as required' there was guidance in place which instructed staff on when these medicines might be needed. Some people were prescribed medicines to be administered in a specific way for example via a tube into their stomach. We saw written guidance was in place to do this safely. Some people had limited capacity and were unable to consent to having medicines. We saw mental capacity assessments were in place where medicines were given without their knowledge or consent. These had been appropriately authorised by the GP and family members.

We found staff were familiar with risks to people's safety such as people choking, and we saw staff supported people's posture when eating. People at risk of falling had equipment to support them and we saw staff aided them when walking to reduce the risk of falling. People had the correct protective equipment to support their fragile skin and protect their limbs such as leg splints to reduce the risk of harm or pain. Staff we spoke with were knowledgeable about the risks to people and had the support from on-site physiotherapists and occupational therapists to help identify if additional support could be provided to people to reduce risks. Risk assessments were detailed and up to date.

People told us they felt safe and did not express any concerns about their safety with staff or people they lived with. One person talked to us about going out into the community; "I have to be escorted when I go out – I am happy with that". Another person added, "No one treats me bad". Staff told us they had safeguarding training and they were able to explain the reporting procedure for raising safeguarding concerns. The registered manager reviewed safeguarding concerns to ensure improvements could be made to people's safety.

There were sufficient numbers of staff on duty to respond to the needs of the people living at the home. One person told us, "There's always someone around I've not had had difficulties". We observed staff were visible and responded to people's needs without delay. We saw there were enough staff to support people with their planned activities for the day. A staff member told us, "Yes I think there are enough staff; we have time to spend with people". A relative told us they had no concerns about staffing levels. The provider had increased the therapist team to help ensure people continued to have the input they needed regarding their rehabilitation. We saw a dependency tool was used to help identify the numbers of staff needed and that recently staff levels had increased in line with the higher dependency of some people. The provider's recruitment processes were followed, and we saw from staff records that relevant checks were completed before staff started to work with people. These checks included references and a Disclosure and Barring Service (DBS) check. The DBS check helps providers reduce the risk of employing unsuitable staff.

We saw that the home was clean and odour free and that staff were wearing gloves and aprons to reduce the risk of infection when supporting people.

The registered manager showed lessons were learnt and improvements made when things went wrong. For example, the registered manager and area manager had made improvements to the service based on the findings of the last inspection. For example, improving systems in relation to managing risks to people's safety. There was increased scrutiny of medicine practices which showed they were working to address shortfalls. Systems were in place to review external safety alerts and act on them. For example, the clinical lead nurse had identified paraffin-based creams and the potential risks to people from fire.

Good

Is the service effective?

Our findings

At our last inspection in June 2017, we rated the provider as Requires Improvement as shortfalls were identified in relation to staff knowledge regarding restrictions on people's liberty and how to manage these. In addition, staff had not received training which was specific to the needs of the people they supported. At this inspection we found the provider had made the required improvements.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 and whether any conditions on authorisations to deprive a person of their liberty were being met.

We saw 14 people were deprived of their liberty and found the provider was meeting the conditions on the authorisations we saw. For example, conditions were in place regarding the use of a lap strap to keep a person safe in their chair. Another person was kept under regular visual observation to ensure their safety. Staff we spoke with were aware of these people and how their liberty was restricted. One staff member told us, "We all did MCA and DoLs training, we know which conditions apply to each person". Our observations showed that staff worked with people in the least restrictive way. They were able to tell us which decisions could be made by people and which could not. We saw best interest decisions were also made where people's safety could be compromised because they lacked capacity in that specific area. For example one person made all their decisions except for going out alone due to risk to their personal safety. People had been provided with advocates to represent them where decisions could not be made by them.

Staff understood the importance of seeking people's consent and we saw they did this before they assisted them with their care needs. One person told us, "The staff always ask us, and we can say no". We observed several occasions where staff sought and waited for consent demonstrating they understood people's communication methods and the need to process information. People confirmed that they made their own decisions and choices about their daily living and routines.

People told us that staff understood their needs. One person said, "The staff have made a huge difference to my life; they know what they are doing". Relatives were confident that staff had the skills and knowledge to support people effectively. One relative said, "They do know how to manage [name] when he has a difficult day". Another relative told us they had confidence in staff skills because there had been significant progress in their family members mobility due to the combined efforts of the care staff and the occupational therapists [OT} and physiotherapist. They commented, "[Name] is so much more happy and healthy here". Staff told us that the OT's provided guidance and training to them to ensure they could support people's complex moving and handling needs. This included the use of specific equipment such as body and limb

splints to support people's positions/posture. One staff member told us, "Any new equipment they will guide us with and they show us how to put on splints and how to support people with their exercises". We saw this had helped people to develop their skills and levels of independence, such as drinking from a cup independently because the person could raise their arms.

Staff confirmed that they had access to regular training and training records confirmed this was relevant to the specific needs of people; such as brain injury, epilepsy, mental health and awareness of specific medical conditions such as Huntington's disease. The provider had a training matrix which showed training was structured and planned for. Staff we spoke with had knowledge of people's specific medical conditions for example how to recognise symptoms of a serious condition that people were at risk of developing due to their spinal cord injury.

New staff received an induction which included shadowing experienced members of staff and completing the Care Certificate training. The Care Certificate is an identified set of standards for health and social care staff. One new staff member told us, "I've had a lot of training and feel really supported; I'm really enjoying it here". Staff told us they received regular supervision in which to reflect on their care practice and development. All of the staff we spoke with commented that they felt well supported. A new advanced physiotherapist lead had been employed to provide supervision to the physiotherapy team members who told us this would benefit their development. Systems were in place to ensure effective communication between staff such as daily 'handover' between shifts. Communication books were in place to ensure any change in people's needs were captured and communicated.

People told us that they had been involved in an assessment of their needs which included their medical and social care needs. People had been asked about their choices and preferences and assessments were comprehensive information in relation to meeting the needs of people who have protected characteristics under the Equality Act. We saw the input from internal health professionals led to effective outcomes for people in relation to providing them with assistive technology. This had helped to support people with their independence, mobility or communication needs.

Staff had training in equality, diversity and human rights and we saw they worked to these principles and had a good knowledge and understanding of people's diverse needs. People had a choice about the gender of staff who supported them. Staff told us they would want to support people to maintain their sexuality. One staff member said, "If people chose to share this information I know we would look to make sure they had access to community events whether this was Gay Pride or other LGBT events".

We saw that people had access to a team of professionals who worked with them from the point of assessment to develop their skills in line with their rehabilitation plan. This was supported by planned sessions with [OT's] with everyday tasks such as meal planning, shopping or cooking. OT's told us they had completed specific training to ensure they were up to date with best practice such as specific equipment to aid people. We saw people had access to a rehabilitation kitchen and some people told us this had helped them to develop their skills.

People commented favourably on the meals provided and confirmed they were offered a choice. Menus were on display to assist people in their choices. We saw people were supported with appropriate cutlery and plate guards to enable them to eat independently. Staff we spoke with understood the level of support people needed and we saw this was provided. Staff were attentive, encouraging and supported people at a pace to suit them. People's cultural, religious or specialist diets were catered for. We saw for example; some people had their meals fortified to increase their nutritional intake or were provided with meals appropriate to their medical condition. People's nutritional needs had been assessed and risk factors such as losing

weight were managed via regular weight checks. People had access to facilities to make their own drinks and we saw other people were supported with drinks throughout the day. Monitoring of food and fluid intake was consistent and checked by the nurse to ensure people's intake was sufficient.

We saw that people were supported to attend appointments. One relative told us, "Staff will escort [name] to appointments and explain the reasons to them". People had the support of specialist health care professionals as well as the doctor, speech and language therapists, dentist and optician. On site access to the therapist team also meant some people's health was supported via regular physio input. The clinical lead told us the outcome of consultations were recorded so that communication about people's health needs was kept up to date.

The premises and facilities were suitable to meet the needs of people, some of whom required specialist equipment and complex physiotherapy. The building was spacious enabling people who needed large equipment to manoeuvre without difficulty. We saw equipment such as ceiling track hoists and adapted bathing facilities enabled people to be supported safely. A rehabilitation kitchen, an onsite gym and cinema room enabled people to take part in activities specific to their needs. People had access to outside areas and private space.

Good

Is the service caring?

Our findings

At our last inspection in June 2017, we rated the provider as Requires Improvement as there had been some occasions observed when staff had not responded to people in a caring manner. At this inspection we found staff to be caring in their interactions.

People spoke in positive terms about the caring nature of staff. One person said, "The staff are great here; I really love them". Another person told us, "Staff are really nice, they listen to me and spend time with me". Relatives told us that staff were very caring towards people and spent time getting to know them and helping them. Relatives commented positively on the happiness of people since being at the service.

We observed staff take time to communicate with people in a respectful and unhurried manner. Staff had good insight into the difficulties people may experience with a brain injury such as frustration, confusion or anxiety. We saw staff were patient and spent time encouraging people. We saw lots of occasions where staff praised people's efforts and achievements. One person told us, "I really like it here because I am learning a lot, doing so much more and the staff are friendly and supportive".

We heard examples of staff treating people with kindness and compassion. These related to people's individual circumstances such as their family issues, personal affairs or finances. The examples showed that staff were committed to making sure that people felt they mattered and showed concern for people's wellbeing in a caring and meaningful way.

People were able to make choices about their care. One person told us, "I make my own decisions and the staff respect that". Another person said, "I decide how I spend my day and the things I want to do". We saw people were encouraged to develop and maintain their independence such as making their own drinks, cooking or managing their money. People had access to equipment to support their independence such as to eat and drink independently or to support their mobility. People told us they were supported to identify the skills they wished to develop and had opportunities to practice these such as going to the shops. Other people we saw had been supported to develop their independence by having regular exercises to build their strength to enable them to do things for themselves. Relatives were complimentary about the progress people had made and the positive encouragement people had from staff.

People were happy that their privacy and dignity was respected. We observed staff promoted this by ensuring people were assisted in the privacy of their rooms. People told us staff supported them with privacy where they were involved in a relationship. One person said, "I can have private time with my partner".

People's communication needs were met by using specific aids to support them to express their needs as well as access information. Plans regarding daily activities were in place to support people with memory loss. An orientation group enabled people to discuss current affairs and news. Communication passports had been developed with people to aid their skills.

The registered manager provided examples of how they worked alongside external agencies such as solicitors and medical consultants to represent people and promote their human rights. We heard how people had been supported effectively in this way to include sourcing the services of an independent mental capacity advocate, [IMCA]. This helped to ensure people were supported and represented with matters regarding their care and future so that they were provided with independent support and advice.

People told us, and we saw that their family and friends could visit at any time although they were requested to avoid mealtimes to protect people's privacy. We saw care records were kept securely to protect people's information confidential.

Good

Is the service responsive?

Our findings

At our last inspection in June 2017, we rated the provider as Requires Improvement as shortfalls were identified in relation to ensuring people were actively involved in reviewing their care plan. At this inspection we found the provider had made the required improvements.

People told us that they had been involved in developing and reviewing their care plans. Care records reflected people's physical, emotional and social needs and how these could be accommodated. Important person-centred information was evident in plans to ensure the person had a plan personal to them. For example, one person was supported with their appearance and their plan stated how staff should enable them to maintain their appearance. People had the input of Occupational therapists [OT's] who worked with them to explore what level of independence people had in the past and look at ways of supporting people to regain these skills or develop new skills. We saw people's plans were reviewed with them to ensure their choices and preferences were discussed and plans updated. For example, a person who wished to develop their independence skills told us, "By going to the Breakfast Club regularly I can now make my own drinks when I want to". Relatives told us that they had been involved in reviews; one relative said, "We have had meetings and discussed options". We saw people were encouraged to voice their needs and have a say in how these were met. For example, we saw two people had recently met with the night staff to provide insight into their medical condition and the symptoms they experienced. We were informed by staff that this went 'brilliantly' and would actively help staff to respond to the both people in the way they needed. We saw that improvements had been made so that people were actively involved in a multidisciplinary [MDT] review. A staff member told us, "I've been involved in a few and can confirm that a number of professionals as well as the client are part of this process. It was great; the client discussed goals, everyone was involved, the MDT meetings are an important aspect of how we can respond to people's needs".

We saw that assistive technology was used to promote people's independence and quality of life. For example, one person had been given a specially made button for their wheelchair that enabled them to change channels on the TV without having to ask for staff help. Another person had been provided with an electric wheelchair to promote their self-determination in moving around independently without staff help. Our discussions with the OT's and physiotherapists showed they worked together with the individual person to look at ways of responding to people's needs. For example, care staff told us how they supported a person with their exercises to strengthen their upper limbs. The OT told us the person could not feed themselves because they could not reach their mouth. Because of the combined efforts of the care staff, OT's and physiotherapists, we saw how this had improved the person's lifestyle as the person could now eat unaided. An OT described care staff as, "So good; they are trained to put on splints and other aids and support people with their stretches; they are a caring team".

We saw staff responded to people's behavioural needs where they were unable to express their anxiety or frustration. A person had been supported to change bedrooms three times. As part of their transition plan, and to help them settle, their bedroom was arranged specifically to their liking. This showed care and support took account of people's diverse needs when planning and delivering their care. Staff informed us

this had helped to reduce challenging behaviours and had helped to settle the person into the service.

People told us of many examples of how they had been supported to engage in person-centred activities and to extend their social interests. This included support to maintain relationships with people who were important to them. We heard people being supported to take up their previous interests with additional support to enable them to pursue this. This included arranging guitar lessons for one person. For another person, whose passion was golf, they were supported to join a disability golf course so that they could regain these skills. It was evident that the activities team had worked very proactively alongside people to ensure their personal interest and hobbies were planned for. Links with external agencies to facilitate people's goals included further education and voluntary work in the community. A variety of community-based opportunities were utilised such as visits to the Sea Life Centre and Theatre productions. There were links with external organisations such as the voluntary police who were working with the staff to look at community events that could be utilised, we also saw that the Grey Hound Trust had visited with their dogs and plans to visit the grey hound tracks were underway. A variety of indoor events had been enjoyed such as organising an Oscar Awards Night with medals and trophies to show appreciation for people. A sponsored 'Tour de France' had taken place in the on-site gym which enabled people with disabilities to participate with the appropriate equipment and support. One person told us, "I do a lot more here and staff have been great because they help me do the stuff I enjoy". Another person told us, "It's good because they arrange things you want to do; I like shopping, going out for lunch or meals, I've been to the cinema". We saw various in-house activities were organised such as cookery, film nights and arts and crafts. There was a cinema room which we observed in use, a gym and a sensory room which people used on a regular basis. Facilities such as the rehabilitation kitchen enabled people to enjoy a Breakfast Club as well as undertaking cooking sessions with the OT's which supported them to develop their cooking skills. Overall, we found there was a dedicated activities team with a positive emphasis on developing people's social interests. A relative expressed that some people had less social opportunities. We discussed with the manager who advised us they would look at an evaluation tool to ensure people had equal opportunities.

Our discussions with people showed they were aware how to make a complaint and were confident this would be addressed. One person said, "If I am unhappy about anything, I just tell the manager and she sorts it out for me". Another person said, "I would talk to the manager she is very approachable, and I know she would help me". Information about how to make a complaint was displayed in a format suited to people's needs to aid access. Where complaints had been received, records showed they had been investigated and the conclusion had been communicated to the complainant.

Whilst no one was in receipt of end of life care we saw the provider had been pro-active in making sure staff had the skills to meet people's needs at the end of their life. We saw links with the local hospice in place with end of life training and a lead staff member identified to co-ordinate and share their knowledge. The lead staff were starting to look at the importance of people's choices and preferences to ensure end of life plans focused on the person's journey and were personal to them. In addition, we found that anticipatory plans had been explored which included linking with external specialist nurses who had the skills to support people at the end stage of life to include managing syringe drivers, [a means of administering pain medicines]. We found staff had organised the support likely to be needed where people's condition may be unpredictable and change rapidly.

Good

Is the service well-led?

Our findings

At our last inspection in June 2017, the provider was in breach Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014 in relation to good governance of the service. We rated the provider as Requires Improvement for a third time. The provider's history showed that in the previous inspection in May 2016 the provider was in breach of the same Regulation 17. In December 2016 we completed a focused inspection which showed the provider had made the improvements at that time, but those improvements had not been sustained at our June 2017 inspection. The enforcement action we took at our June 2017 inspection was to serve a Warning Notice which required the provider to make immediate improvements. They sent us an action plan outlining how they intended to comply with the Warning Notice. At this inspection we found the provider had made the required improvements and was no longer in breach.

We found the management team and structure had improved with the addition of a clinical lead nurse. The clinical oversight of people's medical needs and the providers auditing processes had improved. For example, we saw records were maintained of when insulin was administered to people and a weekly audit took place to check people's blood glucose levels to ensure risks to people were identified. We found that records held in relation to people's care were consistently completed and up to date. For example, monitoring records for people at risk of not eating or drinking enough. We sampled people's care records and saw these contained clear information regarding any restrictions in place where people lacked capacity. In addition, the provider had improved catheter care with clear plans in place to support people safely and audits were carried out to ensure all the nurses were following guidance consistently.

The registered manager and clinical nurse lead told us they attended a clinical governance group and that this had helped to improve their governance and auditing systems. For example, a new medicine policy had been introduced and competency checks implemented for nurses. These measures ensured the provider could assess, monitor and mitigate any risks to people's health or safety.

We saw the addition of the clinical lead nurse had helped to implement increased scrutiny of medicine practices. The providers governance systems had identified that records held about the administration of people's medicines were not always completed accurately. We found that the audits completed were effective in identifying where improvements were needed and that the registered manager had taken disciplinary action in relation to poor medicine practice. The checks on governance helped to ensure a more proactive response when errors were identified.

People all knew the registered manager and we saw they regularly interacted with people. We heard lots of positive comments from people about how they liked the registered manager, how helpful they were and how they always made time for them and asked how they were. People who could tell us, said they had positive experiences due to the friendliness of the staff and the support they received.

Staff we spoke with told us they felt a lot of progress had been made. They felt supported and said the registered manager led by example. They described the registered manager as being 'very approachable' with an 'open door' policy. Staff described the culture in the home as being positive and focused on people's

needs. All the staff commented they enjoyed working in the home and would be confident in raising concerns with the registered manager or using the whistle blowing procedures. The registered manager had been open and transparent and had notified us of accidents or incidents where required.

People were asked to provide feedback on their experiences via surveys. We saw these had recently been distributed but not analysed. People commented favourably about the service and the staff attitude and friendliness. Where people had made suggestions for improvement these had been addressed, one example being the new flooring.

The provider had ensured that checks were completed on the safety of the premises and equipment used, records were in place to reflect this. The registered manager had monitored accidents and falls although the frequency of falls was low. Safeguarding and complaints were kept under review. The registered manager was able to demonstrate their understanding of the duty of candour; the need to be open and honest when things go wrong. She had added a system to the safeguarding and complaints processes to ensure this was considered in such events.

The registered manager had worked with other agencies to improve the service such as the local authority and healthcare professionals. They had forged links with the local hospice to enhance staff skills and access to training. We saw positive feedback from visiting professionals regarding the improvements noted in the service since our last inspection in June 2017.

The provider had displayed the last rating of the service at the home and on the provider's Website as they are required to do so.