Lillibet Healthcare Limited

Lillibet Lodge

Inspection report

6 Rothsay Road
Bedford
Bedfordshire
MK40 3PW

Tel: 01234340712

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Lillibet Lodge 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.

Lillibet Lodge can accommodate up to 25 older people who have a range of care needs including dementia, mental health, physical disabilities and sensory impairments. Long-term placements as well as respite and / or rehabilitation needs are catered for. The accommodation is arranged over three floors and can be accessed using a passenger lift. There are two communal areas, accessible outside space and 23 bedrooms - two of which are shared rooms. At the time of this inspection there were 21 people living at the home.

A registered manager was in post. 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.

At the last inspection on 14 February 2017, the home was rated Requires Improvement. During this inspection, which took place on 24 April 2018, we found the home remained Requires Improvement. This is the second time the service has been rated Requires Improvement. Despite this, there was evidence of real progress being made in all the areas we identified for improvement at the last inspection. The registered manager and provider have accepted our findings from this inspection and have already sent us a plan which includes appropriate actions to address all of the areas we identified for improvement on this occasion. We will carry out another inspection in due course, to check their progress with the actions they have proposed to take.

Systems were in place to ensure people received their medicines in a safe way however, these were not followed on the day of the inspection. The registered manager took swift action to ensure this didn't happen again.

People were protected by the prevention and control of infection but more work was needed to ensure the home was free from offensive odours. The registered manager had already taken steps to address this, including appointing a member of staff to carry out deep cleaning in the home.

The provider carried out checks on new staff to make sure they were suitable and safe to work at the home. However, changes were needed to ensure all required employment checks were carried out for new staff before they started working at the home. We found a small number of checks were missing, such as unexplained gaps in employment history.

Staff received training to support them in their roles, but work was needed to improve the quality of the training provided. Staff we spoke with confirmed they had received training but were unable to articulate

their learning adequately.

People were supported to eat and drink enough, but improvements were needed to enhance their enjoyment of the food provided, and to ensure that people's dietary and religious needs were always adhered to. We observed someone being given something to eat that they should not have been given. Once again, the registered manager took swift and responsive action to address this. Risks to people with complex eating and drinking needs were being managed appropriately.

People were protected from abuse and avoidable harm. Staff had been trained to recognise signs of potential abuse and knew how to keep people safe. Processes were also in place to ensure risks to people were managed safely.

Improvements had been made to ensure there were sufficient numbers of suitable staff to keep people safe and meet their needs.

There was evidence that the home responded in an open and transparent way when things went wrong, so that lessons could be learnt and improvements made.

The building provided people with sufficient accessible space and modified equipment to meet their needs.

The home acted in line with legislation and guidance regarding seeking people's consent, but more work was planned to ensure best interest decisions were recorded for anyone sharing a bedroom.

People received care and support that promoted a good quality of life and was delivered in line with current legislation and standards.

Staff worked with other external teams and services to ensure people received effective care, support and treatment. People had access to healthcare services, and received appropriate support with their on-going healthcare needs.

Staff provided care and support in a kind and compassionate way. People were encouraged to make decisions about their daily routines. This meant that people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's privacy, dignity, and independence was respected and promoted. They received personalised care and were given opportunities to participate in activities, both in and out of the home. More work was planned to ensure that activities were meaningful for everyone living at the home.

Arrangements were in place for people to raise any concerns or complaints they might have about the home. These were responded to in a positive way, in order to improve the quality of service provided.

Systems were in place to support people at the end of their life to have a comfortable, dignified and pain free death.

There was strong leadership at the home which promoted a positive culture that was person centred and open. Arrangements were in place to involve people in developing the service.

Improvements had been made to monitor the quality of service provision, in order to drive continuous improvement.

Opportunities for the service to learn and improve were welcomed and acted upon, and the service worked in partnership with other agencies for the benefit of the people living there.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Improvements had been made to ensure the service was safe, but further work was still needed.

Systems were in place to ensure people received their medicines in a safe way, but these were not consistently followed.

People were protected by the prevention and control of infection but more work was needed to ensure the home was free from offensive odours.

Improvements were needed to ensure staff completed all required checks before they started working at the home.

Systems were in place to safeguard people from abuse and harm.

Risks to people were assessed and managed appropriately

There were enough staff to meet people's needs.

When things went wrong, lessons were learnt in order to improve the service.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff received training to support them in their roles, but work was needed to improve the quality of the training provided.

People were supported to eat and drink enough but improvements were needed to enhance their enjoyment of the food provided, and to ensure that people's dietary and religious needs were always adhered to.

People's needs were met by the adaptation and design of the premises, and further work was planned to enhance this.

Consent to care was sought in line with legislation and guidance. However, more work was needed to ensure best interest decisions were recorded for anyone sharing a bedroom.

Appropriate referrals were made to external services to ensure people's care and support was delivered in line with current standards and evidence –based guidance.

Staff supported people to access a variety of healthcare services to promote their day to day health and wellbeing.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion.

Staff supported people to express their views and be involved in making decisions about their care and support as much as possible.

People's privacy and dignity was respected and promoted.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs.

Systems were in place to ensure people's concerns and complaints were listened and responded to.

If needed, arrangements could be made to ensure people at the end of their life were supported to have a comfortable, dignified and pain free death.

Is the service well-led?

Good

Improvements had been made to ensure the service was well led.

A registered manager was in post who promoted a positive culture that was person centred and open.

Arrangements were in place to involve people in developing the service.

Systems were in place to monitor the quality of service provision, in order to drive continuous improvement.

Opportunities for the service to learn and improve were welcomed and acted upon.

The service worked in partnership with other agencies for the benefit of the people living there.	

Lillibet Lodge

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 was 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 comprehensive inspection was unannounced and was carried out on 24 April 2018 by one inspector, one assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we checked the information we held about the service and the provider, such as notifications. A notification is information about important events which the provider is required to send us by law.

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. We also asked for feedback from the local authority who have a quality monitoring and commissioning role with the home.

During the inspection we used different methods to help us understand the experiences of people living at the home, because some people had complex needs which meant they were not able to communicate with us using words. We spoke with five people living at the home and observed the care and support being provided to a number of people during key points of the day, including meal times, an activity session and when medicines were being administered.

We also spoke with the provider, the registered manager, the deputy manager, three members of care staff including one senior, two domestic staff who also prepared food at the home, the handy man, four relatives and a visiting professional.

We then looked at various records, including care records for three people, as well as other records relating to the running of the home. These included staff records, medicine records, audits and meeting minutes; so

that we could corroborate our findings and ensure the care and support being provided to people was appropriate for them.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in February 2017 people had told us there were not always enough staff to keep them safe and meet their needs. They told us they were often left waiting for help when they called for assistance. Following that inspection the registered manager introduced a new call bell response protocol for staff, which emphasised their responsibilities in meeting people's needs in a timely way. The registered manager also told us that regular spot checks and audits of the call bell system would take place.

During this inspection we found that the spot checks and audits had been taking place. As a result improvements had been made in this area with records showing that people's calls were now being responded to promptly, usually within a couple of minutes. The registered manager showed us that they used a staffing dependency tool to work out the number of staff required on duty to meet the assessed needs of people, and staff confirmed there were enough of them, to meet people's individual needs. One staff member told us, "Yes, we are getting on top of everything." Another staff member added, "Yes, no problems –everyone is very good and well trained." Our own observations showed this to be the case, with people's requests for help and support being met in a timely manner.

The registered manager outlined the processes in place to ensure that safe recruitment practices were being followed to confirm new staff were suitable to work with people using the home. We were told that new staff did not take up employment until appropriate checks were in place such as: proof of identity, references and a satisfactory Disclosure and Barring Service (DBS) certificate. We looked at a sample of staff files and found that the majority of required checks were in place, but a small number were missing. This included details of two staff member's full employment history and an explanation for any gaps in that history. The registered provider told us that immediate changes would be made to existing recruitment processes to ensure all required information was retained in future.

Systems were in place to ensure the proper and safe use of medicines. Staff confirmed they had received training to administer medicines to people safely and records supported this. However, medicines were not always administered in a safe or dignified way during the inspection. For example, we observed a staff member signing for one person's medicine before they had taken it. This goes outside of current NICE (National Institute for Health and Clinical Excellence) guidance regarding the management of medicines in care homes which states that: 'Care home staff must record medicines administration, including the date and time, on the relevant medicines administration record, as soon as possible and ensure that they make the record only when the resident has taken their prescribed medicine'. We noted that the medicine was a short term antibiotic, which had its own separate paper signing sheet. The majority of medicines were administered first and then signed off through an electronic system.

We saw PRN (as required) topical medicine, such as creams, signed off as 'care staff given'. This was because certain creams, such as barrier creams – used to minimise the risk of developing a pressure ulcer, were being stored in people's rooms for care staff to administer when providing them with personal care. When questioned, the staff member signing for these creams had no proof that the care staff had actually used the creams. There was no evidence that people were not receiving their creams. For example, records showed

that people's skin health was good. However, it was discussed with the registered manager that it would be better for care staff to have a separate signing sheet that they could complete, to evidence who had actually given the creams in future.

We found one person's medication administration record (MAR) to contain numerous entries of the code 'N' against PRN medicines prescribed for them. When asked, a staff member told us that 'N' stood for 'not required' however the code list used on the MAR made no reference to this. Using an undefined code would make it difficult for someone to audit the person's medicines to see if they had been taken as prescribed or if there had been a change in their healthcare requirements. We saw that the MAR was updated to include the code 'N', whilst we were on site.

In addition, we observed that people were being given medicines – in both tablet and topical form, whilst they were eating their dinner. They were not given the opportunity to finish their meal first. Not only was this undignified for them, but there was also a risk that the taste of some medicines or the after effects of having eye drops administered would spoil their meal time experience.

When we spoke with the registered manager about our observations, they took our feedback seriously and took swift action to ensure people's medicines were always administered in a safe and dignified way in future. This included retraining staff and other additional support to ensure those responsible for administering medicines were competent and safe to do so.

Staff demonstrated a good understanding of their roles and responsibilities regarding infection control and hygiene. They spoke about the importance of preventing germs from spreading and avoiding contamination; in terms of using separate cleaning equipment for bathrooms and the rest of the building, as well as using different chopping boards for different types of food in the kitchen such as meat and non-meat foods.

Domestic staff confirmed they had set cleaning schedules to follow. We observed the home to be clean and tidy, but at times offensive odours were detected throughout the inspection. The registered manager was already aware of this as an issue as it had recently been brought to their attention by the local authority during one of their monitoring visits. In response the registered manager showed us that an infection control folder had been introduced. This demonstrated that all areas of the home were being audited on a regular basis for cleanliness, including equipment and handwashing materials. In addition, another domestic member of staff had been employed to carry out a rotating schedule of deep cleaning with spot checks carried out by a senior staff member; to ensure the effectiveness of these new processes.

We saw staff using protective equipment such as gloves and aprons before providing personal care, and noted that hand soap and towels had been provided throughout the home. Records also showed that staff responsible for preparing and handling food had also completed food hygiene training.

Systems were in place to safeguard people from abuse. Everyone we spoke with confirmed they were safe and protected from harm. One person said, "I'm quite safe here; the staff look after me well and make time for me." A relative added, "Mum is being well looked after and we feel that she's safer here."

Staff understood their responsibilities in regards to keeping people safe. They confirmed they had been trained to recognise signs of potential abuse, and records confirmed this. One staff member told us they always looked out for changes of any kind in a person, which could be an indicator of possible abuse. Other staff understood the different types of abuse including more subtle types such as control and emotional abuse. All of the staff we spoke with were clear they would raise any concerns without delay and escalate up

the management chain as required. We saw posters displayed around the home; providing accessible information for people, staff and visitors to understand who to contact and how to do this in the event of potential abuse taking place. Other records showed that the home had followed local multiagency safeguarding processes when needed.

The registered manager described the processes used to manage risks to individuals such as not eating or drinking enough, moving and handling, falls, pressure damage to the skin and behaviours that might challenge. They told us that identified risks were recorded in people's care plans with guidance on how to manage these. Records we looked at supported this and when we spoke with care staff, they confirmed their awareness of the agreed approach to follow. For example, staff were clear of the importance of monitoring how much people had to drink and ensuring regular drinks were provided.

Systems were in place to ensure the premises and equipment was managed to promote the safety of people, staff and visitors. We saw that routine checks of the building were carried out along with servicing of equipment and utilities. A new emergency grab file had been developed to assist staff in the event of needing to evacuate the building.

Staff understood how to manage behaviour that might be seen as challenging to others. They spoke to us about the use of distraction techniques to refocus people when they showed signs of aggression or anxiety. We observed staff on a couple of occasions successfully using this approach, keeping potentially disruptive situations to a minimum.

It was evident from the progress made since the last inspection, as well as measures taken in response to our feedback from this inspection, that the registered manager and provider took positive action to ensure that lessons were learned and improvements made when things went wrong.

In addition, we found that action was taken to improve safety across the service in response to investigations and reviews. For example, the registered manager talked about a medicine concern that had brought about changes at the home. Records showed that information had been shared with staff and appropriate steps taken to minimise the risk of a similar event happening. Accidents and incidents were also monitored to identify possible themes in order to take action to minimise these.

Requires Improvement

Is the service effective?

Our findings

Staff provided a mixed response regarding the training they received, to ensure they had the right skills and knowledge to deliver effective care and support. They told us they had received training, and records supported this. However, they were not all confident in being able to talk about what they had learnt. In particular they demonstrated limited knowledge in areas such as the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS), Dementia, Fire safety and Infection Control. For example, when asked about dementia, one staff member told us, "Some of them (people) need assisting." Staff told us that the training they had received had mainly comprised of e-Learning (learning conducted via electronic media, typically on the Internet). The registered manager explained that training alternated between e-Learning and face to face. Following this inspection, they told us that more face to face training would be arranged for all the staff.

Staff confirmed that meetings were held to enable the team to meet as a group to discuss good practice and potential areas for development. They told us they found these meetings useful. Records confirmed this and showed that areas such as timekeeping, record keeping, infection control and staffing had recently been discussed.

Staff also confirmed that they received individual supervision; providing them with additional support in carrying out their roles and responsibilities. One staff member told us this was a two way process and that they were given the opportunity to express their feelings. Another staff member echoed this by telling us that they could discuss anything with the management team, and that both the registered manager and deputy manager were very approachable. Another staff member added, "They (the management team) are very good. That's why I'm still here."

People provided a mixed response about the food provided at the home. One person told us, "They give me a choice of two main courses and two puddings. We get a choice of a snack in the afternoon." We observed there were opportunities in between main meals for people to have drinks and snacks too. Another person said, "The food is better than the hospital and I eat like a horse." A third person added, "The food's good enough but the beef stew was like chewing rubber."

We observed lunch and found that some people enjoyed their meals. Other people were not so positive. We saw people choosing not to eat the curry option, which did look pale and watery, and another person was seen to spit out the pasty option. Staff were seen providing assistance where required and were heard to really encourage people to eat and drink. Where someone refused to eat, an alternative option was provided.

Staff were aware of people's dietary preferences, based on both health and religious needs. We were told for example, about one person who did not eat pork for religious reasons and clear information about this was on display in the kitchen to remind staff about this. However, at lunch this person was given a chocolate mousse that contained pork gelatine. The registered manager responded swiftly and took a number of actions to ensure this did not happen again. This included a formal apology to the person in question and a

review of menu planning, with their involvement, to ensure they only received food that was suitable for them in future. The registered manager confirmed that further work was underway to revise menus for everyone, to improve the meal time experience and ensure everyone enjoyed their meals.

Staff understood how to support people with complex needs in terms of eating and drinking, such as being at risk of choking or from not eating and drinking enough. Some staff had attended specific training regarding nutrition which involved using fortified recipes for food and drinks; to encourage higher energy and protein intake. Records showed that people's weight was monitored on a regular basis and that stable weights were being maintained. In recognition of the service's approach to meeting people's nutritional needs, a certificate had been awarded by the local Food First Team, who work with care homes to promote the detection of, and provide support in managing, those at risk of malnutrition using everyday foods.

Consent to care and treatment was sought in line with legislation 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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA. We found that systems were in place to assess peoples' capacity to make decisions about their care, and DoLS applications had been completed where appropriate.

The home had two shared bedrooms. The registered manager provided some clear reasons for why people were sharing but confirmed that none of the people sharing rooms had the capacity to make a decision about this. Written consent had been obtained from those relatives with Lasting Power of Attorney (LPA) arrangements in place covering health and welfare decisions. However, this alone was not sufficient to demonstrate that the decision to share had been made in each person's best interests. The registered manager confirmed that best interests meetings would be arranged and a clear record maintained to ensure that everyone involved was asked for their views, and to ensure the right decisions were made in the best interests of each person.

People experienced a good quality of life because the care and support they received was based on current legislation, standards and evidence based guidance in order to meet their individual assessed needs. The registered manager explained that they belonged to a number of national and local organisations and groups, which supported them to keep up to date with changes in legislation and good practice. They showed us that systems were in place to ensure care and support was regularly checked, to ensure consistency of practice.

The registered manager confirmed that the home had developed positive working relationships with external services and organisations in order to deliver effective care, support and treatment to people. We read some recent written feedback from an external healthcare professional that supported this view. They had written: 'Fantastic with her (a member of staff) care of the patient and with assisting us the crew on this very demanding job…her efforts went above and beyond what most would have done'.

People were supported to have access to healthcare services and receive on going healthcare support through input from their GPs, district nurses, local complex care and multi-disciplinary teams. Records showed the outcome of these visits were documented. We noted too that routine appointments such as chiropody, opticians and dental check-ups were monitored to ensure people did not miss these appointments.

Relatives confirmed that were kept informed, where appropriate. For example, we read some written feedback from someone who had been sent an update and photographs of their relative by staff from the home. They had written: 'So good to know he is capable hands and his health is being monitored and in control'. Another person's review notes recorded that their relative had stated that staff always contacted them with any concerns, such as if her mother had a fall or became unwell.

People's needs were generally being met by the adaptation, design and decoration of the premises. A number of people living at the home used various forms of equipment to support them with their mobility. Modifications had also been made to provide equipment such as an adapted bath and passenger lift; to meet people's needs and promote their independence as far as possible.

Following the inspection the registered manager confirmed that further work was planned to meet the diverse needs of people living at the home. They advised that bedroom doors were to be personalised, to assist someone living with dementia to find their room. In addition, yellow strips were being purchased to make clear to people where flooring levels changed, such as steps and stairs. This would support people with a visual impairment or someone at risk of falls.

We saw that people had to access to outside and communal space, in addition to their own rooms. We saw too that people were encouraged to personalise their own rooms; to promote a homely environment and to reflect their individual preferences.

Good

Is the service caring?

Our findings

Without exception, people told us they were treated with kindness, respect and compassion. One person told us, "The young girls in particular are very patient." A relative we spoke with described how hard the staff team worked to meet people's complex and ever changing needs. They were extremely complimentary about the lengths the staff team went to, to ensure people received the care and support they needed.

A person who had received respite care at the home had provided some positive written feedback. They had written: 'I have enjoyed staying here at your home. Everyone has been kind to me and very caring'. Other relatives echoed these comments in their written feedback too. One relative had written: 'The care you gave to our mother was exemplary and always delivered with kindness, patience and affection'. Another relative had provided feedback at a recent review meeting. They had stated that: '[Name of relative] is taken care of brilliantly at Lillibet Lodge with the care being second to none and nothing is too much trouble.' They had gone onto describe the home as: 'Very welcoming'.

Staff told us they enjoyed working at the home and making people happy. One staff member said, "I love the residents, love spending time with them, they are all really interesting." Staff we spoke with provided information that corresponded accurately with people's care plans, meaning that they had taken the time to get to know the people they were caring for and knew how best to meet their needs. They demonstrated empathy and understood the best ways to occupy people when they became upset or anxious. They talked about one person for example, who had been interested in clothing fashion in the past and told us they would help them to rearrange their wardrobe, to provide an alternative and meaningful focus for them.

We observed that staff took time to listen to people and demonstrated a patient and supportive approach. They chatted with people in a friendly way and it was evident that good relationships had been fostered. We heard one person asking a staff member when they were next back on shift, and they openly said they wanted the staff member to stay with them and keep them company. We saw another member of staff holding someone's hand whilst looking through a photograph album with them.

The registered manager talked to us about how they tried to promote accessible ways to communicate with people. She told us about one person who did not use English as their first language. The registered manager explained that they had recruited a staff member who spoke the same language and they also used the services of an interpreter, if the need arose. We saw evidence that this had happened. The registered manager also advised of plans to make menus more accessible by using pictures. This would assist people having difficulty with interpreting written language, which can be a difficulty for people living with dementia.

Staff told us about how they supported people to express their views and to be actively involved in making decisions about their care and daily routines. One staff member told us, "Don't assume, always ask. Or speak really clearly and get them involved as much as possible." They gave an example, "Do you want me to wash your face or do you want to help?" They also recognised that people might present differently on different days, so that they wouldn't always want to engage in the same way. Another staff member said they would

check for people's body language and facial expressions where they did not use words to communicate. They added that by getting to know people it made it easier to know what options were best to give with supporting decision making. They told us, "(People) feel more in control of their life and it makes them feel like themselves." During the inspection we heard and saw staff involving people in decisions such as what to eat and drink, or whether they wanted to wear an apron at meal times to protect their clothing.

Relatives told us that people's privacy, dignity and independence was always respected and promoted. One relative told us, "Mum's getting good support from the staff; they're respectful and seem to understand her needs." Another relative had provided feedback in writing and had written: 'What matters is she is treated with dignity and kindness'. During the inspection we observed staff supporting people to move positions using a hoist and noted that this was done carefully, fully respecting their dignity.

People told us they were supported to maintain important relationships with those close to them. Relatives we spoke with all confirmed that contact was encouraged and that they had been able to visit when they had chosen to do so. Another relative had included the following in response to a satisfaction survey sent out by the home: 'I always felt very welcomed whenever I visited the home'.

The registered manager told us that a tablet computer and access to the Internet had been provided, to enable people to stay in touch with friends and relatives who might not be able to visit often. They advised that they would include details about this in the next newsletter which would be sent out to families and friends.

Good

Is the service responsive?

Our findings

At our last inspection in February 2017 we found that improvements were needed in this area. Care plans lacked important detail, contained out of date information or were not being followed consistently. In addition, people were not routinely supported to take part in social activities. After the inspection, the registered manager told us that all care plans would be reviewed and updated as required. They also told us that that action would be taken to improve activity provision and reduce the risk of social isolation.

During this inspection we found that improvements had been made in both of these areas and people received personalised care that was responsive to their needs. Care plans we looked at were more detailed and had been customised, in terms of describing how each person should receive their care and support. This information would support staff in knowing how to meet their individual assessed needs and personal preferences. For example, one person was known to become anxious so there was information for staff to understand what might trigger their anxiety and how best to manage this. In this case, the person enjoyed listening to music and dancing, and staff we spoke with were aware of this. Additional records and monitoring charts were being maintained to demonstrate the care provided to people on a daily basis. The service used an electronic care planning and recording system, which provided prompts to staff to remind them what to record and when.

Since the last inspection a number of new initiatives had taken place to enhance activity provision in the home. A new activity folder had been introduced; to demonstrate the activities provided to people, an activity trolley had been set up, a large reminiscence wall mural had been displayed which was designed to stimulate communication and memory. In addition, a virtual assistant had been purchased which people could interact with and make requests of such as a favourite song or the answer to the crossword. Staff told us that in addition to in-house activities, external activity providers also came in to provide motivational and music sessions for people, which were received well.

The registered manager confirmed that the home still did not employ a specific person to take responsibility for coordinating activities, but specific time was set aside now for activities, which care staff took it in turns to provide. Staff confirmed this was happening but told us it was not always easy to make time to organise activities. One staff member told us, "We do get activities done but it might possibly be good to get an activities coordinator."

During the inspection people were seen enjoying a visit to the hairdresser, who was on site, throwing a balloon with staff, chatting with staff and looking at photographs of a previous activity that had taken place. Another person was seen holding a doll and staff explained that doll therapy was used, where appropriate, to ease people's anxieties and to bring back happy memories of parenthood. We observed this being used effectively and to the benefit of the person.

Records showed that activities were now being provided regularly such as bubbles, chair exercises, listening to music, quizzes and nail painting. However, these were not always taking place daily and the take up was sometimes low, indicating that the activities on offer did not appeal to everyone. People and relatives

confirmed this when we spoke with them. Although it was acknowledged that some people enjoyed the activities provided, some people told us that they were not regularly engaged in activities that were meaningful for them. Following the inspection the registered provider confirmed that further improvements would take place. They told us a senior member of staff would take on the role of activity coordinator, to provide for more individualised activities and enable everyone to have the opportunity to participate in activities of their choice.

Information had been developed to explain to people how to raise concerns or make a complaint, if they needed to do so. Our records showed that the home had received some anonymised and negative feedback prior to and after the inspection. At all times the registered manager demonstrated great integrity and maintained a professional and rational approach to our requests for information, as we sought to determine whether this feedback was genuine, and how this might have impacted on the quality of care to people. Eventually we were able to conclude that the feedback had been malicious, but it showed us that information of concern was handled in an open and transparent way.

The registered manager showed us that she maintained a record of any complaints and concerns received. We noted from this that feedback was taken seriously and dealt with in a timely manner. The records we saw provided a clear audit trail of any actions taken in response which were then followed up with the complainant, to ensure they were happy with the outcome.

Arrangements were in place to support people at the end of their life to have a comfortable, dignified and pain free death. We read some recent feedback from relatives that confirmed this. One relative had written: 'At the end of her life the care and kindness given to our mother was exemplary as was that offered to us as a family, we all appreciated your support at such a difficult time'. We spoke with another member of the same family who echoed these comments describing the staff team as 'astounding' and the care and support as 'amazing, particularly in the person's last days. They added that the staff had been there to support the family too and told us they were, "Brilliant to us." For example, they told us that staff had offered the family bedding, food and drink as well as emotional support. Another relative had written: 'Thank you everyone for everything you did to make [name of person]'s final months happier and more comfortable. She loved you all'.

We noted from meeting minutes that people's deaths were discussed with other people living at the home, as a way for them to express their grief and feelings.

Good

Is the service well-led?

Our findings

It was evident during this inspection that the management team had worked hard to address areas requiring improvement found at the last inspection, and to develop the service further. At our last inspection in February 2017 we found that quality assurance and governance systems at the home were not robust and required significant improvement. Following that inspection the provider had confirmed that new provider level audits would be introduced; in order to demonstrate better monitoring and oversight of the quality of service provided in future.

During this inspection we found that significant improvements had taken place in this area. A new audit folder had been set up and there was lots of evidence of regular and effective auditing across all areas of the service including: care records, call bell response times, daily random medicine checks, staffing, accidents, complaints, safety equipment and health and safety. Actions for improvement had clearly been identified and were now being followed up at each successive audit.

The home's deputy manager took responsibility for carrying out the bulk of these audits, but the provider had developed their own form which they used to record their checks, including direct feedback from people living at the home and staff. The registered manager and other staff confirmed that they had regular contact with the provider and said they were encouraged to make suggestions about how to improve the service. The provider told us that the home's electronic care planning system enabled him to have real-time access to people's care records, so that he could monitor these on a regular basis too. In addition, unannounced spot checks were being undertaken by the management team; to enable wider observation of the care and support provided by staff to people across the day and at night. This showed that arrangements were in place for the service to drive continuous improvement and ensure sustainability.

The home had a clear vision to promote a positive culture that was person centred, open and inclusive. The registered manager explained that they sought people's feedback in various ways such as satisfaction surveys, meetings and a feedback column that had been added to the signing in book; to encourage visitors to make a comment as they signed in and out. Records supported this and recent surveys and meeting minutes showed that areas such as activities, food, staff and people's wellbeing had been discussed.

Since our last inspection, the same registered manager had remained in post, providing consistency in terms of their knowledge and leadership. People and staff knew who the registered manager was and told us they found them approachable. We read positive feedback from relatives who had completed and returned satisfaction surveys. One relative had written: 'Congratulations to the manager and staff for turning it (the service) round'. Another person had written: 'There is a 100% improvement all round I feel. Well done to the manager who has overall control over the running of the home and big congratulations to the staff whose care and kindness is evident to see'. Other people had commented on how friendly, caring and approachable the staff team were, and how they always felt welcome – even at busy times.

Staff told us they felt positive about the way the home was managed and the support they received. One staff member told us, "[Name of registered manager] is brilliant, I couldn't moan about her at all." Staff also

told us that they felt welcome to contact the owner if they needed to, and commented on the fact that he was easy to talk with when he visited. During the inspection we observed the management team providing a visible presence; talking with people and staff and making themselves available to assist as required.

The registered manager talked to us about how they ensured staff were supported, respected and valued. They explained that good practice was recognised and showed us a 'Smile file' that they had set up. We saw from this that staff had received thanks for their hard work, care and attention, working extra hours and making people feel happy and comfortable. We noted from other records too such as staff meeting minutes and letters with relatives, that the registered manager conveyed a positive, open and motivating tone in the way that they communicated with others. Staff told us they enjoyed working at the service and got on with everyone working there. One staff member told us, "The staff are great; we work well together as a team." We observed how staff interacted with people and one another and found they worked collaboratively, in a caring, respectful and positive way. They were very clear about whistleblowing processes and what to do if they had any concerns.

The registered manager was clear about their responsibilities in terms of quality performance, risks and regulatory requirements. For example, systems were in place to ensure legally notifiable incidents were reported to us, the Care Quality Commission (CQC), in a timely way and records showed that this was happening as required. We also noted that the kitchen had been awarded a 5 star (the highest level) food hygiene rating.

Useful information had been developed for people, staff and visitors, which demonstrated an open and transparent approach, in terms of how information was provided to and communicated with people. For example, we saw posters about safeguarding, food safety and infection control. Photographs of the staff were on display; to help people identify who was supporting them or their relative on a day to day basis. A newsletter was also being sent out to families and friends at regular intervals to let them know what was happening at the home. Newsletters that we saw included photos of people participating in activities, staff updates and handy contact details.

The registered manager told us, and records confirmed, that the home worked in partnership with other key agencies and organisations such as funding authorities and external health care professionals to support care provision, service development and joined-up care in an open and positive way. Where required, staff also shared information with relevant people and agencies for the benefit of the people living there.