

# Accommodating Care (Southport) Limited

# Sandley Court Care Home

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 24 September 2018 and was unannounced.

Sandley Court Residential Care Home is registered to provide nursing and personal care for up to 23 people and provides care to older people, including those living with dementia. At the time of the inspection there were 22 people living at the service. The service is a converted Victorian house situated in a residential suburb of Southport. There is a ramp access to the front of the property to assist people with limited mobility. The dining room and lounge are situated on the ground floor. There is also a quiet lounge located on the first floor where people can entertain their visitors.

Sandley Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of our inspection a registered manager was in post. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the previous inspection in February 2018, the service was rated 'Requires Improvement'. This was because staff training records were not up to date, the environment required improving to meet the needs of people living with dementia and audit process were not always effective in identifying compliance with safety and quality standards. During this inspection we checked to see if improvements had been made and found that they had.

We saw that staff had recently received refresher training in mandatory subjects such as fire safety, safeguarding and moving and handling. In addition, all staff had been booked on a dementia awareness course whilst some staff had already completed it. We also saw evidence that diabetes training was planned in addition to training around stroke awareness.

During this inspection we checked to see if improvements had been made to the environment and found that it had. The service had new carpets fitted to all floors. The carpet was plain in design making it easier for people to orientate themselves. We also saw evidence of better signage, for example, more highly visible door numbers for people's bedrooms and signs to point out the location of shared spaces such as lounges, bathrooms and toilets. This helped people living with dementia navigate their environment more easily and so potentially reduce their levels of anxiety and distress.

We checked to see if improvements to audit processes had been made since the last inspection and found that they had. Audits were now more structured in their approach and identified any areas of concern and the action required to resolve them.

Each of the people we spoke with told us they felt safe living at Sandley Court. Staff understood their responsibilities in relation to safeguarding people from abuse and mistreatment and were able to explain how they would report any concerns.

Arrangements were in place with external contractors to ensure the premises were kept safe. The service also employed a maintenance person who attended to the premises on a daily basis.

We found that medicines were managed safely. Medicines were stored correctly and were administered by staff who were competent to do so.

We looked at how accidents and incidents were reported in the service and found they were managed appropriately.

We looked at the recruitment processes which were in place. We reviewed records for four members of staff. We saw that each staff member's suitability to work at the service had been checked prior to employment to ensure that staff were suitable to work with vulnerable people.

We looked at care records belonging to four people. Appropriate risk assessments had been carried out which helped to improve people's safety. People's care requirements were identified and people were appropriately referred to external health professionals when required. This helped to maintain people's health and well-being.

People and their relatives were involved in the formulation of their care plans. We saw that people's preferences were considered. Staff supported people in a person-centred way and treated them in a way which respected their dignity and independence.

Staff sought consent from people before providing support. Staff we spoke with understood the principles of the Mental Capacity Act 2005 (MCA) to ensure people consented to the care they received. The MCA is legislation which protects the rights of people to make their own decisions.

We found that there were enough staff on duty to meet people's needs. Interactions we observed between staff and people living at the service were warm and caring. The service had a homely and relaxed atmosphere. Staff treated people with respect and took care to maintain people's privacy, dignity and independence.

The service has an open visiting policy for friends and family which helped people feel more supported. For people who had no one to represent them, the service would support them in finding an advocate to ensure that their views and wishes were considered.

The service employed a full-time activity co-ordinator who facilitated varied daily social activities to keep people occupied and stimulated. At the time of our inspection, the activity co-ordinator had recently left and the service was actively recruiting a replacement. There was a monthly activities schedule which included various activities from external providers.

We asked people what they thought about mealtimes and feedback was positive. All meals were home cooked on the premises. People told us they had choice and could have an alternative if they did not like what was on the menu. We spoke to staff who were knowledgeable about people's preferences and dietary requirements.

The service had a complaints procedure in place and both people we spoke with and their relatives told us they would feel comfortable in raising any concerns they had with the manager. Complaints were recorded and acted upon appropriately.

At the time of our inspection people were unable to access the outside space without supervision from staff. This was because the garden was in the process of being renovated. A large pond had been filled in and there were plans to redesign the garden so it was easier for people to navigate.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

People's care records contained appropriate risk assessments.

Checks were in place to ensure the premises were safe.

Medicines were managed and administered safely in the service.

Staff were recruited safely to ensure their suitability to work with vulnerable people.

### Is the service effective?

Good 

The service was effective.

We found that Deprivation of Liberty Safeguards applications had been made appropriately and consent was sought in line with the principles of the Mental Capacity Act 2005. Staff were knowledgeable in their understanding of supporting people when they lacked capacity to make informed decisions.

Staff were well supported in their role through training.

Staff were knowledgeable about people's dietary requirements and preferences.

### Is the service caring?

Good 

The service was caring.

Interactions between staff and people living in the home were positive. People told us staff were kind.

We observed people's privacy and dignity being protected during our inspection.

Family and friends could visit when they chose.

### Is the service responsive?

Good 

The service was responsive.

Staff were knowledgeable regarding people's care needs and preferences.

Systems were in place to gather feedback from people and listen to their views. People knew how to make a complaint if needed.

### **Is the service well-led?**

This service was well led.

Systems were in place to monitor the quality and safety of the environment and identify any concerns.

There was an extensive set of policies to provide staff with guidance.

Feedback regarding the overall management of the service was positive.

**Good** ●

# Sandley Court Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 September 2018 and was unannounced. The inspection was conducted by an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we checked the information we held about both the service and the service provider. We looked at any statutory notifications received and reviewed any other information we held prior to visiting. A statutory notification is information about significant events which the service is required to send us by law. A Provider Information Return (PIR) was also submitted and reviewed prior to the inspection. This is the form that asks the provider to give some key information in relation to the service, what the service does well and what improvements need to be made. We also invited the local authority commissioners to provide us with any information they held about the service. We used all of this information to plan how the inspection should be conducted.

During the inspection we spoke with the registered manager, the deputy manager, two members of care staff, the chef and ten people who lived at the service and two relatives. We also spoke to two relatives on the telephone to gain a better understanding about their relative's experience of care at Sandley Court.

We looked at care records belonging to four of the people living at the home, four staff recruitment files, a sample of medication administration records, policies and procedures and other documents relevant to the management of the service.

We also undertook general observations of the service over the course of our inspection.

# Is the service safe?

## Our findings

People living at the service told us they felt safe, one person told us, "Straight away I felt at home and felt safe."

We looked at how the service was staffed. We looked at staff rotas for the last four weeks and found there was enough staff to meet people's needs. The service also used a dependency tool to help ensure there was a sufficient number of staff on duty at any one time. During the day there were three care staff, one senior carer, the deputy manager and the registered manager. In addition, there were two domestic staff, a chef and usually an activity co-ordinator. At the time of our inspection the activity co-ordinator had recently left the service but the position had been advertised to recruit a replacement. One person told us, "There are staff around you all the time, checking your needs. I'm safe and secure, and quite content in my room on my own, knowing that staff are there. I've started using my buzzer and [carers] are there within five minutes."

We looked at how staff were recruited within the service. At the last inspection we found staff personnel records were not consistently structured making it difficult to see if all of the information was present and whether safe recruitment practice had been followed. During this inspection we checked to see if improvements had been made and found that they had. We looked at four personnel records and found them to be well organised. There was a contents sheet on each file making it easy to locate and check the information. We saw that appropriate checks had been carried out to ensure staff were safe to work with vulnerable people. Previous employer references had also been obtained prior to employment and criminal conviction checks had been made.

We spoke to staff to check their understanding around safeguarding people from abuse, maltreatment and neglect. Training records showed that staff had received training in this area and staff we spoke with were aware of the procedures in place to follow regarding any suspicion of abuse. Staff we spoke with told us they would not hesitate to report any concerns or signs of mistreatment or abuse. One staff member told us, "I would tell the person in charge of the shift if I had any concerns."

We found that medicines were stored safely and managed appropriately. One person told us, "I have medicines; morning, teatime and evening, always on time. [The staff] watch you take them." Medication was stored in a locked clinic room which was kept clean and tidy. The clinic room was of adequate size and had hand washing facilities. The temperature of the room and the medication fridge was recorded daily to ensure it was within a safe limit. This is important as if medication is not stored at the correct temperature it may not work as effectively.

We looked at how controlled drugs were handled. Controlled drugs are subject to the Misuse of Drugs Act and associated legislation and so require extra checks. Controlled drugs were kept securely in a locked cupboard. We checked the stock balances of a selection of controlled drugs and found them to be correct. We also checked to see if they had been signed out by two members of staff before being given and found that they had. The service performed a regular stock balance check of controlled drugs, this was good practice as it reduced the risk of medication errors.

We saw that topical medicines were recorded and given as prescribed. Body maps were used to help staff identify the correct part of the body where the medicine was to be applied.

PRN (as and when required medication) protocols were in place for some medicines to help ensure people received their medication when needed, for example pain killers. The service also used nationally recognised pain scales to determine people's level of pain before administration of any pain relieving medication. This was good practice as it meant that people were not being given medication unnecessarily.

A medicine policy was in place to advise staff on the provider's medication policy procedures. Nationally recognized best guidance on the administration of medication was also available.

We looked at four care files which showed evidence of a range of risk assessments and tools used to help keep people safe. Care files included individual risk assessments for areas such as moving and handling, falls, use of bed rails and nutritional risks. Assessments were regularly reviewed and there was evidence that appropriate action had been taken when an increase in risk was identified.

Staff had access to personal protective equipment (PPE). This is equipment used to help reduce the spread of infection. Regular audits were carried out in relation to infection control measures and any issues of concern were identified and acted on. The service employed two domestic staff who worked at the service full time. Feedback about the cleanliness of the service was positive, one person told us, "The cleaner attends every day and [my room is] very clean."

We looked at systems in place for monitoring environmental risk in the home. Firefighting equipment was maintained and people had a personal emergency evacuation plan (PEEP) in place. This meant that staff and emergency personnel had important information on people's needs in an emergency situation and the support they required to evacuate in the event of an emergency. During our inspection there was a fire alarm test. We observed that fire doors closed appropriately on the sounding of the alarm.

External contracts were in place for gas, electric, fire safety and legionella. Records also confirmed that gas and electric appliances had been tested and were compliant. Additional checks and audits were completed such as water temperature, automatic door closure devices, fire alarms and call bells. The service employed a full-time maintenance person to help maintain the internal and external parts of the home. During our inspection of the rear garden we noticed that some plaster from an external wall had fallen away and was partially obstructing a fire exit. We also noticed that a shed containing paints and maintenance tools had been left unlocked, which could cause potential harm to vulnerable people. We discussed this with the registered manager who resolved our concerns immediately.

We looked at accidents and incident reporting within the service and found they were recorded in sufficient detail and managed appropriately. They were reviewed by the registered manager to identify for any trends or patterns. This information was then used to further improve people's safety, for example, by making referrals to other health professionals such as the falls risk team or implementing changes to people's care plans and risk assessments.

Communication within the service was good. Daily handovers took place so that any accidents and incidents which had occurred were discussed. The health and well-being of people living at the service was also discussed during handover. Care staff recorded daily notes and there were communication books so that staff were kept up to date with people's current health status. There was also a communications book dedicated to health professionals to record any messages or instructions for care staff. This helped to ensure

safe practices.

## Is the service effective?

### Our findings

We looked at the care records for four people. Records showed care plans which reflected both the health care needs of the person in addition to their personal preferences. For example, people could choose whether to have a bath, shower or a full body wash and what time of day to have this. Care records also contained a detailed pre-admission review so that people's key health care requirements were identified and could be met from the time they arrived at the service.

We saw that people were referred to external health care professionals appropriately, this included the GP, speech and language therapists (SALT), opticians, podiatrists, district nurses, physiotherapists and occupational therapists. This ensured that people's health needs were met and helped to preserve their overall wellbeing. One person told us, "The [specified health practitioner] comes regularly and they're very pleased with my progress and have seen a difference in me too."

We looked to see if the service was working within the legal framework of the MCA (Mental Capacity Act 2005). The Mental Capacity Act 2005 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.

We looked at people's care records and saw evidence that people's capacity to consent was assessed appropriately in relation to a range of decisions. Where people are not able to consent, they can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the 'Deprivation of Liberty Safeguards' (DoLS).

We checked that the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We looked at the records for three people who had DoLS application in place. We found there was an effective process to record any restrictions in the best interests of people living at the home. There was also evidence of these decisions being made with input from people's relatives. For another person, we saw evidence of relatives having the appropriate legal status to make important decisions on their behalf.

Care records contained information on how staff supported people with their dietary needs and requirements, for example, a diabetic diet. Records also demonstrated that people were weighed regularly to ensure that people were not losing or gaining weight inappropriately. Both care staff and kitchen staff we spoke with were aware of people's individual dietary requirements.

The service employed a full-time chef and all meals were home made on the premises. Most people we spoke with told us they enjoyed the food and were offered a good choice of meals. Comments included, "[The food is] brilliant – very appetising and quite sufficient; we have a fortnightly menu. The staff always offer

something different if you say, 'I can't eat this' – something on toast usually," "The food is very good and you're very well fed. We had meatballs today and I enjoyed it and the carrots," "You can have what you want [to eat]. I had a cheese omelette for lunch."

People we spoke with felt that staff had the knowledge and skills to meet their needs, one person told us, "On the whole, yes [staff have the training needed]"

Records showed that staff members received regular supervisions to support them in their job role. Supervision enables management to monitor staff performance and address any performance related issues. We saw that the registered manager encouraged staff to discuss issues they felt important to them in addition to their professional development.

The registered manager provided us with information on staff training. We saw that induction training for staff was based on the Care Certificate. The Care Certificate was introduced by the Government in 2015. This is a set of standards that social care and health workers comply with in their daily working life. Training was provided in a range of health and social care topics such as moving and handling, fire safety, first aid, safeguarding and cardio pulmonary resuscitation (CPR).

At the last inspection we found that staff had not always received refresher training in key subjects and that staff had not received any specialist training in areas such as dementia, diabetes and stroke. As some of the people at the service had needs in these areas, this meant that staff did not always have the knowledge and skills to best care for them effectively. At this inspection, we saw that all staff had received refresher training so that they were up to date with current practices. In addition, staff had received more specialist dementia awareness training or were booked to attend the training in the next fortnight. The registered manager also told us about their plans to introduce a stroke awareness board using educational materials they had received from the Stroke Society. This helped to promote a better awareness of the condition amongst staff and they ways to best support people who had suffered a stroke.

The majority of staff had completed external courses in care such as National Vocational Qualifications (NVQs). NVQs are work based qualifications which recognise the skills and knowledge a person requires to do a job and help them carry out the tasks associated with their job role. These qualifications were funded and encouraged by the service.

During our inspection we looked at people's bedrooms and saw evidence that people could personalise them. For example, some people had brought in their own items of furniture, others had framed family pictures on the walls. One person had travelled a lot around the world in their younger days and displayed memorabilia from those trips in their room. Most bedrooms had had an en-suite facility or a basin.

At the last inspection we found that the environment required further adaption to make it more suitable to the needs and requirements of people living with dementia. For example, clearer signage for shared spaces such as bathrooms and toilets making them easier for people to find. The carpet was patterned which can potentially disorientate people living with dementia. At this inspection we checked to see if improvements had been made to the environment and found that they had. Most of the carpets had been replaced and were plain in design. We also saw that bathrooms and toilets were clearly signed and large numbering had been purchased for people's bedrooms doors making it easier for people to orientate themselves.

The registered manager told us about their plans to further develop both the indoor and outdoor space to make it more dementia friendly. They told us that people's bedroom doors were going to be painted different colours to make it easier for people to identify their own bedrooms. They also planned to introduce

a 'memory tree' which would be placed on people's bedroom walls, the branches would contain information about people's family and people's background such as their former occupation and past favourite holidays. This again would help people to recognise their own bedrooms.

We saw that the rear garden was in the process of being re-developed. The registered manager told us about plans to introduce a perimeter fence around the garden making it easier for people to get around. They also told us about plans to introduce raised sleeper beds so that people could plant flowers, plants and vegetables.

Although people had access to a shower and a bath, there wasn't a separate shower facility in the basement. This meant that people whose bedrooms were in the basement and who preferred a shower, had to travel to the first floor to do so. The registered manager had spoken to the people located in the basement about this and based on their feedback, planned to transform the bathroom into a designated wet room.

## Is the service caring?

### Our findings

People living at the home and their relatives told us they were satisfied with the service and how well staff cared for them. Comments included, "The staff] have made a big difference to my health". Another said, "They are really good here, they really care about you" and "All I can call to mind [to describe the atmosphere] is homely."

A small number of people expressed reservations about agency staff, comments included, "Staff are all good; the agency staff less so" and "I'm not sure about the agency [staff] though. Sometimes I think they're a bit under-trained." The registered manager was aware of people's views and as a direct result had recently recruited more permanent staff so reducing the need for agency staff. This meant that people received care from staff who worked at the service regularly and so helped people receive continuity of care.

All relatives we spoke with spoke positively about the way the staff dealt with their relative. One told us, "It [the care] is very good, that's because the staff are friendly and helpful."

We also observed the delivery of care at various points throughout the day. Interactions between staff and people living at Sandley Court were positive, and staff were quick to respond to people's needs. We observed a person who on several occasions appeared confused and upset. On each occasion the person was reassured by staff so that they became calm.

People were treated respectfully and in a manner appropriate for their needs and level of independence. We saw people were comfortable and relaxed with staff and it was clear that staff knew the needs of the people they were caring for well. Staff spoke to people using their names and took opportunities to talk to them when they could.

We observed staff support people in a way that maintained their privacy and dignity. We observed staff closing doors to bathrooms and people's bedrooms when delivering personal care. We saw staff offered support and care rather than imposing it, so that people's choice was implicit. People's independence was allowed for and encouraged where appropriate. Those who needed walking aids to move around were gently reminded by care staff to use them when moving from one place to another.

During our inspection we made observations during lunch. Most people ate in the main dining room. The dining room was a small and homely space but we did note there was little space for movement between tables. Tables were laid neatly with wipe-clean cloths and paper napkins, placemats, cutlery and glasses, and jugs of water with fresh lemon.

There was a menu on display. People were given a choice of main meal or an alternative of their choice and the food was nicely presented. People who chose to eat in their rooms could do so. There were few people who needed any assistance with eating but where it was given, it was offered with courtesy. Some people had or were offered plates guards to enable them to eat without support; one person was provided with a lidded cup for their drink. This helped to maintain people's independence. Care staff showed familiarity with

people's preferences and needs. Care staff offered support throughout by asking people questions such as, "Would you like this bib [name], to protect your clothing?" and "I'll get you a plate guard if that helps you, if you need one, yes?"

It was evident people enjoyed lunch with comments from people including, "It's very tasty" and "It's lovely and hot, and it's just enough. I don't like too much put in front of you."

All care records containing people's confidential information were stored securely. Some of the care records we looked at provided information on the most effective ways for staff to communicate with people, for example, 'staff to speak slowly'.

One person living at the service understood what was being said to them but couldn't always verbalise their wishes. Staff also communicated in non-verbal ways, for example, by physically showing the person choices such as white or brown bread so the person could point out their preference. For one person whose relative lived abroad, staff supported the person to make regular phone calls so they could maintain a close relationship with their relative.

People told us the service had an open visiting policy so that relatives and friends could visit at any time. All relatives we spoke with told us they were offered refreshments and were warmly welcomed when they entered the service. One relative told us, "They are always very welcoming when we walk in."

The service had a quiet lounge where people could meet with their visitors in a private and peaceful environment. Friends and relatives could stay for meals and stay overnight to support their relative if required.

For people who had no family or friends to speak on their behalf, the home had details of an advocacy service. Advocates are independent of the service and help to ensure that the views and wishes of the person are heard.

During the inspection we saw that the service met any diversity and cultural needs of people living there. For example, by providing support with specialised diets such as a diabetic diet and meeting the specific needs of people living with dementia. We asked staff what equality and diversity meant to them, one told us, "Knowing the person and their preferences well."

## Is the service responsive?

### Our findings

We looked at the care records of four people who lived at the service and found that people's preferences in relation to how their care was delivered was recorded. For example, people could specify what time they liked to get up and go to bed and their preference of daily routine. This provided staff with information regarding the extent people wished to be involved with their care. Care records gave staff the information as to what people could do for themselves and what assistance they required.

Care records contained 'This is Me' documents which provided information about the person such as the name they liked to be called, past and current interests, their former occupation and the people who were most important to them. These documents helped staff get to know the people they cared for and provide care based on people's individual likes and dislikes. It was evident from some care records that people's relatives had been involved in providing this information.

Appropriate care plans and risk assessments were in place and reviewed regularly. Care records were maintained by staff who reviewed each person's care daily. Records contained personal care charts which documented all personal care the person had received that day, for example, whether they had a shower or bath and support to wash their hair or have a shave.

During our inspection, we observed that the service met people's particular needs. This helped to ensure the service protected people's rights under the Equality Act 2010. For example, by communicating with people in non-verbal ways and supporting people with the use of hearing and visual aids. We noted that guidance for staff on communication aids were available in people's care records. People told us that they could have access to a minister if required. A chaplain visited the service once per week to provide Holy Communion for anyone who wanted it.

The service employed an activity co-ordinator who worked at the home Monday to Friday and were employed to develop and facilitate a range of activities. However, they had recently left and the service was actively recruiting for a replacement. One person told us, "I like reading and outside my bedroom there's a huge bookshelf and there's more in the dining room." People were also supported by staff to attend activities within the community, one person told us, "I go out every week to a luncheon club. One of the staff takes me in a wheelchair or taxi."

Activities usually on offer included sing along, bingo, arts and crafts and jigsaws. For one person that enjoyed jigsaws the service had provided them with a designated table in their bedroom.

People also enjoyed activities provided by external providers such as hair and beauty treatments and film afternoons, activities were available on almost a daily basis. The deputy manager told us about their plans to introduce more activities suited to the needs of people living with dementia. For example, a memory box with objects relating to the person's past, such as their former occupation, to encourage the person to reminisce and talk to staff. They also planned to purchase an iPad so that people could access dementia friendly material.

People had access to a complaints procedure and people we spoke with knew how to make a complaint. One person told us, " I have no complaints but if it was bad, I'd go to [senior staff member] first and if necessary to [manager]. They do take you seriously." The manager maintained a record of any complaints received and the actions taken to resolve them. All relatives we spoke with told us they would raise concerns without hesitation if they had anything to say.

We looked at processes in place to gather feedback from people and listen to their views and saw that the manager sought feedback from both people using the service and their relatives. Feedback included quality assurance surveys in the form of questionnaires.

There was no evidence that the service held meetings for people living at the service, we spoke to the registered manager about this who told us they planned to introduce meetings so that people could have a greater say in how the service was run.

We noticed that there was not a formal way of gathering feedback from visiting healthcare professionals. We discussed this with the registered manager who told us they would design and implement a survey to give to any healthcare professionals visiting the service.

At the time of the inspection, there was nobody receiving End of Life Care. We observed that whilst people's end of life wishes were recorded in their care files, they were not always done so in sufficient detail. We spoke to the registered manager about this who informed us that they generally liaised with relatives regarding this but would make a record of people's detailed wishes if they felt comfortable to discuss it.

## Is the service well-led?

### Our findings

During our inspection we saw that audits were in place with regards to the safety of the environment, fire safety, infection control, care plans, accidents and incidents and medication. At the last inspection, audits were not always properly structured and so did not always effectively assess compliance with health and quality standards. During this inspection we checked to see if improvements had been made and found that they had. The medication audit form had been redesigned making it more user friendly and easier to identify any concerns. There was also space for any recommended action to be recorded and a record of what action had been taken and when.

Most of the audits we reviewed were up to date and identified areas where improvements were required. We did notice some incomplete records in the cleaning schedules, the registered manager told us this was because the domestic staff had been working alone due to staff sickness and had not had sufficient time to complete the records. We were assured the cleaning had been completed and that the records would be complete in full going forward.

The provider employed an area manager who visited the service six weekly to undertake audits. We saw that where actions had been identified these had been undertaken. This demonstrated a clear process and showed that systems in place to monitor the quality of the service were effective.

The provider had appointed a deputy manager since the last inspection to provide the registered manager with support in their role. We saw that improvements had been made since our last inspection and the service was making positive progression. The service had worked hard to ensure completeness of the action plan stipulated by CQC as a result of the past inspection. The deputy manager was enthusiastic and planned to introduce a range of stimulating activities designed to enhance the physical and psychological well-being of people living at the service. They also told us they planned to introduce other forms of communication such as symbol systems using picture books and cards which would benefit people living with dementia or the effects of a stroke.

People's feedback about the management of the service was very positive. People we spoke with told us the management was open, transparent and approachable and they felt able to raise any issues or concerns with them. A member of staff told us, "They [the management] are very supportive, always there and very approachable." There was an 'Employees of the Month' scheme where employees were recognised for their contribution, this helped to build staff morale.

Relatives we spoke with also spoke positively about the registered manager, comments included, "They are very helpful" and "I've always found them to be extremely good."

We saw written feedback from people's relatives in the form of thank you cards and letters. One person had written, 'The care you give and the enthusiasm you all show is second to none.'

Both the registered manager and deputy manager had a clear vision on what improvements they wanted to

make to enhance the quality of life for people living at the service. They had already begun work on the redevelopment of the garden. The registered manager told us about their plans to refurbish the décor and to continue to make the environment more suited to the needs of people living with dementia. For example, by painting people's bedroom doors a different colour.

There were regular staff meetings which enabled staff to share their views and opinions. We looked at a selection of minutes of meetings which showed topics discussed included training, accidents and incidents and complaints. It was evident that best practice was promoted during these meetings and staff were encouraged to develop the service further, for example, by learning lessons from things that had gone wrong in the past and making suggestions for improvement.

There was a wide range of policies and procedures in place to guide staff in their roles. Topics included safeguarding, equality and diversity, infection control, whistleblowing, dignity and privacy, medication and end of life care. Key policies such as medication, safeguarding and infection control reflected best practice guidance and approaches. Staff we spoke with were aware of the home's whistleblowing policy and told us that they would not hesitate to raise any issues they had. Having a whistleblowing policy helps to promote an open and transparent culture within the service.

The registered manager had notified CQC of any events that had occurred in the home in accordance with our registration requirements. This meant that CQC were able to monitor information and risks regarding the service.

Ratings from the last inspection were displayed within the home as required. The providers website also reflected the current rating for the service. From April 2015 it is a legal requirement for providers to display their CQC rating. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate.