

1st Care Limited

Stubby Leas Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
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

Stubby Leas Nursing Home is registered to provide personal and nursing care for up to 48 people aged 65 and over. At the time of the inspection there were 36 people living in the home.

The home operates as two separate units known as Cottage Unit and Main Unit; both units care for people living with dementia and some people experience mobility difficulties and make use of the separate lifts in each unit. The home provides bedroom accommodation on the ground and first floors of the home with ten bedrooms having en-suite toilet facilities; people in the other bedrooms have shared use of bathrooms and toilets conveniently located throughout the home.

The inspection was conducted over three separate days. The third day of the inspection was prompted by concerns received about a safeguarding incident. A decision was made for us to inspect and focus on interviewing night staff and to look at their supervision and support to examine those risks. This incident is subject to a possible criminal investigation. As a result, this inspection did not examine the circumstances of the incident. We found no evidence during this inspection that any people were at an ongoing risk of harm from this concern.

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

People were cared for and supported by staff who had been safely recruited following robust recruitment practice. Vacancies had been covered by care staff from an agency who had received induction before commencing work in the home. Most of the agency staff undertook regular shifts in the home and had got to know people well. People received prompt care and support with enough numbers of staff on duty to ensure no one was left waiting for support. The home had been set out to operate as two units and ongoing maintenance ensured people were protected from risks related to unsafe premises.

Relatives spoke well about all aspects of the care and support provided in the home and regarded staff as kind, caring and attentive. They advised they felt confident people were being cared for by staff who were well trained, patient and skilled and felt comfortable leaving them to be cared for in the home.

People who lived at Stubby Leas received help to receive personalised support to engage in activities and interests which met their needs. The activities provided supported people to become involved things they

found meaningful which in turn supported their well-being. Support was provided to ensure everyone had opportunities to find new interests, try out new activities and engage in activities they enjoyed alongside ensuring their physical care needs were met.

Staff valued people and their life experiences, and they knew people extremely well. They provided care individual to each person and their likes, dislikes and preferences were known and taken into consideration.

Medication was safely managed in the home and people received good skilled support to move safely around the home. 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.

People received support with meals and drinks and staff attention ensured people ate and drank enough to maintain good health. Contact was made with external health care professionals whenever staff were concerned about a person's health.

Staff were well trained and were supported to undertake training whilst working in the home. Systems and processes in the home were up to date and checks and audits were used to quality assure the support provided to people and ongoing adherence to regulations were consistently delivered to a high standard.

Staff and relatives spoke positively about the registered manager and advised they were approachable and committed to delivering care and support to a high standard. The registered manager was positive about providing good leadership and management through example. They knew people and their relatives well and addressed any issues promptly and with sensitivity.

Rating at last inspection

The last rating for this service was good (published on 7 July 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

For more details, please see the full report which is on the CQC website at 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 not always safe

Details are in our safe findings below

Requires Improvement 

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 

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

Over the course of the inspection we spoke with six of the people who used the service however, the people could not talk to us about their experience of living at the service and being cared for by staff. We spent time with people in both units as they engaged in their daily activities and ate their meals. We used the observations to help us understand their experience of being cared for. Some of the people living in the home were able to make known their views about what they did or not want to do and staff were familiar with and understood their communication methods as well as their personal preferences. We also spoke with relatives of six people about their experience of the care provided in the home and spoke with two relatives by phone.

Over the first two days of the inspection we spoke with six members of day staff including the registered manager, deputy manager, senior care staff, care workers and one of the activity coordinators. In passing we also spoke with other members of staff and observed the daily staff meeting when plans for the day as well as issues to note were shared and discussed. We also spoke with the nominated individual who was present on all days of the inspection. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

On the third day of the inspection we also spoke with six members of the night staff including a nurse and care staff. We also spoke again with the registered manager, the deputy manager and the nominated individual who were all present in the home.

We reviewed a range of records. This included two people's care records and multiple medication records. In total we looked at seven staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We looked at training data for all the staff, some of the daily handover notes, induction records for agency staff and quality assurance records - including records of observed staff practice undertaken by senior staff.



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 deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding systems in place, however one agency staff member had not whistled or reported an occasion when they witnessed an incident of abuse.
- The induction for agency staff covered specific policies in the home including safeguarding and whistleblowing. Following the recent safeguarding incident the registered manager had introduced improved arrangements for both the induction and ongoing supervision of agency staff to ensure they were familiar with the policies and practice within the home, particularly the policies relating to safeguarding and whistleblowing.
- Records showed staff had received regular safeguarding training and were able to demonstrate they understood what to do to protect people from harm, including discrimination, and knew how to report concerns.
- There was information displayed in the home to remind staff about how to raise any whistleblowing concerns and staff advised they received regular reminders from the managers about this specific policy during handover meetings and in staff meetings.

Assessing risk, safety monitoring and management

- Staff were aware of the risks associated with each person's care and told us steps they took to keep people safe. Staff followed agreed steps when supporting people, several people needed the support of two staff for all aspects of their personal care.
- There were clear records maintained in the care notes about management of risks which were regularly reviewed and updated. Staff assessed risks to people's health and welfare such as moving and handling, falling, continence management and the risk of developing pressure ulcers.
- Staff completed risk assessments in relation to people's environment. These included those for fire safety and any specific equipment they used. This ensured not only had risks been identified, but regular checks were also completed to make sure people were safe.

Staffing and recruitment

- People were supported by adequate numbers of staff. The registered manager confirmed they used a staffing dependency tool to determine the staffing levels needed depending on people's current needs. Records we viewed confirmed these staffing levels were in place at the time of the inspection.
- Staff confirmed there were always enough staff on duty and if there were any pressures all staff worked together to ensure the care of people was given priority.
- Staff informed us of the recruitment checks were carried out prior to their employment at the service. Records we viewed confirmed robust recruitment checks had been carried out.
- The home ensured confirmation about robust recruitment was received prior to agency staff being engaged in the home. Information supplied included details of the training and background of each agency worker.

Using medicines safely

- People received safe support with their medicines. We observed staff supporting people with their medicines and this was done in a dignified and caring manner. People were supported to take medication at their own pace with drinks provided as needed.
- Medication was administered in line with the specific prescribing instructions. For example, we observed nursing staff consulting with care staff working with some people prior to giving medication to ensure people had eaten prior to taking medication when this was needed.
- There were systems in place to monitor medicine administration. Medication was safely stored in locked trolleys on each unit and audits were regularly undertaken to check procedures were being followed safely.

Preventing and controlling infection

- The home was clean and odour free and had a dedicated team of staff responsible for the cleanliness of the entire home. The staff responsible for cleaning were supportive of people using the service and cheerfully had time for each person who approached them to chat.
- Staff were aware of their responsibility for good infection control standards. We observed staff collected appropriate personal protective equipment prior to supporting people with personal care and the protective equipment was removed and disposed of promptly afterwards.

Learning lessons when things go wrong

- The registered manager had a system in place to investigate any incidents or accidents which occurred at the home. Each accident or near miss was investigated individually to determine if anything could be done to prevent reoccurrence.
- A safeguarding issue came to the attention of the registered manager whilst the inspection was ongoing. Action taken in respect of the issue included revising systems around the induction of agency staff and observation and supervision of all staff. The registered manager outlined plans they had developed about how people and their relatives were to be notified about the improvements which were being introduced following the incident.

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Peoples needs were assessed prior to them moving into the home to ensure their needs could be met safely. Details of the assessment were shared with staff in advance of the person moving in so they could make the move into the home as easy as possible for the person.
- Each person had an initial care plan drawn up based on the assessed needs which was then reviewed and updated after a trial period. One relative advised they had been involved in discussing all aspects of the person's care on their behalf.
- A relative commented, "At the assessment they knew about the difficulties [name] had experienced but they still said they could take them." They then went on to add, "It's so much better here where the staff really try to help them based on what they know about them."

Staff support: induction, training, skills and experience

- Staff informed us they had received an induction when they first commenced working in the home and had received enough training to give them the skills needed for their roles. Staff spoke about their own ongoing development plans and referred to having good access to training.
- Whilst the inspection was ongoing we observed improvements were introduced to further enhance the induction and supervision of agency staff.
- There were systems in place to monitor the training staff had received to ensure training was kept up to date.
- Nurses received clinical supervision and informed us they had been supported to maintain their own registration as and when required.
- The frequency of and recording of direct supervision of staff was further improved whilst the inspection was ongoing.

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

- Peoples preferences for food and drinks were catered for and made known to the dedicated team of staff responsible for food preparation. One person told us, "Quality of food is very good."

- The chefs were able to tell us how they prepared special or modified diets for some people which we observed were put into practice. When people needed the consistency of food altered the chefs were clear about how the food should be prepared and presented.
- People were offered choices of meals and there were pictorial and written menus available to help people make these choices. A high number of people needed individual support at mealtimes and food was served to people at a location of their choosing.
- Some people ate at the dining tables, but staff and relatives told us most people preferred to eat in the lounge areas. Food was served up individually from heated trolleys so each person had a meal which was warm with staff on hand to encourage them to consume enough to maintain good health. When people declined to eat at the mealtime they were offered a cooked meal later in line with their wishes or known preferences or routines.
- To encourage people to drink enough and stay hydrated to maintain good health, there were designated 'hydration stations' in the home where drinks were always available for people to help themselves to or for staff to easily access them. Each day there were two staff nominated, one in each unit, to oversee the hydration stations and ensure all staff supported people to drink enough. People at risk of not drinking enough were monitored closely. A regular weekly activity had been introduced in the home to encourage people to try new drinks.

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

- Within each unit the lounge areas and dining rooms were popular with people, most of whom chose to spend their time in these rooms. In Main Unit there were adjoining dining and lounge rooms where people not only ate their meals but engaged in the variety of activities which were provided. In Cottage Unit the rooms were further apart, and the people moved between rooms frequently during the day. Again, activities were provided in both rooms in-between meal times.
- People freely moved around the unit where they spent most of their time making full use of the communal areas. People were supported when they wanted to use the lift to go to their bedrooms and we observed when people wished they received such support.
- Bathing and toilet facilities were conveniently located in the home and afforded privacy to people when they were being used. The safety locks on bathrooms and toilets needed replacement as most had become broken and the registered manager advised they were on order and would be fitted by the home's maintenance staff.
- The registered manager informed us of ongoing maintenance within the home which was promptly addressed by the dedicated staff. We were advised when rooms became vacant they were redecorated before being occupied again.
- In addition to people's own bedrooms there was a separate room in the home set out with a range of domestic style furniture so people could meet their relatives in private. The room had been decorated as a coffee/tea shop with suitable ornaments and china on display and drinks making facilities available.

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff cared for and interacted with people with kindness. Staff demonstrated a person-centred culture towards people, and they clearly knew people well and could refer to relatives by name when people wanted reassurance about visitors or memories.
- Staff knew about people's lives prior to living in the home as well as their everyday interests. Staff used this knowledge to help people feel comfortable and secure.
- Everyone we spoke with referred to staff in a positive way. One relative said, "We have no concerns about the staff they are kind and patient." Another relative said, "Staff are always kind and attentive. I've never seen them walk into a room and not greet someone." They then added, "I often see them stroking someone's hand or giving them a little reassuring hug."
- We observed kind, supportive and friendly interactions between staff and people. On one occasion one person living with dementia was repeatedly showing distressed behaviour and seeking reassurance. We observed staff take time to comfort and reassure the person, offering reassurance each time in a consistent and kind manner. The staff knew how to support the person and knew what words of comfort to offer.
- People's spiritual needs had been considered and recorded in their care plans. We were informed by a relative about an event which had been held in the home when a faith group had visited and sang carols to entertain people. The relative advised that the event was due to be repeated.
- Staff showed patience and understanding, they spoke with people with warmth and kindness and often both people and staff were smiling with each other. Staff had time to sit with people and spend time with them, which had a positive impact on their wellbeing. Some people were receiving one to one care to provide them with additional support. This support was provided in a respectful and engaging manner, trying to ensure people were occupied with things they enjoyed. On occasions people wanted to continually walk around the home and staff provided the same level of interaction when walking as when they were seated.

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

- People and their relatives had been involved in developing their plans of care. This had contributed to ensuring the support provided was suited to the person. Relatives informed us they were involved in decisions about the care provided. One person said, "[Name] likes routine and her own personal routine and preferences are known and followed by staff."
- Staff knew each person very well. Staff could talk in detail about people they were supporting referring to their specific needs and how they liked to spend their time in the home.
- People were supported by staff to follow their own routines and they could change their mind about previously preferred routines. One relative commented, "I know they respond to them and follow the routine if they want. I feel at ease leaving [name] at the end of my daily visit."
- Care plans and decisions were regularly reviewed with contributions from staff and relatives to ensure the plans continued to be current and suited to each person.

Respecting and promoting people's privacy, dignity and independence

- People had their privacy and dignity respected. Staff knocked on people's bedroom doors before entering to respect their privacy.
- People were encouraged to remain independent, for example, at meal times and with their mobility.
- Staff explained how they promoted people's dignity by ensuring people were covered when supporting them with personal care.
- People were spoken to by staff with respect and obvious regard. Interactions between staff and people included handholding, hugs and one to one conversation as well as providing reassurance and friendly chat; these occasions helped them to share personal information discreetly. When one person needed to be supported to use the bathroom and get changed this was managed with respect and sensitivity.
- People were able to receive visitors at any time during the day, which provided everyone with the assurance they could maintain relationships. Relatives and visitors were encouraged to avoid visiting mealtimes so people could focus on eating and drinking enough for their health, however some relatives visited to help people with their meals which was welcomed by the home when it was something the relatives had chosen to do.
- Staff supported relatives and people to maintain contact when relatives lived far from the home and had advised them on social media connections they could use. Staff had also encouraged relatives to keep up to date by contacting the home whenever they wished to hear about the well-being of relatives.
- People's confidentiality was maintained; records and information about people were kept securely and not left in communal areas.

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 the same. This meant people's needs were met through good organisation and delivery.

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

- Staff shared a common focus on ensuring people received individualised support to meet their needs and preferences.
- People had care plans in place, which gave staff enough guidance on how to respond to people's support needs. Full attention was given to both people's mental health and also psychological health needs, as well as their physical care needs. There was clear information on the actions staff should take to support each person.
- Assessment and care planning documentation showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act. Staff did not discriminate and recognised people's diverse needs. Individual records detailed as needed people's specific skin, hair care needs and any dietary preferences.
- Care plans contained information about life histories and staff were knowledgeable about people's lives and interests which helped towards providing highly person-centred care.
- A relative commented, "They have helped [name] to find what they like to do, and they are so much more at ease and calmer here than they were before they moved in."
- Staff were continually looking for new opportunities to make people's lives interesting and enjoyable and through a specific staff group, named the 'Live, Laugh Love Group', they had worked together to identify and maintain a flow of activities and events to keep people stimulated each day. All groups of staff within the home were represented in the group.

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.

- Information about meals was displayed in both units in written and pictorial formats. The home had invested in bespoke pictorial menu display boards and were in the process of further expanding the range of

meal pictures to accurately reflect the meals which were on offer each day. Information about upcoming events and items of interest were displayed in corridors so they could be seen easily on entering the home.

- Regular newsletters were produced and shared which contained information about forthcoming events, fundraising, staffing achievements and other pertinent information.

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

- The support provided to help people take part in activities was good. People were encouraged by staff to engage and try out all the activities. When people were reluctant to sit down to take part the staff enabled them to participate whilst moving around the room.

- The service had employed two activities coordinators who had sought out people's preferences for activities. At the daily morning meeting the planned activities for the day were discussed and care staff were also active in ensuring people had the opportunity to engage in activities each day. The activity coordinators were committed and strived to ensure the activities were both enjoyable and beneficial. They displayed a full understanding of the physical and psychological benefits of activities on people's wellbeing in the way they interacted with people.

- Relatives advised staff had got to know what their family members interests were or had introduced them to something different to try to help the person to be included in whatever was going on.

- Relatives were very positive about how staff showed interest in understanding the needs of the people living with dementia. For example, one relative said, "Staff are very friendly towards everyone and know how to manage when people become distressed or upset." Staff described some of the things they did with people to ensure they were supported in ways they liked. One staff member said, "[Name] likes a hand massage and listening to their music playlist. Everyone has a music playlist – we ask relatives about preferences." When some people were distressed, we observed staff sitting or walking around the home with them to help them be more at ease.

- People took part in, and enjoyed, a wide range of activities which were creative and stimulating. These included painting, as well as making use of a Virtual Reality Headset which had been supplied in the home. Staff advised one person had particularly enjoyed the virtual reality experience which had prompted them to speak and interact with the event they were watching. Another person had been encouraged to complete some colouring in when staff had noted that they had tried on a few occasions to mark walls with pens. The person had become more settled since they had started this activity and in conversation with staff they referred to a picture they were colouring in. Their family member commented, "They have been much better since being here; they are calmer and more settled."

- Throughout the year staff had supported a wide range of activities in the home including national events such as BBC Music Day when there had been a 1940's themed tea party with singing and dancing for all to enjoy. The home had also introduced a nominated themed day each month when the food, dress and activities of other countries were celebrated and enjoyed, with staff dressing in national costumes. This involvement had helped people to relate to the wider community in social and cultural ways.

- Relatives of people using the service were encouraged and supported to be involved in events and celebrations in the home alongside the people who lived there, helping them to be involved and to maintain relationships. There had been a summer fete and a garden mini makeover when relatives had been involved. There had also been events such as Dancing for Dignity Day when staff dressed up and danced for and with people at a disco in the home. The dancing took place whilst everyone was listening to a visiting DJ who played music familiar to people helping them to recall memories from their past.

- The activities were planned out for the week and individual activities were also carried out, at times, for those people receiving care in their bedroom. For example, each person had an activity bag in their room which contained activities they liked to do and could be readily at hand for any staff to do with the person. For some people the activity bag contained photographs they liked and small puzzles as well as their music

playlist.

- Relatives spoke about the positive changes which had occurred in the well-being and daily lives of people since moving into the home. The wide range of activities provided in the home helped staff to identify what people could do which held their attention and helped them to engage in doing things they enjoyed.
- People were supported to sit and engage in table top activities with staff. One of the stimulating activities provided was a projector table which displayed games and interactive projected images which people could move around and manipulate. For example, there were two staff and a relative sitting alongside three people to support and encourage them to engage with the projected images on the table.
- The projector table was in one unit but people from the other unit visited with staff to join in activities. There was also a mobile tablet table used in communal areas of the other unit and taken to people who remained in their rooms.
- Staff worked with each person to identify activities they enjoyed helping them feel settled with an improved sense of well-being. One relative said, "We have seen such an improvement since [name] has been here. They were considered hard to manage in other homes but here they have been given one to one care for several hours each day. Staff do lots of things with them even though there are some they are not as interested in, they still keep trying."
- Relatives were welcomed into the home and relatives we spoke with said they could visit when they wished. One relative told us, "We come when we want to and are made to feel welcome. It's like an extended family." They added, "The home is homely, and people are at ease."
- People were supported to maintain relationships with their relatives and friends. There was a tea room in the home which had been set out and furnished with items of interest reminiscent of a tea room or coffee shop. There was a selection of confectionary and drink making supplies and equipment available for visitors to use. This room was well used by visitors with their relatives and provided them with a comfortable place to spend time together when they wished.
- There was a small conservatory leading off from the tea room which also provided an alternative venue to meet. One relative commented, "Its lovely how they have set the room up with tea sets in display cabinets and ornaments to make it interesting. In previous homes this would not have been the case, but they do not mind here if things get broken or damaged, they want people to feel at home and they just replace the things if it happens.if people want to move things around that is okay and staff don't see it as a problem."
- People had ease of access to an enclosed courtyard from one part of the home and access to another garden and courtyard area from the other part. Staff advised that some people really made use of the external space during the warmer months of the year. Relatives had been involved in a gardening event early in the year alongside people to brighten the garden up.

Improving care quality in response to complaints or concerns

- People knew who to speak with if they were not happy with the care they received. One relative told us, "I have no complaints, but I would say so if I had to." Another relative said, "If I have any concerns I just ask, and they respond."
- To ensure people would know what to do, in addition to having received written information the procedure to raise complaints was displayed in the home.
- The registered manager advised her office door was always open so relatives could access her at any time. One relative referred to this being the case when they spoke about visiting the home.
- Complaints had been investigated and responded to by the registered manager and had been shared with the provider. Concerns raised by people living at the home were also recorded and responded to appropriately. The registered manager had maintained records detailing any concerns which had been raised together with the response provided.
- Relatives advised they knew the provider and would be happy to approach them if they had a concern or issue.

End of life care and support

- People and relatives had been given the opportunity to discuss end of life wishes to ensure people could be supported and specific care provided when needed. Staff told us these discussions were part of every person's care when they moved into the home and they formed part of routine conversation about planning their care. One relative commented, "I have been involved in discussions about end of life care and wishes as well as a discussion about resuscitation at such time.
- Staff had received training in end of life care and links were in place with a local hospice who become involved as needed in end of life care discussions.
- The registered manager had developed links with the hospice so guidance and support would be available when needed.
- Many of the compliments received by the home service related to the quality of care and thoughtful kindness provided when end of life care had been provided. The letters of compliment contained references to how families had been supported by the home both before and after a person's death.
- Support and care at end of life was provided by staff who demonstrated kindness and respect in how they referred to caring for people who had died in the home.

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- Staff commented positively on the support they received from the registered manager. One staff member said, "The staff meetings are good we discuss things in detail if needed – especially how to support people. You can always ask again if you are not sure and don't feel bad about asking; the manager really cares."
- Relatives were positive about the support provided to people living in the home. One relative said, "I'm confident that the care is good and consistent." Another relative commented on the positive culture in the home adding, "We've seen such an improvement in [name] since they have been here they are less agitated."
- Staff advised the registered manager provided feedback when compliments were received, which they felt helped team morale and working relationships.
- The home issued a regular newsletter for all which promoted and provided details of developments, activities and changes. In addition, the newsletters provided information about staff achievements and learning events, celebrating and congratulating staff for what they had done.
- The home had a clear open culture with all staff contributing to providing good quality person centred support. Staff were keen to talk about all they do with and for people, and we heard about staff coming in on their days off to support events in the home.
- The registered manager responded promptly when a serious incident became known in the home. Improvements were promptly introduced to further protect people from the impact of unacceptable practice and one agency staff not whistleblowing when they had witnessed unacceptable practice.

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

- The registered manager advised the provider had clear processes in place to share information with relatives and others should any incidents occur.

- The registered manager was keen to share information about what the service did well and demonstrated an open and positive approach to continually improving all aspects of the service. For example, we discussed the recording of routine discussions held in the home about essential health information. The registered manager outlined minor improvements they were going to initiate to improve this aspect of record keeping, further improving clarity for staff.
- The registered manager was open and transparent throughout the inspection process.
- The nominated individual and the registered manager were clear about needing to be open and share information about the incident which had occurred whilst the inspection was ongoing. They had started to plan how they would share the limited information with people and their relatives.

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

- The registered manager advised they received good support from the provider and had regular contact with other registered managers through occasional meetings and more regular telephone contact. The registered manager was supported by a deputy manager, nurses and senior care staff.
- Staff were clear about their roles and responsibilities and understood the importance of raising issues if necessary to improve any aspect of the support provided to people in the home.
- Staff understood and described how they would raise any issue of concern direct with the registered manager or the provider if needed. All staff said they could go to any member of the senior team for support and said the office door was always open.
- The results from regular registered manager audits were utilised in the home to help identify if there were aspects of care and support which could be improved.

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

- The registered manager had delivered on planned improvements which had been advised to CQC at the time of the last inspection, demonstrating the plans were realistic and they did deliver improvements.
- Inspection reports were on display in the home and relatives advised they had been informed about the inspection rating when they first used the home and knew where the last inspection report was displayed.
- There were systems in place to seek feedback from people and staff. There were planned residents and staff meetings and annual surveys had been carried out with staff, relatives and people living at the home. Information from surveys was routinely shared with relatives and people using the service.
- One relative advised they were aware of the meetings which had taken place and confirmed they had received the newsletter, "The regular newsletters are good and provide information about what is going on."
- Another relative said "The staff provide reassurance and when I'm worried about something they listen and respond. I feel like anything I raise is okay."

Continuous learning and improving care

- The registered manager and staff were committed to providing the best possible care and support to people who used the service and their relatives. Research and best practice evidence were used to help inform care and support provided.
- Staff were encouraged and supported to be active in ongoing learning with a view to improving care which was evident in several areas of care.
- Care staff and nurses are encouraged and supported to be proud of their achievements and contributions to good care. Two of the home's nurses had produced a poster of a case study on wound care. The poster was displayed in a national wound care conference for health care professionals and has been used for training in wound care.
- The home had joined the National Activity Providers Association (NAPA) with a view to promoting and

providing meaningful activities for the people living in the home. People using the service were involved in producing art work throughout the year as part of the group activities promoted by NAPA. People and staff also worked together to produce a mosaic which was displayed in the home. A scrap book detailed all the art activities from people, which was entered into a national competition, was on display for people and relatives to look through and reflect on achievements.

- The registered manager had viewed research on hydration for people living with dementia who are risk or reluctant to drink enough to maintain good health. As a result, the hydration stations had been set up throughout the home and there was a weekly session held (Thirsty Thursdays) where people were encouraged to taste different fruit cocktails and soft drinks to see if people found something they particularly liked or had not tried before.
- The projector table and tablet table were selected for purchase when it had been identified it would be an asset to support people. The projector table had been proven by research to be beneficial to older people living with dementia.

Working in partnership with others

- The service worked alongside professionals such as commissioners, social workers and healthcare professionals to ensure people received the care they needed.
- The registered manager and deputy attended monthly forums and meetings with the local authority and health care commissioners. These forums and meetings were used to discuss best practice.