

# Millcroft & York Lodge Care Homes Limited

# York Lodge

## Inspection report

3 Myrtle Road  
Crowborough  
East Sussex  
TN6 1EY

Tel: 01892661457

Date of inspection visit:  
20 December 2019

Date of publication:  
24 January 2020

## 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

York Lodge is located in Crowborough and provides accommodation and personal care for up to 22 older people. The home also provides respite (short-term) care for people. The home is set out over three floors with a basement for the laundry facility. There is lift access between the ground floor and upper levels. At the time of our inspection there were 22 people living at the home. Everybody living at York Lodge was living with dementia and some people had mobility and sensory challenges.

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

Systems and processes to assess, monitor and improve the quality and safety of the service provided were in place. However, there were areas of peoples' documentation that needed to be improved to ensure staff had the necessary up to date information to provide consistent, safe care. Whilst care plans identified a care need, there was a lack of clear guidance and changes to care needs were not clearly defined. Staff were able to discuss best interest decisions and who was involved, however these and the rationale for the decision was not always documented. This meant that agency staff and new staff would not have the relevant information to support care decisions. This included the use of sensor mats and covert medicine.

People received safe care and support from 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 feel safe here." A visitor told us, "Staff are very vigilant about peoples' safety, good security." People were supported to take positive risks, to ensure they had as much choice and control of their lives as possible. We saw that people were supported to be as independent as possible with the use of walking aids and specialised cutlery for eating. 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 regularly 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 had all received training to meet people's specific needs. During induction, they got to know people and their needs well. One staff member said, "It's really lovely here, everyone works as a team to make sure we support people in the safest and best way. We got lots of training to do this." 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. One visitor said, "Very kind and polite staff, the atmosphere is good, I feel welcomed every time I visit." People were relaxed, comfortable and happy in the company of staff. People's independence was considered important

by all staff and their privacy and dignity was promoted.

Staff were committed to delivering care in a person-centred way based on people's preferences and wishes. There was a stable staff team who were knowledgeable about the people they supported and had built trusting and meaningful relationships with them. Activities were tailor-made to people's preferences and interests. People were encouraged to go out and form relationships with family and members of the community. Staff knew people's communication needs well and we observed them using a variety of tools, such as method sign language, pictures and objects of reference, to gain their views.

People were involved in their care planning. End of life care planning and documentation guided staff in providing care at this important stage of people's lives. End of life care was delivered empathetically and with respect and dignity.

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](http://www.cqc.org.uk)

Rating at last inspection and update:

The last rating for this service was Good (published 20 May 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 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

# York Lodge

## 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 an inspector.

#### The service type

York Lodge 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 on the first day of inspection and the second day was announced.

#### 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. We used the Short Observational Framework for Inspection (SOFI) during lunch on both days of our inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 16 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, area manager and seven members of staff, including senior care staff, activity person and the cook.

We reviewed the care records of three 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 resident and staff meeting minutes, accident and incident records over a period of four months, training and supervision data. We spoke with two 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 Good. At this inspection this key question has remained Good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Arrangements had been made to ensure the proper and safe use of medicines. Medicines were stored, administered and disposed of safely. Medicines were ordered in a timely way. People and their families had no worries about their medication. One person said, "I get my pills." A relative said, "I have no concerns, my mother gets her medicines and any changes, they let me know."
- All staff who administered medicines had the relevant training and competency checks that ensured medicines were handled safely. We observed staff administering medicines safely to people ensuring that they were offered the medicines, given time to take them in the way that they preferred and signed for once they were taken.
- 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.
- There were people who received covert medicines. Covert medicines are when medicines are given in a disguised format, for example in food and drink without the knowledge or consent of the person receiving them. These had been prescribed by the GP and staff were clear on the organisational policy and procedure of covert medicines and ensured it was always offered openly first.

### Assessing risk, safety monitoring and management

- Each person had a care plan with 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.
- Care plans and risk assessments identified specific risks to each person and provided written guidance for staff on how to minimise or prevent the risk of harm. For example, people with pressure wounds had guidance on how to prevent further pressure damage using air flow mattresses, regular movement, and monitoring. Daily record checks for air flow mattresses were up to date.
- People lived in a safe environment because the service had good systems to carry out regular health and safety checks and risk assessments. These included legionella checks to ensure the ongoing safety of water. Risks associated with the safety of the environment and equipment were identified and managed appropriately.
- Each person's needs in the event of a fire had been considered and each had an individual personal emergency evacuation plan that described the support they needed in an emergency. Fire drills were held regularly. Each drill was evaluated to ensure staff were clear about the procedure. A staff member was clearly able to describe the actions taken when the alarms sounded.
- A maintenance tracker was kept that showed when work was needed and when it had been addressed. This showed that maintenance tasks were addressed in a timely manner.

## Learning lessons when things go wrong

- Accidents and incidents were documented and recorded. We saw 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. New shoes had been purchased and a sensor mat had been placed in their room which meant staff were alerted when the person was moving around and at risk from falling.
- 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. This demonstrated that learning from incidents and accidents took place.

## 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 regarding peoples' safety and well-being and make the required referrals to the local authority.
- People told us they felt safe. Comments included, "I feel safe." Visitors said, "I have no worries about my relatives' safety because the staff are all very good." A staff member said, "We get training and we also talk through things at meetings." Another staff member said, "We report anything to the manager that is poor practice or abuse, our residents are vulnerable."
- 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.
- 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.

## Staffing and recruitment

- People continued to receive care and support in an unrushed way. Visitors told us that, "There seem to be enough staff, there's always a staff member in the lounge and dining room." Staff said, "It would be nice to have more activity staff as not everybody can join in with the group activity. We sit with people as the activity person is busy."
- Rotas confirmed staffing levels were consistent, and the skill mix appropriate. Staff shortfalls had been planned for and their shifts covered by permanent staff or on a rare occasion agency staff. There was always a senior on duty who took the lead on the floor.
- 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. 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.

## Preventing and controlling infection

- The service was clean and without odours. Domestic staff completed a daily cleaning schedule. People



and visitors were complimentary about the cleanliness. Comments included, "They keep my room really clean, despite the builders being in the home," and "Everywhere is clean, there is a lot of work going on to replace carpets and ceilings."

- 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) and at the entrance of the building, to help protect people from risks relating to cross infection.

## 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. Comments from people and visitors included, "I like the food, tasty," "It always looks appetising" and "Always a choice and it looks really nice."
- Staff knew people's preferences, which were recorded in care plans. Discussion with the cook and staff team confirmed they were knowledgeable about people's personal preferences and diet requirements. Food for lunch was prepared by an external catering company and delivered to the service. The cook told us of how this ensured that the meals were nutritionally balanced and prepared to people's specific nutritional need. This included soft and pureed food.
- The meal time experience was enjoyed by people. The dining room was light and airy and all tables set with table clothes and condiments. People chose where they wanted to sit. To promote independence, plate guards and specialised cutlery was offered with staff support.
- Staff offered people drinks throughout the day and staff supported them appropriately. Staff recorded what people ate and drank to pick up any changes and prevent dehydration and weight loss. All staff were informed at handover of those who had not been drinking and eating very much, so staff could prompt and encourage people to eat and drink.
- People were weighed monthly and an overview of people's weights was kept by the manager. 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. Evidence in care records supported this.
- Staff were knowledgeable of who needed fortified food and close monitoring because of weight loss. One staff member said, "We discuss residents every day at hand over and if someone is not eating or has lost weight we discuss how to prompt and improve their intake."

Supporting people to live healthier lives, access healthcare services and support

- People were supported to receive ongoing health care, such as with the GP, Speech and Language Therapist (SALT) and falls team. A relative said, "They call the doctors to come if they need to."
- People were supported to attend hospital and dental appointments and access eye and foot care as required. A visitor said, "My relative has regular appointments at the outpatient department and staff organise everything and I meet them there." We were also told that staff help me make appointments for my glasses and hearing tests, very helpful."
- The service had developed relationships with healthcare professionals. We received positive feedback from health and social care professionals about the care and support people received. One health professional said, "Polite and knowledgeable, contact us for advice and do monitor people well." Another said, "They have the relevant information ready so that is really helpful for us."

## 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 had received training in the principles of the MCA and understood their role and responsibility in upholding those principles.
  - 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 central to how care was provided. We saw people making choices about who supported them, how they spent their time, and meals and drinks.
  - 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, and sensor mats. We saw that the conditions of the DoLS had been met. For example, each person's care plan reflected how the decision had been made and what actions staff needed to take.
  - 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 had been 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. Risk assessment tools reflected the National Institute for Health and Care Excellence (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 Speech and Language Therapists (SaLT), community diabetic team and district nurses 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. An entry in the daily care records stated that a family member had requested a female care staff member for their relative and this was recorded on the handover sheets and risk assessments.

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 DVD training, we complete booklets." The provider also sourced face to face training from various external agencies, for example, the local authority.
- Staff had recently attended a dementia course which staff said, "Really good, I learnt a lot," and "Really good training, lots of new ideas about how to communicate with people using technology."
- Our observations during the inspection confirmed that staff were competent and had received training, for example, people were moved safely with lifting equipment and medicines were handled safely.
- 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 their line manager. 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 was organising further dementia training.

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

- York Lodge provided a welcoming and comfortable environment for people. The home had been decorated with thought to the people who lived there. For example, in one room there was a feature wall that reflected the persons love of gardening and their job. Corridors were decorated to catch peoples' attention. Each of the three floors were colour themed. On the third floor there was a sensory/quiet lounge with coffee/tea facilities and a hair dressing room.
- People and relatives said they were encouraged to bring in their own possessions, such as pictures, photos and small bits of furniture. Bedrooms reflected people's personal interests.
- Appropriate signage was displayed to support people living with dementia/memory loss to recognise and access toilets and other key areas.
- The garden area was well kept, safe and suitable for people who used walking aids or wheelchairs. There were areas to sit and enjoy the pleasant garden. A new wooden decking had recently been completed which will enable more people to enjoy the gardens.
- 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 now remained Good. 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

- Feedback from people and visitors described staff as kind, humorous, patient and caring. One person said, "Staff are kind." A visitor said, "Really happy with everything so far."
- The service had received compliments from families and these were shared with staff and kept in a folder. This had contributed to raising staff morale and told staff they were valued.
- A health care professional told us, "Staff are polite, helpful and knowledgeable." Another told us, "It helps when the staff know their residents and they do at York Lodge."
- 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 cheerful in the presence of staff. We saw there was a strong rapport with staff which was evident when they were talking and laughing with people. Birthdays and special events were celebrated in the home. Photographs of special events, such as birthdays were displayed in the home.
- 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 told us, "Staff help me make choices, they ask me what I want to wear." As many people could not tell us of their choices, we observed care in the communal areas. We saw staff offer people a selection of drinks and food. Staff used pictorial menus to assist people in food choices. We also noted that staff asked people where they wanted to sit and if they wanted to join activities.
- Care records included instructions for staff about how to help people make as many decisions for themselves as possible. For example, choosing where they spent their time.
- Staff supported people to keep in touch with their family. Visitors were always made welcome and offered a drink, and some privacy to talk. One visitor said, "I am able to visit every day, and stay as long as I wish." Staff enabled people to be in contact by telephone and email with relatives who lived further away.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff explained how important it was to listen to people, respecting their choices and upholding people's dignity when providing personal care.
- 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. Screens were used when people were moved with hoists in communal areas.

- People were supported by staff to take pride in their appearance and maintain their personal hygiene through baths and showers when they wanted them. People were assisted with make-up, jewellery and nail care. The laundry team looked after people's clothing and staff ensured people's clothing and footwear was of a good standard.
- Staff told us they always promoted people's independence when they were supporting them. We saw staff prompt and encourage people to eat independently, for example, using cutlery that met their needs, such as smaller spoons and angled handles.
- 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 locked cupboards. 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 Good. At this inspection this key question has remained 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

- People received personalised care that was responsive to their needs. The registered manager said, "We discuss people and their care daily at handovers and explore any changes." Staff said, "We all read the care notes, it helps make sure we are up to date with any changes. Handovers are really helpful because any changes are discussed. If someone is not well, we discuss what we can do and all ideas are discussed."
- Before coming to live at York Lodge, senior staff 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 if they needed help when mobilising that the room was suitable and that they had the equipment necessary to assist them safely.
- Care plans were specific to people's needs. There was guidance for staff on people's health needs and the care required to manage their long-term health conditions. For example, there was clear information of how to support people who lived with diabetes, which included recognising when their blood sugars were too high or too low and what action to take.
- People's records reflected their beliefs, values and preferences and included specific details like favourite clothes, whether they liked to wear makeup and how they liked to wear their hair.
- Staff completed daily records for people on a hand held computer that ensured all records were in real time, 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. It also included food and fluid records.
- From our conversations with staff, it was clear they knew people well. One visitor said, "Really happy we moved mum here, it's a good home and I have total faith in the staff, they do look after her very well because they know her and know how to care for her."

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. There was a folder dedicated to people's communication barriers. This included specific information on how the person communicated, and any aids they might use, such as glasses and hearing aids.
- People's communication and sensory needs were assessed regularly, recorded and shared with other health professionals when in hospital or attending appointments.
- 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 people could be supported to use this to contact relatives using video calls and emails.

- Notice boards contained information about up and coming events or something interesting and attractive to look at. There was some pictorial signage around the home to help orientate people. For example, to locate bathrooms.

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, "I am welcomed every time I visit, if anything happens, they ring me immediately."
- Information about people's interests and hobbies was recorded and reviewed regularly. People confirmed they were happy with the activities on offer. There was a new activity co-ordinator who had started to compile information on everybody's ability and preferences.
- The activity programme was varied and included floor skittles, exercise sessions, art and crafts, pet therapy and one to ones for people who were unable to participate. A Wishing tree had been introduced and every week some one's personal wish was met. A book was kept that showed the person enjoying their 'wish' and this was shared with families and friends. The service had its own mini bus and trips out happened at least twice a week to places of interest or shopping trips.
- The support people required from staff to engage and interact with them to reduce the risk of social isolation was discussed at handovers and meetings. A recent idea was taking people around the world on a food journey, dedicating one day per month to meals from different countries.
- People and visitors told us staff had time to chat with them. One visitor said, "The staff make time for chatting, I see them sitting with people and that is enjoyed by everybody."

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.
- There had been no formal complaints received by the service since the last inspection.

End of life care and support

- Staff attended palliative/end of life care training and 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, "It's a very important part of care, we do get training and support from the hospice team."
- 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.
- 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.



# 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 the same. This meant there were some areas of people's documentation that still needed to be developed to ensure consistent safe care.

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

- 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 were in place. However, there were areas of peoples' documentation that needed to be improved to ensure staff had the necessary up to date information to provide consistent, safe care.
- Peoples' care plans contained a vast amount of information, but the necessary information was difficult to find as it was not referenced in the care plan or highlighted for staff to find. For example, during care tracking we looked for supporting evidence for one person's care, which staff were unable to initially find.
- Some care plans whilst highlighting the person's care need, lacked an outcome and guidance for staff to follow. For example, one person had behaviours that may challenge. Their plan had not been updated with new information and managing techniques. Staff however were completing behavioural charts and could tell us of changes to medication and behaviours.
- The registered manager had identified that improvements were needed, and this work was started immediately during the inspection.
- Some people received their medicines covertly (hidden in either food or drinks) and whilst this had been agreed by the GP and included with the DoLS application, the dispensing pharmacist had not been involved. Information about best interest decisions had not always been documented. Staff were able to discuss best interest decisions and who was involved, however these and the rationale for the decision was not always documented. This meant that agency staff and new staff would not have the relevant information to support care decisions. This included the use of sensor mats and covert medicine. The above issues had not impacted on the care delivery and safety of people at this time due to the knowledge of the registered manager and staff team. However, they were an area that required improvement.
- The provider empowered 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 think the management and staff are really good here." It was also highlighted by the visitor that, "The manager is always available."
- 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.

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 management 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 said that they felt valued and supported to be involved in decisions in the home. One staff member said, "I really enjoy working here, we all work as a team."
- 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/Facebook page.

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

- The provider and registered 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 people, relatives and professionals yearly. These were collated and actions taken to comments received. The actions were then shared with people, visitors and staff. For example, the completion of the decking area.
- 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.
- 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. Some staff had become 'champions' and were supported to do this role with training and protected time. A champion role promotes the understanding of knowledge of the chosen area to the staff team and improve care delivery.
- 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. Suggestions in respect of activities had been taken forward, for example, trips out were discussed and agreed.
- For those unable to share their views families and friends were consulted. One visitor said, "I try to attend the meetings, if I can't then I read the minutes, the communication here is very good."

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

- The provider's ethos was to provide each resident with a caring and secure environment and the means to live life to the full extent, with privacy and dignity, whilst promoting independence.
- 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 comprehensive training programme. This had ensured that all staff had the necessary skills and training to meet peoples' needs. The registered manager worked alongside staff on the floor to ensure that the staffing levels were sufficient to give consistently good care.
- The management structure allowed an open-door policy, the registered manager's office was opposite the main entrance, so the registered 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.
- There was an inclusive culture at the service and everyone was offered the same opportunities in ways that reflected their needs and preferences. All staff had received training in human rights. The PIR stated that that they ensured everyone is treated with fairness by listening, and respecting everyone's different ideas and views. Non-British staff were offered extra support by supporting them with English lessons.

### 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. They valued the opportunity to meet other providers and managers to share ideas and discuss concerns.
- 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 identified 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. The staff were working closely with the SaLT team and together had successfully moved one person on from a level 4 pureed meal to a level 5 and hope to move on to a level 6 soft and bite sized meal in the near future.
- The service also worked alongside the joint community rehabilitation team who provide walking equipment and exercises for whose mobility has decreased.
- The service are members of the Alzheimer's society and received regular updates and information to consistently improve dementia care.