Forest Court Care Limited

Forest Court Care Home

Inspection report

Bradley Court Road
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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service
Forest Court Care Home is a residential care home which provides personal and nursing care for up to 40 people. At the time of the inspection 37 people, predominantly over the age of 65 years lived there. The home specialises in supporting people who live with advanced dementia and those who also have some mental health needs.

People were accommodated in one adapted building which provided a selection of communal areas, on one level, to meet people's diverse needs. People had private bedrooms with washing and toilet facilities. A secure garden provided people with outside space they could enjoy safely.

People's experience of using this service and what we found
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. Staff had a good understanding of the legislation which helped to protect people who lacked mental capacity.

A person-centred approach to care was adopted and staff supported people to live well with dementia. This was achieved by staff having a good knowledge of people's health conditions and how these affected people's behaviour and abilities.

Staff knew people well and they acted to support people's wellbeing. Staff responded quickly to people's distress giving them reassurance, comfort or space as required. One relative said, "The staff seem to have the right approach to get things done, they really are marvels at what they do."

A whole team approach was in place to support people's safety and reduce risks to people. Risks to people's health were identified and there were robust arrangements in place to reduce these.

Staff worked closely with a range of health and social care professionals to support people's physically and mental wellbeing. People's increased frailty was recognised, and people were supported to have a comfortable and dignified end of life.

Support was provided to people to eat and drink enough and to take their medicines as prescribed. A relative said, "[Name] has put on weight since he moved in, which is a very good sign. The food is really good and always looks very nice."

The home's environment was spacious and provided ample room for people to choose where they sat and to walk with purpose.

Staff had a genuine interest in improving people's quality of life by providing one to one activities and social

activities. These were designed to support people cognitively and keep them socially engaged.

Staff worked closely with those who mattered to people. Staff recognised that family, friends and pets were as integral to supporting people who lived with dementia as their care was. One relative said, "We feel part of the family, we are always made to feel welcome and offered a cup of tea and a biscuit. There is no problem with us bringing the dog with us…" Relatives were also provided with the support they needed as they experienced the journey of supporting a loved one who lived with dementia.

People were treated with respect and their dignity maintained. Staff were patient with people and valued what they had to offer. One member of staff said, "There is nothing better than sitting with and engaging with the resident."

People and their representatives were able to raise a complaint and have this addressed and resolved where at all possible. Senior staff were available for people or their representatives to discuss concerns with them. Feedback and suggestions were sought from people's representatives and relatives and acted on.

The provider monitored the quality of care and service provided to people. There were systems and processes in place to drive improvement where required. Although the service was currently managed by the deputy manager in the registered manager's absence the systems and processes which supported the smooth running of the home were being maintained.

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

Rating at last inspection
This service was registered with us on 6 March 2019 and this is the first inspection.

Why we inspected
This was a planned inspection based on when the provider registered the service.

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

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.

Forest Court Care Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
This inspection was completed by two inspectors.

Service and service type
Forest Court 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.

The service had a manager registered with the Care Quality Commission however, at the time of this inspection they were on extend leave. They and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed all the information we held about the service prior to the inspection. We also sought feedback and received it, from commissioners of care. We used all of this information to plan our inspection.

During the inspection

We spoke with two relatives and sought their view of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with staff which included the activities co-ordinator, a housekeeping supervisor, a care assistant, three nurses, the maintenance person, acting manager and the operations manager. We spoke with the nominated individual during the inspection feedback. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with a visiting healthcare practitioner.

We reviewed a range of records. This included care records of four people and records relating to five people's prescribed medicines. We reviewed four staff recruitment records and the service's staff training record. A variety of records relating to the management of the service were also reviewed. These included a selection of audits, quality monitoring records and the service's quality monitoring plan. We reviewed the service's Statement of Purpose and the Coronavirus contingency policy (as was at the point of inspection).

After the inspection
We requested and reviewed policies and protocols used by the service.

Good

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Areas of individual concern about people were recorded in their care plans.
- Staff had received training in safeguarding which was refreshed annually. Staff knew how to both identify and report any abusive practice. One staff member stated, "I would report any concerns to the manager, who would investigate and take it further. It's about protecting vulnerable people."
- Senior managers liaised with local authorities and were clear about what needed to be reported to them.

Assessing risk, safety monitoring and management

- The home's general risk assessments were regularly reviewed and updated. Fire equipment was checked regularly, and the equipment used to support people, was serviced and maintained to ensure its safety.
- Staff knew people's routines, preferences and identified situations where people may be at risk and acted to minimise those risks. A person's relative told us, "If [name of person] has a stumble, staff are there straight away."
- Staff knew how to appropriately deal with situations where people may display distressed behaviour or behaviour that others could interpret as challenging. One member of staff told us, "When [name of person] gets agitated I can ask her to hold and stroke the robot pet, and she calms down straight way."
- All newly identified risks and the assessment of ongoing risks were monitored by a representative of the provider so that the provider could be sure that appropriate action had been taken in response to risks. Daily meetings held with department heads ensured information about risks was effectively communicated to all staff. A weekly clinical review meeting reviewed all health related risks.

Staffing and recruitment

- Staff recruitment processes were thorough. Interviews for prospective staff contained scenario-based questions to identify prospective staffs' skills and knowledge of the elderly and those with dementia. References were sought, work history checked and Disclosure and Barring service (DBS) security checks carried out, prior to starting in post. These processes ensured that staff recruited into the home were of sound character and deemed safe to work with vulnerable adults.
- Safe staff numbers were maintained. Although several new staff had been successfully recruited, agency staff were used to support staff numbers. One member of staff told us it would be nice to have more permanent staff employed, but also spoke highly of the regular agency staff used, saying, "They're a nice bunch." One relative said, "There are always plenty of staff around."
- We observed the staff team to have a mix of skills and experience and one member of staff said, "I think we have a nice balance of experienced staff who know residents well, who can pass on information to newer

staff and new staff always bring new ideas and approaches."

Using medicines safely

● People's medicines were managed safely, and associated records were well maintained.

● Staff who administered people's medicines had been trained and had their practice observed and checked as competent. These staff gave people the support they needed to take their medicines safely.

● A visiting GP regularly reviewed people's medicines. The use of anti-psychotic medicines, medicines prescribed for occasional use, for example for anxiety, and medicines given covertly [hidden in food or drink and administered without the person's knowledge but in their best interests] were all regularly monitored and reviewed.

● People's care records, medicine administration records and related protocols provided clear guidance for staff in relation to medicines prescribed for occasional use, diabetes and end of life.

Preventing and controlling infection

● Staff had received infection control and food hygiene training which was reflected in their work practices. Staff used personal protective equipment (PPE), as appropriately required, such as gloves and aprons. A member of staff told us, "It is important for staff to wear PPE, as there is a risk of cross contamination if they are not wearing it." The head housekeeper said, "Constant hand washing and the use of sanitizers minimise the risk of infections. It's important to ensure that communal areas are cleaned effectively as well as things like door handles."

● Arrangements had been made for people to receive a Flu vaccination and a clinic had been held at the home for staff to easily access this as well.

● Throughout our inspection, the home looked clean, was fragrant and free from mal-odours.

● The provider had ensured there was advice and guidance available for staff and visitors in relation to current global infection concerns.

Learning lessons when things go wrong

● The service kept accident and incident records and there was a whistle-blowing procedure that staff told us they would use where needed.

● All incidents were analysed to look at ways of preventing them from happening again. These were shared and discussed with staff during team meetings and handovers.

● Learning from incidents, situations and acting to help avoid recurrences was every member of staffs' responsibility. Staff had reported damage to electrical cables and sockets, caused by the manoeuvring of some beds. This had been reported to the maintenance team who organised the re-siting of some electrical sockets to reduce further concerns.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated as Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- During one afternoon we observed staff supporting people across the home's large environment. Some people had begun to exhibit behaviours which are associated with symptoms of late afternoon confusion (sundowning); increased anxiety, confusion and mobility. Whilst we saw people receiving the reassurance and supervision they required, it was also apparent, that, at this time of the day, doing this at the same time as serving people's food and supporting them to eat, was challenging for the staff.
- We were subsequently informed that managers had adapted the environment to improve the tea-time experience. This involved halving the amount of space people had access to at this time of the day. As the home's environment was large they were able to achieve this without impacting on people's freedom to walk with purpose or their choice of places to eat. Staff feedback had been positive, and managers told us staff had been better able to supervise and support people, at this time of the day, following this adaption to the environment.
- Consideration had been given to ensuring the environment met people's needs. This included the use of bright coloured walls with contrasting handrails, memory boxes and pictorial signage, to help people navigate and identify communal rooms. Each corridor had a name that also enabled people to orientate around the home more easily.
- The home was set in extensive gardens with sweeping panoramic views of the Forest of Dean and surrounding areas. Access to the outside was safe and secure for people who lived with dementia as an area of the garden was enclosed so people could walk with purpose safely.
- There were a number of additions to the home to make it feel more like a domestic home and familiar to people. There were blackboards with poems about family located in corridors and pots of herbs growing in the dining area. A lounge with furnishings which people would recognise from their past provided a quiet area to sit. Dining tables had table cloths on them and there were smaller more intimate areas for people to sit.

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

- People's physical, mental and social needs were holistically assessed, and their care, treatment and support was delivered in line with legislation, standards and evidence-based guidance, including the National Institute for Care and Excellence (NICE) and other expert professional bodies. We reviewed recognised risk assessments which had been completed when assessing risks such as the development of pressure ulcers and people's safe moving and handling needs.
- People who were non-verbal or who could not express their needs displayed positive and relaxed body language. When people did become distressed or anxious staff used techniques and practices, in line with best practice guidance, to assess people's needs and ascertain their preferences at that time.

● One visiting professional told us staff had a good understanding of the needs of the people they looked after. They told us staff had a particularly good understanding of the adopted end of life pathway for people who lived with dementia and were skilled in recognising increased frailty in people.

Staff support: induction, training, skills and experience

● People's relatives told us that staff had the skills to meet people's complex needs. One relative told us, "The staff know his needs and he responds really well to them [the staff]. They can get him to do tasks that we really struggled to get him to do when he was at home. What we think of as challenging behaviour, the staff here really take in their stride. I think they are worth 10 times what they are paid."

● Staff received an induction and mandatory training that enabled them to support people in a way that met their needs effectively. The home's main training record showed training completed and where training was now due. There were arrangements in place to ensure staff completed all necessary training. A staff member told us, "I have access to training, it's mostly online, the dementia training is something that I lead on."

● Nurses told us they were attending training and support sessions, provided by an external trainer on behalf of the provider, which supported their continuing professional development (CPD). Proof of maintaining CPD was required to be able to maintain their registration [in the UK] with the nursing and midwifery regulator, the Nursing and Midwifery Council (NMC).

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

● People were supported to eat and drink sufficiently to maintain a balanced diet. A person's relative told us their relative enjoyed the food at Forest Court. They told us, "[Name of person] has put on weight since he moved in, which is a very good sign. The food is really good and always looks very nice."

● People had care plans which included guidance on people's health, nutrition and dietary needs for staff to follow. These included regularly reviewed nutritional assessments. Information about people's dietary needs was shared with the kitchen staff who were fully aware of what dietary support people required. Such as textured altered food, thickened drinks or food containing additional calories.

● Staff had the skills and knowledge to support people to eat well. During an observation at lunchtime we saw how staff sat and encouraged people to eat, supporting them where required. One member of staff said to a person, "You're doing really well there." We saw how this encouraged the person to finish their meal. At another mealtime we observed staff helping people to remain focused on their meal, and at times, supporting people to eat as they walked with purpose.

● The content of care records had been improved so that all staff and visiting professionals had better knowledge of what support people had received. This included what support had been offered, but declined, and then what had been done about this. For example, when a person had been offered a drink, how much they had drunk, but if they had declined this, what action staff had taken and what the person had drunk after that further encouragement.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

● Managers liaised with commissioners of care to support consistent and timely access to care.

● Arrangements were in place with a GP who provided the home with regular, planned visits so that people's medical needs were well met. Reviews of people's resuscitation status and wishes were also reviewed so information about this was clear for staff and paramedics.

● Staff worked closely with the emergency services and they ensured people's access to these when required. Staff had worked with NHS Rapid Response teams when treatment was needed and could be safely delivered in the home.

● People required support to maintain their oral hygiene and guidance about this was recorded in people's

care plans. There were arrangements in place to ensure people's toothbrushes were changed and for dentists to visit when required. Managers were aware specific care plans and oral healthcare assessment were now required and planned to start these with the improvements being made to the care records.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people could not give their consent to live at Forest Court and consent to the care, treatment and supervision they required to remain safe, staff had submitted DoLS applications as legally required. Staff ensured that any conditions added to an authorised DoLS were met.
- Mental capacity assessments had been completed for areas of care and treatment and, where people had been assessed as lacking the capacity to make particular decisions about their care and treatment, decisions made on their behalf, had been made in the person's best interests and recorded. Decisions were made by appropriate people, the person's legal representative, health and social care professionals as well as staff in the home.
- One visiting healthcare professional, who was involved in making best interest decisions with the staff in the home, told us the staff had a good understanding of the principles of the Mental Capacity Act and always acted in people's best interests. One member of staff returned several times, to a person who lived with dementia, to gain their consent to be able to carry out a simple test which was required to monitor the person's health condition. Several times the person refused this to be done, eventually giving their consent. The member of staff said, "You just have to be patient, wait and be ready at the right time."

Good

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.

This is the first inspection for this newly registered service. This key question has been rated as Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- One Relative told us, "Staff seem to really care." Another relative said, "[Name of person] is self-funding and we think his placement here is worth every penny. Where else could he be so well-looked after and have his every need met." They went on to say, "The staff seem to have the right approach to get things done, they really are marvels at what they do."
- We heard staff making caring and kind comments about people. We observed multiple caring interactions between staff and people. Staff showed genuine care and concern for people, and they supported and encouraged people in a respectful manner. They addressed people in their preferred way. At times staff needed to respond to distressed behaviour and each time they did this in a respectful and non-judgemental way. Staff treated people as fellow adults and as individuals, recognising their condition and how this impacted on them.
- There was a culture where all staff, regardless of their role, were encouraged to interact with and support people. We saw a member of the catering team interacting with people whilst setting the table for lunch. One person asked for a spoon and the member of catering staff responded, "I will get you a spoon now sir." We observed the chef spend time with one person, who was reluctant to have a drink and eat. The chef was patient and kind and eventually this person drank their tea and ate some cake.

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

- Staff recognised that some people's health conditions meant they benefitted from being given limited options to choose from. This enabled people to make a choice and the staff knew what to do to support this. When a person changed their mind, about what they wanted to eat or where they wanted to go, staff responded with patience and attended to the persons request straight away. Staff made simple suggestions to help people's independent decision making. One member of staff was supporting one person to focus on their meal and not walk away from it. They said, "Why don't you sit here", and pointed to a chair. The staff member followed this up with, "That's if you want to." This person settled and ate their meal.
- People were supported to express their views by staff reading people's body language and by using verbal and non-verbal prompts to aid communication. The staffs' knowledge on how to do this with each individual person had been built up through their experiences with individual people and by forming relationships and bonds with them.
- When people decided to decline a drink or to eat, staff understood that it was the person's condition which now prevented them from recognising the importance of eating and drinking and making an informed decision about doing this. When people declined accepting food or drink, staff continued to encourage them to do this but stopped at causing people anxiety by doing this. Staff recognised that sometimes it took a different member of staff, a different face, to achieve supporting people to make

decisions.

Respecting and promoting people's privacy, dignity and independence

● People's dignity and independence was promoted and supported. Staff did this by understanding how people preferred to be supported; what they liked, what upset them, what they could do independently and what they needed help with to preserve their dignity. We observed one member of staff apply patience and time when encouraging one person to sit in a wheelchair, so they could support them to use the toilet to prevent them from being incontinent. The member of staff used verbal and non-verbal communication prompts to help the person understand what it was they needed to do. In this case, the member of staff spent eight minutes physically moving themselves from a chair into a wheelchair, in front of the person, to help prompt the person to independently move from the chair to the wheelchair. The staff member never once showed frustration or a lack of patience when doing this. They returned later to start the process again as they knew the person needed to use the toilet. Eventually this person was gently prompted to stand without causing them distress.

● When people showed distress or frustration, staff allowed them space to calm down and tried to re-engage with them after a few minutes. We observed this being achieved many times throughout the inspection.

● Staff helped people to remain as independent as possible and at the same time help maintain their dignity. During lunch people were supported to wear a clothes protector and where required, staff provided a plate guard, which helped keep the food on people's plates as they ate.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as Good. This meant people's needs were met through good organisation and delivery.

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

- People's care and support was tailored to their specific needs, choices and preferences. We observed staff delivering practical care, to people with complex needs, in a highly personalised way. This was achieved by the staff knowing people as individuals, understanding the person's condition and how this impacted on them and having a genuine desire to support people to live well with dementia.
- People's care was planned with them if they had the mental capacity to be part of this process. People were actively encouraged to be involved in making simple daily choices, to have some control over their care and to express their care preferences which were met. Where people were not mentally able to do this, their legal representatives were involved in planning their care and staff advocated for them. The involvement by people's relatives, and others who mattered to the person, was actively encouraged; staff recognising the value of this in supporting people's mental wellbeing.
- Care records showed, that where needed, staff were supporting relatives through what was sometimes a distressing journey for them when supporting their relative who lived with dementia.
- Care plans, including risk assessments were personalised and gave detailed guidance for staff on how people's needs must be supported. These were reviewed and maintained well by the staff. There were other systems in place which helped to provide the staff with the information they needed about people's care. This included comprehensive information on a wipe board in the nursing office and comprehensive staff handover meetings at the beginning of each shift change.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication care plans gave staff guidance on how people communicated and needed to be communicated with. These plans flagged up areas which required support. In one person's case this was a difficulty with word finding and not finding the right combination of words to express what they wanted to communicate. Staff were aware of this and knew what the person meant when they sometimes verbalised the opposite.
- Where needed information could be provided to people (and relatives) in different formats; large print, pictorial or audio.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● People were supported to remain in touch with those who mattered to them and to take part in activities and social gatherings which met their needs and abilities.
● The needs of most people living at the service meant they required a lot of support to enjoy and take part in social and one to one activities. One to one activities were provided to people who found group activities more challenging and where a more specific focus was required to help the person engage. One to one activities included individual music therapy, hand massage, engagement with robot pets, art, reciting poetry and being read to. A quieter room was available to support activities with people who struggled with concentration. These one to one activities were also provided to people who were poorly and remained in bed. One member of staff said, "There is nothing better than sitting with and engaging with the resident."
● During our inspection we observed a group activity taking place in one of the main lounges. People and their families enjoyed a session of singing led by an external entertainer. We saw how people reacted and responded with joy to the singing. Some people responded by clapping and dancing, others sang along. One person got up from their seat and shook the singer's hand. We saw that this activity was truly interactive and meaningful to those who attended.
● Staff welcomed relatives' involvement in providing emotional support and regular social interaction. A relative told us how they felt welcomed by the staff at Forest Court. They told us, "We feel part of the family, we are always made to feel welcome and offered a cup of tea and a biscuit. There is no problem with us bringing the dog with us to see him and the staff love seeing the dog. They [staff] make such a fuss and bring us biscuits for the dog too."
● There were a range of different activities provided at Forest Court which could be enjoyed by people and their families. One relative told us, "At Christmas time we were invited into the home to make gingerbread houses with [name of person]."
● The activity co-ordinator told us of their plans to further develop activity provision at the home. They told us of different ideas they had to enhance people's social experiences including increasing their engagement with the local community. A new sensory area was being developed which would offer people increased stimulation through smell, touch, sight and hearing. Items such as sensory lights and a foot spa had been purchased to be used in this area.

Improving care quality in response to complaints or concerns
● People, their representatives, relatives and other visitors to the home were able to raise a complaint. These were acknowledged, recorded, investigated where needed and responded to. Records showed that each complaint had been managed according to the provider's complaints policy. Where appropriate to do so an apology and financial reimbursement were given.
● One relative said, "I know I could raise a concern if I needed to, but we have never seen anything we didn't like. The registered manager is really supportive."

End of life care and support
● Staff told us enough support was available to support people at the end of their life. They all felt comfortable supporting people at this stage of their life. One member of staff told us, "Sometimes people interact, sometimes they don't, when people are at the end of their life it's sometimes just about knowing that someone is there with you. You don't need fancy gadgets, you just need to provide someone with some company."
● People's frailty was assessed and monitored by the staff and discussed with the visiting GP. Staff were fully aware of people's decline in health and adjusted their care accordingly. They were competent in having necessary conversations with people's family members to support them and to ensure people's end of life wishes were known and recorded for reference.
● Nurses ensured people's medical needs were reviewed regularly and that where needed medicines used to keep a person comfortable, at the end of their life, were prescribed, ordered and delivered in good time.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated as Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff had experienced two changes in ownership of the home in the last two years. Managers told us staff morale had been affected by this and in the last year they had required support to feel secure again. When asked about how things were now one member of staff said, "Morale is okay at present" and another said, "Morale is okay, we are a close-knit team."
- The registered manager was on extended leave and in their absence their deputy manager had become the acting manager. They were maintaining ways of working which were already well established which included a person-centred approach to care and positive team working.
- Care staff told us they felt supported by the nursing staff and managers. One member of the care staff said, "Senior staff are effective, and the nurses are very resident orientated." They spoke highly of the absent registered manager saying "[Name of registered manager] is the best manager I have worked for. I have a lot of time for the management team." They went on to say, "The acting manager is doing okay".
- We observed skilled and confident staff working as one team achieving good outcomes for people with complex needs.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider and acting manager understood their regulatory responsibilities. A new operations manager had been recently employed by the provider. They were supporting the acting manager in the absence of the registered manager with maintaining quality and compliance.
- The provider had a quality monitoring system in place which included of a program of audits which were completed by staff in the home. The operations manager carried out regular quality monitoring visits on behalf of the provider. Any improvement actions arising from the audits or the quality monitoring visits were added to the service's ongoing quality improvement plan.
- Auditing had identified a need to consolidate the care records system. The care records system, consisted of people's care plans, risk assessments and other care monitoring records. These records had been added to and formats altered by each previous provider and now there was some duplication. Staff had also identified that better cross referencing of certain records; care plans and assessments, was needed so staff and visiting professionals could find information more readily. Work on this had started but was in its infancy.
- Records were kept about people's care and in addition, there were systems and processes in place which senior staff used to monitor whether people were getting the care they required. A recent visit by a

representative of one of the home's commissioning authorities had resulted in recommendations for more specific detail to be recorded and certain additional records to be put in place. Managers of the service were open to constructive feedback and ideas for improving their systems and were considering these recommendations alongside the changes they already had planned.

● People's falls were recorded, and the action taken in response to each fall. The acting manager had followed up the action taken by staff, after each fall, to ensure it had been appropriate. A monthly record was kept of all slips, trips and falls. Just prior to the inspection the operations manager had analysed this information. This process had identified a pattern in the falls recorded. Most falls had occurred late afternoon/early evening and the operations manager told us they had suspected the large environment was contributing to these. They had been due to discuss their findings further with senior staff in the home to look at what action could be taken to reduce the number of falls, when the inspection took place.

● The day after the inspection, managers informed us that the environment, at tea-time, had been adapted in response to these findings. Managers later confirmed that by reducing the accessible space people had to walk with purpose in, at this time of the day, when people were more tired and confused, had significantly reduced the number of falls occurring. It had also improved the tea-time experience making it easier for staff to supervise and support people with their tea. Effective quality monitoring processes had led to action being taken to improve people's safety.

● We attended one of the daily heads of department meetings and it was clear that these lead staff understood their roles and responsibilities in relation to the smooth running of their department, reducing risks and maintaining quality.

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

● The operations manager and acting manager understood what their responsibilities about being fully transparent and honest with people and their relatives when things occurred or did not go to plan. We saw from care records and complaint records that staff gave clear explanations and apologies when things had occurred and informed people or their relatives of the they had taken in response.

● There had been no incidents or situations which had warranted a formal notification under Duty of Candour.

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

● Feedback was sought from relatives and other visitors to the home as part of the provider's quality improvement process. Regular group meetings were also held for relatives and staff. These meetings were used to impart important information or to provide updates and to listen to feedback, ideas and suggestions.

● Relative meetings were held quarterly and in the last one they had discussed how more links with children and the local community could be made. A local school had been contacted and regular visits by the children were being planned. Contact had also been made with a local Scout group and the home's extensive grounds were to be made available for them to camp in safely. Relatives had also suggested it was time to have cats in the home again. The last cat died last year, and people had missed them. At the time of this inspection two rescued cats were settling into their new home. More trips out and activities at weekends had also been discussed and the newly recruited activities assistant was part of this plan. A three-monthly Newsletter was printed which also kept people up to date with 'what's on', new staff appointments and up and coming events. The Newsletter due to go out at the time of the inspection gave information for relatives about the Coronavirus.

● The last staff meeting had been attended by representatives if the provider, Directors, who wanted to give staff some reassurances and discuss with staff some of the plans they had moving forward.

Working in partnership with others

● Managers liaised with commissioners of care and safeguarding teams to ensure joined up care for people. They ensured assessments of need were completed and results of these were communicated to people, relatives and commissioners quickly so, where appropriate, people could access the service in a timely way.