

## Care at Home Services (South East) Limited

# The Orangery

### Inspection report

Buxton Drive  
Bexhill-on-sea  
TN39 4AU

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11 March 2020

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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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

The Orangery provides extra care housing, which is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. The provider had two buildings in this scheme, the Orangery in Bexhill and Marlborough house in St Leonards. As part of the inspection, we visited the Orangery and contacted people and their relatives at Marlborough house by telephone.

People had their own large flats, with kitchen, lounge, bedroom and bathroom. At the Orangery, flats were situated over four floors, with larger penthouse flats on the top floor. There were several large communal areas and a dining room that people socialised in daily. There were also communal bathrooms with specialised mobility equipment and a hairdressing salon.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

There were 40 flats at Marlborough house and 58 flats at the Orangery. Across both buildings, 66 people were being supported with personal care.

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

We found improvements were needed to people's care documentation to ensure their current support needs were reflected accurately. However, staff knew people well and so we felt this had minimal impact on people. Although we found improvements were needed to records, people, their relatives and staff were positive about the registered manager and felt the service was well led. One person said, "We are fortunate, the care manager is very good." Another said, "The registered manager is great, they're very on the ball."

The registered manager was passionate about working with others to improve the experiences of people. They were involved in various pilots and projects to improve people's health and social wellbeing. Staff told us they felt valued by the registered manager and provider. Everyone we spoke to felt the care, housing and catering providers worked well as a team to benefit people.

People and their relatives told us that people were kept safe by supportive staff who understood risks to their wellbeing. Staff had a good understanding of keeping people safe and recognised signs that they could be at risk of abuse. People told us there were always enough staff to keep them safe and to meet their needs. Staff were rarely late to care calls and people knew in advance which staff would be supporting them. Medicines were given safely by trained and competent staff. The registered manager and care manager had good oversight of accidents or incidents and acted to prevent incidents reoccurring.

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 told us they were given choices on a daily basis regarding their care needs.

Staff told us their training gave them the skills and confidence they needed to work effectively with people. One staff member said, "They give us the training we need to be able to do our jobs and then we review it regularly, so we stay up to date." People were supported by a variety of health and social care professionals to promote their wellbeing, and staff ensured people's nutrition and hydration needs were also met. People's needs were assessed and regularly reviewed to ensure they were always receiving the right care and support.

People and their relatives were consistent in their view of staff and told us they were supported in a kind, caring and attentive way. One person said, "Every single carer always asks if there's anything else they can do. They don't just do what task they're assigned, they will do extra if I ask." Another said, "They are very nice, and they are very caring." People's views and decisions about their care, were listened to and respected. People told us their privacy, dignity and independence were continuously respected and promoted. One person said, "They respect my dignity. I'm forever telling my family how wonderful they are."

People told us that staff understood their support needs, preferences and wishes well. This included how they preferred to communicate, and staff used a variety of tools to support with this. People and their relatives knew how to raise concerns and told us when they had, they had been dealt with professionally and within appropriate timescales. People received caring and dignified support at the end of their lives.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The service registered with the Care Quality Commission in April 2019 and this was their first inspection.

#### Why we inspected

This was a planned comprehensive inspection, following the registration of the location.

#### 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

# The Orangery

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection took place over two days. On day one, an inspector and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last 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 used all of this information to plan our inspection.

During the inspection

Although both the Orangery and Marlborough House were part of the inspection, we only visited the Orangery. We spoke to people and their relatives from Marlborough house over the telephone.

We spoke with nine people who lived at the Orangery and three relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, care manager, two senior care workers and five care staff.

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

After the inspection

We spoke with two people that lived at Marlborough house and two relatives of other people that lived there. We were not able to gather any feedback from health and social care professionals.

# 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 kept safe from the risk of abuse. Staff had all received training in safeguarding and could tell us signs that a person could be at risk, actions they would take and who they would inform.
- One staff member said, "I would go to the seniors or registered manager." Another said, "When I was part of a safeguarding before, I didn't make judgements, I just listened to the person. I talked about next steps and reported to the registered manager. I had to write a report and other reports were sent to the local authority and CQC."
- There was a whistleblowing policy that was regularly reviewed with staff. Whistleblowing is a way of an employee notifying the appropriate authorities if they feel that the organisation they work for, is doing something illegal or immoral.
- Staff were all aware of the whistleblowing policy and where it could be located if they required further information. One staff member said, "If I had concerns about managers, I would speak to the Care at Home (provider) office. Next step would be CQC."

Assessing risk, safety monitoring and management

- People told us they felt safe and supported by the staff team. One person said, "100% they are very caring and helpful, they help me to shower safely and help me in and out of my chair." Another person said, "It is very safe here and if I needed anyone in the night, they would be here for me."
- Relatives agreed that their loved ones were kept safe. One relative said, "Extra care is an answer to a prayer, exactly what we are looking for. We know our relative safe and have complete peace of mind." Another said, "Confident mum is safe, secure and happy. We couldn't ask for much more."
- Staff knew people and risks to their wellbeing. They told us how they supported people with specific health conditions, mobility, nutrition and falls risks. Some people could display behaviours that challenged, and staff had a good understanding of what these behaviours were, any triggers and how to act to reassure them.
- Staff supported people to manage risk positively and enable them to still make choices about how they wanted to live their lives. For example, one person chose to smoke in their bedroom. The fire services were contacted, and specific fire equipment was implemented to enable them to continue doing this safely.
- People told us they felt safe with the introduction of security equipment around the building. Although this was mainly managed by the housing provider, care staff working at night still completed robust security checks. This included the use of door alarms and monitoring of CCTV in communal areas.

Staffing and recruitment

- People told us that there were enough staff to meet their needs and that they never felt rushed when they were being supported. One person said, "Yes I'm never rushed, and they always ask if there's anything else they can do before they leave." People told us that they received regular rotas, so they knew who was coming to visit on each call. One person said, "They tend to stick to the rota, I like them all anyway, so I do not mind if anything changes."
- People and their relatives told us that staff turned up on time for calls, unless there were emergencies, which they understood about. One person said, "On the odd time, I might have to wait 10 minutes but they're full of apologies. It's normally because of poorly people and I understand that." A relative agreed, "Staff are very reliable and arrive on calls pretty much when they say they will."
- Staff told us they loved the concept of extra care, which meant they got to know people in their homes but still had support from other staff in the building. One staff member said, "If I am running late, it is easy to find someone and ask them to support your next call, this reduces lateness." Another staff member said, "I get to spend a lot more time with clients here and build up a rapport with them which is lovely. It's not rushed."
- We viewed staff rotas and saw there was enough staff to meet people's needs. Staff from homes managed by the registered manager, also supported to cover sickness or other leave. As a result, the service had not needed to use agency staff since July 2019.
- People had call bells to use in an emergency and calls were transferred to the manager's office. We observed that there was always someone available to answer these calls promptly.

#### Using medicines safely

- Some people were supported to receive their medicines safely from trained and competent staff. People told us, "They make sure that I have my medication on time" and, "I do my own medications, but they (staff) always check I've taken them."
- Staff were not able to give medicines until they had completed training and had their competency assessed by a manager. This included observations and the completion of a medicines practice quiz. Observations of medicine practice were also completed each time a spot check was done on a member of staff. Spot checks are unannounced observations of care calls, completed by managers to ensure staff are supporting people safely and in a person-centred way.
- Medicines Administration Records (MAR) and recent medicines audits completed by the management team showed that people's medicines were given as prescribed. Where signatures had been missed, these had been explored by the registered manager in a timely way to ensure medicines had been given. This was also discussed in staff meetings.
- People's medicines were kept in their flats and stored safely. We observed one person being supported with their medicines. Staff checked the MAR and medicine instructions before giving medicines and only signed after they had been taken. The person was asked about their preferences for taking medicine and reminded what it was for.
- Some people also had 'As required' medicines, for example in emergency use or to manage pain relief. There was clear guidance on dosages, why they were given and when additional medical advice should be sought.

#### Preventing and controlling infection

- We saw good practices in relation to infection control. People told us that staff always used Personal Protective Equipment (PPE) such as gloves, aprons and shoe covers when supporting them. Staff told us there was always PPE available.
- Staff had received training in infection control and understood how to prevent the spread of infection. Staff promoted good hand washing techniques. There were hand washing facilities available throughout the building and posters reminding how this should be done correctly.

### Learning lessons when things go wrong

- The registered manager and care manager regularly reviewed accidents and incidents and looked for patterns of trends. Where these occurred, actions were taken to reduce risks for people.
- For example, one person had recently experienced an increase in falls. Referrals had been made to the GP, social services and wheelchair services to improve mobility equipment. One pattern identified was the time of day falls occurred. Care calls were amended to allow more support for the person at the times they were most at risk.
- This had reduced the occurrence of falls because the person was being more closely monitored, which meant staff were there to support them when they needed it. This meant the risk of serious injury was less likely when falls occurred. The staff team were continuing to work closely with health and social professionals to support this person.

# 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 good.

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

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

- People told us that before they moved in, assessments were completed with them and one of the managers to find out about their support needs, preferences and routines. One person said, "Yes they talked to me, they filled out a lot of forms with me at the beginning."
- The registered manager described the process as a holistic approach to getting to know the person and what support they would need. They said, "Pre-admission assessment involves finding out about a person, explaining what extra care is all about. We do a joint assessment with the housing manager and people get all the information they need."
- We looked at an assessment that was currently in process and saw that information was specific and person-centred to the individual, with a focus on what was important to them. Others such as relatives, social workers and health professionals were also contributing to the assessment to paint a picture of the person and their life.
- People's needs were continuously reviewed using a variety of best practice tools, such as skin integrity and pressure care assessments. These supported staff to identify the level of need and put appropriate measures in place to support.

Staff support: induction, training, skills and experience

- People told us that staff had the skills and knowledge to meet and understand their needs. One person said, "Oh yes they are wonderful, they really couldn't do more for me." Another said, "Everything they seem to do for me is spot on, so no doubts about their knowledge. Whatever their training is, it works."
- Relatives agreed that staff were knowledgeable and passionate about meeting their loved ones needs. One relative said, "When my relative came out of hospital, they were going to need specialised moving and handling equipment. Staff had the training so they would be able to use it. My relative's needs then changed so it wasn't needed, but it's the fact they did the training straight away that impressed me. This wouldn't have prevented my relative coming out of hospital."
- Staff told us they received regular training in areas such as safeguarding, health and safety, mental capacity and medicines management. They had received more specific training in pressure area concerns, dementia, diabetes and specialised continence support to meet the personalised needs of people.
- New staff were supported with a robust induction before they started working at the service. This included three days training and shadowing more experienced staff to get to know people's care needs, routines and preferences. One staff member said, "I did shadow shifts to go over anything I wasn't sure of. There was always someone there for me to ask. They always made sure I was okay. I wasn't thrown into the deep end and there was always a manager in the office if I needed anything."

- Staff told us that following induction, they were supported with regular supervisions as part of their learning and development. One staff member said, "We can discuss if I've got any issues, if things aren't working, if there's things we could do to improve, if struggling and how we can help, anything with residents." Another staff member said, "You can talk about absolutely anything you want. I find them useful."

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

- Although people's menus and meal preparation were managed by the catering provider, care staff still supported people to ensure that their nutrition and hydration needs were met.
- Some people were at risk of choking and had received support from the Speech and Language Team (SaLT). Staff were knowledgeable about this guidance and we saw people being supported in line with this. For example, staff sat with people to ensure they ate slowly and well. Others at risk of malnutrition had their food and fluid intake monitored and their weight regularly checked.
- We observed a good working relationship between catering staff and care staff. Two care staff supported in the dining area at lunch-times and changes to people's support needs were immediately told to kitchen staff.
- Food looked and smelled appetising and people commented that it was, "Delicious." The registered manager told us menus were planned by people in joint meetings between the catering, housing and care providers.

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

- People told us that staff supported with their health needs if required, such as booking or supporting them to appointments. One person said, "Yes, they help book my appointments for me and the carers take me to my hospital appointments." Another said, "They have called 111 for me, as they were worried about me and I had a pain in my side."
- Relatives agreed that staff were attentive and responsive to people when their health needs changed. One relative said, "My relative has been in hospital recently and things had to be put into place very quickly and they (the staff) have been very accommodating."
- We saw that people were receiving regular support from a variety of health and social care professionals. This included GP's, nurses, specialist health professionals, occupational therapists, physiotherapists and social workers.
- People were supported to maintain good oral hygiene with the support of staff and dentists. People told us staff supported them and care plans were reflective of the support they needed with oral hygiene, whether it was prompting or hand over hand support.
- People and their relatives told us how staff support with their health had improved their wellbeing. For example, one person told us how they used to have poor skin integrity. Through staff support and referrals to health and social care professionals, the person was now able to have a shower which they were very happy about.
- A relative told us about how staff had supported their love one's health to improve. They said, "My relative had been in hospital and I arranged with the registered manager that they needed extra care and they've been getting that. Staff have been great. They got a private physiotherapist in and staff have been doing exercises with my relative. Now they are back mobile and coming back down to the restaurant which is fantastic."

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

- People and their relatives told us that people were supported to make choices and decisions about their own care. One person said, "Yes, everything has been my own decision and they (staff) help me as little or as much as I need depending on how I'm feeling that day." A relative said, "Overall decisions are made by my relative, but I have been a part of all planning meetings."
- Staff had all received mental capacity training and had a good understanding of how the MCA related to people they support. One staff member said, "Of course it (capacity) can fluctuate with some people. It can change day to day. But I would never assume someone didn't have capacity. It can depend on the day or on how they're feeling." Another staff member said, "They might choose to make an unwise decision, but that doesn't mean they lack capacity."
- Most people had been assessed as having capacity to decide where they wanted to live and therefore no community DoLS were required. For a couple of people that had been deemed as lacking capacity for other specific areas, they had mental capacity assessments and supported decisions to address this.
- Supported decisions reflected the person's involvement in the process. Views from other people, such as relatives and professionals were also included in the assessment.

# 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 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

- People spoke highly about the kind and caring nature of the staff team. Comments included, "They are 100% perfect", "They are very helpful. Nothing is too much trouble" and, "You can have a real heart to heart, and they know how to cheer me up." One person said, "I have zero problems, it's absolutely fantastic here."
- Relatives were also positive when talking about staff with us and described them as, "Friendly", "Excellent" and, "Kind". One relative told us, "We are lucky to be here, my relative has the support anytime they need, especially when I've been unwell and unable to help myself." Another said, "Lots of time and attention from staff here, huge care package and they are amazing."
- We observed genuine and friendly relationships had been built between staff and people. Staff greeted people cheerfully and knew about their hobbies, which they discussed together. We saw one person hugging a staff in greeting. Other staff joined people when they did activities. One person smiled at a staff member and said to us, "I see this lovely one a lot."
- Staff demonstrated a passion for working at the service and supporting people. One staff member said, "I'm the happiest I've been in a long time, I absolutely love it. I want to come here, even when I am off. It's a nice feeling, waking up and wanting to be here." Another staff member said, "The best thing about working here is the people and knowing that you've helped them. It doesn't matter how small it is, it's nice to know you've made a difference."
- Staff demonstrated a thorough knowledge about people, their preferences and wishes. They showed empathy towards people and reflected on how receiving care might shape the way they feel. One staff member said, "Some people might refuse our help or show behaviours that challenge, which is hard. As frustrating as it can get, I have to look at it and think, how would I feel in that situation?"
- Staff had all received training in equality and diversity and understood the importance of treating people on an individual basis. One staff member said, "Everyone should be treated equal, it doesn't matter about age, sex, gender. You should treat people how you want to be treated yourself."
- Staff talked to us about a variety of people who made specific choices about how they wanted to live their lives and these choices were respected. One staff member said, "Behind every front door is a different story, a different person and a different background. Everyone has their own story and life and this impacts on the choices they make. They've experienced things we can't imagine."

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

- People told us that they were continually asked about their views and felt that their choices and decisions were important to staff.

- People were involved in joint meetings between the care, catering and housing providers. We saw that when issues were raised, these were listened to and actions taken to improve.
- People were involved in regular reviews about their care, where they could express how they were feeling, and any additional support needs they required. We saw that when people requested changes to care packages, the registered manager worked with the local authority to try and make this happen.
- One person's care needs had changed but they expressed their wish to remain at the service. A meeting was held with the person, relatives, professionals and staff and they had been enabled to stay in their flat, as per their preference.

#### Respecting and promoting people's privacy, dignity and independence

- People told us that staff were respectful and always mindful of their privacy and dignity. One person said, "Yes, they (staff) are very respectful, I never feel uncomfortable or embarrassed." Another said, "They always knock and wait for us to let them in, they respect it's our home."
- Staff had a good understanding of how to respect people's privacy and dignity and gave us examples of how they maintained this, such as when supporting with personal care. One staff member said, "If someone gets taken to hospital, we ask residents in communal areas to give some privacy. If someone has passed away and funeral directors come to collect the body, we have an exit out the back to give the person and family privacy."
- People told us that their independence was promoted and encouraged by staff. Comments included, "Yes, they have shown me how to do my own bed and I now do that on my own", "They encourage me to do as much as I can for myself" and, "No wiping my nose for me. I do a lot myself. They just help me if I need it."
- Relatives agreed that independence was encouraged so people did not lose skills. One relative said, "They encourage my relative to be independent as far as we can tell, with a good mixture of encouraging and supporting when needed." Another relative said, "They're (staff) supporting my relative and encouraging them. Because of this, they are now doing their medicines themselves."
- Staff gave other examples of how they supported people to be independent. For example, one person who was physically unable to go shopping, was supported to do online shopping, to enable them to still have choice and control over what they were buying. A staff member said, "Take a step back and let people do what they can do. If they need help, we would offer it. Try not to do anything they can't manage. Don't take it away. We don't want them to lose skills."

# 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 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 and their relatives told us that staff took time to get to know people, their needs and routines. One relative said, "Staff know my relative really well. I've walked in to see them doing exercises, singing with them and generally being wonderful." Another relative said, "They are very understanding of my relative and their needs. They have a specific health condition and staff know difficulties with this and support them."
- Staff understood people's preferences. For example, some people had specific routines. Staff knew these very well and made sure they followed each step of people's preferences to minimise anxiety.
- Information gathered from people about their interests and preferences was transferred into an 'About me' section in their care plans. This gave staff an understanding of people's histories, family, previous occupations and what was important to them.

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.

- Staff knew people and their communication needs well. One staff member said, "A couple have minor visual impairments so clear communication, getting down to their level and not talking above them is important. For people with hearing loss we could speak louder, clearer and remember lip reading."
- A relative talked about the support staff had given to encourage their relative to communicate. They said, "Staff have tried to encourage speech, they've encouraged picture cards and they also brought down a screen that my relative could just press options with one hand. But my relative didn't want to use it."
- We saw that easy read documentation was tried to aid communication with some people. Others had the font on their rotas made bigger so they could read more easily.
- The registered manager told us about a person who had previously lived at the service, whose first language was not English. "We made picture cards in their first language and included the English word underneath. It worked really well."

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

- Although activities were mainly organised and implemented by the housing provider, care staff still planned and joined in with some activities. This included Christmas parties, take-away nights and summer BBQ's.

- Staff told us that the care provider also encouraged social events between staff, people and their families. One staff member said, "Care at Home pay for residents to have a BBQ once a year and care staff support with this. It involves all residents and families."
- A relative said, "There is a community here. My relative came down and joined the Christmas party and loved it. It's here if they want it. It also means they form friendships here with other people." People and their relatives also told us that loved ones could visit at any time. One relative said, "We all feel very welcomed and at home here - very comfortable visiting at any time."

#### Improving care quality in response to complaints or concerns

- People told us that when they did raise concerns or complaints, these were dealt with swiftly and professionally by the registered manager or care manager. Comments included, "The registered manager did all they could" and, "I always speak to the care manager if I have any concerns, they always sort things out. They're lovely." Another person said, "I had a complaint last year and the care manager dealt with it immediately. No hesitating, very professionally."
- Relatives also felt confident about who they could talk to with concerns and that actions would be taken to rectify them immediately. One relative said, "I could go straight to the registered manager with anything at all. For minor things they have been great at reassuring me. I totally trust what they say instantly."
- There was a complaints policy that was regularly reviewed with people and their relatives, so they knew the steps to follow. We saw that any complaints made, were addressed immediately, with meetings held with complainants and actions taken to improve.

#### End of life care and support

- At the time of inspection, three people were receiving various forms of end of life support. This included support from district nurses and the use of Just in Case (JIC) medicines. These are additional medicines that may be required to ease people's symptoms at the end of their life. However, these people were not currently requiring high levels of support in this area.
- Staff talked to us about previous times they had been required to provide this support. One staff member said, "A person was in bed all the time. We kept them clean and as comfortable as possible, making sure they got fluids and their mouth was moist. We also supported their relative who lived with them. We made sure there were no sores and involved district nurses and the hospice."
- Some people had Do Not Attempt Resuscitation (DNAR) and ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) forms in their care plans. These were documents offered to people to discuss future care at a time when they may not be able to make decisions for themselves.
- For those that didn't have RESPECT forms in place, the registered manager had already identified that more personalised information was required for people's end of life preferences and wishes. They had a new document that they were in the process of completing with people to gather this information.

# 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 requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager, care manager and senior carers were responsible for completing a variety of audits as part of the quality assurance process. This included audits of people's care documentation, staff files, accidents, incidents and complaints. Although these were completed regularly, we identified areas for improvement in people's care records which suggested improvements were needed to the audit process.
- People's documentation was not always up to date with people's current support needs. For example, assessments related to skin integrity, catheter care, diabetes, communication and behaviours that challenged did not always give staff details in how to support people.
- However, through speaking with staff, it was clear that they knew people very well. They were able to give us detailed information and step by step guidance in how they supported people with their health and social care needs. Therefore, we considered the impact on people to be low.
- We discussed these concerns with the registered manager, and they agreed this was an area for improvement. During the inspection, they began rectifying records to reflect support needs in more detail. They also discussed how they would improve the care plan audit system so that it focused on the quality and consistency of information.
- As part of the quality assurance process, an internal auditor for the provider visited the service. They assessed the service using CQC's Key Lines of Enquiry (KLOE's). We viewed the latest audits and where concerns were identified, they were managed quickly and efficiently by the registered manager.

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

- People were positive about the registered manager and care manager and felt the service was well-led. One person said, "Before the registered manager came here, we had all different people coming in different days. They have picked it back up, it's 100% brilliant now." Another person said, "The registered manager and care manager are fantastic, it's very well-led. They go way above their duties. They expect the best but give the best too."
- Relatives also spoke highly about the registered manager and described them as, "Approachable", "Knowledgeable" and, "Friendly." One relative said, "I find them very nice. Very passionate about people."
- Staff told us they felt very well supported by management. Comments included, "The registered manager is lovely. I've never worked for a manager like them. They're so lovely" and, "I can go to them with anything"

and they're there and confidential. One of the best managers I've ever had."

- Staff told us they felt part of a positive, supportive and team working culture. Their opinions and ideas were listened to and this made them feel valued. One staff member said, "We've got a good manager's network, we work well as a team and we've got lovely residents. This is the best care place I've worked in." Another staff member said, "Staff team are great. Everyone seems to get on with everybody. You have to because without team work it won't work."

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

- The registered manager was knowledgeable about the duty of candour and how it related to their role. They said, "It's about being honest when things go wrong and telling them (people and others) what we're going to do." They showed us a letter they had sent people following an incident which informed them what had happened and actions they were taking to prevent re-occurrence.
- The registered manager told us this included talking to health and social care professionals and relatives when things happened. Relatives confirmed this, one telling us, "They are always clear with us if anything goes on." Another relative said, "I feel totally confident they would contact us instantly if anything happened."
- We saw that when incidents occurred, the registered manager notified relevant others. This included the local authority safeguarding team and CQC.

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

- People and their relatives were sent surveys to get their feedback about the service and staff. Although this had only been done once since the new provider, there had been few responses. The registered manager had reflected on this and told us, "Things were still up in the air when we sent them out, so we may have done this too soon. We are planning to send another out in the next couple of months and hope for a better response."
- We viewed the responses received and feedback was positive. This had been fed back to staff and people at meetings. The registered manager had also planned for a staff survey to be sent out.
- Staff told us they were involved in regular staff meetings where they could discuss people, any concerns they had and receive updates from the provider. We viewed the latest minutes and saw that training and policies were also discussed and reviewed. The agenda for each meeting was posted in the staff room and allowed for staff to add any additional items they wished to discuss with the team.
- The registered manager had also implemented a staff newsletter. They said, "We saw this as a good way of keeping in contact with staff in-between meetings."
- Staff told us that they felt the new provider was supportive and appreciative of what they did. One staff member said, "Care at Home gave us a voucher at Christmas to say thank you. They also paid for takeaway nights for staff and encourage team bonding sessions."

Continuous learning and improving care; Working in partnership with others

- The registered manager and care manager were passionate about working with others to continuously improve care. The registered manager said, "Care evolves, people change. Let's move with the times."
- People and their relatives felt that continuous learning and improvement was important to the management team and put into practice daily. One person said, "It is clear that knowledge and experience are filtered down to staff from management."
- One relative said, "I think they are always striving to improve." Another relative said, "With the previous provider there were more agency staff used but the registered manager has managed to stop that, and no agency staff is used now, so there is a regular staff team. They know my relative and their needs."

- The registered manager told us about a project group that had been organised by the provider to look at staff retention. A new and improved supportive induction programme was going to be implemented to ensure staff had continued support and incentive to remain with the company.
- Staff were excited about another project they were piloting as a care service, with funding and support from the NHS. This included the introduction of specific sensory equipment in people's home.
- The registered manager said, "Across a year, the equipment will get to know people's usual behaviours such as how they move, how much they get up during the night and vocal sounds they make, such as coughing. It will understand patterns for each person. The idea is that any behaviours it identifies that are unusual for the individual could alert staff to check on people. This would hopefully support staff to identify concerns with health earlier." All people involved had consented to taking part.
- People and their relatives spoke highly about the partnership working between the care, housing and catering providers and felt this had a positive impact on the experiences of people. One person said, "They all seem to listen and support as a team." A relative said, "I think they work well together. I feel I could either talk to any of them and the message would get through. There is good communication between them all."