

Realmpark Health Care (Petworth) Limited

Barlavington Manor

Inspection report

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Date of inspection visit:
21 August 2019

Date of publication:
25 October 2019

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Barlavington Manor is a residential care home providing personal care for up to 57 people aged 65 and over. At the time of our inspection, 53 people were in residence. The home consists of two parts: residential care in the 'Main House' and specialist dementia care in what is known as the 'North Wing'. There are also a number of bungalows located in the grounds, but these did not form part of our inspection since people living there do not receive personal care from the service. The home is situated in a rural location, close to the town of Petworth.

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

Without exception, everyone we spoke with talked about the outstanding care they received at Barlavington Manor. Everyone was happy to be living there and spoke positively about all aspects of the service.

Staff had excellent knowledge of people and there was a focus on the individual and on tailoring care and providing activities which were meaningful to them. One relative told us, "They know my Mum, they know her quirky ways and what she wants". Group and individual activities were supported, according to what each person enjoyed. People we spoke with were clearly delighted by the activities and outings they had been a part of.

People received high quality care that improved their wellbeing. Staff actively supported people to remain independent and to retain their mobility. One relative spoke emotionally about how much better their loved one was since moving to the home earlier in the year.

People's communication needs were identified and planned for. People expressed confidence they could raise any issues or concerns with any member of staff or the management team and these would be addressed.

People could spend the rest of their lives at the home, if their needs could be met and this was their wish. Staff worked proactively with healthcare professionals to facilitate this.

Strong relationships were formed between staff and people due to the continuity of staff and the very caring approach of staff members. There was a homely welcoming atmosphere at the service and we observed very positive and caring relationships between people and staff. People were encouraged to be involved in decisions relating to their care and were treated with dignity and respect.

People spoke positively about the staff who supported them and had confidence in their skills and experience. A community nurse said, "The residents speak highly of the team and love the staff. Staff are always friendly". Staff had regular supervisions and an annual appraisal. People enjoyed the food and were able to make suggestions for changes to the menu. Snacks and drinks were readily available throughout the day.

Care staff were well informed about risks to people's health or wellbeing and knew how to deliver their care safely. Staffing levels were enough to meet people's needs. Medicines were managed safely. The home was clean, and staff had been trained in infection prevention and control. Lessons were learned if things went wrong.

People had access to a range of healthcare professionals and support. Premises were suitable and comfortable and met people's needs. The environment in the North Wing was carefully adapted to support the needs of people living with dementia. People spoke enthusiastically about the gardens and we saw people enjoying the outdoor space.

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.

There was strong and effective leadership and everyone we spoke with said they would recommend the home. Staff said it was the best place they had worked. The service was well organised and had a range of systems in place to ensure its smooth operation and to support good communication. Feedback from health and social care professionals who worked closely with the service consistently indicated that staff went the extra mile to deliver person centred care.

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

Rating at last inspection

The last rating for this service was good (published 2 February 2017).

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 reinspection 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 effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Barlavington Manor

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Barlavington Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. This included statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law.

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 used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and five relatives about their experience of the care provided. We spoke with 13 members of staff including the registered manager, the quality assurance manager, the administrator, the activity managers, senior care staff, care and agency care staff and a member of the kitchen team. We also spoke with a two community nurses and a community psychiatric nurse (CPN) who were visiting on the day of our inspection.

We used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included nine people's care records and multiple medicines records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We reviewed further documents sent to us by the registered manager, including minutes of resident and staff meetings.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at Barlavington Manor and safeguarding was discussed in resident meetings. In the minutes we read, 'All the residents say they feel safe and that the staff are always so helpful'. A relative told us, "It gives me peace of mind that she is safe and cared for".
- Staff had a good awareness of safeguarding and knew what to do if they had any concerns about people's safety. One staff member explained, "If I thought someone was in danger, I would come and tell (registered manager) that I have concerns about a resident. You get to know the residents, so if they were feeling shy, don't want to come out of their room, are not eating or are wary of a visitor I would report it".
- Guidance on how to raise a safeguarding concern was displayed in the home. The registered manager demonstrated a good understanding of her responsibilities and how to protect people from the risk of abuse. She told us, "It's about people being open. If you see or hear anything, you must report it".

Assessing risk, safety monitoring and management

- Risks to people's safety had been identified, assessed and minimised. Clear guidance was in place for staff to support people in a safe way and to minimise limitations on their freedom.
- A relative described how staff had been really patient in dealing with behaviour that could be seen as challenging. They said, "It's perfect now. (Name of person) was violent at first as she didn't like her personal care, but staff persevered". Staff had sought advice from mental health care professionals and detailed risk assessments were in place. These described the triggers, clues in the person's facial expressions and body language and how staff should respond.
- Most people at the home were mobile and some were at high risk of falls. Risk assessments were in place. Staff analysed the accident and incident records to see where risks could be further reduced. Actions included checking footwear, trialling new walking aids, using sensor mats and making referrals to the falls prevention team. A community nurse told us, "They encourage them to be mobile so they have a fantastic quality of life here, you have to weigh up with risk". We saw staff offering support and lots of encouragement to people where they needed assistance to walk.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. Systems were in place to evacuate the premises in case of emergency. Evacuation was also discussed in resident meetings to ensure people knew what to do.

Staffing and recruitment

- Staffing rotas confirmed there were sufficient numbers of care staff on duty to support people and keep them safe. The registered manager used a tool to assess the number of staff required and advised she always staffed above this number. People told us staff were on hand to assist them and our observations supported this. One person told us, "If you want any help, there are always staff around to help you".

- Staff felt supported and were satisfied with the staffing levels. One staff member said, "It is always busy in the morning but not due to understaffing, we just don't want to keep people waiting". Another told us, "We have time to spend with residents, to take them out for a walk, that kind of thing".
- The registered manager was recruiting and used agency staff to meet the shortfall in staffing hours. The agency staff who worked in the home were generally regular and appeared to know people well. One staff member said, "Everybody gets on so well, the agency they feel part of it all as well. It is the same agency staff who come".
- Records demonstrated staff were recruited in line with safe practice. For example, employment histories had been checked, suitable references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector, such as with the disclosure and barring service (DBS).

Using medicines safely

- People received their medicines as prescribed. There was detailed guidance in place for medicines prescribed 'as required' (PRN). Some people managed their own medicines, this had been risk assessed and monitored appropriately.
- We observed a member of staff giving medicines. They took time to explain what each medicine was for and stayed with the person until they had taken them safely.
- A staff member had also been appointed to oversee medicines management in the home. Staff completed daily checks on the Medication Administration Records (MAR) to ensure that all medicines had been given correctly and recorded.

Preventing and controlling infection

- The service and its equipment were clean and well maintained.
- Relevant information was displayed around the service to remind people and staff of their responsibilities in respect to cleanliness and infection control. We observed staff using gloves and aprons when appropriate.

Learning lessons when things go wrong

- Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded.
- Incidents were discussed to see where improvements could be made. Additional checks for medicines had been introduced following a medication error.

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to live healthier lives, access healthcare services and support

- Staff undertook assessments of people's care and support needs before they began using the service. Care plans included detailed life histories and clear information on how each person wished to be supported.
- Staff knew people well and were vigilant to changes in their health and wellbeing. One staff member told us, "I always flag up concerns. They are my friends. If someone is still not right after seeing the doctor, I will push things".
- People's needs were continually assessed in line with best practice. Care plans were reviewed at least monthly, often with the direct input of the person. Staff were up to date with changes in people's care. A community nurse told us, "Staff seem to know what is going on, they must have a robust handover. Each team lead on the day knows what happened the day before. It's well documented".
- Advice had been sought from a range of professionals. A Community Psychiatric Nurse (CPN) told us, "Staff are good at reaching out when they need help and staff are willing to do what's needed to make people's care the best possible". A relative said, "If they think it is necessary they contact the doctor without me prompting them".
- The atmosphere in the North Wing, which specialised in caring for people living with dementia, was calm. Staff engaged with people and helped them to participate in meaningful activities. A friend told us, "I'm very happy with the care, I don't think they could do any more (Name of person) than they are doing". A relative said, "They do a fabulous job here they really do".

Staff support: induction, training, skills and experience

- We observed staff supporting people with confidence and professionalism. Staff had received training to support people, including safeguarding, moving and handling, dementia care and falls prevention.
- Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were assessed as competent to work unsupervised.
- Staff felt confident in their skills and were able to access additional training when needed. A specific course on catheter care had been arranged to help staff support a new resident. Staff in the North Wing were required to complete additional training in dementia care, this included challenging behaviour, person-centred approaches, confusion and communication.
- Systems of staff development including one to one supervision meetings and annual appraisals were in place. All of the staff we spoke with spoke highly of the management and the support they received. They said they would recommend the home as a place to work.

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

- People were offered nutritious food and drink which they enjoyed. Some of the vegetables and herbs were grown in the home's garden.
- People had a good choice of meals. Menus were discussed in resident meetings and specific requests were acted upon. Staff knew about individual preferences and specialist diets and were careful to observe these. One person told us, "The food is very good. We had a very nice sweet yesterday and I had another helping of it".
- Lunchtime was a sociable occasion. In the main house, people chatted and joked with one another. In the North Wing, staff joined people at the table for the meal and were on hand to offer any assistance required.
- Specialist plates and cutlery were used to help people remain independent with their meals. We saw high sided and brightly coloured plates in use to help those living with dementia.
- Staff monitored people's weight and took action where concerns were identified. Drinks were readily available, and we saw people helping themselves throughout the day.

Staff working with other agencies to provide consistent, effective, timely care

- People told us they received effective care and their individual needs were met.
- Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals.

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

- People's individual needs around their mobility were met by the adaptation of the premises.
- There was a variety of communal areas for people to use to share in activities or to have peace and quiet. The gardens were well maintained and accessible. The North Wing had an enclosed garden with seating. Doors to the garden were kept open and the home felt open and unrestricted.
- The environment in the North Wing had been designed with the needs of people living with dementia in mind. The flooring was smooth and plain and there were handrails in contrasting colour to the wall to aid visual perception. Large, bright pictorial signage was used to direct people to the lounge, dining room and bathrooms. Bedroom doors were designed as front doors and people were able to select their preferred colour. A street sign on the corridor wall continued the feeling that the home was a 'street' people lived on.
- Each room had a frame outside with photos of the person in the past and now and with details of their life. This was to help the person and the staff talk about the person's history. A visiting CPN told us, "The set-up is congenial for the situation. It is light and airy and spacious. The garden is lovely and safe"

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.

- The registered manager had a good understanding of the Act and was working within the principles of the MCA. People were not unduly restricted and consent to care and treatment was routinely sought by staff.
- One staff member told us, "We help people to make a decision if they struggle. If they lack capacity, we would do an assessment. We would speak to family and the doctor".
- Applications for DoLS had been completed where needed; many of these were awaiting consideration by the local authority.
- People told us that staff respected their views. Decisions people had made were recorded, for example some people had opted out of being checked by staff during the night.

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; respecting equality and diversity

- People and their relatives were extremely positive about the caring and compassionate nature of the staff that supported them. One person told us, "I've been here for two or three years I find it home from home". A relative said, "They've been lovely. They are just so kind all of them. I've never seen anything other than them being sweet and kind. They are just so caring, they are lovely. They are like friends, they are gorgeous. I couldn't be happier with the place".
- There was a regular team of highly motivated staff who had developed strong relationships with the people they supported. Staff were quick to pick up on people's needs and any anxiety. At lunchtime, one person was looking worried. A staff member came and sat alongside, discussing what was on her mind. After agreeing how they would sort things out together in the afternoon, the person appeared to relax and enjoyed chatting over their meal with others at the table.
- Staff spoke to us in detail about people's life histories, their care and support preferences and shared examples of how they enhanced people's lives by enabling them to do things that mattered to them. One staff member often brought in freshly chopped mango for a person who used to live in the tropics and enjoyed picking mango in their garden. As the person enjoyed the mango they would reminisce about their time growing up and tell the staff member their story of picking mangoes.
- We observed staff consistently treated people in a kind caring and compassionate manner. There was respectful banter and a sense of fun between people and all of the staff team, whatever their role. As one lady was walking down the corridor with her frame towards lunch, a few staff were following behind her. Another staff member joked, "Look at all those bridesmaids, (Name of person)!" An activity manager told us, "I read the care plans but I do like to talk to them and their families and find out what they did. They've had fantastic lives. I also involve them in my life. I try and make every day as normal as possible. We are always giggling". We noted that staff greeted each other warmly and there was genuine comradery between people and within the staff team.

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

- People's views were central in determining the care they received.
- We saw staff checking with people what they wanted to do throughout the day and how they wished to be supported. A relative said, "Staff go out of their way to make sure she is happy".
- Visitors repeatedly told us how special they thought the home was. A community nurse told us, "We love this home. We visit daily and every day is the same; there is a very good, positive attitude, they are empathetic and encouraging. A great ethos, good values and great behaviours". An agency staff member said, "They put the residents and staff first. They care a lot".

- We observed staff serving drinks to people in the North Wing. They helped people to choose their drink by explaining and helping without making the decision for them.

Respecting and promoting people's privacy, dignity and independence

- The provider had as a care objective to, 'Recognise the individual uniqueness of service users, staff and visitors, and treat them with dignity and respect at all times'. Throughout our visit, we observed staff treated people with the utmost consideration and respect.
- Staff supported people and encouraged them, where they were able, to be as independent as possible. We observed staff supporting people to walk in the home or to enjoy the gardens. One person had said they preferred to put their own laundry away and this was accommodated.
- We observed staff treated people in a friendly and patient manner. Staff knocked on doors before entering and engaged people in conversation about the tasks in hand or assistance required.
- Staff took time to introduce themselves to people when they moved to the home. There was a checklist for each head of department, such as housekeeping, activity and garden, to meet a person within three days of arrival. Similarly, new staff were introduced to people. In the minutes of a resident's meeting we read, '(Name of person) said she was introduced to a new carer before he gave her her medication, this was much appreciated'.
- The registered manager told us, "The girls are passionate about these residents. They care about people. I am extremely proud of the staff". A friend said, "The staff seem genuinely fond of the people they care for".

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 good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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 received opportunities to participate in a wide range of social, recreational and pastoral activities. These were based on people's interests, hobbies and pastimes.
- A small group of people who had worked in the Forces visited a local aviation museum. The idea for the trip came about when a staff member was completing a memory box with one person and she started reminiscing about her days as a Wren in the war. On the day this person had her hair washed and set by the hairdresser and wore her blazer with her medals pinned to it. She told staff the trip took her back to 1945 and brought it all alive again, reminding her of the men and women she knew in the air force. The people who went enjoyed sharing their stories of war time.
- An individual trip had been arranged for a person who was not comfortable going out in a group. The activity manager told us this person was usually very quiet but had opened up and chatted freely during the drive. They went back to the area the person came from and had taken the opportunity to knock on some of the neighbours' doors. Photographs showed the person's delight at reconnecting with old friends. From this meeting an afternoon tea with a group of former neighbours was in the planning.
- Activity staff worked in both parts of the home. A third staff member focused on spending one to one time with people. There was a wide variety of in-house activity and visiting entertainers. This included music, animals, an ice cream van and a monthly evening party. Photographs showed people elegantly dressed and enjoying the music and dancing. One person told us the activities were, "Marvellous, there is lots to entertain".
- The service was active in building links with the local community. Some people had participated in a 'pen pal' project with a local school. This had developed into people visiting the school and the children coming to the home. When visiting the school, one former teacher told staff it took her back to her classroom and she was surprised to see how little had changed. She said, "The children proudly showed me around their classrooms and I simply loved it. It made me feel alive again". Some people played bowls at a local club on a Friday afternoon. They were accompanied by a staff member who belonged to the club and the activity manager and all played alongside other members. One person said it really made them feel part of the community. During their time off, one staff member regularly took a person to the local town, so they could return to their hairdresser. Another person said the most important thing to him was contact with people and the community. He said "Staff are always arranging something. I can't imagine any better staff".
- Staff ensured people had social contact if they desired company. In one care plan update we read how a person was staying in their room due to poor health. Care and activity staff were prompted to make time to see the person for a chat or a game and to ask if there was anything the person wished to do. On a daily basis activity staff delivered newspapers and the Daily Sparkle (a reminiscence newspaper) to people. This

allowed for individual time each day.

- Some people enjoyed the organised activities whilst others preferred to spend time quietly. A relative told us, "They go up and play scrabble in her room, she loves it. They encourage her to come out but Mum is very set in her ways. She likes a game of scrabble and they accommodate her".
- People were supported to maintain relationships that were important to them. Some people had a spouse or relation cared for in the other part of the home. Staff were proactive at ensuring people could spend quality time together. For one person, whose wife lived in the North Wing, staff called daily to say when she was awake and alert so that he could visit. This person said living in the same home and being able to see each other had given him peace of mind. Some people had clearly developed close friendships and staff supported them to be together. Visitors were made welcome at the home at any time.

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

- Care plans provided staff with excellent detailed information to enable them to deliver person focused care. This included people's preferences and areas where they were independent and did not require support. One person said, "Staff help me live a normal life, they know me and know how I like things done". Another told us, "Life of Luxury and that's all that needs to be said".
- Staff clearly knew people extremely well. One relative told us, "They know my Mum, they know her quirky ways and what she wants". A new staff member said, "It's a very tailor-made approach, nothing is too much effort".
- When one person was distressed by having a pain-relief patch changed in the morning, staff looked at alternatives. They discussed options with the GP and found that at lunchtime the person was very calm about having their patch changed. The person's care plan and the medicines guidance had been updated to reflect this.
- The community nurses told us how the home had responded quickly to admit a person in urgent need of care to the home. They told us, "They came out to see a lady who needed care, they helped her pack. We would have had to admit her to acute. This was a much nicer outcome. They were fantastic on the day".
- Staff were very attentive to people. When one person living with dementia got up from the lunch table, staff gently walked alongside and encouraged her to return and finish her meal.
- Information was regularly reviewed with people to ensure staff had access to information that reflected people's current needs. Care plans included direct feedback from people about how they wished to be cared for, for example one person had said they felt the cold and so had a portable heater as well as a radiator in their room. In another we read, '(Name of person) has asked this to be written as a quote 'if he stops being called darling, he will be devastated''. Another person had asked whether it was necessary to review their end of life wishes each month and the frequency had been adjusted for them and others accordingly.

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.

- Care plans contained information about people's communication needs.
- Staff used tablet computers to review people's care plans with them. The size of the print could be easily enlarged to enable people to read what was written. Care plans prompted staff to ensure that people had their glasses in reach and that their hearing aids were working. One person had talking books due to their limited vision.
- In the North Wing, a pictorial menu board incorporating a clock was updated through the day so people

could see what was next; tea and snacks, or a meal. We saw people looking at this and taking in the information. It seemed to help them orientate themselves to the time of day.

Improving care quality in response to complaints or concerns

- The provider had a clear complaints policy and people knew how to raise any concerns. One person said, "I feel comfortable to mention any mistakes that have been made. I am happy and my family are happy".
- There were no complaints recorded for the year to-date. The registered manager had introduced a folder to record minor issues or concerns so that these could be monitored and addressed.
- People felt confident any concerns would be listened to. One person said, "I can talk to any of them, they sort things out". A friend told us, "I have no complaints they are very caring. I would talk to the manager if I needed to". A relative said, "I have absolutely no grounds for criticisms as they are all excellent".

End of life care and support

- People could live out their lives at the home, if this was their wish and their needs could be met.
- People's end of life care was discussed and planned, and their wishes were respected. The registered manager said, "I don't like to move people and with the support of the nurses we don't have to". A community nurse told us, "They identify end of life well and early so we are able to put a plan of care in place. There is no panic here, there is none of that. We have meetings, we meet with families and put the plan in place. They are excellent. The drugs are always here when we need them".
- A relative shared their experience saying how staff were a tremendous help at this time when she felt scared and anxious. She spoke of a, "Good, strong team" and the excellent links with the community nurses and GP. They said, "This is hideous for the family but the staff make us feel that it is normal for them and everything is explained to us. I looked after my mother at home and relinquished the responsibility to the staff. I have never once thought I made the wrong decision". One day when this person was restless, staff suggested a walk in the sunshine. They made sure the person was warm and comfortable in a wheelchair and pushed her around the gardens. The person's relative said, "This is what makes the staff so special, instead of just trying to make her comfortable in bed, she has been taken out and enjoyed some quality of life".
- Staff described how they supported people as they approached the end of their lives. One staff member said, "I make sure I'm with that person as much as I can be talking or reading to them. We take it in turns to sit with them to make sure there is somebody there all the time".

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People benefited from a strong leadership team who promoted an open, inclusive culture which promoted high quality care.
- People received excellent care from staff who knew them as individuals and took care to ensure their wishes were acted upon.
- The registered manager explained, "It's about the individual. I would hope that the residents feel that it is home. They can do what they want to do". She added, "I'm proud of the team, I think we have majority of core staff who have been here a long time, it feels like we are a big family".
- Staff were incredibly proud of the service and there was very low turnover of staff which was testimony to the excellent leadership and management. New staff told us how the management team were approachable and supportive. One member of the care team said, "It's almost been too good to be true. I've very easy stepped into it. I feel like one of the team, it's really nice".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.
- The registered manager had a very open approach. She told us, "If things not right we need to put them right, we are not perfect but we try to put things right. You've got to be upfront and honest. The culture of the home is about helping and caring".

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

- 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.
- People spoke highly of the registered manager. One staff member said, "(Registered manager) is really nice and understanding. She is adaptable".
- There was a positive energy throughout the home and the leadership team were all passionate about their role and took complete ownership for the quality and safety of the care provided. The registered manager had appointed a quality assurance manager to oversee and carry out audits of the service. Monthly audits

were completed in areas including care plans, moving and handling, skin integrity, infection control, supervision and medicines. Each month the registered manager reviewed the action plans to ensure that necessary changes had been made. The audits had been effective at identifying shortfalls in records and in identifying equipment that needed replacing.

- In addition to the in-house audits, the registered manager had commissioned an external audit. In the follow up report we read, 'It was evident that the management team, augmented by a quality assurance manager had worked particularly hard since our last visit to make these improvements and had responded well to advice and constructive criticism'.

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

- People were valued as individuals. When we spoke with the registered manager about equality and diversity she told us, "It's all about talking to them and asking them. It is how they want to be treated". Staff had a good understanding of equality, diversity and human rights and explained how they would make sure that nobody at the service suffered from any kind of discrimination.
- There were consistently high levels of engagement with people, visitors and staff. During our visit people and their relatives stopped by the office on a regular basis. They were clearly at ease speaking with the registered manager and her team. From the minutes of resident meetings we saw that any issues raised had been looked at. One person who had said they didn't much like the salads said the next month they were much better and more to his liking. Another person had asked to go shopping and this had been arranged.
- Surveys had been sent to people, their relatives and to visiting professionals. The feedback was very positive. One person commented, 'A fully satisfied customer!' Another said, 'At any time I feel that I can ask for advice or help if necessary'. Relatives were equally positive. One wrote, 'I am so relieved that she is peaceful and calm. This is because she is well cared for and her needs are met. Thank you'. Another said, 'Great staff, great atmosphere. Wouldn't want my Father anywhere else!'.

Continuous learning and improving care

- The registered manager and her team participated in local forums to share best practice. She told us, "We always come away with new ideas". One recent event had prompted ideas on staff recruitment which the registered manager was currently trialling.
- There was plans to invest in new technology for an e-reception. The registered manager had seen the system in use during visits to other care homes, another form of learning and knowledge sharing that she undertook. Following our visit, the registered manager advised the system was in place and told us, "It not only provides an opportunity for people to provide any feedback but is also a great safety feature in case of a fire".

Working in partnership with others

- Staff worked proactively with healthcare professionals. The community nurses told us that, with the person's permission, a staff member always accompanied them on their visits meaning they had a handover and saw the treatment provided. The nurses told us, "They are proactive about picking up problems and calling us. They don't always request a visit. They will ask for advice. They phone first. It is joint working in this home".
- Relatives felt involved in the care of their loved ones and were kept informed of any changes.