

S.E.S Care Homes Ltd

Valerie's Residential Care Home

Inspection report

20 Ravenswood Avenue
Crowthorne
Berkshire
RG45 6AY

Tel: 01344761701
Website: www.sescarehomes.co.uk

Date of inspection visit:
11 March 2020
13 March 2020

Date of publication:
07 April 2020

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Valerie's Residential Care Home is care home without nursing registered to provide accommodation and personal care for up to 17 older people. At the time of our inspection 13 people were living there. The home is a large adapted building situated within a row of houses in a residential area of Crowthorne, Berkshire. The service offered ground and first-floor accommodation in individual bedrooms. The first-floor accommodation was accessed via a lift.

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

People consistently told us they felt safe living in the home. Staff had completed required training and understood their responsibilities to safeguard people from discrimination, harm and abuse. Staff had identified risks to people and effectively implemented measures to ensure these were reduced and managed safely. All accidents and incidents were recorded and reviewed daily by the registered manager, who took prompt action to implement any lessons learned. People were supported by enough staff who knew them well and how to meet their changing needs. The provider completed thorough selection procedures to ensure staff were of suitable character to support older people and those living with dementia. People received their prescribed medicines safely, from staff who had completed the required training and had their competency to do so regularly assessed. People lived in a home which was clean, hygienic and well maintained.

Staff received regular supervision and annual appraisals to ensure they were fully supported in their role. There was an effective training programme that staff felt was interesting and well delivered. Staff were well supported in their roles and found the management team open, honest and approachable. People's dietary needs and preferences were assessed and where needed, people received support to eat and drink. The service worked well with other agencies to achieve good outcomes for people, who were supported to access healthcare services and support when required. The provider had made improvements to make the environment more suitable for older people and those living with dementia.

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

People received care from staff that knew them well and treated them with kindness, compassion, respect and dignity. People's care was tailored to their individual needs and maintained their independence as much as possible. Care plans were detailed, person centred and reviewed regularly to ensure they reflected people's needs.

The service had an activity programme for people to enjoy if they wished. People had support to take part in activities and remain in contact with those important to them to prevent social isolation. People and their relatives knew how to complain and were confident their views would be heard. The service worked closely

with healthcare professionals and provided compassionate end of life care, which ensured people experienced a comfortable, dignified and pain-free death.

The registered manager effectively operated quality assurance and governance systems to drive continuous improvement in the service. Staff worked well in collaboration with key organisations to ensure the safe and effective delivery of people's care.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (report published 5 September 2017).

At our last inspection we recommended that the service reviewed its resources with regard to how it enabled people to carry out person-centred activities and encouraged them to maintain hobbies and interests. At this inspection we found that the provider had increased resources to improve people's opportunity to engage in stimulating activities of their choice.

Why we inspected

This was a planned inspection based on the date we registered the service.

What happens next?

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good 

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good 

The service was well-led.

Details are in our well-led findings below.

Valerie's Residential Care Home

Detailed findings

Background to this inspection

Inspection team

The inspection was carried out by one inspector

Service and service type

Valerie's Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

The service had a manager registered with the Care Quality Commission. Registered managers and providers have legal responsibilities for how they run the service and for the quality and safety of the care provided.

Notice of inspection

We gave the service 36 hours' notice of the inspection in accordance with CQC inspection methodology in response to the Coronavirus.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, including notifications received from the provider. The law requires providers to send us notifications about certain events that happen during the running of a service. We sought feedback from the local authority and professionals who work with the service. We reviewed the provider's website. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with two relatives and two professionals who visited the service. We spoke with eight people who used the service about their experience of the care provided. We spoke with seven members of staff, including the registered manager, the operations manager, two senior support workers, two support workers. During our inspection we observed care practices and the interaction between staff and people.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at nine staff files in relation to recruitment and staff supervision and a variety of records regarding the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records and documents which detailed successful outcomes achieved by people.

We also spoke with four professionals who had engaged with the service and seven relatives.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good.

This meant people were safe and protected from avoidable harm.

Safeguarding people from the risk from abuse

- People consistently told us they felt safe and trusted the staff who supported them. One person told us, "This is the safest place for me, the girls [staff] are all so kind, they make me feel safe because they care so much." Relatives consistently made positive comments such as, "I think my [relative] is very safe here because of the carers [staff], they always respond whenever there are concerns" and "The carers [staff] really care which is very reassuring." Professionals consistently told us they thought people living in the home experienced safe care from conscientious staff.
- People were protected from avoidable harm by staff who had completed safeguarding training and knew how to recognise and report abuse, both internally and externally.
- The provider had worked effectively with families, professionals and relevant authorities, to make sure people were safe. Staff managed safeguarding concerns promptly, in accordance with local authority guidance and government legislation. The registered manager had completed thorough investigations when required, in response to any allegation of abuse or concerns, and had implemented required learning to keep people safe from harm.

Assessing and managing risks; Ensuring equipment and premises are safe

- People experienced safe care from staff who were aware of people's individual risks. Staff effectively identified and assessed risks to people, which they managed safely.
- Risks to people associated with their behaviours were managed safely. Restrictions were minimised and the least restrictive, to ensure people felt safe but also experienced the most freedom possible, regardless of any disability or other complex needs. For example, staff supported people living with dementia to socialise safely, whilst ensuring they were not isolated due to the potential impact of their behaviour which may challenge others. We observed timely and sensitive interventions by staff preventing an escalation of such behaviour, ensuring people's dignity and human rights were protected, whilst keeping them and others safe.
- Staff had completed emergency plans to ensure people received the support they needed in the event of a fire or other foreseeable emergency.
- The provider operated processes to ensure all equipment was regularly checked, serviced and well maintained to ensure the safety of people, staff and visitors to the service. Hazardous substances were kept secure when not in use and regular water systems checks were completed to reduce the risk of legionella. Legionella is water borne bacteria that can be harmful to people's health.

Staffing; Recruitment

- People, relatives and professionals told us people experienced good continuity and consistency of care from regular staff, who knew them well.

- The registered manager completed a staffing needs analysis, which ensured enough staff were deployed, with the right mix of skills to deliver care and support to meet people's needs safely. This analysis was reviewed whenever people's needs and dependency changed. The service did not use agency staff. Whenever there was any unforeseen absence this was covered voluntarily by regular staff. For example, during our inspection two members of staff became unavailable due to illness. The absence was covered by other staff who were on their rest days. Rotas demonstrated that enough staff with the right skills were deployed to make sure people experienced safe care. During inspection we observed staff responded quickly to support people who had activated their call alarms or required assistance.
- Staff told us there were enough staff to meet people's needs safely. However, staff consistently told us they wished they had more time to spend quality time with people. The operations manager told us they would hold a staff meeting to discuss their views and ideas to increase the time available for staff to engage in meaningful interaction with people.
- Staff were recruited safely. Robust procedures were in place to ensure the required checks were carried out on staff before they commenced their employment. These included prospective staff's conduct in previous care roles and their right to work in the UK. This ensured staff were suitable to work with older people in a care setting.

Using medicines safely

- Records demonstrated that people had received their medicines as prescribed, at the right time, in a way they preferred, in line with their medicine management plans. We observed staff support people to take their medicines in a safe and respectful way. For example, people were consistently asked if they were ready for their medicines and were given time to take them, without being rushed.
- The provider had policies and procedures which staff followed effectively to ensure medicines were managed safely, in accordance with current guidance and regulations. Staff were trained to administer medicines safely and their competency to do so was checked regularly.
- Monitoring systems were in place for medicines that required cool storage to remain effective and records showed that stock levels of medicines were correct. Where people were prescribed medicines that they only needed to take when required, for example pain relief, there was appropriate guidance for staff to follow to ensure those medicines were administered safely.
- The registered manager completed regular audits to check staff administered medicines in line with the provider's policies and procedures. Staff were aware of the action to take if a mistake was found, to ensure any potential harm to a person and any future recurrence was minimised.

Preventing and controlling infection including the cleanliness of premises

- People, relatives and community professionals consistently told us the home was kept very clean. Staff maintained high standards of cleanliness and hygiene in the home, which reduced the risk of infection, in accordance with provider's policies and procedures, which were based on relevant national guidance. Cleaning schedules demonstrated that daily, weekly and monthly tasks had been completed. We saw that colour coded cleaning products and equipment were used to assure infection control. There were hand sanitising stations throughout the home.
- People, relatives and professionals told us there were rarely any unpleasant smells. We observed staff responded to incidents of incontinence quickly and efficiently, to protect the people's dignity and ensure good infection control.
- We observed staff consistently use personal protective equipment, such as disposable aprons and gloves, whenever required, in line with their training in relation to infection control and prevention.
- The provider had developed an infection prevention and control policy in relation to the Coronavirus, which was clearly displayed within the home. Staff confirmed they had received training from the registered manager and operations manager regarding best practice to keep people safe during this pandemic. People

consistently told us they were reassured because staff had taken time to explain what was happening.

- Staff had completed food hygiene training and during our inspection followed correct procedures wherever food was prepared and stored. The provider effectively assessed the service

Learning lessons when things go wrong

- The registered manager had developed an open culture, where staff felt empowered and confident to report incidents. All accidents and incidents were recorded and reviewed daily by the registered manager, who took prompt action to implement any lessons learned. Necessary learning or changes to risk assessments were discussed at staff handovers and staff meetings. This meant the provider had taken necessary action to reduce the risk of further incidents and accidents.
- Where appropriate, accidents and incidents were referred to the CQC, together with other authorities, and advice was sought from relevant health care professionals.

Is the service effective?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection we have rated this key question Good.

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

At our last inspection we identified the service needed to make improvements in relation to training records, staff understanding of the mental capacity act and support to meet people's behavioural needs. At this inspection we found the provider had made the required improvements.

Staff support, training, skills and experience

- People, relatives and professionals had confidence in the ability of staff to deliver their care effectively. For example, a visiting healthcare professional told us, "I have no concerns because we have a good relationship with the home who are very good at letting us know as soon as there is a problem or deterioration in someone's health." Another professional told us, "I have no worries here because the staff know their residents so well and quickly identify if there is a change which needs our support that that of other specialists."
- People had their needs met by staff with the right skills and knowledge. Since our last inspection, the registered manager had reviewed training records to ensure they were clear and accurate. Records demonstrated that staff training was up to date.
- Staff had been supported to develop and maintain the required knowledge, skills and experience to support people effectively and safely. New staff had completed a thorough induction programme, in line with nationally recognised standards.
- Staff told us they received effective supervision, appraisal, training and support which enabled them to carry out their roles and responsibilities effectively. One staff member told us, "[The registered manager and operations manager] provide face to face training and will give you one to one support if you are unsure about anything."

Consent to care and treatment

- The service was meeting the requirements of the Mental Capacity Act 2005 (MCA). The MCA is a law designed to protect people who are unable to make decisions about their own care and support.
- The service was providing care that could deprive people of their liberty. They had followed the correct processes to ensure people were only deprived of their liberty when this was in their best interests and authorised under the Deprivation of Liberty Safeguards (DoLS). DoLS provides legal protection for people in hospitals or care homes who are unable to make decisions about their own care and support and who need to be deprived of their liberty in their best interests.
- Since our last inspection all staff had completed additional training in relation to their responsibilities under the MCA. The operations manager had completed further training to check staff understood the

legislation and how to apply it in practice.

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

- People experienced good quality care based on effective risk assessments and care plans. Care plans considered all aspects of people's lives, clearly detailing their needs, individual preferences and choices, how they wished to be supported and expected outcomes.
- Staff effectively used nationally recognised assessment and screening tools, to review and monitor people's changing needs. This ensured people continued to receive effective care.
- We observed staff consistently apply their learning effectively, in line with best practice, which led to good outcomes for people and promoted a good quality of life.

Meeting people's needs and preferences in relation to eating and drinking

- The registered manager placed strong emphasis on the importance of eating and drinking well, to maintain people's health and well-being. People were supported to have enough to eat and drink to remain healthy. Staff knew about people's specific diets and personal preferences but also explored different food options with people, to give them a wider choice and encourage them to try new things.
- Care plans contained appropriate guidance for staff, who provided appropriate support to enable people to eat and drink at their own pace. Where people had been identified to be at risk of choking, their food was prepared in the most suitable way and staff supported them discreetly to minimise risks.
- Staff sensitively informed people who were identified to be under or over weight about healthier options and to understand the impact of nutrition and hydration on their health, in a way they understood. This approach had achieved successful outcomes for people.

Working together and with other organisations to provide effective and coordinated care

- Staff worked well together to ensure that people received consistent, timely, coordinated, person-centred care and support. The service worked well with other agencies to achieve good outcomes for people, who were supported to access healthcare services and support when required. The registered manager and staff effectively shared information and communicated with other agencies to ensure people experienced well organised joined up care.
- Healthcare professionals consistently told us that staff supported people well, in accordance with their guidance and liaised promptly regarding concerns about people's health and mental well-being.

Adapting the design and decoration of the premises to meet people's needs

- People had choice and control over their environment. People had personal items and photos in their bedrooms. Some people had items of reference outside their rooms to help them feel at home. The provider had consulted people in choices about their communal environment, for example; when considering major refurbishments.
- People were involved in decisions about the premises and environment and their individual preferences, cultural and support needs were reflected in how the premises had been adapted and decorated.
- Whilst the building had not originally been designed as a care home, the provider had made improvements to make the environment more suitable for older people and those living with dementia. For example, there were signs clearly displayed, easily recognisable in primary colours and at a height that people could read. These signs had both a visual image and words, to mitigate against some of the symptoms of dementia, like disorientation and confusion. The registered manager told us that good signage for bathrooms and toilets had supported people to maintain their continence and dignity.
- The provider had a rolling programme of refurbishment, which incorporated continual improvements to support people living with dementia. For example; consideration of furniture, fixtures and fittings which were designed to improve the quality of people's lives, such as 'Dementia Friendly' bedroom furniture sets.

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

- People were supported to access healthcare specialists when required. Staff spoke knowledgeably about people's health needs and were pro-active in seeking guidance and support from healthcare professionals. Records showed timely and

appropriate referrals were made to a range of healthcare professionals. The service had developed an effective relationship with the local GP and district nursing team, which had achieved good outcomes supporting people to maintain good health or recover well, after they had been poorly.

- Staff supported people to access health screening, based on their gender, age and health conditions, such as diabetes. Whenever there were concerns about someone's health, staff raised these with the registered manager who promptly referred these to the relevant health professionals.

- Staff clearly understood the importance of peoples' oral health and the potential effect on their general health, wellbeing and dignity. People experienced effective care, which ensured their oral health was well maintained.

- People had hospital and health passports that identified their preferences, health needs and communication needs, should they need to move to another service such as a hospital.

Is the service caring?

Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good.

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

Treating people with kindness, respect and compassion

- Staff treated people with kindness and compassion, promoting their happiness and well-being. Staff spoke with pride and fondness about people they supported. For example, a staff member who came in at short notice on their rest day told us, "I love the residents (people) here, we all do that's why we love working here. No offence, but it's not fair to our residents to have strangers coming in who don't know them."
- People and relatives overwhelmingly told us the staff were "Very caring." One person told us, "They [staff] are angels, like my own daughters, they are so kind and cheerful. Even when they are busy rushing about, they always smile and have a chat as they pass." Another person told us, "The best thing about living here is the girls, especially [named staff] who make me so happy." A relative, who told us they had compared different care homes before choosing Valerie's said, "It [Valerie's] might not be sparkly and brand new but the care people get is 'sparkly'."
- Professionals described a family atmosphere within the home and consistently reported they observed meaningful and caring interactions between people and the staff. We observed the positive impact of staff relationships with people and how these contributed towards their wellbeing.
- Staff training included equality and diversity, which prepared staff to meet people's diverse needs arising from their individual cultures and backgrounds. People's diverse needs were clearly identified in their care plans and staff provided support to meet them, including those related to disability, gender, ethnicity and faith. Staff understood how to care for each person's emotional and spiritual wellbeing, in line with their wishes and support plans.

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

- Care plans were developed with people, their relatives, where appropriate, relevant professionals and staff knowledge. Care plans and risk assessments were reviewed regularly, which ensured people and relatives made sure they were accurate and reflected people's current needs and preferences.
- People and relatives consistently told us they were fully involved in decisions about all aspects of people's care and support. One person told us, "They [staff] always ask me if I would like this or that, and never assume what I'm thinking or what I want. They are very patient with me which means I don't get all flustered."
- Throughout the inspection we observed staff providing reassuring explanations to people whilst delivering their care, particularly when administering medicines and supporting them to move.

Respecting and promoting people's privacy, dignity and independence

- Staff consistently treated people with dignity and respect and maintained their privacy. We observed staff discretely supported people to rearrange their dress when required to maintain their personal dignity.
- During our inspection, we saw that all staff behaved and spoke with people in a respectful manner. When people were confused or disorientated, staff immediately provided gentle reassurance, which eased their anxieties and improved their wellbeing. When people were approached by staff, they responded to them with smiles, known gestures or by touching them, which showed people were comfortable and relaxed with staff.
- Staff tactfully intervened in accordance with people's positive behaviour support plans, when people displayed behaviours that may challenge others. We observed staff preserve people's dignity and privacy, while supporting them to positively manage their behaviour.
- Where staff supported people with sensory impairments, we observed meaningful interactions encouraged by staff adopting techniques, in accordance with people's support plans. For example; ensuring they were in the right position and at the right level to communicate with people effectively.
- Staff consistently spoke with people in a way that met their communication needs. For example, staff spoke slowly and clearly, and allowed people time to understand what was happening and to make decisions. Staff knew how to comfort different people. For example, we observed staff gently holding people's hands or putting a reassuring arm around their shoulder.
- Staff had completed training and demonstrated knowledge in relation to their responsibility to maintain the confidentiality of people's care records to protect their privacy. The provider had appropriate systems in place to protect people's confidential information, whilst ensuring this was readily available to those authorised to view it.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good.

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

At our last inspection we recommended that the service reviewed its resources with regard to how it enabled people to carry out person-centred activities and encouraged them to maintain hobbies and interests. At this inspection we found that the provider had increased resources to improve people's opportunity to engage in stimulating activities of their choice.

Support to follow interests and take part in activities that are socially and culturally relevant

- The provider had appointed a member of staff to focus on delivering stimulating activities and had developed an area within the lounge to enable people to take part in arts and crafts. People with an interest in gardening had been supported to plant tubs and complete flower arrangements. People told us that two new members of staff had been providing different daily activities and consistently told us they really looked forward to 'the quiz'. The service now published a weekly activities planner and completed a daily activities diary. Most people told us they really enjoyed the activities on offer, although one person told us they would like to go out into the community more. One person told us, "I think they have got the balance right. There are things for people to do but it's not too much that it makes you want to stay in your room."
- For people who preferred to spend time in their bedrooms, staff supported them with one to one sessions to enjoy activities they liked such as reading or simply to have a chat. For other people who were more able to mobilise, staff supported them to access local facilities and activity centres, which increased their sense of independence.
- Relatives and staff consistently told us there had been an improvement since our last inspection in the provision of activities, though still thought this was an area the service could improve. For example, one relative told us, "I don't think this home could be beaten for care and kindness and the only thing that could make it better is more opportunities to go out on visits." The provider was in the process of completing a survey to evaluate the quality of the activities provision. The operations manager intended to use the results of the survey to justify a business case to increase resources to focus on activities.
- Daily records were maintained and included the support people received, which activities they had taken part in and information about their physical and emotional well-being.

Supporting people to develop and maintain relationships and to avoid social isolation

- People were supported to maintain relationships that were important to them and relatives were encouraged to visit the service and made to feel welcome at all times. A relative told us, "All the staff are so warm and friendly. You are made to feel very welcome and you do feel like part of the family." Another relative told us, "Because we can't visit as often as we would like the manager is very good at keeping us in touch with [relative]. Another relative told us, "They [staff] are very good at arranging phone calls so we can have a chat and catch up."

Planning personalised care

- Staff supported people according to their care plans in ways that reflected their preferences and met their needs. Care plans were individual and thorough, with detailed information about people's needs and health conditions across a broad spectrum of care areas. One person told us how their care and support met their needs, "Sometimes I feel like I have got everything [health conditions], but the girls are so kind and always get the lovely doctor whenever I need them." Another person who had been discharged from hospital to Valerie's, after receiving palliative care, told us, "I have been really poorly but since I came out of hospital the carers here and nurses who come in have been wonderful. I can't believe how far I've come and it's all down to their care."
- Staff had a good understanding of people's individual needs and provided personalised care and support. People's care and support plans were person-centred and included people's life histories, their likes and dislikes, spiritual needs and hobbies. This ensured staff had a clear understanding of people's lives and what was important to them.
- The registered manager and staff were aware they needed to respect people's protected characteristics under the Equality Act 2010. The provider recognised the potential of supporting people's faith and belief to improve their health and wellbeing. Staff considered people's cultural, spiritual and religious needs, and their care and support plans reflected this. For example, where appropriate people received monthly visits from representatives of their religious denomination.

Meeting people's communication needs

- The service was meeting the requirements of the Accessible Information Standard (AIS). The AIS tells organisations what they must do to help ensure people with a disability or sensory loss get information in a way they can understand it. It also says that people should get the support they need in relation to communication.
- Staff provided care in accordance with the AIS and the provider's own policy. People's communication needs had been assessed and people had a communication support plan which detailed what support they required to communicate effectively. People were provided with information in a way they could understand which helped them make decisions about their care.
- Staff had completed the provider's training in relation to the AIS and told us about the "Top Tips" within the service policy. For example, staff emphasised the importance of clear face-to-face communication, speaking clearly and more slowly than usual, without shouting, using simple words and phrases. One staff member told us, "I always make sure I've got their [people's] attention by gently touching them on the hand and ask questions to check they have understood. It's really important to give people time to answer."

Improving the quality of care in response to complaints or concerns

- The provider had a process and policy for dealing with complaints. People were aware of the process. People and their families were confident that any complaint would be dealt with effectively by the registered manager.
- The registered manager told us no formal complaints had been made since the last inspection, which records confirmed. People and relatives told us that when they had raised concerns, these had been resolved by the registered manager and staff.
- People and their relatives were given the opportunity to give their feedback on the service during care reviews, meetings and surveys. This feedback was consistently positive, with many complimentary comments about the support provided.

End of life care and support

- No-one in the home was receiving end of life care at the time of the inspection. However, advanced care planning was used to explore people's wishes around their spirituality or cultural needs. These plans included their wishes and where appropriate those of their families related to any decisions which may need to be made in the future, should any emergency or urgent changes in people's needs occur.
- The service worked closely with healthcare professionals and provided compassionate end of life care, which ensured people experienced a comfortable, dignified and pain-free death. Professionals told us the service was focused on providing person-centred care, which responded to people's changing care needs, whilst respecting their advanced decisions. Staff were aware of people's advanced decisions in relation to their end of life care.
- Staff were extremely empathetic to the needs of people and their families, in relation to emotional support and the practical assistance they required at the end of a person's life. People's end of life wishes were sensitively considered and comprehensively recorded what was important to them, things they wanted to avoid, and where they wanted to be cared for.
- Immediately prior to our inspection one person had sadly passed away. We spoke with a relative of the person who recently passed away, who described the care and compassion of staff as exceptional. The relative told us, "All of the carers [staff] were so charming, sweet and patient with {relative] and us [family members]. They went over and above and sat with [loved one] throughout the night and were so kind when I called in the middle of the night. At three in the morning they were happy to talk. [Loved one] couldn't have had better care or been in a better place, it was such a loving environment." The relative told us they were impressed with the effective collaboration and cooperation between the staff, GP and rapid response team at the end of their loved one's life.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good.

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

Leadership vision, values and culture

- People, friends, visitors and health professionals consistently gave positive feedback regarding the open, supportive and friendly culture at the home. Without exception, staff told us they loved working at the home and people enjoyed living there.
- We observed people receive individual, person centred care from staff who worked well together as a team, for the benefit of people living at the home. One member of staff told us, "We all pull together for our residents. They are what matters."
- Staff were highly motivated, felt well supported and spoke positively about the management team. Comments included, "[Registered manager] is always there for you if you have a problem, whether it's here [the service] or at home" and "If you have a problem is so supportive."

Acting with honesty and transparency if something goes wrong

- The service was meeting the requirements of the duty of candour. The duty of candour is a legal duty for providers to act openly and honestly, and to provide an apology if something goes wrong.
- Staff informed and apologised to people and their relatives, where appropriate, following any incidents that occurred and were open with the findings of any investigation or learning identified. People and relatives told us they were kept informed and up to date following any issues and the service had responded appropriately, in line with legislation.
- The registered manager had developed good relationships between people, family members and staff and actively encouraged critical feedback from people to help improve the service.

Managing the quality of the service, meeting legal requirements and staff and managers being clear about their responsibilities

- Staff consistently expressed confidence in the management team and felt there was a clear management structure which provided clear and direct leadership. Staff spoke knowledgeably about their responsibilities and enjoyed their roles supporting people. Staff were confident in the quality of care and support they were able to offer people. Staff communicated effectively with each other in relation to people's changing needs and moods, to ensure they always received appropriate care and support. The registered manager completed quality assurance checks to ensure all relevant information was shared accurately during handovers and that necessary action was taken by staff to meet people's changing needs.
- There were effective systems in place to ensure views from visiting health professionals, people, relatives

and staff were fully considered and acted upon. The management team operated an open-door policy and were available if staff needed further guidance or advice. For example, the registered manager had moved from their designated office upstairs and managed day to day support from a station based in the thoroughfare next to the living room and dining room. This ensured continuous engagement with people and informal observation of staff practice and competence.

- The registered manager was supported by the operations manager by means of regular meetings, supervisions and visits to the home. This ensured there was continuity of management and that standards were maintained.
- The registered manager was aware of their responsibilities to report significant events to CQC and other agencies. Notifications had been received in a timely manner, which meant that the CQC could check that appropriate action had been taken.

Engaging and involving people using the service, the public and staff

- People, most relatives and professionals told us their views were listened to and were acted upon. The management team actively encouraged communication amongst everyone who lived in, worked in, and visited the home. Regular resident, relative and staff meetings were held to keep people up to date with changes and developments within the home.

- Staff were enthusiastic about their role in supporting people and spoke positively about the home, the manager and the provider. The manager recognised good work by individuals in supervisions and team meetings. Staff consistently told us that the manager encouraged them to share their ideas to improve the quality of care people received, particularly in relation to the provision of stimulating activities to enrich the quality of their lives.

Continuous learning, innovation and improving the quality of care

- The registered manager and staff were committed to learning and making improvements to the service people received.
- Staff consistently told us they received constructive feedback from the registered manager, which motivated them to improve, enabled them to develop and understand what action they need to take.
- A variety of audits were undertaken that included, care plans, infection control, medicines, falls, nutrition and health and safety checks. These audits formed an effective cycle of continuous improvement within the home.

Working in partnership with others

- The registered manager had developed good links with local community resources that reflected the needs and preferences of the people who used the service, including GPs, district nurses and rapid response teams. The registered manager had established and maintained good communication with professionals through regular reviews of care, with relevant actions from these meetings communicated to all involved.
- The registered manager and people's key workers ensured there was prompt and proactive communication of any changes which people's network would need to know about. Professionals told us the staff kept them informed and sought their advice appropriately.
- We saw evidence of effective, collaborative working with a broad cross section of health and social care professionals throughout the inspection, which consistently achieved good outcomes for people.