Indigo Care Services Limited

Eckington Court Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

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

Eckington Court Nursing Home provides nursing, personal care and accommodation for up to 50 older and younger people some of whom had dementia. On the day of our inspection there were 45 people living at the service, two of whom were in hospital.

We inspected on 5 June 2018 and the visit was unannounced. This meant the staff and the provider did not know we would be visiting.

At the last inspection in November 2016, the service was rated overall 'Requires Improvement', with a 'Requires Improvement' rating in both the Safe and Well Led domains. At this inspection, we found evidence to demonstrate and support the overall rating of 'Good'.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe living at Eckington Court Nursing Home. Their relatives agreed with what they told us. Both the management team and the staff working at the service understood their responsibilities for keeping people safe from avoidable harm and abuse and knew to report any concerns to the relevant people, including the local authority and CQC.

People's needs had been considered prior to them moving into the service and the risks associated with their care and support had been assessed and managed. There were arrangements in place to make sure action was taken and lessons learned when things went wrong, to improve safety across the service.

Plans of care had been developed for each of the people using the service and the staff team knew the needs of the people they were supporting well.

Appropriate pre-employment checks had been carried out when new members of staff had been employed, to check they were suitable to work at the service. An appropriate induction into the service had then been provided and relevant training completed to enable the staff to meet people's individual needs.

People told us there were usually enough staff members to meet their current care and support needs. The exception to this would be if a staff member phoned in sick at the last minute. In these instances, the registered manager used existing staff members or regular agency workers to cover the shortfall whenever

possible.

People told us the staff team were kind and caring and treated them with respect. Observations made during our visit confirmed this. People's consent was always obtained before their care and support were provided and the staff team supported people in the way they preferred.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the home supported this practice.

The staff team supported people to make decisions about their day to day care and support. They were aware of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) ensuring people's human rights were protected. Where people lacked the capacity to make their own decisions, these had been made for them in their best interest and in consultation with others.

People's food and drink requirements had been assessed and a balanced diet was being provided. Records kept for people assessed as being at risk of not getting the food and drinks they needed to keep them well were on the whole, up to date.

People received on-going healthcare support and had access to the relevant healthcare services.

People were supported with their medicines in a safe way. Systems were in place to regularly audit the medicines held and the appropriate records were being kept. Staff members responsible for supporting people with their medicines had their competency checked to make sure they remained competent and capable to support people safely.

People were provided with a clean and comfortable place to live and there were appropriate spaces to enable them to either spend time with others, or on their own. Protective personal equipment, such as disposable gloves and aprons were readily available for use and the staff team had received training in the prevention and control of infection.

The staff team had received training on end of life care to enable them to support people at the end of their life with dignity and compassion.

Staff members felt supported and valued by the management team and told us there was always someone available to talk with should they need guidance or support.

People knew who to talk to if they had a concern of any kind. A formal complaints process was in place and this was displayed. People were confident that any concerns they had would be taken seriously and acted upon. Formal complaints received by the registered manager had been appropriately managed and resolved.

Relatives and friends were encouraged to visit and they told us the staff team made them welcome at all times.

Staff meetings and meetings for the people using the service and their relatives had been held. These provided people with the opportunity to have a say and to be involved in how the service was run. Surveys had also been used to gather people's feedback.

There were comprehensive systems in place to monitor the quality and safety of the service being provided

and a business continuity plan was available to be used in the event of an emergency or untoward event.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were kept safe from abuse and avoidable harm and the risks associated with people's care and support were assessed and managed.

An appropriate recruitment process was followed to make sure only suitable people in sufficient numbers worked at the service.

Medicines management was monitored to ensure people were supported with their medicines in a safe way.

People were protected by the prevention and control of infection and lessons were learned and improvements made to the service when things went wrong.

Is the service effective?

Good

The service was effective.

People's care and support needs had been assessed and the staff team had the skills, knowledge and support they needed to be able to meet those needs.

People's consent to their care and support was always sought and they were encouraged and supported to make decisions about their care and support.

Decision specific capacity assessments had been carried out when required and the staff team understood the principles of the Mental Capacity Act 2005.

People were supported to maintain a balanced diet and were assisted to access health care services when they needed them.

Is the service caring?

Good

The service was caring.

People's care and support needs were met in a caring way.

People were treated with dignity and respect and were involved in making decisions about their care and support.

Information about people was kept confidential.

Is the service responsive?

Good

The service was responsive.

People had been involved in the planning of their care with the support of their relatives and their plans of care included personal preferences.

People knew what to do and who to speak with if they had a concern of any kind.

The staff team had received training on end of life care and people were properly supported when coming to the end of their life.

Is the service well-led?

Good

The service was well led.

Comprehensive monitoring systems were in place to monitor the quality and safety of the service being provided.

The staff team working at the service felt supported by the registered manager.

People were given the opportunity to share their thoughts on how the service was run.

The registered manager worked in partnership with other organisations including the local authority and safeguarding team.

Eckington Court Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 5 June 2018. Our visit was unannounced. The inspection was carried out by one inspector, a specialist nurse advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was people with dementia.

Before the inspection, the provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report. We also reviewed information we held about the service such as notifications, these are events which happened in the service that the provider is required to tell us about.

We contacted the health and social care commissioners who monitor the care and support of people receiving care at Eckington Court Nursing Home to obtain their views of the care provided. We also contacted Healthwatch Nottinghamshire, the local consumer champion for people using adult social care services to see if they had any feedback. We used this information to inform our judgement of the service.

At the time of our inspection there were 45 people living at the service, two of whom were in hospital. We were able to speak with six people living there and six relatives of other people living there. We also spoke with the registered manager, a registered nurse, a senior support worker, three support workers, the head chef and kitchen assistant, the senior house keeper and a second house keeper and the activities coordinator.

We observed support being provided in the communal areas of the service. This was so we could understand people's experiences. By observing the care received, we could determine whether or not they were comfortable with the support they were provided with.

We reviewed a range of records about people's care and how the service was managed. This included four people's plans of care. We also looked at associated documents including risk assessments. We looked at records of meetings, recruitment checks carried out for two nurses and two support workers and the quality assurance audits the management team had completed.

Good

Is the service safe?

Our findings

At our last inspection in November 2016, Medicines had not always been managed or administered in line with guidelines to reduce risks to people. Staff sickness had not always been covered in a way that ensured people's needs were met by the deployment of sufficient numbers of staff and although risks were identified, monitoring of some risks had not always been clearly recorded.

At this inspection it was evident that people's medicines had been appropriately managed. An electronic medicines system had recently been introduced and the nurses and senior support workers responsible for administering people's medicines, had received the appropriate training to use this. The provider's medicine policy was followed when people were supported with their medicines. Records were clearly completed to show medicines were administered regularly. Specific PRN protocols were in place for people prescribed medicines 'as and when required' such as for pain relief, giving clear instructions about when and why the medicines were being given.

We looked at the way people's medicines had been managed. We found medicines, including controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse), were stored securely and monitored regularly. Staff recorded the temperature of the fridge where medicines were stored regularly to make sure they were held in line with manufacturers guidelines.

We observed the nurse on duty give out the midday medicines to two people. They ensured all the necessary checks were completed; they supported the people to take their medicines appropriately and ensured the medicines had been taken before completing the electronic record.

There was an appropriate system in place for the receipt and return of people's medicines and a comprehensive auditing process was carried out to ensure people's medicines were handled in line with the provider's policies and procedures.

Risks associated with people's care and support had been assessed when they had first moved into the service. Risks assessed included those associated with the moving and handling of people, people's nutrition and hydration and the risks of falls. When bed rails were used to prevent a person falling out of bed, a risk assessment had been completed to ensure they could be used safely. The risks to people were reviewed on a monthly basis to make sure existing and potential new risks where monitored. This meant that whenever possible, the risks associated with people's care and support had been identified, minimised and appropriately managed by the staff team.

Regular safety checks had been carried out on the environment and on the equipment used. Checks had been carried out on the hot water at the service to ensure it was delivered at a safe temperature and yearly checks had been carried out on the portable appliances used, to check they remained in good condition. A fire risk assessment had been completed and fire safety checks and fire drills had been carried out. The staff team were aware of the procedure to follow in the event of a fire. There were personal emergency evacuation plans in place in people's plans of care. These showed how each individual must be assisted in

the event of an emergency.

A business continuity plan was in place for emergencies or untoward events such as fire, flood or loss of power. It identified a place of refuge should an evacuation of the building be required and provided the management team with a plan to follow to enable them to continue to deliver a consistent service should these instances ever occur.

Appropriate recruitment processes had been followed. Previous employment had been explored, references had been collected and a check with the Disclosure and Barring Service (DBS) had been carried out. A DBS check provided information as to whether someone was suitable to work at this service. For the nurses working at the service, a check with the Nursing and Midwifery Council (NMC) had also been carried out to make sure they had an up to date professional registration. Nurses can only practice as nurses if they are registered with the NMC.

The registered manager assessed people's dependency levels and this information was used to make sure sufficient numbers of staff were deployed to meet people's assessed needs. Staffing rotas were planned in advance and demonstrated there were enough nursing and care staff allocated on each shift to provide the care and support people needed. There was a skill mix of staff, which meant peoples diverse needs were met by a staff team who were knowledgeable and competent to deliver people's care in a safe way. People felt there were usually enough staff members available to meet their needs. One person told us, "When I use my buzzer they are usually quite quick." Another explained, "'There are enough staff on duty most of the time." When we asked what they meant they told us, "Sometimes there is a shortage because people go off sick at the last minute." A relative explained, "I feel there are enough staff, there always seems to be someone around."

We were told whenever possible; staff sickness would be covered by existing staff or regular agency workers to minimise any disruption to the people using the service and the staff team.

During our visit we saw members of staff were available when people needed them and, with the exception of one person, who had to wait around ten minutes for their call bell to be answered, did not have to wait to receive the support they needed. We shared this instance with the registered manager as this person told us, "They are often a really long time coming to me." The registered manager assured us this would be looked into. Throughout our visit we observed staff members available in the communal areas offer support and companionship.

People felt safe living at Eckington Court Nursing Home and felt safe with the staff team who supported them. One person told us, "Yes I feel safe enough here." Another explained, "Yes I feel really safe here, well they look after you don't they." A relative told us, "The safety of the home was one of the main reasons we've used it. There are locks on the doors and so no one can get in or out, not that it is like a prison or anything like that, but we wanted [person] to be safe. It's a load off our minds."

The management team were aware of their responsibilities for keeping people safe and knew what to do if they witnessed or any alleged or actual abuse was brought to their attention. This included informing the registered manager and alerting the safeguarding authority and the Care Quality Commission (CQC). When we asked a senior support worker what they would do if they witnessed any form of abuse they told us, "I would make the resident safe and remove the person involved, get as much information as possible and report it to the manager. They would definitely act on it."

The staff team had received training in the safeguarding of adults and were aware of their responsibilities for

keeping people safe from avoidable harm. One staff member told us, "You look for things like bruises or skin tears, or if someone is cowering when you go to them. I would report anything straight away." Another explained, "If I saw anything I would ask the person doing it to step outside and I would report it to the senior or the office."

The staff team had received infection control training and followed best practice guidance in preventing the spread of infection. We saw personal protective equipment such as gloves and aprons were readily available and these were used by the staff team throughout our visit.

The service had a five star food hygiene rating from the local authority. Five is the highest rating awarded by the Food Standards Agency (FSA). This showed the service demonstrated good food hygiene standards.

The staff team were encouraged to report incidents that happened at the service and the registered manager ensured lessons were learned and improvements were made when things went wrong. For example, an incident had previously occurred where a person had failed to receive their medicines due to an error in the collection of a prescription. Following this incident, the registered manager had drawn up a more robust process to ensure people's medicines were obtained in timely manner and people received their medicines as prescribed by their GP.

Good

Is the service effective?

Our findings

People's individual and diverse needs had been assessed prior to them moving into the service. This was to ensure their needs could be met by the staff team. Paperwork we looked at confirmed this. A member of the management team explained, "We will go out and carry out an assessment to see if we can meet their [people using the service] needs, they are always assessed." A relative of a person booked in for respite care was visiting at the time of our inspection. A member of the management team discussed the persons wishes, which included only having male members of staff to provide their personal care. We were told these wishes would be respected.

The staff team were supported by a range of health care specialists and care, treatment and support was provided in line with national guidance and best practice guidelines. Support was obtained from end of life care specialists, tissue viability nurses and community mental health nurses for older people. This enabled the staff team to support people effectively and in line with best practice.

People received care and support from a staff team that had the skills and knowledge to meet their individual needs. The staff team had received an induction into the service when they first started working there and relevant training had been provided. This included training in health and safety, the safeguarding of adults, dementia awareness and equality, diversity and inclusion. This meant the staff team could support the people using the service safely and effectively. One support worker explained, "I've done all my training, both face to face and on-line training. We get time at work to complete it." Another told us, "I had an induction when I started in my role and completed a lot of training courses. Some were face to face but mainly it was e-learning. I am trained in equality and diversity, hand-washing, safeguarding, whistleblowing, infection control and many others."

Nurses working at the service had been supported by the registered manager to meet their requirements for revalidation and maintain their professional registration with the NMC. One of the nurses explained they had revalidated last year and the registered manager and colleagues had helped them with this. To aid their revalidation they had printed out copies of their training certificates, obtained feedback from the registered manager, deputy manager and other nurses and used thank you cards from relatives. They had felt supported in this process.

The staff team were supported through supervision and appraisal and they told us they felt supported by the management team. One explained, "I feel supported, there is always someone to talk to. We are close knit, like a family really." Another told us, "I do feel supported, it is invaluable."

People were supported to maintain a healthy balanced diet and people told us the meals served at Eckington Court Nursing Home were very good. Relatives we spoke with agreed. One person told us, "The food is absolutely smashing." Another explained, "They ask you 'do you want 'this or this' and show you two plates'. There is always something you can eat."

On the day of our visit we observed the dining tables were set with cloths, fan-folded cloth napkins,

condiments, cutlery and a floral decoration Before the lunchtime meal was served the staff members put on aprons and gloves. They provided the people using the service with an apron where required to protect their clothing. Lunchtime was relaxed with music playing in the background. The staff team including the chef, support workers and the activities leader came together at lunch time to support people with their meals. A choice of two hot meals and three deserts were offered, with sandwiches available for those who did not want a hot meal. Staff members were seen assisting people in a polite manner and supporting them to eat as much as they wanted. People who needed prompting and assistance to eat were supported by a member of the staff team who offered words of encouragement. The staff team were observed treating people with kindness. They joked with them in a respectful manner making lunchtime a pleasant experience for people. A pleasing atmosphere was evident throughout.

The chef, had information about people's dietary needs. They knew about the requirements for people who needed a soft or pureed diet and for people who lived with allergies. They worked well with healthcare professionals and followed their specialist advice with regard to people's food intake.

People had access to healthcare services and received on-going healthcare support. The staff team were observant to changes in people's health and when concerns had been raised, support from the relevant healthcare professionals had been sought in a timely manner. For example, when concerns were raised regarding a person's leg condition, a call was made to NHS111 to speak to the out of hour's doctors, and after a call-back, a clinician from the out of hours doctors service attended. People's health and welfare were taken seriously by the staff team.

The staff team worked together within the service and with external agencies to provide effective care. This included providing key information to medical staff when people were transferred into hospital so their needs could continue to be met.

People's needs were met by the adaptation, design and decoration of the premises. People had access to suitable indoor and outdoor spaces. There were spaces available for people to meet with others or to simply be alone. Prior to our visit we had received information regarding the bathing facilities available. We were told three of the four baths at the service were out of order. When we visited we found three of the four baths were in working order with a fourth bath awaiting a spare part to be delivered. People were appropriately supported to access the bathing facilities available.

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. The registered manager and staff team understood their roles in ensuring people's capacity to make decisions was assessed and staff ensured they received people's consent before delivering care.

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. The application procedures for this in care homes and hospitals are 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 were being met. The DoLS require providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty. At the time of our visit there were four authorised DoLS in place. The registered manager was working within the principles of the MCA. The staff team had received training in the MCA and DoLS and they understood their responsibilities within this.

People were encouraged and supported to make decisions about their care and support on a daily basis. During our visit we saw people choosing how to spend their day, whether to attend a social activity and what to eat and drink. One person told us, "I can have a bath or shower and it takes two of them to do it." A relative told us, "Yes, [person] is encouraged to be as independent as they can be. [Person] often decides to go off and put them self to bed when they have had enough."

Good

Is the service caring?

Our findings

People using the service told us the staff team were kind and caring and they looked after them well. One person told us, "They [staff team] always treat me with dignity and they always talk to me like a human being." Another explained, "The staff are helpful and kind. I just couldn't fault them."

Relatives we spoke with agreed their family members were treated in a caring manner. One explained, "My relative is treated as a person. The staff's caring attitude to my relative and everyone else, relieves me of any worries I might have had about [person] being in care."

We observed positive verbal and non-verbal communication between the staff team and the people using the service. There was a family atmosphere evident within the service and the staff team showed consideration for the people living there.

The staff team were knowledgeable with regards to the people they were supporting. They knew people's preferred routines and the people who were important to them. They knew their likes and dislikes and personal preferences. This included the names people preferred to be called. Staff understood the importance of respecting people's religious beliefs, and their personal preferences and choices. The registered manager had identified members of the staff team from different religious backgrounds and cultures who were happy to support people who wished to share and discuss their faith. This included a link with Mormon, Catholic and Orthodox faiths.

People were encouraged to maintain relationships that were important to them. Staff had received training in equality and diversity and respected people's wishes in accordance with the protected characteristics of the Equality Act. For example, people were helped to maintain relationships with family members no matter their age, race or sexuality. The staff team supported relatives to continue to be involved in their family members care. One explained, "They [relatives] are part of the family, we involve them as much as possible."

Staff members gave us examples of how they maintained people's privacy and dignity when they supported them with personal care. One staff member told us, "I always make sure the curtains are closed and cover them with a towel on their knee or over their shoulder and I always keep the door closed." Another explained, "We have the time to listen to people and care for them in a meaningful way."

We observed support being provided throughout our visit. Interactions were kind, patient and sensitive. Staff responded to, and engaged with people as they moved about the service and time was spent chatting with people. One staff member explained, "One thing here is even if you are busy, if someone is upset, the other staff don't mind you taking time out to sit with them."

Advocacy services were made available to people who were unable to make decisions regarding their care and support, either by themselves or with the help of a family member. This meant people had access to someone who could support them and speak up on their behalf if they needed it.

Relatives were made welcome and were able to visit at any time. One relative explained, "We are offered drinks and have access to the staff to discuss our relative's condition. We can visit the home at any time."

A confidentiality policy was in place and the staff team understood their responsibilities for keeping people's personal information confidential. People's personal information was stored and held in line with the provider's policy.

Good

Is the service responsive?

Our findings

People were involved in the planning of their care with the support of their relatives. A relative explained, "On or just after admission we helped put a life story together to inform everyone about [person]." People had been visited prior to them moving into the service so their care and support needs could be assessed. This provided the registered manager with the opportunity to determine whether the person's needs could be properly met by the staff team. From the initial assessment, a plan of care had been developed.

People's plans of care were up to date and covered areas such as, nutrition, mobility, and the personal care they required. They also covered people's health needs such as diabetes, or enteral nutrition (food given via a tube). They had been reviewed on a monthly basis or sooner if changes to the person's health and welfare had been identified. Where changes in people's health had occurred, the appropriate action had been taken. This included for one person, contacting their GP for advice regarding their weight management. People's health and welfare were taken seriously by the staff team. We did note not everyone's supplementary records had been kept up to date. This included one person's record to show they were supported to apply a gel to their knees and another, that they had been provided with appropriate food and drink and personal care. The registered manager assured us they had been provided with the appropriate support, but the staff members in question had omitted to complete the paperwork. We were told they would be reminded of the importance of completing people's records.

People's plans of care also included information about their past lives, their spiritual needs and the hobbies and interests they enjoyed. This enabled the staff team to gain an understanding of people's life history and what was most important to them.

Staff members told us they had read people's plans of care and were aware of the support people preferred. One staff member explained, "Questions are asked about people's needs, backgrounds, religion and their likes and dislikes. This is then put into a care plan and their life story is gathered and added to by the family. We get to read the care plans."

The registered manager had introduced champions within the staff team. These included a dignity champion, infection control champion, diabetes champion and end of life champion. This provided the staff team with a point of contact who had the expertise to help them support people in these areas.

People were supported to follow their interests and take part in activities. The service employed an activity coordinator who provided people with opportunities to engage in activities on a group or one to one basis. One person told us, "I go to the church do's and the discos and I like the knit and natter group in the activities room."

On the day of our visit, people had the opportunity to join in a pampering session where people appreciated a hand massage and their nails painted, and in the afternoon, a visit from the Salvation Army was enjoyed.

Other activities offered included bingo sessions, chair and ball exercises, arts and crafts and table top

games. The use of a mini bus was available and regular trips were organised. These included trips to local garden centres, shopping centres and local pubs for pub lunches. One person told us, "We went to Meadowhall last week, and it was really lovely. We didn't buy anything, just walked around the shops and had some lunch which was great."

The registered manager was in the process of launching a dementia café to be held in the services activities lounge. They had been in touch with a local social worker and GP to arrange a speaker to attend. The café was open to all and provided people with the opportunity to discuss their queries and concerns regarding their relatives living with dementia.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. The provider understood their responsibility to comply with the AIS and was able to access information regarding the service in different formats to meet people's diverse needs. The staff team knew people well and knew how each person communicated.

A formal complaints process was in place and people we spoke with knew who to talk to if they were unhappy about anything. One of the people using the service told us, "I have not had any reason to complain, and I can't imagine I will ever have to do so." A relative told us, "I am sure that if I asked the manager she would look into any problems that we had and what is more, I think that if she could, she would act on them." Another explained, "Whilst we have not needed to make an official complaint, when one or two things have cropped up, like the laundry for example, we spoke to [registered manager] and she sorted it all out to our satisfaction."

People had been provided with the opportunity to discuss end of life plans with the management team. Where people chose not to discuss this, this was respected and recorded in their plan of care. For people not wanting to be resuscitated, do not attempt resuscitation forms were in place within their records informing the staff team of their wishes. An end of life coordinator from a local hospice had recently attended the service and provided the staff team with training on end of life care and a policy was in place. A staff member explained, "Whenever someone is really ill, we never leave them on their own. We sit with them, talk to them and simply hold their hand."

Good

Is the service well-led?

Our findings

At our last inspection in November 2016, we found whilst systems were in place to check on the quality and safety of the service provided, these were not always effective.

At this inspection we found improvements had been made.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager had comprehensive systems in place to monitor the quality and safety of the service. They were checking the service on a daily, weekly and monthly basis. A daily walk around was carried out when the registered manager was on duty and flash meetings took place during the working week. Areas of discussion included, any infection control issues, safeguarding issues, health and safety issues and issues relating to the staff team. These meetings enabled the registered manager to monitor the service being provided and where required, make the necessary improvements to ensure people received a consistent service. Regular audits on the paperwork held had also been carried out. These included looking at the medicines held and corresponding records, people's plans of care and records of pressure ulcers, weights and falls. Records showed where issues had been identified, the appropriate action had been taken.

Regular audits to monitor the environment and on the equipment used to maintain people's safety had been carried out. This made sure people were provided with a safe place in which to live.

Following our last visit in November 2017, the senior management team had also commenced a comprehensive monitoring of the service. This included two weekly conference calls and monthly compliance visits. Where issues had been identified, which included for some people, their experiences at mealtimes and omissions in some people's care records, an action plan had been produced and the registered manager had been working to rectify the shortfalls seen. The registered manager felt supported by the provider's senior management team.

People we spoke with told us they felt the service was well managed and the registered manager and the staff team were friendly and approachable. One of the people using the service told us, "I don't see [registered manager] very often, but she always shouts hello when she passes my room and I dare say that she would address any concerns I had." A relative told us, "If I have any complaint I would go to the manager, but I would not as it is so well-managed."

Staff members felt supported and valued by the management team. They told us there was always someone available they could talk to if needed. One told us, "There is always someone available, either a senior or a nurse and [Registered manager], you can tell her anything and she will always listen. It's a happy home.

[registered manager] is a good manager, I feel it is back to being a happy place." Another explained, "I feel supported by both [registered manager] and [administrator]. It has been the best it has been since I've worked here. Since [registered manager's] been here, it has been well led."

Staff members were given the opportunity to share their thoughts on the service and be involved in how the service was run. This was through formal staff meetings, supervisions, daily handovers and day to day conversations with the management team. One staff member told us. "We have staff meetings and the flash meetings and any issues you can talk to [registered manager] at any time." Another explained, "We have staff meetings and I feel I can talk at them. We have supervisions and we get positive feedback at the end of the day. [Registered manager] always says, 'Thanks for today, see you tomorrow'."

People and their relatives had been given the opportunity to share their thoughts of the service being provided. This was through regular meetings and informal chats. The registered manager had also used surveys to gather people's views of the service provided. These had been completed by the people using the service and their relatives. Following the return of the most recent surveys, a 'You Said…. We Did' action plan had been produced and this was displayed for people's information. In the 'You said' section it stated, 'Would like a cosy area to sit and do crafts and, 'Would like more support for people affected by dementia'. In the 'We did' section it stated, 'We have recognised a quiet lounge and turned it into a sewing room' and 'We have developed a dementia café available to all'. This showed us people's thoughts of the service were taken on board.

The registered manager worked openly with stakeholders and other agencies. This included raising safeguarding alerts and liaising with social work teams and other professionals when appropriate, to ensure people's safety. The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people who used the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events.

The registered manager was aware of their responsibility to have on display the rating from their last inspection. We saw the rating was clearly on display on the provider's website and within the service. The provider is required to display their latest CQC inspection rating so that people, visitors and those seeking information about the service can be informed of our judgments.