

Alpha Care Castlemaine Limited

Castlemaine Care Home

Inspection report

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East Sussex
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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service:

Castlemaine Care Home is registered to provide care, support and accommodation for up to 42 people. There were 19 people living in the service when we visited. People cared for were mainly older people who were living with dementia and with a range of care needs, including arthritis, diabetes and heart conditions. Most people needed support with their personal care, eating, drinking or mobility. Accommodation was provided over three floors..

People's experience of using this service and what we found:

At the last comprehensive inspection in October 2018, we told the provider they needed to improve the oversight and governance of the service and to ensure people received safe care and treatment. The registered manager and provider had made significant improvements to the governance and oversight arrangements, implementation of systems and processes to safely assess and manage risks to people, including their medicines. However, there were some areas of documentation that needed to be further developed to ensure people received safe and consistent care. There were improvements needed to some parts of the environment. The improvements made since the last inspection also needed more time to be sustained, and fully embedded into the culture of the service.

People received safe care and support by staff who had been appropriately recruited, trained to recognise signs of abuse or risk and understood what to do to safely support people. One person said, "I'm safe, very safe here, no complaints at all," and "I am happy here." People were supported to take positive risks, to ensure they had as much choice and control of their lives as possible. We observed medicines being given safely to people by trained and knowledgeable staff, who had been assessed as competent. There were enough staff to meet people's needs. The provider used a dependency tool to determine staffing levels. Staffing levels were reviewed following falls or changes in a person's health condition. Safe recruitment practices had been followed before staff started working at the service. Staff were deployed in a planned way, with the correct training, skills and experience to meet people's needs. Staff told us that they had they got to know people and their needs well and received the training they needed to meet people's needs safely and effectively. The training matrix tracked staff training and this had ensured all staff received the training and updates needed to provide safe consistent care. A plan of supervision to support staff was available and this also included competency sessions on training received. One staff member said, "We get supervision every two months, but we can go to the manager anytime we need to." People's nutritional and health needs were consistently met with involvement from a variety of health and social care professionals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Everyone we spoke to was consistent in their views that staff were kind, caring and supportive. People were

relaxed, comfortable and happy in the company of staff and engaged in a positive way. People's independence was considered important by all staff and their privacy and dignity was also promoted.

Activities reflected people's preferences and interests. People were encouraged to go out and meet family and friends. Staff knew people's communication needs well and we observed staff communicating with people in an effective way.

Staff were committed to delivering care in a person-centred way based on people's preferences and wishes. People were involved in their care planning as much as they could be. End of life care planning and documentation guided staff in providing care at this important stage of people's lives.

People, their relatives and health care professionals had the opportunity to share their views about the service. Complaints made by people or their relatives were taken seriously and thoroughly investigated. The provider and registered manager were committed to continuously improve, and had developed structures and plans to develop and consistently drive improvement within the service and maintain their care delivery to a good standard.

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

Rating at last inspection and update:

The last rating for this service was requires improvement (published 6 November 2018) and there was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our safe findings below.

Castlemaine Care 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 team consisted of one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses care services. In this instance services for older people and those who live with a dementia type illness.

The service is required to have a manager. 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.

The service type:

Castlemaine 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.

Notice of inspection:

This inspection was unannounced.

What we did before the inspection

We reviewed the information we held about the service and the service provider, including the previous inspection report.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We looked at notifications and any safeguarding alerts we had received for this service. Notifications are

information about important events the service is required to send us by law.

During the inspection

We looked around the service and met with the people who lived there. As some people were unable to fully communicate with us, we spent time observing the interactions with people and staff. We spoke with 11 people in more detail to understand their views and experiences of the service and we observed how staff supported people. We spoke with the registered manager, registered provider and 12 members of staff, including the maintenance person, the chef and relief chef.

We reviewed the care records of six people who were using the service and a range of other documents. For example, medicine records, four staff recruitment files; staff training records and records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training and supervision data. We spoke with five professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had not ensured that people were safeguarded from unsafe care and treatment. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- The provider used a computerised care system. The care plans had individual risk assessments which guided staff in providing safe care. Risk assessments for health-related needs, such as skin integrity, weight management and nutrition, falls and dependency levels had been undertaken.
- This inspection found that care plans had been reviewed and updated to ensure they reflected people's current needs and associated risks. For example, one person had been losing weight and this had been reflected in the care plans and risk assessments. Actions for staff to encourage snacks and fortified food was clearly recorded.
- Risk assessments for people whose mobility had changed or decreased had been undertaken and all staff had received training in moving people safely.
- People who were at risk of choking had clear guidance for staff to follow to ensure risk was mitigated as much as possible. This included ensuring drinks and food were of the correct consistency. There was also evidence of referral to the GP and speech and language therapists (SaLT) when required.
- People with fragile skin had guidance on how to prevent pressure damage using air flow mattresses, regular movement, continence promotion and monitoring. Daily record checks for air flow mattresses and continence care were up to date.
- There were people who had been assessed as at risk of dehydration. Staff knew who was at risk and encouraged fluids throughout the day. Peoples input of fluids was monitored and recorded and those who had not reached their specific target over 24 hours were highlighted and all staff informed. Throughout the inspection we observed staff monitoring and discussing people's intake, offering further drinks as necessary.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. Environmental risk assessments had been developed since the last inspection, this had ensured that the environment was safe for all the people who lived there. There was an action plan for replacing carpets that showed wear and tear and may be a possible trip hazard.
- Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire.

People's ability to evacuate the building in the event of a fire had been considered and each person had a personal emergency evacuation plan (PEEP).

- Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.

Preventing and controlling infection

- The cleanliness of the service had improved since the last inspection. The service was clean and without odours. Areas for improved deep cleaning such as windows and corridors had been identified prior to the inspection. Domestic staff completed a daily cleaning schedule. People and visitors were complimentary about the cleanliness. Comments included, "The place is generally clean, a bit tatty in the corridors," and "Its clean and fresh in the communal lounge."
- Staff used personal protective equipment (PPE) when assisting people with personal care. PPE such as hand wash, gloves and aprons were available in all bathrooms with visual reminders about washing hands. Hand gel was also kept at the entrance of the building for visitors, to help protect people from risks relating to cross infection.

Learning lessons when things go wrong

- Accidents and incidents were documented and recorded. Incidents/accidents were responded to by updating people's risk assessments. Any serious incidents resulting in harm to people were escalated to other organisations such as the Local Authority and CQC.
- Staff took appropriate action following accidents and incidents to ensure people's safety and this was clearly recorded. For example, one person had had an unwitnessed fall in their bedroom. Staff looked at the circumstances and ensured that risks such as footwear and trip hazards were explored. A sensor mat had been placed in their room which meant staff could support the person safely.
- Specific details and follow up actions by staff to prevent a re-occurrence were clearly documented. Any subsequent action was shared with all staff and analysed by the management team to look for any trends or patterns. The falls audit showed that falls and incidents had decreased. There had been no falls or trips in October 2019. This demonstrated that learning from incidents and accidents took place.

Using medicines safely

- Medicines were stored, administered and disposed of safely. Medicines were ordered in a timely way.
- We asked people if they had any concerns regarding their medicines. One person said, "Staff help with my medication" and "most of the times I can't identify the type of medication I have been given, but they do explain it to me every time they give me my medication."
- All staff who administered medicines had the relevant training and competency checks that ensured medicines were handled safely.
- Protocols for 'as required' (PRN) medicines, such as pain relief medicines, were available and described the circumstances and symptoms when the person needed this medicine.
- Homely remedies were supported by clear protocols and agreed by the GP.
- Medication audits were completed on a daily and monthly basis. The registered manager reviewed and analysed the findings of the audits to ensure they took action that may be required to improve medication practices. For example, a missed signature would be tracked and the staff member would receive further training and competency assessments.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of their responsibilities to safeguard people from abuse and any discrimination. Staff

were aware of the signs of abuse and how to report safeguarding concerns. They were confident the management team would address any concerns and make the required referrals to the local authority.

- People told us they felt safe. Comments included, "There is always someone around when you needed help," and "The staff know me well and they are able to respond to my needs quickly." A visitor said, "I don't have any concerns, very good here."
- There was a safeguarding and whistleblowing policy which set out the types of abuse, how to raise concerns and when to refer to the local authority. Staff confirmed that they had read the policies as part of their induction and training.
- A staff member said, "Lots of training and we discuss and safeguarding procedures at team meetings, the manager tells us if there are any changes." Another staff member said, "Safeguarding can be anything that is neglect, poor practice or abuse."
- Staff received training in equalities and diversity awareness to ensure they understood the importance of protecting people from all types of discrimination. The provider had an equalities statement, which recognised their commitment as an employer and provider of services to promote the human rights and inclusion of people and staff who may have experienced discrimination due to their ethnicity, religion, sexual orientation, gender identity or age. There were a number of staff from overseas and they said, "We all work as a team, doesn't matter where we come from."

Staffing and recruitment

- People received care and support in an unrushed and personalised way. Comments from people included, "There have been some changes but there seems to be enough staff, I've not got any concerns," and "I call my bell, they respond to my needs quickly."
- Rota's confirmed staffing levels were stable, and the skill mix appropriate. For example, there was always a senior care staff who took the lead on shift. There was also a first aider on each shift.
- There was a robust recruitment programme. All potential staff were required to complete an application form and attend an interview, so their knowledge, skills and values could be assessed.
- New staff were safely recruited, this included registered nurses. All staff files included key documents such as a full employment history, at least two references and a Disclosure and Barring Service (DBS) check. These checks identify if prospective staff had a criminal record or were barred from working with children or adults. This ensured only suitable people worked at the service.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good.

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

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

- People told us they enjoyed the food provided by the service. Comments included, "The food is great," "It is well cooked," and "I know good food when I see it, and I enjoy it very well." One person said, "I am not a big eater, but it's just right for me, if I need more they will give it to me." A visitor said, "The food is very good, home cooked and lots of freshly made cakes."
- People were offered and shown choices of food and drink. One person said, "We get a choice every day, I like the food here because its normal, not fancy."
- Staff were attentive to people's individual needs and knew people's preferences, which were recorded in care plans. Discussion with the chef confirmed they were knowledgeable about people's personal preferences and dietetic requirements. They confirmed that they had received training in the preparation of textured foods and received regular updates when dietary guidance was changed. The food prepared was presented well and met people's individual needs. Pureed food was presented in a way that people could see the differing colours and textures.
- Staff offered people drinks regularly and staff supported them appropriately. People who had been identified as being at risk of weight loss, were offered fortified snacks and drinks throughout the day. Finger food was available and people were encouraged to eat independently.
- If people required assistance to eat or had their meals provided a certain way, this had been provided. Staff sat next to people and assisted them in a calm and dignified way. Plate guards and angled cutlery were also available to enable people to eat independently.
- Food offered and taken by people was recorded in their care records. The system highlighted those at risk from weight loss and weight gain. Actions were taken if concerns arose such as referral to the GP or dietician.
- People's weights were monitored, and advice or referrals made when needed. The care plan system generated graphs and this enabled staff to pick up trends and track weight variances. Staff were knowledgeable when asked of who needed fortified food and close monitoring because of weight loss. One staff member said, "We talk about peoples' weight and appetites every day, that way we can take action straight away."

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met

- Staff received training in the principles of the MCA and understood their role and responsibility in upholding those principles. Staff told us "We always ask people first, sometimes they may refuse a shower or wash but we don't force it, we go back and try again later."
- People were asked for their consent and were involved in day to day choices and decisions. Staff interaction with people demonstrated that people's choice and involvement was paramount to how care was provided. We saw people making choices about food, medicine, drink and activities.
- There was a file kept by the registered manager of all the DoLS submitted and their status. The documentation supported that each DoLS application was decision specific for that person. For example, regarding restricted practices such as locked doors, covert medicines, and sensor mats. We saw that the conditions of the DoLS had been met.
- The registered manager had made DoLS applications to the local authority when necessary and kept them under review until a response had been received.

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

- People's needs were assessed before they started to receive support from staff. Records showed consideration had been taken to establish what practical assistance each person needed before they had moved into the service. This had been done to make sure the service had the necessary facilities and resources to meet people's needs.
- Nationally recognised risk assessment tools were used to assess risks, for example, those associated with nutrition and skin integrity. Care plans and assessment tools reflected NICE guidance.
- Where required, healthcare professionals were involved in assessing people's needs and provided staff with guidance in line with best practices, which contributed to good outcomes for people. The staff team worked closely with the community mental health team to ensure people received the care they needed.
- People's protected characteristics under the Equalities Act 2010 were identified. For example, around people's heritage, cultural requirements and gender preferences of their staff. One person said, "They asked me if I wanted a female or male carer, I don't mind as long as they are nice."

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

- Staff ensured joined up working with other agencies and professionals to ensure people received effective care. We saw evidence of multi-disciplinary team meetings to discuss people's needs and wishes. For example, the mental health team, district nurses and speech and language therapists (SaLT).
- The service continued to have links with other organisations to access services, such as tissue viability services and SaLT.
- People were assisted with access to appointments. People told us, "The staff arrange my hospital appointments and come with me," and "The doctor comes around to see as all the time, it's a good thing because you don't have to go and see them."
- Information about people's care needs was shared with hospitals when people visited. Each person had an information sheet that would accompany them to hospital. This contained essential information about the person, such as their communication, mobility and medicines.

Staff support: induction, training, skills and experience

- On-going training was completed by staff in a variety of subjects such as food safety, infection control and moving and handling. One staff member said, "The training is both face to face and on-line." The provider sourced face to face training from various external agencies, for example, the local authority.
- Our observations during the inspection confirmed that staff had received training. For example, people were moved safely with lifting equipment and staff assisted people with their food and drink in a professional way.
- New staff completed an induction aligned with the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff spoke positively about their induction experience. One staff member said, "The induction was good, I had time to read care plans, get to know people before working on the floor."
- Staff received regular supervisions with either the registered manager or the provider. Staff said they were well supported in their roles. One staff member said they valued their supervision as it was a chance to discuss their professional development and an opportunity to discuss training. The registered manager had introduced a champion role. This meant certain senior staff took a lead in a specific area such as medicine management and falls. They were then responsible for ensuring audits were undertaken and of ensuring good practice.

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

- Castlemaine Care Home is a large detached house, which had been extended to the rear. The top floor is currently closed. The building layout and environment does have its challenges, corridors leading to bedrooms were narrow and there was a need for refurbishment. We discussed the home environment with the provider. They were aware of the challenges and outlined their future plans for extensive development of the home to meet the needs of people into the future.
- Appropriate signage was displayed to support people living with dementia to recognise and access toilets and other key areas.
- People's bedrooms were personalised and individually decorated to their preferences. People and relatives said they were encouraged to bring in their own possessions, such as pictures, photos and small bits of furniture. Some bedrooms reflected people's personal interests.
- All floors were accessible, by stairs or a lift which ensured that people who were unable to walk independently had full use of the communal areas and gardens.
- The garden area was well kept, safe and suitable for people who used talking aids or wheelchairs. There were areas to sit and enjoy the pleasant garden.
- Notice boards contained information about the service, activities, staff names and roles, religious services and complaint procedures.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Feedback from people and visitors consistently described staff as kind, caring, patient and respectful. One person said, "Nice staff, very kind," and "The caring attitude of the staff makes you feel at home."
- A visitor said, "We moved from another home to come here and so far, I have not regretted it at all. The staff take their time to take care of my wife. There is nothing to complain about, the manager is friendly and easy to talk to."
- The service had received compliments from families. The registered manager shared them with staff. This had contributed to raising staff morale and told staff they were valued.
- People were treated with kindness and care by staff. Staff spoke respectfully to people and showed a good awareness of people's individual needs and preferences. People were relaxed and comfortable in the presence of staff.
- Birthdays and special events were celebrated. Staff told us, "We celebrate birthdays, holidays and special events, the chef cooks birthday cakes and we have a party."
- Equality and diversity were embedded in the principles of the service and the provider had an equality and diversity policy in place to protect people and staff against discrimination. Staff understood the importance of people's diversity, culture and sexuality to them as a person and to managing their care needs in a person-centred manner. The registered manager used team meetings to share information by national organisations to promote discussion and reflection around this area.

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

- People and their families confirmed they were involved in day to day decisions and care records showed they participated in reviews of their care. One person said, "I talk with the staff about what I need." A visitor said, "We have been involved in care reviews and discussions."
- People's views were reflected in their care records. Where people needed support with decision making, family members, or other representatives were involved in their reviews.
- Care records included instructions for staff about how to help people make as many decisions for themselves as possible. For example, about which aspects of personal care they could manage for themselves and which they needed help with.
- Staff supported people to keep in touch with their family. Visitors told us they were always made welcome and offered refreshments and privacy if they wanted it. One visitor said, "I visit every day, and stay as long as I wish, staff don't mind." Staff supported people and their families to be in contact by telephone and email

for those that lived further away.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. People were supported to maintain their personal hygiene through baths and showers when they wanted them. People were dressed well, in clean cared for clothes of their choice. Some people liked to dress formally with shirt and trousers and staff respected this choice. Peoples were supported with shaving, make-up and manicures. A visitor said, "They give us privacy when we need it. Sometimes I take my partner home for the day."
- We observed staff knocking on people's doors to seek consent before entering. Discussions about people's needs were discreet, personal care was delivered in private and staff understood people's right to privacy. A visitor said, "Any time I come to visit, the manager comes to give me update on mum. The staff seem to know what they are doing, they shut the curtains and door when caring for mum."
- People's care plans recorded details about which personal care tasks people were able to do and noted that staff should be encouraging them to do these themselves.
- Confidential information was held securely in staff offices, that were locked. People had received an updated privacy policy and policy statements following changes to data protection legislation in May 2018.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good.

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection we asked the provider to make improvements to ensure people received person specific care and care plans reflected changes peoples' health and social care needs. The provider had made improvements.

- People received personalised care that was responsive to their needs. The registered manager said, "We have worked hard to update and improve care plans, it's continuous learning." Staff said, "The care plans are good I think, they help make sure we are up to date with any changes. Handovers are also helpful if we have been away because any changes are discussed, if someone had not been eating or is unwell we can offer the right support."
- Before people came to live at Castlemaine Care Home, the registered manager visited the person, either at home, in hospital/care home and completed a pre-admission assessment. This ensured that the person's needs' and expectations could be met by the service. For example, ensuring that the staff had the right skills and training to meet their mobility needs.
- Care plans were individual to their needs and included up to date information for staff on how best to support them. These were reviewed monthly and amended more frequently when needs changed. There was clear guidance for staff on people's health needs and the care required to manage their long-term health conditions. For example, people had oral hygiene care plans that described how staff should support people with their teeth or dentures and care plans for looking after their eye care.
- People's records reflected their beliefs, values and preferences and included specific details like favourite clothes, whether they liked to wear makeup, have their hair done and whether they preferred to be clean shaven. People told us, "I like to have shower every day; I take care of that myself, in case I needed help I press my call bell," and "Mum like to have a shower once every week and it's not a problem at all."
- People who lived with dementia and could show behaviours that challenged had detailed care plans and risk assessments that identified triggers and how staff should manage these so as to provide a consistent approach.
- Staff completed daily records for people, which showed what care they had received, whether they had attended any appointments or received visitors, their mood and any activities they had participated in.
- From our conversations with people and relatives, it was clear staff knew people well. One visitor said, "I'm very glad we moved here, very good care and the difference in her is wonderful, she is more content and definitely more engaging."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were knowledgeable about people's communication needs and there were detailed assessments highlighting support needs within their care plans. This included specific information on how the person communicated, and any aids they might use, such as glasses and hearing aids. At various times throughout the inspection staff checked peoples' glasses and eye aids to ensure they were clean and not troublesome.
- People's communication and sensory needs were assessed regularly, recorded and shared with relevant others.
- Technology was available in the home for people to communicate internally with staff using the call bell system and externally using landlines or mobiles to talk to and receive calls from relatives and friends. There was a broadband system in place and staff used this to contact relatives who live a long way away.
- Notice boards and walls had information about up and coming events or something interesting and attractive to look at. The daily menu was written on a whiteboard so people could see the choices. Peoples art was also used in the sensory room which people told us they liked to look at. There was some pictorial signage around the home to help orientate people. Improvements to the position of signage will be actioned with the redecoration of the premises.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships that were important to them. Visitors were made welcome at the service at any time. Visitors told us, "A friendly welcome," and "The staff always welcome us and offer a cup of tea."
- The support people required from staff to engage and interact with them to reduce the risk of social isolation was set out in their care records
- Care plans recorded information about people's interests and hobbies and there was a biography of each persons' life history in the care plan. This gave staff an insight in to what was important to people and ideas to aid engagement and conversations.
- There was a new activity person in post who was just settling in to their role. Training for this role had been sourced which will help ensure that activities are continuously being developed. At present the activity programme included art and crafts, chair exercises, pet therapy, puzzles and cake decorating.
- Comments about activities were varied and included, "Good fun," "The colouring in is a bit childish but I like looking at the animal pictures," and ""I enjoy the baking class, it just the feel of doing something again makes me feel good." People and visitors told us staff had time to chat with them. One visitor said, "The staff make time for chatting, nothing is too much for the staff."
- Some people enjoyed walking and the communal areas and garden areas were safe and large enough for people to do this safely. Staff supported people and ensured they rested and had drinks and snacks.

Improving care quality in response to complaints or concerns

- There was a copy of the complaints policy readily available for people and visitors to the service. People and their relatives knew how to make a complaint and felt comfortable to do so. They described how the management and staff team were receptive to feedback and shared examples of their views being acted on.
- We reviewed complaints that had been received by the service since the last inspection. All complaints were investigated, an outcome and lessons learned were recorded. For example, comments about the food had been taken forward and the menus were under discussion and changes would be made.

End of life care and support

- The provider had attended and completed a palliative/end of life care training-Gold standard Framework (GSF) and was in the process of cascading the training to staff. There was a provider policy and procedure containing relevant information about end of life care. Staff told us that they felt prepared and understood how to support people at the end of their life. One staff member said, "We have support from the district nurses and GP, we all know how important it is to make them comfortable and ensure good care."
- Staff demonstrated compassion towards people at the end of their life. They told of how they supported them health and comfort wise. This included regular mouth care and position moving. We were also told that families were supported and that they could stay and be with their loved ones at this time.
- Care plans identified people's preferences at the end of their life and the service co-ordinated palliative care in the care home where this was the person's wish. Care plans also contained information and guidance in respect of peoples' religious wishes and their resuscitation status. Do Not Attempt Resuscitation forms (DNAR) had been discussed with the person if possible, their family, GP and had been reviewed regularly.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained Requires Improvement.

This meant the service management and leadership was still being embedded and now needed to be sustained. Improvements to both records and care delivery were seen at this inspection.

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

At our last inspection, we asked the provider to make improvements to the systems for auditing the quality of the services provided. This included ensuring staff had had the necessary training to move people safely, the cleanliness of the service, the management of certain aspects of medicines, and responsive care planning. The provider had made considerable improvements, but further improvements were needed.

- The registered manager was working to ensure there was sufficient oversight and effective governance at the service. Systems and processes to assess, monitor and improve the quality and safety of the service provided had improved considerably. However, time was still needed for a cycle of all audits to be completed with an action plan. Action plans generated from audits still needed to be completed for us to be able to assess if auditing systems were always effective to sustain improvements.
- The manager completed monthly audits to monitor the service and experiences of people. This included health and safety, accidents, incidents, complaints, people's and staff documentation.
- Improvements were needed to some areas of medicine management. For example, covert medicines (medicines disguised in food and drinks). There was development needed to ensure that procedures and protocols followed best practice and that records supported the use of covert medicines. We are aware of some of the challenges the registered manager has had with getting reviews and pharmacist involvement with this aspect of medicine management. This has been taken forward to the appropriate organisation.
- There were shortfalls found in the standard of cleanliness in some areas of the home, particularly windows and corridors. The décor in some areas was tatty and in need of attention. We also received some negative comments from visitors in respect of the décor and cleanliness. This was known by the provider and action had been taken to address this in the form of performance management and a plan of refurbishment. Communal areas however were very clean and decorated well.
- The provider supported staff to have ownership of their job role. Staff were clear about their roles and responsibilities and undertook them with enthusiasm and professionalism. One visitor said, "I know the manager, she is approachable and nice to talk to and friendly." It was also highlighted by the visitor that they were "very kind and professional."
- Quality assurance processes had been developed to consistently drive improvement. These included

audits of care plans, staff files, complaints, safeguarding concerns, incidents and accidents, and quality satisfaction surveys.

- The leadership team worked well together and were open and transparent with people, their loved ones and staff about any challenges they faced. Everyone was encouraged to work together to find solutions. The team worked very well together and this showed in the atmosphere in the home, caring attitude of staff to people, visitors and each other.
- Staff were valued, and this had a positive effect on their ability and resilience in supporting people. One staff member said, "It's been a hard time but we have all worked together," and "It's a really good place to work."
- Staff felt supported and told us they received for any support or guidance they asked for. One staff told us the support they had received from the management team and other staff had increased their confidence in their own skills and knowledge. One staff member said, "I am studying health and social care level 5 and the manager helps me with flexible hours and encouragement, we are all happy here and like what we do, our priority is the resident."
- The provider and registered manager demonstrated their understanding of the regulatory requirements. Notifications which they were required to send to us by law had been completed.
- Accidents and incidents were documented and recorded. We saw incidents/accidents were responded to by updating people's risk assessments. Any serious incidents were escalated to other organisations such as the Local Authority and CQC. The rating awarded at the last inspection was on display at the service entrance and on the provider's website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider and manager were aware of the importance of obtaining feedback from people, staff, relatives and professionals to improve the service. Surveys had been sent out to relatives and professionals yearly. These were collated and actions taken in response to comments. The actions were then shared with people, visitors and staff. There was also an on-line system that visitors and health professionals could access at any time.
- Staff told us they were involved with regular staff meetings where they could discuss training or any ideas to improve care. This included thanking staff for hard work and celebrating successes.
- Resident and relative meetings were held regularly, the feedback from people and relatives was recorded and showed the action taken. This was then fed back to all who attended.
- For those unable to share their views families and friends were consulted. One visitor said, "I try to attend all the meetings, if I can't then I read the minutes, the communication here is very good." Another visitor said, "I would like more meetings, they don't happen that often." The registered manager said that the frequency of meetings was being discussed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider's ethos was to ensure people could continue to enjoy their life with personalised care plans and a range of activities to keep them mentally and socially active. This ethos ran through everything that happened at the service and was fully supported by staff. People and visitors were consistently positive about the manager and staff. Comments from people, included, "Very good," and "Approachable and kind."
- Information provided the provider information report (PIR) told us they promoted a positive culture that was person centred, open, inclusive and empowering. They underpinned this with a solid induction programme. This had ensured staff were following organisational policies and procedures. Staff discussed organisation policies and were aware of where to access good practice guidance, such as National Institute for Health and Care Excellence (NICE).

- The management structure allowed an open-door policy, the manager's office was amongst people's bedrooms and the communal areas, so the manager was visible to visitors, people and staff. Staff confirmed they felt supported to bring in ideas, discuss what worked and what didn't work. The registered manager worked alongside the staff and this was appreciated by staff.
- There was an inclusive culture at the service and everyone was offered the same opportunities in ways that reflected their needs and preferences.
- Staff worked very closely as a team and made sure they shared information and tasks so everyone received good quality care.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The manager had informed the CQC of significant events including significant incidents and safeguarding concerns.

Continuous learning and improving care

- The management and staff team made sure they continually updated their skills and knowledge by attending training, meetings and forums.
- The provider consistently questioned what they could do to improve the service and made any changes they felt necessary. When a safeguarding had been raised, the registered manager worked with the local authority and confirmed that lessons had been learnt and learning taken forward.
- The management team checked that the service was being delivered to the standards they required everyday by talking to people, their relatives and staff, as well as checking records and observing what happened at the service. Any shortfalls were addressed immediately.

Working in partnership with others:

- The management team actively looked for and took up opportunities to work in partnership with local health care and community services to improve people's health and wellbeing.
- Staff had a good relationship with the community nurses and other health care professionals and contacted them for advice when needed. Feedback from a health care professional was that, "Very well managed, knowledgeable staff and they appear kind and calm."