Mrs Lynn Georgina Hart

Aucklands Care

Inspection report

2 Ken Road
Southbourne
Bournemouth
Dorset
BH6 3ET

Tel: 01202427166
Website: www.aucklandsresthome.co.uk

Date of inspection visit:
05 January 2018
08 January 2018

Date of publication:
12 March 2018

Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	**Good** ●
Is the service effective?	**Outstanding** ☆
Is the service caring?	**Outstanding** ☆
Is the service responsive?	**Good** ●
Is the service well-led?	**Good** ●

Summary of findings

Overall summary

Auckland Rest Home is a care home service that does not provide nursing care. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is registered to accommodate up to ten people and provides a specialist service for mainly older people living with dementia. The accommodation is domestic in scale and provides a homely environment for people, with access to a garden area.

The inspection was unannounced and took place on 5 and 8 January 2018. At the time of this inspection there were eight people living at the home.

There was a registered manager in post who has worked at the home for many years. 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.

Aucklands Care provides a small, highly effective service for people living with dementia. Part of the home's success lay in the provider ensuring staff were trained to a high standard using a recognised dementia care training package that understands people's behaviours, including the way they communicate, as having meaning.

The provider also maintained staffing levels that allowed staff to devote time with people and provided good leadership that allowed this model of care to be delivered effectively. Staff had also been provided with specialist training in other conditions affected by people such as epilepsy and mental health to ensure people's needs were met. The staff team were therefore able to deliver care in line with best practice.

Local commissioners viewed the home as a valuable resource as the service had provided placements with good outcomes for people whose care needs could not be met in other services.

Staff were kind, caring and compassionate in their interactions with people and very knowledgeable about their histories likes and dislikes. They were able to diffuse situations and divert people to better mood states through their interactions because of this very person centred approach to working with people.

People were kept safe as the provider had taken appropriate steps and had good systems in place to protect people. Staff had received training in safeguarding and people's needs had been assessed with plans to mitigate risks that may be involved in the delivery of care. The premises had also been assessed and made as safe as possible for people. Accidents and incidents were recorded, monitored and action taken if necessary.

Staff were recruited in line with robust policies and all the necessary checks had been carried out.

There were good systems to make sure medicines were administered as prescribed.

People had an up to date comprehensive care plans in place so that staff could refer to these and deliver consistent care. The care we observed was consistent with people's plans and they received a highly personalised service.

The service was compliant with the Mental Capacity Act 2005 (MCA). People were supported to make decisions. Where they did not have capacity for specific decisions, the home followed the requirements and principles of the MCA in arriving at 'best interest' decisions on their behalf. There were also robust systems to make sure that people were only deprived of their liberty in accordance with the Act, and that any conditions of that deprivation be applied.

Staff were supported though indirect and formal supervision as well as having access to on call managers. This is ensured staff were motivated, trained to a high standard and able to work effectively with people living at the home.

The home was highly effective in working collaboratively with health services and social care services in meeting people's health needs.

The premises had been adapted with signage to facilitate better care of people living with dementia. The home was clean, in good decorative repair and provided a 'homely' environment. People were encouraged as far as possible to be involved in decoration of the home.

People were provided with a good standard of food with their having choice of what they wanted to eat and their individual needs catered for.

Activities and meaningful occupation were seen as being paramount in meeting the challenging needs of the people accommodated. Activities were therefore personalised to people's interests.

Complaints were responded to and the procedure was well publicised.

Wishes and preferences for end of life care needs were assessed and plans put in place to meet these. Staff were trained in end of life care and one of the senior staff had delegated role as a champion.

The management team provided leadership and promoted a positive open culture.

There were auditing and monitoring systems being followed seeking overall improvement.

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 safe because the service protected them from abuse and avoidable harm.

Medicines were managed safely and people received medicines as prescribed.

Suitable staffing levels were maintained to ensure people received safe care.

Is the service effective?

Outstanding ☆

The service was highly effective.

Aucklands Care provides a specialist service for people living with dementia and was seen by local Commissioners as a valuable resource in meeting the needs of people who could not be cared for in other services.

Staff had the right competencies and knowledge, being trained to a standard, which underpinned their approach to working with people effectively.

Staff were supported in their roles through supervision and

People were always asked for their consent to their care, where they had the capacity to give this. Staff had a good working knowledge of the key requirements of the Mental Capacity Act 2005.

Staff were effective in working in partnership with health and social care professionals.

The service was effective in ensuring people were protected from the risks of poor nutrition, dehydration and swallowing problems.

Is the service caring?

Outstanding ☆

The service was very caring.

People, their relatives and health and social care professionals praised the caring attitude of the staff.

People who presented with challenges in meeting their care and support needs were able to be successfully accommodated at Aucklands Care. This was because the staff were well-trained and knew people well, coupled with good leadership and appropriate staffing levels.

Is the service responsive?

Good

The service was responsive to people's individual needs and preferences.

Care plans were in place and were up to date and accurate so that staff provided consistent care.

Activities were seen as important in providing meaning and stimulation for people and were individually tailored to people's assessed needs.

Complaints and concerns were taken seriously and used to drive improvement.

The service provided good end of life care so that people had the support they needed to have a comfortable and dignified death.

Is the service well-led?

Good

The service was well led with a strong management team that instilled a positive culture and ethos in working with people living with dementia.

People and staff were encouraged to raise standards which were always acted upon.

There was a strong emphasis on continual improvement. Systems were in place to promote a high quality service.

Aucklands Care

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.

At the last comprehensive inspection of the home, carried out in July 2015, the home was rated as 'Good' with no breaches of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations. This latest inspection was carried out by one inspector on 5 and 8 January 2018.

Before the inspection we reviewed the information we held about the service. This included 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. We also liaised with local authority and health commissioners to obtain their views.

The registered manager and the management team assisted us throughout both days of the inspection. We spoke with two health care assistants, a care team leader and three visiting relatives. Following the inspection we contacted four health and social care professionals who gave us feedback on their view of the service. We also used the Short Observational Framework for Inspection (SOFI) as many of the people living at the home were not able to relate their experience of the home to us. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. In addition, we made general observations, including watching the delivery of care in communal areas.

We viewed two people's care records in depth as well as sections of other people's personal files. We reviewed everyone's medicine administration records, three staff recruitment files, staff rotas and other records relating to training, supervision of staff and management of the service.

Good

Is the service safe?

Our findings

Both relatives we spoke with had no concerns about any safety issues in the home and spoke very highly of how their relatives were cared for. Professionals also had positive things to say about the home and they too had no concerns about matters of safety.

People were protected as far as possible from abuse and their human rights protected. Staff had all been trained in safeguarding adults, as well as receiving update refresher training. They therefore had a good understanding of what constituted abuse and how to make referrals should the need arise. Information posters were displayed in the home as a reminder for staff and to impress the importance of safeguarding.

The provider had made the home as safe for people as possible, complying with legislation and guidance. The registered manager had carried out a risk assessment of the premises to identify hazards and had then taken steps to minimise the risks to people. For example, freestanding wardrobes had been attached to the wall to prevent risk of being pulled over, window restrictors fitted to windows above the ground floor and radiators covered to prevent scalds and burns. Portable electrical wiring had been tested and the fire safety system inspected and tested to the required intervals. The home had contracted with an external company and met water regulations.

Where there were particular personal risks for people, such as the use of bedrails or a risk of choking because of swallowing difficulties, specific risk assessments had been developed. Some people had been referred to the speech and language therapist team and had their drinks thickened to prevent a choking risk. Observations showed that these people had their drinks thickened to the required consistency and the thickener agent was stored safely out of reach, as these products could pose a risk to people if ingested.

Emergency plans had been developed for the event of situations such as loss of records, power or heating. Certificates showed that the home's boilers, wheelchairs and hoists, the lift, and electrical wiring were tested and maintained for safety.

The home used an electronic record keeping system as well as printed copies of care records. There were systems in place to make sure records maintained people's confidentiality.

The home had systems in place to maintain infection control standards, with a member of the night staff delegated as lead for the prevention and control of infection. Infection control and cleaning audits were regularly carried out to check that the risks of cross infection were minimised. We noted and were told by relatives that the home was always clean and was free from odours, despite the majority of people having continence needs.
Accidents and incidents affecting people living at the home were recorded and reviewed to see if any remedial action could be taken to minimise the risk of recurrence. For example, for a person who had fallen in their room, an alarm had been fitted to alert the staff when the person got out of bed. Accidents and incidents were periodically reviewed to look for any trends where risks could be mitigated further.

Staff and relatives we spoke with all felt that staffing levels were appropriate to meet the needs of people accommodated. Members of staff told us that levels were always kept under review and that if there was a need, the registered manager would always put extra staff on duty to meet this demand. An example was given of a person admitted just before Christmas who was distressed and disorientated in a new environment. Extra staff were deployed so there were enough staff to support this person whilst still meeting the needs of the other people accommodated.

Management had followed robust recruitment procedures to make sure that suitable staff were employed and all the required checks had been carried out, with records in place. These included: a photograph of the staff member concerned, proof of their identity, references, a health declaration, a full employment history with gaps explained and reasons given for ceasing employment when working in a care setting. A check had also been made with the Disclosure and Barring Service to make sure people were suitable to work in a care setting. There was also a system to make sure new members of staff did not start work until all these checks had been concluded.

There were organised and audited systems in place for managing medicines, ensuring people had the medicines administered as prescribed by their GP. A care manager told us that medication was used as a last resort to assist in managing behaviour that challenged, with the home seeking alternative means to keep people calm and free from distress. Medicines were stored safely and correctly and there were regularly audits to make sure that unused medicines were destroyed and storage areas not overstocked. Records were maintained of the temperature of the small medicines fridge ensuring that medicines were stored at the correct temperature. Medicines with a shelf life had the date of opening recorded to make sure that they were not used by beyond their shelf life.

Medication administration records were well maintained with no gaps in the records. There was good practice of allergies being recorded at the front of people's medication administration records together with a recent photograph. In cases where hand entries had been made to medication administration records, a second member of staff had signed the record to verify its accuracy. Where a variable dose of a medicine had been prescribed, the number of tablets given had been recorded to make sure people were given a safe dose. The registered manager had introduced a 'red tabard' system so that the member of staff administering medication should not be disturbed or taken away from their duties when administering medicines. Where people had been prescribed creams there were body maps to inform the staff of where to administer the creams together with a signed and dated record of their administration.

Some people, under a Mental Capacity Act 2005 (MCA) 'best interest decision', needed to have some medicines crushed and the pharmacist had been consulted to make sure this was appropriate.

Outstanding ☆

Is the service effective?

Our findings

The views of professionals and relatives were all very positive about the effectiveness of the staff in supporting good outcomes for people. A relative told us, "It is brilliant here; I can't praise them enough." A health and social care professional told us, "I don't know of anywhere else that could have supported my client as they have done here; for this person the home has been outstanding."

Before an admission was agreed, a senior member of the staff carried out a preadmission assessment of a person's needs to make sure their needs could be met. A health and social care professional told us of an example of a person with very complex needs where the home's assessor had spent hours observing and working with the hospital team, as well as attending discharge meetings, to make sure that a plan was in place to support the person both safely and effectively. This meant this person who had complex needs was able to move into the home with the appropriate support to meet their needs.

Assessment documentation showed that there was no discrimination as the assessment form included all aspects of people's needs including all of the characteristics identified under the Equality Act and any equality needs of people were fully considered.

On admission to the home, staff completed a range of more in-depth assessments with that person or their representative. The assessments covered a spectrum of conditions and risks commonly associated with old age, such as: personal care needs, continence, risk of falls, communication, skin care, medical and social care needs, nutrition and hydration as well as people's needs in relation to their dementia.

There were systems in place to ensure staff were supported appropriately. This included formal one to one supervision with a line manager as well as managers being involved in care so that they could directly supervise staff in day to day work. Staff told us that they felt very supported and that management had an open door policy for advice or other support. Records were in place to show staff received one to one support and also an annual appraisal.

Management had good systems in place to make sure staff received training they needed to meet people's needs effectively. Training records showed that staff had received training in core areas such as; health and safety, infection control, manual handling, safeguarding, first aid and physical intervention. To ensure that all staff could understand how to meet the needs of people living with dementia, the provider had accessed a recognised comprehensive training package for the staff. All staff had attended this four day advanced dementia course and demonstrated a good understanding of dementia and how to support people effectively. A relative we spoke with who visited the home every day, told us that the home had supported them to also attend this training, which they said had given them so much more understanding of their relative's condition and how this helped them to understand their relative's needs. The home also had the support of a local priest who had taken an active interest in providing pastoral support to people living at the home. They too had received the four day training so that they could work more effectively in supporting people.

One of the people admitted had a diagnosed mental illness and training in major mental illness was arranged for the staff so that they had understanding of the person's condition; how to recognise if a person was becoming unwell, who to approach and support them. This meant the staff had a good understanding of each person admitted.

In response to the complex needs of people, including behaviour that challenged others, the provider recognised a need to seek additional training for the staff. The provider had completed a five day course on safe physical interventions for older people living with dementia and was also qualified as a trainer in this field. All staff had received training in the use of 'safe holds' for extreme situations and these were used on occasion. 'Safe holds' did not involve the use of locking of joints and full restraint but were techniques used to guide people to a safe place and to protect staff. There were comprehensive policies and procedures being followed to ensure that the use of safe holds were used as a 'last resort'. Each person had a personal support plan detailing the steps that staff should follow to divert potentially volatile situations. Should 'a safe hold' be used, staff completed incident forms that were reviewed by managers. A body map was also completed to check that people had no marks or bruises as a result. They told us they had been approached by a NHS service to provide training in physical interventions in their setting.

The following example demonstrated the interventions and strategies used in supporting a person with challenging behaviour. "We have also accepted service users from their home environment who were behaving in an aggressive way towards others, including their family members. One person was living at home and regularly reacted defensively to home care workers who were trying to carry out personal care. This person had been a boxer and could hard and precise thumps to people. Through our key worker scheme we have built a relationship with this person, who clearly felt embarrassed for others to be carrying out personal care to him, and spent lots of one-to-one time to build trust with staff. On admission, it was clear this was a very proud gentleman, and at times, due to incontinence, we needed to use safe hold techniques to manage essential personal care. We asked his family what his hobbies used to be at home, and bought him a 'tool box' in order that he could 'fix things' and therefore feel valued. This gentleman now accepts personal care with minimal objection". A member of the professional team that supports people living with dementia said, "Staff are managing resident's challenging behaviour well ."

New members of staff received a seven day classroom taught induction provided by an external training organisation. Staff new to care undertook the Care Certificate, the industry standard for inducting new staff.

The service was compliant with The Mental Capacity Act 2005 (MCA). This 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. Owing to the fact that people accommodated were living with dementia, everyone had some aspect of their care where there were concerns about their ability to make a decision. Mental capacity assessments had been undertaken and recorded, showing the specific decisions, the people involved and consideration of the least restrictive solution made in the person's 'best interests'. The registered manager was aware of any relatives with Lasting Powers of Attorney that have bearing on the decision making where a person did not have capacity to make a specific decision.

Observations and documentation showed staff understood the need to support and assist people in exercising choice and making their own decisions as far as possible. Health and social care professionals told us the staff went to great lengths to understand people's behaviour and condition in finding solutions to make at ease and free from distress. We saw that staff were very skilled at diverting people who were

frustrated or disorientated, therefore diffusing potentially difficult situations.

The service was also compliant with respect to the Deprivation of Liberty Safeguards (DoLS). People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards. There was a system for both ensuring applications were made to the local authority and also for monitoring authorisations that had been granted by the local authority. No legal conditions had been imposed with regards to DoLS authorisations that had been granted.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. People had access to a GP, dentist and an optician and could attend appointments when required, with support from the registered manager if necessary. Health and social care professionals told us that the home worked effectively and collaboratively in meeting people's needs. One professional commented, "The staff are always very helpful and friendly. The person I saw was always well looked after and well-cared for."

The home used monitoring technologies to support people unobtrusively, such as mattress alarms for some people to alert staff if someone at risk of falls got out of bed in the night. Door alarms had been fitted to people's doors. These alerted staff if people were going in and out of other people's rooms so they could check whether people needed support or assistance.

A care manager told us about how skilled and supportive the staff had been in relation to a person whose mental health had deteriorated and who had to be detained in hospital. The staff had helped escort the person to hospital, providing valuable reassurance to the person and making the experience less traumatic to them.

People and relatives were positive about the standard of food and no one had any complaints or negative comments. Each person had a nutritional care plan and assessment that looked at people's dietary needs. People's weight was monitored and there was evidence that action was if there were issues of concern. People were provided with a fortified diet or referred to health professionals should they lose weight. Because some people did not eat well at mealtimes, the home provided a snack table that people or their visitors could help themselves to between mealtimes. This helped people maintain nutritional intake.

Some people had specialist diets, which were catered to. People were regularly consulted about what they thought of the food provided. Family members were welcome to assist their relatives at meal times if that was their and the person's wish. People's mealtime experiences were regularly audited in order to identify improvements.

We observed a lunchtime period. Staff supported people who were living with dementia to exercise choice at meal times. People were presented with plated samples of the menu choices that day to assist them in choosing what they would like to eat. Staff supported those people who needed assistance with eating in a patient and engaging manner. People who needed assistance with eating and drinking were assisted appropriately by the staff. A person who chose one meal selection did not eat their meal. The staff then immediately encouraged the person with other choices and they were offered an alternative, which they ate.

The home was in good decorative order throughout with some adaptations made so as to be more 'friendly' for people living with dementia whilst still maintaining a 'homely' and domestic feel to the home. People

were involved as much as possible in redecoration choices, such as a colour scheme for their bedroom doors that may help them identify which room was theirs if they had difficulty reading the signage. Toilet seats and toilet doors were brightly covered to be easily identifiable to people. Each person had an individualised and personalised memory box in their room and those whose responded well to tactile stimuli had been given tactile objects or soft toys.

The provider told us of plans to improve the garden and provide people with a green house and the tools to grow their own flowers and vegetables.

Outstanding ☆

Is the service caring?

Our findings

Relatives fed back that staff were exceptionally kind and cared for people in a way that exceeded their expectations. A relative told us, "The care is five star. Everyone is treated as an individual and it is so good." Another relative told us, "They are like a family to everyone here and the care ticks all the boxes".

Views of health and care professionals were all highly positive. They all told us that the home had been very successful in meeting needs of people living with dementia, promoting good outcomes for people. The home was seen as a valuable local resource as they often taking people whose needs could not be met in other services. A health and social care professional commented, "Staff are always friendly and clearly understand residents' individual needs. The home has a lovely atmosphere and is welcoming". Another professional told us, "I have never been in a home like it; they have been able to meet the needs of one of the most challenging people our team has ever had to work with. If this is not an outstanding home, I don't know what is. They go above and beyond".

Staff showed great kindness and compassion to people throughout the inspection, always approaching people in a calm and friendly manner. A relative told us that this kindness was always shown to people. For example, one relative told us, "If xxxx has to go into hospital, a carer is sent with him. On the last admission one of the staff visited him in hospital every day. Everyone gets such personalised attention." We saw examples during the inspection when people became distressed. Staff immediately provided them with reassurance or diverted their attention by talking with them or escorting them to another area of the home or to some activity. A member of staff told us, "The training we have received helps us to understand people and so we can then help make people more settled and secure ."

The registered manager explained that the key to maintaining a calm atmosphere in the home was through staff knowing people exceptionally well and through maintaining sufficient staff on duty to allow staff to take individual time with people and diffuse potentially volatile situations. There was good information about people's life histories within personal files, and being a small service, the staff had got to know people's ways, personalities, likes and dislikes. They could therefore provide timely intervention, diffusing any conflict or distress. Staff could tell us what people liked, things that were important to them and what triggered distress or agitation.

The registered manager told us about the example of a person admitted from another home where they had been unable to meet his needs. This was because the person wanted to go out but presented with behaviour that challenged others and could not be managed by the staff. Aucklands staff were contracted to take the person out for activities and they were able to do this because of their skills and training. This person later moved to live at Aucklands because they had been so successful in working with this person.

On moving to Aucklands staff worked with the person to involve them in decisions about their care to make the placement successful. They were supported to feel they had a purpose and became very involved in the 'running of the home', handing over to the provider every evening about how the day had been. They had been involved in choosing staff uniforms, chairing meetings and interviewing staff. This person had previous

business experience and thrived on being 'in charge' in the provider's absence. "We believe that there is a reason behind behaviours and in this case the fact that he did not feel valued and involved, as well as being denied the opportunity to go out, in turn affected this person's behaviour. Before he died he made a 'bucket' list of things he wanted to do, and we did our best to help him achieve this".

The home's induction training had a component on how to deliver kind and compassionate care and how to ensure that people can feel that they are cared about. Throughout the inspection staff showed respect for people, approaching them by their preferred form of address and showing them kindness. Any personal care was carried out in the privacy of a person's room. It was evident that people's preferred routines were respected with people able to choose when they got up and when they went to bed as some people were still in bed at the start of the inspection as this was their choice.

The registered manager told us that a key worker system was in place. If the key worker and person were not suited then they would re-allocate the key worker and introduce a different worker to the person.

Relatives told us that they were always made welcome at the home. One person told us that they visited the home each day and spent many hours in the home. They told us that they were always made welcome and were treated as part of a family. One person was visited by a relative who was also living with dementia. We saw that they were made welcome and were offered a meal with their relative and support was offered to them. This allowed the person living at the home to maintain this important relationship.

Good

Is the service responsive?

Our findings

Care plans had been developed from assessment tools and risk assessments and were up to date and covered people's needs holistically. They provided clear instructions to the staff and were person centred in their approach, being tailored to each individual. The plans set out how staff should meet people's physical needs and well as their needs in relation to their dementia and communication.

People were clean and neatly presented, indicating that they had received any support they needed with personal care, including attending to their hair and make-up.

The home did not have a dedicated activities co-ordinator. Being a small specialised service, the care staff were expected to engage with people and be involved in activities as part of their general duties. On the days of inspection there were plenty of activities taking place. These included escorting people to leave the home, a hymn singing session led by a visiting priest, people engaged in art work, staff reading to people and other staff taking individual time to talk with people.

The registered manager informed us of other activities, such as 'beach days' where residents can feel sand between their toes even without visiting the beach if they are unable to, taking people to the Bournemouth Air Show, the local cafe for a cooked breakfast, an Olympic 'Relay' during the 2016 Olympic Games and a summer fete in the local church hall to which members of the local community were invited .

The home had a well-publicised complaints procedure as this was displayed prominently in the home. A relative told us, A relative told us, "If I am not happy, I am comfortable to raise any issues and know that they will listen and try to find a solution." The complaints log listed a small number that had been made since the last inspection. They had been responded to within the home's timescale for responding and had been resolved with the complainants.

There were good systems in place to make sure that people received good end of life care. One of the seniors was delegated as 'champion' for end of life and had completed an NVQ level 3 in end of life care. People or their relatives, where this was appropriate, had been consulted about wishes for end of life care and what arrangements were necessary to meet any religious or other needs. Where possible, people were supported with advanced care plans so that interventions people wanted were addressed. These included information in respect of people's psychological, religious and cultural needs. The service ensured that people were provided with necessary equipment such as hospital beds and air mattresses when people were nearing the end of their life. Timely referrals were also made to supporting health services to make sure people were kept free from pain and maintained comfortably.

Good

Is the service well-led?

Our findings

A member of staff told us, "They are the nicest people I have ever worked for and I enjoy coming to work. The management are always happy to pitch in if we need help and won't ask us to do anything that they would not do themselves." Health and social care professionals all said that the home was well led with good management.

The home had an effective leadership team of a registered manager supported by the provider and deputy, who each had delegated responsibilities. They provided a clear vision and positive ethos to the staff and led by example, being willing to step in and support the staff when needed. There were also clear, high expectations of standards on the way people should be respected and involved as much as possible in the way they wished to live .

Relatives and staff told us they always felt able to approach members of the management team if they had any concerns. Staff told us that there was an 'open door' policy in respect of management and that they could always speak to a member of the management team. The registered manager told us that at least one manager was on duty six days a week and an on call manager at all times, the night staff also being supported by an on call manager. The registered manager told us that when there had been stressful incidents, time was taken to support the staff and to allow them 'time out' so that they did not become too stressed.

Staff meetings were held on a regular basis and minutes showed staff were encouraged to bring forward suggestions and be involved in decision making. The importance of whistle-blowing and admitting when there may be a problem was re-iterated at meetings. The registered manager told us that they used a process of gathering reflective statements when things had not gone to plan and issues were identified. They also used 'observational supervision' to provide staff with constructive feedback and to help staff feel motivated by the use of praise and encouragement. This meant that the service was always seeking improvement and learning .

There were systems in place to monitor the quality of service and to drive improvements. Feedback from people, professionals and family members was sought through informal discussions, and surveys. There was also extensive auditing of systems carried out that included; housekeeping, the environment, cleaning schedules, wheelchairs, personal care, health and safety, commodes, nutrition, medicines and care records. Audits resulted in clear action
plans to address shortfalls or areas of improvement, which the manager was quick to progress.

The manager had notified CQC about significant events. We use such information to monitor the service and ensure they respond appropriately to keep people safe.

The rating from the last inspection was prominently displayed on the service's website and in the reception area.