

# Bupa Care Homes (CFChomes) Limited

# East Dean Grange Care Home

## Inspection report

Lower Street  
East Dean  
East Sussex  
BN20 0DE

Tel: 01323422411  
Website: [www.bupa.com](http://www.bupa.com)

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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

About the service: East Dean Grange accommodates up to 30 people in one adapted building. At the time of the inspection there were 17 people living there. People living at the home had a range of needs. Some people were living with dementia. Some people's needs were associated with old age and frailties associated with old age. Other people had more complex health needs which included Parkinson's disease.

People's experience of using this service:

People were supported by staff who treated them with kindness, respect and compassion. Staff understood people's needs, choices and histories and knew what was important to each person. People were enabled to make their own decisions and choices about what they did each day.

People were supported to take part in a variety of activities that they enjoyed and were meaningful. There was an activities program that was continually being updated to reflect what people liked to do. People received support that was person centred, and staff knew them well. Complaints had been recorded, investigated and responded to appropriately.

People's safety was maintained at East Dean Grange. They were protected from the risks of harm, abuse or discrimination because staff knew what actions to take if they identified concerns. The home was clean and tidy throughout.

There were enough staff working to provide the support people needed, at times of their choice. Recruitment procedures ensured only suitable staff worked at the service.

Staff understood the risks associated with the people they supported. Risk assessments provided further guidance for staff about individual and environmental risks. People were supported to receive their medicines when they needed them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this. People were asked for their consent before they received any care or support.

Staff received training and support that enabled them to deliver the care and support that people needed. People's health and well-being needs were met. They were supported to access healthcare services when they needed them. People's dietary needs were assessed. They were supported to eat a wide range of healthy, freshly cooked meals, drinks and snacks each day.

The registered manager knew people and staff well. They understood their responsibilities and had a quality assurance framework to support their oversight of the service provided

Rating at last inspection: Good (report published 14 October 2016.)

Why we inspected: This was a planned inspection based on the rating at the last inspection.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring 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 well-led

Details are in our Well-Led findings below.

Good ●

# East Dean Grange Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The inspection team consisted of one inspector and 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.

#### Service and service type:

East Dean Grange 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:

The first day of the inspection was unannounced.

#### What we did:

Before the inspection we reviewed the information, we held about the service and the service provider. The

registered provider completed a Provider Information Return (PIR). Providers are required to send us this key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We looked at the notifications 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 reviewed the records of the home. These included two staff recruitment files, training, medicine and complaint records. Accidents and incidents, quality audits and policies and procedures along with information about the upkeep of the premises.

We looked at three care plans and risk assessments along with other relevant documentation to support our findings. This included 'pathway tracking' two people living at the home. This is when we check that the care detailed in individual plans matches the experience of the person receiving care. It is an important part of our inspection, as it allows us to capture information about a sample of people receiving care.

We spoke with ten people, two visitors, and eleven staff members, this included the registered manager. We spent time observing people in areas throughout the home and could see the interaction between people and staff. We watched how people were being cared for by staff in communal areas. This included the lunchtime meals.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People were protected against the risk of abuse, harm and discrimination. One person said, "We feel absolutely safe in here." Another person told us, "All my stuff (possessions) have been okay."
- Staff knew what steps to take if they believed someone was at risk of harm or abuse.
- There was information displayed around the home about how to report any concerns to staff or the local authority. This information was available for people and staff.
- Staff received safeguarding training, they understood their own responsibilities and could tell us what actions they would take if they believed someone was at risk. They told us how they would report their concerns to the most senior person on duty. Staff told us they would always make sure concerns were listened to, including contacting outside organisations.
- When safeguarding concerns were raised, the registered manager worked with relevant organisations to ensure appropriate outcomes were achieved.

Assessing risk, safety monitoring and management:

- People told us they felt safe living at the home. One person said, "There's no problems here with safety."
- Staff understood the risks associated with people's care and support and told us how they supported people to minimise any risks, for example support with mobility and pressure area care. One person told us, "We have no problem moving about, we have control of the door to the garden and the patio I can walk around the grounds." Another person said, "I can move around with my walker as I please."
- Risk assessments informed staff what action to take to minimise risks to people, this included reminding people to use their mobility aids and ensuring they were wearing the correct footwear.
- Regular fire checks and fire drills were completed and personal emergency evacuation plans (PEEPs) were in place to ensure staff and emergency services were aware of people's individual needs in the event of an emergency evacuation.
- Servicing contracts were in place, these included gas, electrical appliances and the lift and moving and handling equipment.
- A fire risk assessment had been undertaken and regular fire checks and fire drills took place. This helped to ensure staff knew what steps to take in an emergency.

Staffing and recruitment:

- Staff had been safely recruited. Appropriate checks were in place to ensure staff were suitable to work at the home. This included, references, Disclosure and Barring Service (criminal record) checks and

employment histories.

- There were enough staff working to ensure people received support in a timely manner. One person told us, "There's enough staff and quite a few different ones. If I press my button, they come quickly." Another person said, "Staff numbers are okay, there's always someone about if I've needed them."
- Throughout the day we saw staff attended people promptly. The registered manager told us they monitored the workload and would ensure more staff were deployed if people's needs were not being met.
- Staff told us there were enough of them working to meet people's needs. They told us they would cover each other, and a number told us they were happy to work extra shifts to cover shortages. We saw evidence of this during the inspection. One staff member started their afternoon shift early to cover staff who were attending training.

Using medicines safely:

- People told us they received their medicines when they needed them. One person said, "We get our medication when we expect it. We know what our medication is for and they (staff) check we take them."
- There were systems in place to ensure were medicines ordered, stored, administered and disposed of safely. People's medication records confirmed they received their medicines as required.
- Staff who gave medicines had the relevant training and competency checks by a suitably trained senior member of staff.
- There were protocols for 'as required' (PRN) medicines such as pain relief medicines, which included recording the effectiveness of the medicine.
- There were regular audits of medicines and action was taken when any shortfalls were identified. We were told about recording discrepancies that had occurred. The management team told us about specific training that was being provided to ensure all staff were clear about the recording responsibilities.

Preventing and controlling infection:

- People spoke about the cleanliness and tidiness of the home. Their comments included, "I'm very happy with the cleanliness," "They (staff) clean my room every day" and "There's no smells in this place."
- We found the home was clean and tidy throughout. Staff used Protective Personal Equipment (PPE) such as aprons and gloves when needed. There were adequate hand-washing facilities available throughout the home.
- There were appropriate systems and equipment to clean soiled linen and clothing.
- A legionella risk assessment had been completed. Regular checks such as water temperatures and flushing of taps took place to help ensure people remained protected.

Learning lessons when things go wrong:

- Information was displayed for staff about lesson's that had been learned following incidents or feedback received. This included training for staff and updates to the home environment.
- Accidents and incidents were documented and responded to appropriately to ensure people's safety and well-being were maintained. These were analysed and monitored to identify any trends or patterns which may show further actions were needed to prevent any reoccurrences.
- Risk assessments and procedures were reviewed and updated following any accident or incident to ensure staff had all the information they needed. Staff were also updated during handover.

# 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.

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:

- Before they moved into the home people's needs were assessed to ensure their needs could be met and staff had the appropriate knowledge and skills to look after them effectively.
- Information from the pre-assessment was used to develop the person's care plan, risk assessments and these were reviewed regularly.
- Care and support was delivered in line with current legislation and evidence-based guidance and reflected professional's involvement. People's skin integrity and their risk of developing pressure wounds had been assessed using a Waterlow risk assessment. Action was then taken, which included, appropriate equipment to relieve pressure to their skin, such as air mattresses and regular position changes.

Staff support: induction, training, skills and experience:

- People told us staff had the knowledge and skills to look after them. One person said, "Staff do seem well trained and they do a good job." Staff told us they received the training and support they needed to help them look after people.
- Staff received ongoing training and updates that was relevant to their roles. This included infection control, moving and handling, mental capacity and basic food hygiene. Only senior care staff completed medicine training. Competency assessments had been completed for staff who gave medicines.
- Staff also received further training specific to the needs of people living at East Dean Grange. This included stroke awareness, and dementia. Staff had recently received specific training to help support people with continence aids. This was in response to changes in people's needs.
- The service had introduced 'Champions' for aspects of care. This included Equality and Diversity, Diabetes, Community and Parkinson Disease. Champions are staff who have received training. They play a role in raising the awareness, knowledge and understanding of a subject area amongst other staff and help people and their relatives in planning and developing care.
- Staff told us about dementia training they had received. This was a virtual reality experience where staff were able to feel what it was like to live with dementia. One staff member told us this had helped them to identify why one person found footwear uncomfortable. As a result, the person was supported to wear slippers which they found comfortable and were able to wear with ease.
- When staff started work at the home they completed a four day induction. This was followed by a two week induction at the home where new staff were introduced to the day to day running of the home, people and the support they needed. They also shadowed experienced staff until they were confident and competent to provide care and support unsupervised.
- Staff received regular supervision, this included one to one discussions and observations of staff in

practice. Staff told us they were well supported by the registered manager and could discuss issues at any time.

- Agency staff who worked at the home were also given an induction. This included fire safety procedures, the layout of the home and an overview of people's care and support needs.
- Only senior care staff gave medicines, therefore if agency staff were needed to replace a senior carer this would be a registered nurse who had appropriate knowledge and skills to give medicines. They received an induction which included medicine information which was specific for each person. This helped to ensure people were continually supported by staff who had the appropriate knowledge and skills.

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

- People told us they had enough to eat and drink throughout the day. One person said, "The food's good, I've not gone hungry. They will do something else if you don't like a dish." Another person told us, "The food and meals are very good, there's enough choice."
- People were supported to eat a wide range of healthy, freshly cooked meals, drinks and snacks each day. These met people's individual nutritional needs and reflect their choices and preferences.
- People were able to eat their meals where they chose. During the inspection most people were eating their meals in their bedrooms. Where people ate in the dining room they were joined by a staff member who ate their meal with them. The registered manager told us this had helped people who needed encouragement and prompting to eat their meals. It also helped to stimulate conversation between people.
- There were ongoing changes to the menus to help ensure the food choices reflected the likes and dislikes of people living at the home. People were involved in community events and celebrations. This included the Chinese New Year where people enjoyed a variety of Chinese food.
- People's weights were monitored, and a nutritional risk assessment was completed. This identified if anyone was at risk of malnutrition, dehydration or required a specialised diet. When nutritional concerns were identified specialist advice was sought through the GP and followed.
- When people moved into the home their food and fluid intake was monitored for the first week. This helped to identify if people were eating and drinking enough and to ensure they were receiving food that they enjoyed.

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

- The service had been adapted to meet people's needs. Bedrooms had been personalised to reflect their own choices and personalities. One person told us, "I'm very comfortable in my room, it's a nice size and I've got all my things in here."
- There was a lift and a number of stair lifts which provided level access throughout the home. The stair lift to the dining room was not working at the time of the inspection and repairs to this were due to take place. During the inspection this was reviewed, and we were told this stair lift would be replaced, in due course, with a more appropriate lift. This would enable people who used wheelchairs to access the dining room with ease.
- Bathrooms and toilets had been adapted with rails and raised seats to help people retain their independence.
- There was level access throughout the home to the outside, where there were a range of seating areas. People were able to access all areas of the home and garden.
- There was enough space within the home for people to spend time alone or with others. There was a small lounge on the first floor where people could spend time with their families in private.
- We had been told the lift was due to be repaired and would be out of use for a week. There was a dining room and lounge on the first floor, which people who were unable to use the stairs would be able to use.

Tea and coffee making facilities had been installed in the dining room, along with a fridge for snacks. This meant the impact on people would be minimised as far as possible.

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

- People told us they were supported to maintain and improve their health. One person said, "If I feel unwell, I ask to see the doctor and they organise it." Another person told us, "When we went to the hospital, they provided transport and escorts." A further person said, "Staff are interested in me and my health."
- Records showed, and people and staff told us people were supported to access health care professionals when their needs changed. During the inspection the staff contacted people's GP's and district nurses for guidance and advice when people were unwell. A visiting healthcare professional told us staff contacted them appropriately to support people.
- People received healthcare support from chiropodists and opticians. One person said, "I get all I need in the way of the doctor, toenails cut and haircuts."
- Where people had specific health needs they received support from appropriate healthcare professionals, for example the diabetic clinic and mental health team. therapists.

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 at the home were able to make their own decisions and choices about their day to day care and what they done each day. Care plans included information about how to support people to make decisions. This included showing people a selection of clothing and helping them make a choice about what to wear.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. There were no DoLS authorisations in place, however, applications had been submitted for people who were deemed not to have capacity and were under constant supervision. Copies of the DoLS applications were available to staff.
- Staff had a good understanding of MCA and DoLS. Throughout the inspection they offered and respected people's choices. One person told us, "When staff attend to me, they always ask me first." Another person said, "I am asked before staff do anything."

# 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.

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 told us they were treated with respect and staff were kind and compassionate. One person told us, "The staff here are very pleasant, friendly and attentive." Another person said, "The staff are very good, friendly but not bossy, they are almost like family." Staff told us that people who moved into the home were, "Taken on like a family."
- There was a calm and relaxed atmosphere at the home and staff supported people with patience and compassion. Throughout the day there was sociable conversation and friendly discussions amongst people and staff. People told us they were happy living at the home. One person said, "I'm quite content here, everything is lovely." Another person told us, "This is my home, I'm happy about it. You would be hard pressed to find anywhere as good as here."
- Staff spoke about people with real affection and discussions showed they wanted people to have the best experience they could whilst living at the home.
- There was an emphasis on ensuring the home was run for the benefit of the people and not the staff. Staff told us, and demonstrated throughout the inspection, that East Dean Grange was people's home and people could live the lives they chose.
- Staff knew people really well. They talked to us about people's physical, emotional and health needs, their likes and choices and what was important to each person. Staff told us about the people they cared for, their personal histories and how this affected people on a day to day basis.
- Staff had a good understanding of dignity, equality and diversity. They were aware of the importance of treating each person equally and this was seen throughout the inspection. Staff knew what was important to each person, about how they spent each day.
- People were supported to maintain their spiritual and religious choices. One person told us, "They have communion every two weeks and I attend the local church." Communion for the whole village was held at the home alternate weeks. People, who wished to, were supported to attend their own church. There was a religious contacts board which provided people with information about local churches they could attend.
- The registered manager told us people's uniqueness was celebrated and respected. Peoples protected characteristics under the Equalities Act 2010 were identified during assessment. There was an information board for people providing information about local LGBT drop-in centres and social evenings.
- There was a 'Tree of difference' on display. People wrote about the difference living at East Dean Grange had made to their lives. People's comments included, "I was bored at home." "I have made friends here." "The staff help me remember and make decisions."

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

- People told us they were involved with decisions about how they received care including planning and making changes to their care and how they received support. One person told us, "Our care plans have been done and we feel involved in our care."
- Care plans had been signed by people to show they had been involved in their development.
- Staff encouraged people to give views and opinions regarding how they wanted their care provided, this included their preferences for a male or female carer and the time to receive their care. One said, "I can make my own wishes known, and they go along with it."
- Staff knew people well and were able to tell us about peoples care and support needs and how they liked their care provided. We were told, "Staff talk to me with respect, and, "I am totally involved in any discussion about my care plan. They understand all my personal care needs."
- Staff encouraged people to give views and opinions regarding how they wanted their care provided, this included their preferences for a male or female carer. One person told us, "I don't mind being looked after by the male carers."
- Most people made decisions independently or with support from their family, friends or legal representatives. Staff were aware that if needed advocacy services could be sought to support people when making decisions.
- Staff were aware of the importance of confidentiality including documentation and conversations. For example, they ensured people's visitors had the legal right to information before sharing any personal details with them. Peoples care records were kept in a locked room to ensure they were securely stored.
- People were supported to maintain relationships with those that were important to them. Staff had developed positive relationships with visitors and welcomed them to the home. One person told us, "My friends can visit anytime." Another person said, "Visitors are always made very welcome."

Respecting and promoting people's privacy, dignity and independence:

- People's privacy, dignity and independence were respected and promoted.
- Staff respected people's privacy and dignity. Care staff allowed people to have privacy in their own rooms when they wanted it and understood the importance of people having their own personal space. One person told us, "Staff are very respectful."
- We saw that people's bedroom doors were closed before care or private conversations took place and any discussions around care were done discreetly. Staff knocked on people's door and waited for a response before they entered.
- People told us staff supported them to be as independent as possible. For example, when assisting with personal care people felt unhurried and able to do as much as possible themselves with staff there to prompt and encourage them when needed.
- There was information in people's care plans about what they were able to do for themselves and where they might need support. This included encouraging and prompting people, for example to maintain their own continence.
- Care plans reflected how people liked to be involved in their care needs. One person's care plan stated they liked discussions to take place, with family, in the privacy of their own bedrooms. There were reminders on notice boards about respecting people's privacy.

## Is the service responsive?

### Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People told us they received the care and support they needed. One person said, "I do feel I'm getting the level of care I should be getting." Another person told us, "I do get the care that I like."
- Staff knew people well and were able to tell us about each person, their care and support needs, choices and interests. Staff responded to these needs, for example staff supported people to mobilise safely around the home and ensured their continence needs were met.
- Care plans were person centred. They included information about people's needs in relation to personal care, mobility, pressure area risks, nutrition, mental and physical health. There was also information about people's hobbies and interests and what they might like to do each day. These were regularly reviewed and updated with people.
- Staff told us how the person-centred care and support they had provided improved people's lives. This included providing medication for one person at regular times which had improved their mobility and reduced their incidence of falls.
- The service identified people's information and communication needs by assessing them. The provider understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others, for example at handover.
- Care plans contained information for staff about communication aids people may use. This included reminding people to wear their glasses. There were pictorial menus which could be used to support people make decisions about what they wanted to eat and drink during the day.
- People were encouraged and supported to remain active and have enough to do each day. There was a program of activities which people could take part in as a group and as individuals. One person told us, "The programme of activities is varied, and I have the choice to attend or not." Some people did not wish to take part in activities. One person said, "Activities are not of interest to me." Another person told us, "I'm not too fused about the entertainment."
- There was an activity program displayed about what was taking place each day. There was an activity co-ordinator who worked at the home. They were on leave at the time of the inspection. The registered manager told us they were proactive in making sure people had enough to do each day. This included continuing to develop individual activities for people who did not participate in group activities.
- People were able to maintain their own hobbies and interests. Some people chose to remain in their rooms and not take part in any activities. They enjoyed watching television or reading. There were a range of books, games, CD's and DVD's that people were able to use whenever they wished to. The provider had supplied a car for the home which enabled staff to take people out. Staff told us people were currently reluctant to go out, but they hoped this would change as the weather improved.
- Daily records and photographs showed what people had done each day and whether they enjoyed themselves. One person's records showed they had not taken part in an activity but had enjoyed watching

others.

- People were supported to take part in community activities, this included the local community coming into East Dean Grange. The local Sunday School took place in the lounge once a month, and communion for the whole village was held at the home alternate weeks. People had made poppies for the local church for Remembrance Day. One person had said this made them feel part of the community. The registered manager had recognised people enjoyed community activities and was looking to develop this further. People had also been involved in various fundraising events for local charities.
- Activities were analysed each month to identify what people enjoyed doing and ensure they were meaningful to people. For example, people had played darts, and this had reminded them of playing darts during the war whilst in the 'mess.' This had stimulated conversations and reminiscence about how they amused themselves during the war.

Improving care quality in response to complaints or concerns:

- People told us they did not have any complaints but if they did they were able to raise them with the registered manager or staff. One person said, "I've no cause for complaint I would say something if I felt it necessary." Another person told us, "No complaints from me but I do think the management would respond to a grumble by someone."
- The provider had a complaints policy and the records reflected that complaints received were recorded, investigated and responded to. There was one ongoing complaint at the time of the inspection. Records showed that the person was regularly updated about the actions being taken to resolve the concerns. This did not have any impact on people who lived at the home.
- Complaints were analysed each month to identify if there were any themes or trends. Any lessons learned were taken forward to improve care.

End of life care and support:

- As far as possible, people were supported to remain at the home until the end of their lives. One person was receiving end of life care at the time of the inspection. The person had an end of life care plan in place. This had been developed with the person, their GP, representative and care staff. It reflected the person's wishes for their end of life care.
- Staff supported the person with kindness and wisdom. They used their knowledge of the person to help them make decisions as their health deteriorated. They provided appropriate care and support. This included regular mouthcare and position changing. They worked with the district nurses and GP to help ensure the person was pain free and comfortable.
- Staff were aware of the support people needed to keep them comfortable in their last days. They told us they would receive support and guidance from the district nurses, the local hospice team and the person's GP. This included ensuring anticipatory medicines had been prescribed and were available if people needed them. Anticipatory medicines are medicines that have been prescribed prior to a person requiring their use. They are sometimes stored by care homes, for people, so that there are appropriate medicines available for the person to have should they require them at the end of their life.
- Care plans showed that people's end of life wishes had been discussed with them and their families. These wishes were respected.

# 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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- There was a positive, open culture displayed by the registered manager and staff. One person told us, "There's a nice atmosphere here." Another person said, "I'm perfectly happy here and life just flows along, as far as I'm concerned, the service is definitely good." A further person told us, "I'm very happy with this place and the service, I like the quiet, what more could one ask for in this place."
- People spoke highly of the registered manager and staff. One person said, "All staff are very approachable, and we see the senior managers about." Another person told us, "I see the manager about and she pops into my room. I think she would sort problems out, if there were any. Everything seems to operate okay." People told us, "Staff seem happy working here."
- Staff told us they were well supported by the registered manager and their colleagues and enjoyed working at the home. They told us they could discuss concerns with the registered manager at any time and know they would be addressed.

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

- The registered manager knew people really well and had a good understanding of their needs. They completed a daily walk around, where they spoke with people, gathered any feedback and identified any areas that needed to be addressed. This was then fed back to the staff for improvements to be made.
- Staff had clearly defined roles. They were aware of their individual responsibilities and, for example, who they should report any concerns to.
- There were regular meetings with heads of departments where issues, for example related to maintenance were discussed. There were also regular meetings to discuss people's clinical needs and ensure they were receiving appropriate care and support. This included discussions about people who had lost weight and what actions were being taken.
- There was an audit system in place which included audits and checks by staff, the registered manager and a senior manager from the provider. Information from these audits was used to develop a quality improvement plan which was regularly reviewed and updated. Audits showed that areas identified for improvement were addressed in a timely way and signed when completed.
- Services providing health and social care to people are required to inform CQC without delay of certain events that happen, such as events that stop the normal day to day running of the service. The registered manager was aware of their responsibilities to inform CQC of significant events that happened in the service.

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

- People were given opportunities to provide feedback about the service. There were regular meetings where people could discuss any issues they may have. People regularly discussed meals and activities.
- People also completed feedback surveys. Results from the recent survey reported that people were fed up with the principle menu, therefore changes were made to better reflect people's choices. People had also said they wanted different activities. The registered manager told us they were working with people to determine what they would like to do, this included promoting trips out in the car.
- Staff completed feedback surveys and formal staff meetings were held throughout the year. Minutes from staff meetings showed new staff were welcomed to the team and staff were regularly informed of what was happening at the home and reminded of their roles and responsibilities. Feedback from the last staff survey showed staff were concerned about the lack of staff at that time. However, recruitment had taken place and there were now enough staff employed.
- The registered manager had introduced resident and staff member of the month. People and staff could be nominated by anyone at the home for any achievement or other reason. The winner would then be rewarded with a small gift. This demonstrated people and staff were valued and their contribution to the home recognised.
- The registered manager had identified that people benefitted from involvement in the local community. One person had said the involvement gave them a 'Sense of belonging in the world.' The registered manager had involved the home in a number of local initiatives which included 'Hedgehog Street.' This included developing an area of where hedgehogs may like to live. As a result, an area of the car park had been left to grow wild. The registered manager had also joined the neighbourhood plan steering group to represent people's views of changes that were proposed for the local area.

Continuous learning and improving care; Working in partnership with others:

- Accidents and incidents were logged, investigated and action had been taken to reduce the likelihood of the event occurring. This information was shared with staff to ensure learning and improvements had taken place.
- The provider had introduced further training and development for senior care staff. This would enable them to develop new knowledge and skills that would support them and further improve the care and support people received.
- The registered manager and staff worked in partnership with other services, for example GP's, district nurses, the frailty team and other specialist practitioners to ensure people's needs were met and best practice was followed.
- The registered manager identified that improvements were needed to provide care for those living with dementia. She had completed two audits, including Kings Fund Audit 'Is your Care Home dementia friendly?' These identified areas where improvements were needed, and changes were being implemented to continue to improve and develop the service.