

Morris Care Limited

Morris Care Centre

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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Morris Care Centre is a nursing home providing personal and nursing care to 83 people. The service can support up to 96 people.

Morris Care Centre is situated in three Courts. Ercall Court is a small house accommodating 11 people living with dementia. The environment in Ercall Court is dementia friendly to assist people to find their way around.

Wellington Court and Wrekin Court are situated within the same building, people living there have complex nursing needs. Aids and adaptations are in place to assist people with their mobility and to promote their independence. People have access to three gardens located around the building.

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

People felt safe living in the home and staff were aware of their responsibility of safeguarding them from the risk of potential abuse. Risk management and the implementation of assessments helped to mitigate the risk of harm to people. People were cared for by sufficient numbers of staff who had been recruited safely. People were supported by skilled staff to take their prescribed medicines. Hygiene standards within the home were maintained to reduce the risk of avoidable infections. Lessons were learnt when things went wrong to ensure there were no reoccurrence.

Staff were supported and made to feel valued and people felt safe and comfortable with the support they received. Staff were proud of the care and support they provided, to ensure people's specific needs were met at a high standard. Staff had access to training and skills learnt were implemented to ensure people received person centred care. The provider worked with other agencies to ensure people received a seamless service. The environment was suitable to meet people's needs. People were supported by staff to drink and eat enough to promote their health. People had access to healthcare services to promote their physical and mental health.

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 were cared for by staff who were kind, compassionate and demonstrated a good understanding of their needs. People were encouraged to be involved in decisions about their care and support needs. People's right to privacy and dignity was respected by staff.

The provider had good systems in place to ensure comprehensive pre- admissions assessments were carried out with people's involvement. This ensured their move into home was safe, effective and reflective of their specific needs.

Innovative communication tools were in place to enable people to express their needs, have a say about their care, support and to ensure they live a fulfilled life. People had access to a variety of social activities to ensure they always had something to look forward to and to have different social experiences. People are supported by staff to have a positive presence within their local community. People and staff's ethnicity, culture and religion were celebrated. There was a positive emphasis and inclusion of Lesbian, gay bisexual and transsexual (LGBT).

People were supported by staff to maintain and celebrate meaningful relationships. People could be confident their complaints would be listened to, taken seriously and acted on.

People were cared for by skilled staff at the end of their life to ensure they were pain free and comfortable. The provider went above and beyond to ensure people's end of life wishes were met and that both their families and staff were supported during and after the person's end of life.

There was a positive culture in the home where people were encouraged to be involved in running the home. Various systems were in place to capture people's views and opinion with regards to the quality of the service provided. People's involvement in the recruitment of staff and the assessment during the probationary period ensured all staff were suitable to work in the home.

There was a clear management structure in place and people knew who was running the home. The registered manager ensured they were accessible to people who used the service, relatives and staff to provide support and guidance if and when needed.

The registered manager understood the duty of candour and lessons were learnt when things went wrong. There was a strong emphasis on continuing improvement, to ensure people received positive experiences and to promote their wellbeing. The provider engaged with the public and other agencies to ensure people received an effective service. The provider's governance ensured the routine review and monitoring of the home to ensure people received a good service.

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

The last rating for this service was Good (published 30 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Morris Care Centre

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 team consisted of one inspector, two assistant inspectors and two Experts 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.

Morris Care Centre 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.

Inspection activity started on 15 October 2019 and ended on 16 October 2019.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with 15 people who used the service, eight relatives, eight staff members that included care assistants, nurses, clinical leads and the maintenance person. We spoke with two visiting healthcare professionals, the registered manager, the operational support manager and the chief operating officer.

We reviewed a range of records. This included people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed. We looked at audits carried out to monitor the service.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found with regards to their governance.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of different forms of abuse and knew how to safeguard people from this.
- One person told us, "I feel safe here because there is everything here to protect me."
- Another person said, "I feel safe here because the nurses are very good. I can't speak too highly of them."
- Information about safeguarding people from abuse was displayed on notice boards with contact details of agencies to share concerns with.
- The registered manager knew when to share concerns of potential abuse with the local authority to safeguard people from the risk of harm.

Assessing risk, safety monitoring and management

- The risk to people was reviewed with people's involvement and where appropriate with their relatives. A risk assessment was put in place to mitigate the risk.
- Care records contained details of the care and support people required. This was followed by a risk assessment to ensure people were supported safely.
- We observed that accidents were recorded and showed action taken to mitigate the risk of this happening again.

Staffing and recruitment

- We received mixed views from both people who use the service and staff about staffing levels in the home. The registered manager told us staff had raised concerns about insufficient staffing on one unit. The registered manager observed the delivery of care and practices at different intervals of the day and this was confirmed by a staff member. After these observations staff told us that additional staffing was provided to resolve their concerns.
- One person told us they required a lot of staff support. They said, "The staff are always here to support me."
- Where gaps were identified on the rota, agency staff were used to ensure people received the necessary support to meet their assessed needs.
- The registered manager told us their head office carried out safety checks to ensure people were suitable to work in the home. This also included checks on all overseas staff to ensure they had the right and up to date documents to ensure they have legal status to work in the country.

Using medicines safely

- People told us they always received their medicines on time. One person told us, "If I said to staff I was in

pain, they'd be here now to give me my painkillers."

- We observed medicines were recorded appropriately, and medication administration records were signed by staff to show when medicines had been given to the person.
- Staff who managed medicines were trained to ensure they had the skills to support people with their medicines safely.

Preventing and controlling infection

- We observed all parts of the home were clean and tidy. One person told us, "The hygiene is definitely good."
- There was an infection, protection and control (IPC) lead in place. The IPC lead monitored and reviewed the hygiene standards within the home.
- The provider operated 'Check to protect' this is an audit that reviewed and monitored hand hygiene, waste disposal, the use of personal protective equipment (PPE), urinary catheter care and other areas.
- IPC was included in staff induction training and linked to their job role. This ensured staff had knowledge of how to reduce the risk of cross contamination.

Learning lessons when things go wrong

- Discussions with the registered manager confirmed when things had gone wrong a thorough investigation was carried out and action was taken to mitigate a further reoccurrence. For example, an incident had occurred when staff was supporting a person with their mobility. During the investigation it was identified that staff required more training and support, and this was provided to them. The provider was open and transparent and shared this information with the relevant agencies.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

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

- Staff told us people were involved with their assessment and the people we spoke with confirmed this. People's involvement in their assessment ensured their specific preferences were met.
- Information obtained from these assessments ensured information informed the care plan to ensure staff had access to accurate information relating to people's care and support needs. We observed care plans were reviewed regularly to reflect people's changing needs.

Staff support: induction, training, skills and experience

- One person told us the staff were well trained. They continued to say, "If I fell off my chair, the staff would know what to do. That's why I feel safe here"
- A staff member told us, "If you want to progress in your career, this is the place to work, the registered manager supports you to develop your skills and to move on to higher things."
- Staff told us when they completed their training, competency assessments were carried out to determine their understanding of what they had learnt and how these new skills would be put into practice to ensure people received an improved service.
- The provider had appointed a recruitment manager. Their role was to support overseas staff within their role.
- Overseas nurses were supported through their Objective Structured Clinical Examination (OSCE). OSCE assesses competency, based on objective testing through direct observation.
- Nurses who trained outside of the UK are required to undertake a conversion course. This is to ensure their skills are equivalent to standards laid out by the Nursing and Midwifery Council (NMC).
- The recruitment manager told us that all overseas nurses were supported during their conversion course and on completion, their achievement was recognised. On the day of our inspection we observed a presentation where a nurse's achievement was recognised, and they were presented with a bouquet of flowers and wished the best in their career.
- The registered manager told us that staff were provided with one to one supervision sessions and this was confirmed by the staff we spoke with.
- One staff member told us, "During my supervision session, I made a request for more training for the staff team and this was granted."

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

- People told us they had a choice of meals.

- One person told us, "The food is very good, and staff know what I like and what I don't."
- We observed people had access to snacks, fruit and drinks at all times.
- Specialist eating and drinking equipment were in place such as rimmed plates, coloured plates to assist people living with dementia and thickened handled cutlery. This equipment helped people to eat and drink independently.
- Care plans provided staff with information about suitable meals and where they have been assessed by the speech and language therapist with regards to the risk of choking.
- We observed people's dining experience was person centred, staff engaged with people whilst supporting them with their meal and they were aware of suitable meals for the individual with regards to their health condition and preferences.

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

- The provider worked with other agencies to ensure people received a seamless service. This included GPs, consultants, opticians, chiropodists, social workers and others.

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

- The home was divided into three areas. Ercall Court was a small house which accommodated 11 people living with dementia. Wellington Court and Wrekin Court were situated in one building.
- We observed the separate small home where people living with dementia resided was warm and welcoming.
- The environment was designed to assist people living with dementia. Signage on doors helped people to find their way around the home.
- People were aware the yellow door lead to the toilet. This promoted people's independence, so they were not reliant on staff to assist them with their continence needs.
- The other two courts were also warm and welcoming and equipped with specialist aids and adaptations to promote people's independence safety.
- All bedrooms were fitted with a nurse call alarm so people could ask for support when needed.
- Sensor mats were in place to alert staff when a person required support with their mobility.
- People had access to three gardens situated around the home.

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

- A number of people who used the service had a tracheostomy. (Tracheostomy is an incision in the windpipe made to relieve an obstruction to breathing). These people were supported by skilled staff. The registered manager told us that the National Institute for Clinical Excellence (NICE) guidelines for tracheostomy care were followed. The clinical lead had received extensive training and worked alongside the Clinical Commissioning Group (CCG) to ensure practices were up to date and safe.
- The registered manager was aware of the National Institute for Clinical Excellence guideline 48 (NG48). This guideline covers oral health, including dental health and daily mouth care, for adults in care homes.
- We observed that oral care plans were in place. People told us they had access to a dentist for routine checks when needed. The provider was currently working with the local dentist to improve and maintain oral hygiene.
- An advanced nurse practitioner (ANP) from the local medical centre visited the home on a weekly basis. They told us they would recommend the home. They said, "The nurses have excellent clinical knowledge. They continued to say, "This is a complex unit and staff know when an ANP or a GP needs to be called out. I have no concerns about the standard of care provided or the skills and knowledge of the staff."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager told us a number of people had an authorised DoLS in place and they were awaiting the authorisation of other applications that had been sent to the local authority. This was because these people lacked capacity to make a decision.
- One person had an authorised DoLS in place and received one to one support. A staff member told us, "They (People who use the service) are able to make their own decisions about their daily life and we provide the support needed to ensure their safety." This person had a DoLS in place because they required constant supervision.
- The people we spoke with told us they were able to make their own decision and staff respected their views. One person told us, "I generally decide what I want to do, and when I want to do it. I am independent."
- A staff member told us that people could make unwise decisions. For example, wanting to drink alcohol whilst on certain prescribed medicines. The potential risk to the person would be discussed with them and recorded. This would also be discussed with a multi-disciplinary team which may include the GP, social worker and a family member.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Without exception everyone we spoke with were happy with the care and support they had received
- We observed staff engaging with people, providing assistance in a calming and supporting manner.
- We saw the atmosphere was happy and social, there was chatting and laughter.
- One person said, "Oh absolutely, the staff are very good." They continued to say, "One staff member has been here a long time, they are very caring to me and finds the time for a chat. I hope they never leave."
- A different person told us, "The staff treat me so well, they do so much for me." Another person said, "The staff are certainly caring, no doubt about that."
- Staff were aware of people's history. One person used to be a keen walker and enjoyed the wild life. We observed a staff member taking them for a walk and watched as the person fed the birds.
- A staff member told us, "It's important to know and understand people. That is the cornerstone of good care."
- A relative told us, "The staff are aware of (Person's name) care needs and that's so important."
- Another relative said, "Staff have taken the time to get to know (Person's name) and us, and we appreciate that so much." A different relative told us, "The care my relative receives is great."
- We observed that a person looked agitated. The staff member promptly recognised this and whispered in their ear. The staff member discreetly escorted the person to a private place to support them with their personal needs.
- We observed a person becoming anxious and told a staff member they were feeling cold. Staff promptly assisted the person to their bedroom to choose a cardigan to put on. Staff made the person comfortable in their chair, cuddled up in a blanket. The person told us, "The staff are kind to me."
- The appearance of everyone living in the home demonstrated that staff ensured people's personal needs was well tended to.
- One person told us they were dependent on staff for everything. They continued to say, "I never feel awkward or embarrassed because the staff never make me feel like a nuisance. Everything is done with kindness and a smile."
- A staff member told us, the observation or changes in a person's behaviour is explored. They said, "We strive to understand and anticipate the needs of each person, which is our philosophy."

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

- There was a positive emphasis focused on involving people in decision making.

- Some people's first language was not English. One person's care record showed they could not speak English. Staff told us they had access to various phrases that were located in the person's bedroom. We observed a list of phrases displayed on the person's bedroom wall. One staff member had made the effort to learn the person's language. We observed this staff member entering the person's bedroom speaking in the person's language. We observed the person's face light up. These efforts enabled the person to be involved in decisions about their care and support.
- The registered manager told us about the Cedar philosophy. To enable this philosophy to be effective, staff need to have a good background history of the individual and staff demonstrated this. This philosophy focused on an individual's wellbeing and personal needs, not just their nursing requirements. This approach helped to reduce anxiety and stress.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and dignity was respected by staff. One person told us, "I am spoken to very well, friendly and appropriately. Another person said, "I have a 'do not disturb' sign I put on my door and staff respect this.
- A different person told us, "If I tell staff I can do something myself, they let me." This demonstrated that people's independence was promoted and respected by staff.
- A relative told us, "The staff are very polite and always knock on the door, they respect the residents."
- A staff member told us, "I never give information to anyone that doesn't need to know."
- A staff member that cared for people living with dementia was aware of the importance of getting to know people and gaining their trust. They told us, "People living with dementia will not allow you to assist them with their personal needs if they don't know you and will get distressed and we don't want that for the people we care for."
- People were able to choose whether they wanted a female or male carer and their preferences was identified in their care record.
- People were able to choose who supported them as they were involved in staff recruitment.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding.

This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- The provider had good pre-assessments processes, meaning they could identify people's needs and meet them when they moved in. For example, people and their relatives told us they were involved in their assessment before they moved into the home. The information obtained from the pre-admission assessment was used to develop the care plan and risk assessment. The care records we looked at contained evidence of the undertaking of assessments by healthcare professionals such as the GP.
- During one pre-admission assessment it was identified that a piece of equipment would make the person feel more comfortable. The person was admitted on the day of the inspection and we observed the equipment was in place for them. Whilst using the equipment we observed the person smiling and looking very relaxed and comfortable. They told us, "This is the first time in ages that I have been comfy." The person's relative said, "I am impressed with the whole process and the preparation the staff took before my relative arrived."
- People's specific health conditions were identified and discussed during their assessment. For example, where people had a tracheostomy, information obtained from the assessment, enabled the provider to put a care plan in place and ensured people received a seamless service with their healthcare needs being addressed immediately.

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.

- The registered manager demonstrated a good understanding of AIS. They used innovative communication tools meaning people who were unable to communicate verbally were able to share their views and thus improve their quality of life. For example, electronic tablets were used to assist them to communicate with people.
- Lightwriters were used to assist with communication. Lightwriters are a type of speech-generating device. The person who cannot speak types a message on the keyboard, and this message is displayed on two displays, one facing the user and a second outfacing display facing the communication partner or partners.
- Information was also available in different languages and pictorial formats. A number of staff were from

different ethnic groups. This meant they were able to communicate with people who spoke the same language as them.

- A care staff told us people had access to a translator and information contained in a person's care record provided evidence of this. This enabled the person to be involved in decisions about their care and treatment.
- One staff told us they had learnt a person's language, so they could communicate with them more effectively and we heard this staff member chatting with the person in their language.

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 registered manager had facilitated two marriage ceremonies at the home. The registered manager told us that two people were in long term relationships before they moved into the home. Both couples expressed the desire to get married. The registered manager arranged the registrars and decorated the conservatory where one wedding took place. This demonstrated that people were able to maintain and celebrate meaningful relationships.
- The provider operated the butterfly scheme to ensure people living with dementia received safe and appropriate care and equip staff with skills to enable people to achieve positive outcomes. We observed a person who was living with dementia was agitated. A staff member gently approached them and whispered in their ear and took them for a walk. We observed the person smiling as they walked with the staff member.

- There was an admiral nurse in post. Admiral nurses are specialist dementia nurses who give expert practical, clinical and emotional support to the person living with dementia, their families and staff. The Admiral nurse had a calming influence on people and this had a positive impact on people.
- The provider had a dementia lead who delivered in house training and supported staff in their role. This helped staff with communication and understanding behaviours. This made people more comfortable, happy and settled. We observed the atmosphere was calm and relaxing with staff engaging with people.
- There was a recognition of the rights of lesbian, gay, bisexual and transsexual (LGBT). People who used the service and staff told us they were treated fairly and with respect. We observed that staff were kind and respectful to people who used the service and to their fellow colleagues.
- The registered manager had links with 'safe ageing no discrimination' (SAND). SAND promotes the rights of older LGBT people. The positive culture ensured everyone felt valued and important.
- There were a number of people and staff from different ethnic groups and this was celebrated by having themed nights. The registered manager told us they recently had a Caribbean night, exploring the culture, food and drinks which people told us they thoroughly enjoyed. Other theme days included a French day, Bollywood, strictly dance evening and winter wonderland during the festive season. People told us they had a 'fish and chips' night and enjoyed eating this in the paper which brought back memories of when they were young.
- We heard people talking about past social events and about a singer coming that day.
- One person loved dogs, so the registered manager brought their dog in every day. The person took the dog out for walks every day.
- We observed a person playing a game and talking about music with a staff member. In a different area people and staff were singing. There were lots of conversations about the rugby and who would win the world cup.
- All these activities meant people had more fulfilled lives with variety, socialisation and things to look forward to.
- Meetings were carried out with people who used the service. People had expressed an interest in opening a shop in the home and to run this themselves. The provider listened to people and we saw the shop was stocked and due to open in the near future.
- We observed, 'You said' and 'We did,' was displayed on the wall. This is where people make suggestions to

the provider and you can see how the provider has responded. For example, people shared concerns there were not enough chairs for their visitors. The provider purchased more chairs to resolve this concern.

- The registered manager told us the local supermarket donated flowers to the home on a weekly basis. Hence, a flower arranging club had been organised for people who used the service and there was also a gardening club.
- People told us about trips to the Royal Airforce museum, dogs trust, Norbury junction, shopping centre and the garden centre. One person told us, "There is always something to do, physical therapy is brought in, gardening but I enjoy reading the magazines."
- Children from the local nursery visited the home and played games with the people who lived there. The provider had links with the local schools and took students on placements who were undertaking a healthcare qualification, to be a healthcare worker.
- The provider offered the local college a work experience placement for a student who was undertaking a beauty therapy course. This meant people who used the service had access to beauty therapy sessions.
- People from different places of worship visited the home. This was important to people who wished to continue to practice their faith. People would also be supported to attend their chosen place of worship if they wished.
- The provider had positive links with the local council. This meant people could be a valued part of their community. For example, this gave a person the opportunity to have an art exhibition, where the mayor attended.

Improving care quality in response to complaints or concerns

- People could be confident their complaints would be listened to, taken seriously and acted on.
- People told us they felt confident to share concerns they may have with the staff or the registered manager. One person told us, "I've only had one or two complaints and they were resolved directly."
- A different person said, "The nurses are good, I can't speak too highly of them, any issue is sorted straight away."
- Complaints had been recorded and showed what action had been taken to resolve them.
- With reference to one complaint the registered manager told us that lessons had been learned and action had been taken to improve the service to mitigate further risks to people. They told us this complaint and action taken was shared with other registered managers within their organisation to ensure this did not happen in other homes.

End of life care and support

- At the time of our inspection visit five people were receiving end of life care. People were supported at the end of their life to ensure they were comfortable, pain free and that care was delivered in a dignified and sympathetic manner. Staff were skilled at obtaining people's wishes with regards to their end of life care.
- People told us they were actively involved in caring for their relative and they valued this opportunity. The registered manager explored various ways to ensure people and their relatives were supported. For example, the registered manager told us that many families wished to remain by their loved one's bedside during their end of life. To enable families to do this, they were given a basket of food and drinks to make their stay comfortable, and to enable them to stay close to their relative.
- The provider went above and beyond for providing accommodation for relatives. This meant people were not left alone at the end of their life.
- One person was at the end of their life. Their closest relative lived miles away from the home. The person's relative required intensive complex support to enable them to visit the home. The registered manager liaised with another agency and worked closely with them to enable the person to visit their relative before their life ended. This was an extremely complex operation that required great negotiating skills. The person's relative was extremely appreciative of this opportunity and wrote to the registered manager expressing their sincere gratitude. The provider's actions meant the person was able to spend their end of

life with their closest relative.

- We spoke with a person whose relative was receiving end of life care. They told us, "The staff have explained everything to us. The staff are very good, they check up on them frequently to make sure they are comfortable." They said staff made them feel welcome and answered any questions they had.
- One care record showed the person lacked capacity. A best interest decision was in place with regards to a 'Do not Attempt Cardiopulmonary Resuscitation (DNACPR)' put in place. The person's relatives were involved in the decision and the plans with regards to their end of life care. We observed anticipatory medicines were in place. Anticipatory medicines are a small supply of medications that are kept in the home just in case they are needed. For example, for the treatment of pain. This demonstrated that arrangements were in place to ensure people had a pain free and comfortable end of life.
- The provider had a pastoral service which provided people at the end of their life and their relatives with emotional support. This service also helped relatives with funeral arrangements. This service was also extended to the staff team. Families of people who are at the end of their life are offered counselling from the local hospice.
- There was a book of remembrance that listed all the people that lived and died at the home. This was only completed with the family's permission.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

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

- There was a positive culture within the home that empowered people, relatives and staff to be involved in the running of the home.
- Meetings were carried out with people who used the service and their relatives. This gave them the opportunity to tell the provider about their experiences of using the service and where improvements may be needed.
- Staff's views and opinions were listened to and acted on. For example, where staff had raised concerns about staffing levels, this was listened to, reviewed and action taken to provide additional staff to ensure people's needs were adequately met in a timely manner.
- People were actively involved in staff recruitment and the probationary period. People's views with regards to staff's performance was listened to and acted on. This meant people had a say who worked with them.
- Staff were proud of their work in ensuring people had positive experiences. Two staff members came into work on their day off to demonstrate to the inspection team how sincere they were in providing quality care.
- The culture in the home was positive and people who used the service, relatives and staff were supported. For example, the appointment of a recruitment manager who helped overseas staff with their European Union settlement application. These staff were supported to get familiar with the English culture and to help them to integrate within their local community. This demonstrated that the provider went the extra mile to ensure their staff were cared for and felt valued.
- The registered manager described the culture of the home as, "Very diverse, open, transparent, warm friendly environment and supportive to staff as well."
- Access to the pastoral service provided people, relatives and staff with support to help them through difficult times.
- The registered manager told us their aspiration for the future was to ensure everyone living in the home had a good experience. To provide reassurance to people using the service and to ensure all staff are provided with clear leadership, guidance and support.

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 understood and acted on the duty of candour.

- Where things had gone wrong the registered manager was open and transparent and shared information with the relevant bodies and acted to mitigate further risks.
- The operational support manager told us, "When we don't get it right. We don't have a blame culture, we look to see what we could have done different."

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

- The registered manager told us they did daily walkabouts around the home and staff confirmed this. This enabled the registered manager to engage with people who used the service and the staff team. The registered manager told us, "It's important that I know everyone and not have to refer to a file."
- All the people we spoke with were aware of who was running the home and described the registered manager as, "Approachable and accessible." One person told us, "The registered manager always finds the time to chat with me. They continued to say, "The home is well run."
- The provider's previous inspection report was Good and with a strong governance we can now see this is well embedded. For example, quarterly residents and relative's meetings were carried out.
- Satisfactory surveys were given to people and their relatives twice a year. Comments from these surveys showed people were extremely satisfied with the support provided to them. The information collated from these surveys were fed back to people and where necessary an action plan would be developed to make improvements.
- Systems were in place to review, assess and monitor the quality of service provided to people.
- Competency assessments were carried out to review staff's understanding after receiving training, to find out how skills learnt would be used to improve the service delivery.
- The provider's governance was effective to ensure people received safe and appropriate care.
- Monthly quality indicators were in place with regards to internal audits. Where improvements were required an action plan would be put in place with a timescale for completion. These indicators included clinical governance and management.
- Audits were in place to review and monitor wound care and to ensure people had access to a tissue viability nurse when needed.
- Audits were in place to look at hospital admissions, this helped the provider to examine what action may be needed to reduce the amount of hospital admissions.
- A 72-hour audit was in place for new admissions to ensure the care plan and risk assessment had been formulated. A relative told us how impressed they were with the preparation carried out before their relative moved into the home.
- A full care plan and risk assessment audit was carried out monthly to ensure staff had access to up to date information about people's care and treatment needs. The staff we spoke with demonstrated a good understanding of people's needs and people told us they were happy with the service they had received.
- To ensure good hygiene standards within the home and to ensure people were not a risk of avoidable infections, routine audits were carried out. We observed that all areas of the home were clean and tidy.
- An audit of medicines management was carried out to ensure people received their medicines as prescribed. Annual medicines competency assessments were carried out to ensure staff's practices were safe.
- There were champions in place to promote good practices. For example, mental capacity act (MCA) and the deprivation of liberty safeguards (DoLS).
- Dementia champions were in place to promote good care practices and to support families and the staff team.
- A well structured governance meant practices could be reviewed and improved to ensure people who use the service have positive experiences.

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

characteristics

- The provider had positive links with local businesses.
- A local fish and chip shop was used when facilitating a fish and chips night for people who used the service. This supported local businesses and enabled people to engage with their local community.
- Children from the local nursery visited the home and engaged with people, playing games with them. The provider had links with the local school.
- People from different places of worship visited the home. This supported people to continue to practice their beliefs.
- The registered manager told us that local people were encouraged to visit the home for coffee and a game of bingo. This ensured people living in the home were able to maintain contact with people within their community.
- The registered manager said, "The home is a hub of the community."

Continuous learning and improving care

- There was a strong emphasis on continuing improvements throughout the service and the registered manager could demonstrate how they had learnt from concerns and incidents. For example, where an incident had occurred, the registered manager was able to tell us what action they had taken to mitigate further risks.
- The registered manager was able to demonstrate how incidents had been investigated and action taken to improve the service.
- Action plans were in place with timescale to ensure improvements were made in a timely manner.
- Staff were motivated and proud of the service they provided. Staff's achievements were rewarded which gave them the incentive in providing a quality service.
- The clinical lead worked closely with the Clinical Commissioning Group (CCG) and followed good practice guidelines such as National Institute for Clinical Excellence.

Working in partnership with others

- The provider had good links with other healthcare professionals. This ensured people had access to the healthcare support to ensure their mental and physical needs were met.
- Links with social workers, advocacy services and interpreters assisted people to make decisions about their care and treatment needs.