

Hampshire County Council

Malmesbury Lawn Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Malmesbury Lawn care home is registered to provide accommodation and personal care services for up to 35 older people and people who may be living with dementia. At the time of our inspection there were 22 people living at the home.

The home was due to be refurbished so the number of people living at the home had been reduced in preparation for the refurbishment.

The home had allocated, short stay beds and reablement beds on the first floor whilst preparations were made for the refurbishment and reducing the disruption that may be caused during works to be carried out.

People's experience of using this service:

People received safe and effective care from staff who understood how to recognise and report issues of concern and potential abuse.

The home was an integral part of the local community and actively looked for ways to include people in the outside community, with various events taking place both inside and outside of the home.

Staff supported with people with kindness and respect and involved them in decisions about their care.

The home has been rated outstanding in Responsive, consistently showing outstanding community links that benefited people's well-being and promoted their inclusion within the community.

Complaints and concerns were always taken seriously, responded to in a timely way and listened to.

Systems were in place to monitor the quality of the service provision and to make any necessary improvements when shortfalls were identified.

People benefitted from staff who had completed training and had the skills and knowledge to care for them.

People's care plans were comprehensive and contained information on how to care for them.

People benefitted from a registered manager who led by example. There was a relaxed atmosphere in the home. Staff were spoken to and respected by managers and other staff, they felt confident in their job role and to challenge each other if it effected the wellbeing of other people.

Rating at last inspection:

At our last inspection, we rated the service good (report published 27th July 2016)

At this inspection, we found the evidence continued to support the rating of good overall with evidence that demonstrated outstanding in Responsive.

Why we inspected:

This was a planned unannounced inspection based on the rating at the last inspection. The service remains rated good overall.

Follow up:

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

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

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?

Outstanding ☆

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.

Malmesbury Lawn 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team was made up of one inspector and an Expert by Experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. 'On this inspection the Expert by Experience was experienced with people living with dementia and elderly people.

Service and service type:

Malmesbury Lawn is a care home. People in care homes receive accommodation and personal care. 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. 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:

This was an unannounced inspection and took place on 7th and 8th May 2019.

What we did:

We did not ask the provider to complete the Provider Information Return. This was due to a technical issue. 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 asked the provider to send us a summary of

achievements and improvements made since the last inspection, this was provided to us on the second day of inspection.

We reviewed information that we held about the home such as notifications. These are events that happen in the service that the registered provider is required to tell us about. We considered the last inspection report and information that had been sent to us by other agencies, this included commissioners who has a contract in place with the registered provider.

During our inspection visit we spoke with seven people who lived at the home and observed how staff interacted with and communicated with people. We also spoke with six staff members, the registered manager, eight relatives and two health care professionals.

In addition, we looked at specific parts of records for four people and records in relation to the management of the service. These included quality assurance checks, staff training, four staff recruitment files, safeguarding, complaints and accidents and incident information.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- People told us they felt safe at the home and relatives confirmed this. A relative told us, "I feel she is safe here because of the staff and leadership."
- The home provided care in a way that kept people safe and protected them from harm.
- There were robust processes in place for investigating any safeguarding incidents. Where a safeguarding had occurred, it was reported to CQC and the local authority.
- Staff had received the necessary training to enable them to recognise and act to protect people from abuse. This training was updated annually.
- The registered manager and staff knew what constituted safeguarding. One member of staff said, "If I suspected abuse I would tell the manager and if they were not about I would inform the local authority or CQC. I have a duty of care to look after these people."

Assessing risk, safety monitoring and management

- Risks to people were assessed, recorded clearly in their care plans and updated when people's needs changed. Care records described any potential risks to people's safety for example, falls risks, people at risk of choking and diabetic risk assessments.
- Equipment such as overhead hoists and other moving and handling equipment were serviced and checked regularly. This helped to ensure they were safe for people to use.
- The home had employed a site manager who was responsible for maintenance of the home and line management of ancillary staff.

Staffing and recruitment

- The provider had systems and processes in place which ensured robust recruitment checks were completed before any new staff started work at the home. Staff files confirmed that application forms had been completed, references from previous employment had been obtained, and disclosure and barring service (DBS) checks had been carried out.
- There were enough staff on duty to keep people safe. One person told us, "there are always staff here when I press my bell they come straight away".
- The registered manager told us that they did not employ agency staff in the home and said staff were flexible and always willing to cover periods of sickness and holidays. One person told us that the "Staff are always around, if I need any help I just call for assistance and someone comes straight away I have never had to wait a long time".
- One relative said, "It's been a godsend, if she falls, there's always someone around, you walk in there's a certain atmosphere. It's very calming."
- A dependency tool was used by the registered manager to calculate the number of staff required based on people's individual needs. The registered manager told us this was reviewed regularly with systems in place

to cover any unplanned sickness or absences.□

- People told us the staff were "smashing", one person said, "I felt I had to leave a family, but I've come to another family," another person told us ` Its smashing. The staff put themselves out. It's really nice here, their excellent staff."

Using medicines safely

- People were supported to take their medicines safely and the providers procedures for administering medicines were aligned with national guidance and best practice.
- The home identified a staff member as infection control champion. The infection control champion ensured staff had access to up to date best practise information for cleanliness and infection control in the home.
- They also ensured their own knowledge was up to date and modelled on best practice for other staff to learn from.
- Where people had medicines prescribed "as required", there was an individual protocol containing specific instructions for each person. If people were not able to communicate they were in pain, care staff decided if they should be given pain relief using a standard pain assessment tool.
- We observed staff administering midday medication, they were knowledgeable about the medication they were dispensing. We heard staff explaining what the medication was for when one person asked why they had to take the medication.
- Staff had received training to ensure they were competent in medicines administration; all care staff were trained in medication; care staff dispense medication when delivering personal care in people's rooms. We observed that competency checks were carried out and up to date.
- Safe systems were in place for people who had been prescribed creams.
- Regular audits were carried out to check that medicines were being managed safely and action was taken to address any issues the check had highlighted.
- Medication records were accurate and signed.

Preventing and controlling infection

- There was an up to date infection control policy in place, which was understood by staff.
- The service was clean and tidy and odour free the registered manager had effective systems for infection prevention and control in place. Staff used the appropriate personal protective equipment (PPE) prior to assisting people with person care.
- Staff had received training in managing the risk related to cross infection and the registered manager carried out regular audits to ensure infection control measures were effective.
- People spoken to were complimentary about the cleanliness of the home.

Learning lessons when things go wrong

- There was a robust incident monitoring process in place., Each incident report was reviewed by a manager then entered onto a central reporting system. A monthly report was raised so the home could review and look for trends or issues and take any learning from them. Incidents were robustly investigated, and an outcome report was produced to evidence actions taken. The manger showed us a report that reflected the outcome and lessons learned.
- There was an open culture in which all safety concerns raised were highly valued as integral to learning and improvement.

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.

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.

- Assessments were completed to ensure people's needs could be met, before they moved into the home.
- Care plans were detailed for each identified need people had, staff had a good understanding of each person and how to deliver their care and meet their needs.
- People and families were involved in planning care for their relatives. Some people needed staff to support them when planning care., A member of staff said, "We have a key worker system this means we can focus care on the individual's needs, this works well especially when planning peoples care needs."

Staff support: induction, training, skills and experience

- Staff were sufficiently qualified, skilled and experienced to meet people's needs, all staff had received induction training prior to commencing employment in the home.
- Staff completed training in a variety of subjects including; First aid, Dementia, Health and safety and safeguarding.
- Staff's performance and training needs were reviewed at formal supervision meetings with the manager. This also gave staff the opportunity to receive feedback about their practice, discuss any issues and identify training needs.
- Staff told us they felt supported and had received the training they needed to meet people's needs effectively and could undertake professional qualifications. One staff told us they were undertaking a level 5 vocational qualification in Health and Social Care, supported by their managers.

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

- Where people were at risk of poor nutrition and hydration, plans were in place to monitor their needs closely and professionals were involved where required to support people and staff.
- People were complimentary about the food served at the home, people told us they always had a choice of food at all meals. They said the food was appetising and if they did not like what was on offer then they could ask for something else and the kitchen staff would make it for them.
- People enjoyed a positive meal time experience with support from attentive staff where required. Staff told us they had improved the dining room by changing the décor to a local theme.
- Hydration procedures had been up dated following guidelines rolled out by Hampshire and Isle of Wight NHS in partnership with Wessex academic health science network. There was a hydration station in the main dining room and the hydration trolley was taken around by staff, offering various assorted cold drinks, milk shakes and smoothies.
- Staff understood the dietary requirements people had, and care plans explained what people's needs likes and dislikes were with their diet. There was a board in the staff room that identified people's dietary needs and was updated by management and used during handover to ensure people were given the correct diet.
- Staff told us that one person had swallowing difficulties and had been prescribed powder to thicken their

drinks. Staff followed the guidelines when using this powder in drinks.

- To encourage a positive meal time experience and interaction, staff ate meals with people. One staff member asked for the consent of people sitting at a table before them.
- We saw staff joining the discussions held at the tables and people responded in a positive way by smiling and chatting.

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

- The changes to the service were made possible by "The registered manager and the management team, during the past 2 years the registered manager has driven change in the design and layout of the home to make the home more dementia friendly and fit for purpose, the manager engaged and involved staff in all aspects of the transformation project.
- The design and layout of the service had been adapted to meet people's needs and provide social areas.
- This included a central courtyard garden which had been made accessible for people with mobility needs. People told us this access was important to them. One person said, "I have always loved being in the garden attending to the flowers, I go into the garden a lot to weed the beds."
- To further support this activity, an indoor potting area was provided for people to use., There were communal areas, such as lounges and a dining room, where people could meet with their friends and family, and in private if required.
- Themed areas were evident throughout the home, these included, coffee shops, a sweet shop, clothing shop, café, train and airplane area, beach area and a juke box area. These areas were of benefit to people and families as they provided a variety of stimulating areas for people to visit and reminiscence.
- An interactive table had been provided for people to use.
- Several areas of the home had items of interest to be explored, including old style radio and television and interactive visual tables.
- The doors to people's rooms had been made to look like front doors. The manager told us people and families are involved in choosing the colour and design of the door. Letter boxes and door knockers were individualised. One person has a bird knocker on the door, as this was of interest to the person in that room, one person told us, "It is like the door at home, so I recognise it."
- On the inspection day we observed that WIFI was being introduced into people's rooms, the registered manager told us this is to enable interactive activity sessions to be carried out in people's rooms and for people to have internet connections therefore enabling them to communicate with family and friends on line.

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

- People were supported by qualified staff to ensure their health and wellbeing needs were promoted and met.
- A relative told us of the immense impact the home had on their relatives' lives. They felt their relative was cared for extremely well and how their relative's well-being had improved since they went to live at the home.
- People had regular access to relevant healthcare professionals and records were maintained regarding who had visited and any action taken. This included GP, Dentist and community nurses.
- People were at ease with the staff who supported them. When people showed signs of being distressed staff were quick to respond and divert people which reduced the risk of further anxiety. We observed staff intervention when two people had a disagreement in the dining room, staff intervened quickly to defuse the situation and the people involved were soon otherwise engaged in activities they showed interest in.

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 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 with appropriate legal authority. In care homes, 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- We saw staff asking for people's consent before providing any care or support.

At this inspection there were 12 people with DoLS authorisation in place, where DoLS were required, the registered manager applied the principles of the MCA 2005.

- Staff had received training in MCA and DoLS and understood their responsibilities in these areas
- People's care records included their capacity to make decisions and any support provided to support people who lacked capacity, including decisions made with the appropriate professionals in their best interest. DoLS referrals had been raised to ensure any restrictions on people's liberty were lawful.

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

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.

- The registered manager strove to provide the highest levels of care whilst ensuring people were supported to maintain their independence, enjoy their lives and be free from loneliness and social exclusion. We observed staff to be kind, caring and thoughtful.

- Protected characteristics under the Equality Act 2010 were considered, for example, people were asked about any religious or cultural needs they had so those needs could be met.

One person said, "They're good staff. I've been to other places and its moan, moan. Not here, it's like coming to wonderland, if I ask for something it happens."

- People were using the interactive table with staff when one person became anxious in the same room. The person was invited to use the table, staff chose an aircraft theme, the persons mood immediately changed, the person knew the aircraft and became involved in meaning full conversations enthusiastically chatting with other people in the room.

- A social worker told us about a person who had been on respite care and how their first language was not English. They said, "Staff were able to communicate effectively, as a member of staff was able to speak the persons language. The management arranged to have meals brought to the home from a local restaurant, a Chinese restaurant, food that the person eats at home and this ensured the persons diverse nutritional needs were met.

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

- People benefitted from a key worker system, which meant staff took a lead role in making sure a person's care records were updated, and that they and their family members had been involved in their care decisions as much as they were able to be.

- People felt involved in the planning and delivery of their care and support. They said the managers and staff regularly talked with them about this to gain their views and ensure their satisfaction. People were encouraged to make decisions where they could. One person said, "They are exceptional, they come and talk to me and explain what they are doing and why they are doing it. They encourage me to help myself. I know I must as I am going home soon and will need to do things myself. One member of staff comes in and we talk about home and how I will manage. She is going to keep in touch with me at home, I am so pleased it reassures me someone will talk with me."

- People were able to communicate with relatives in private when they wished to. The home had converted the public telephone area to look like a red telephone box with a street view.

- Staff were patient and supportive when communicating with people making a choice. We consistently observed staff approached people at eye level and spoke discreetly when offering choice. Where people needed time to respond, or could become confused, staff did not rush them to decide and kept a smile on their face to show they remained engaged with the person.

Respecting and promoting people's privacy, dignity and independence

- The registered manager and staff had implemented an initiative whereby people supported by staff created an album called 'our time together'. This was a collection of photographs and reflections, put together so people could show how they met planned goals to promote their dignity. The album is used for reflection and discussion with relatives, friends and staff.
- Staff were conscious of maintaining people's dignity when helping them to mobilise. They knocked on room doors before entering and providing clothing protectors at meal times.
- People looked well-presented and cared for and staff recognised and promoted the importance of this for people.
- Staff were proactive and patient in supporting people to maintain their independence. Staff were enthusiastic and encouraging when supporting people to help themselves. For example, people on short stay in the home were encouraged to wash and dress with minimal support from staff.
- People were supported to make decisions for themselves throughout the day and participate in community activities, so they maintained these skills in preparation for going back home.
- A member of staff had the role of dignity champion for the service. This role was to promote the importance of providing and expecting the provision of dignified care.

Is the service responsive?

Our findings

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

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Relatives told us the home was extremely responsive to their relatives needs and staff went out of their way to assist them with any problems or changes to care and support they might require.
- The registered manager told us that people who received reablement care had regular meetings to discuss the level of improvement they had achieved. Where necessary the occupational therapist adjusted people's individual plans to reflect their progress, changes to people's plans were documented, following discussion with people who used the home.
- The registered manager told us people could be signposted to local domiciliary care agencies if they wished to arrange domestic support and/or given information about shopping services. Where people required larger care packages to meet personal care needs, they were followed up by the social worker.
- We were informed by a social care professional that depending on the nature of people's needs other professionals were involved during the reablement period, for example, district nurses, social workers, physiotherapist and GPs. This multi-disciplinary approach enabled people to receive an individual service that met their unique health and social care needs and circumstances.
- The home had changed their medication rounds to a more person-centred approach that involved medication being held in people's rooms in a safe.
- One member of staff had been allocated as medicines champion. We spoke to the staff member about her role and she said that, "it is easier and more flexible now as all carers are given medication training and therefore dispense medication in the persons own room when they are delivering care, this means people can take their time in the mornings."
- A social worker told us at the end of the reablement period, people were supported to access other services in line with their current needs, this was confirmed when we spoke with people who used this service.
- There was a 'you say we did' board in the main corridor. This board showed how the home responded to people's suggestions and wishes. For example, people wanted shops that were on coronation street. The home responded by providing a café called Roy's Rolls, a duplicate of the actual café and an interior that enabled people living at the service and their visitors to have snacks and drinks when they wanted to visit the café. People told us they used this facility to receive visitor and hold family functions.
- The staff had fundraised to provide a stimulating environment for people with dementia who were not able to access the community. There was a clothes shop and a sweet shop. The activities person told us volunteers from the community opened the shop, giving people a shopping experience within the home in a safe stimulating environment. One person who had particularly enjoyed clothes shopping in the community had really benefitted from this.
- People told us it is like living in a little community we have all the benefits of home, shops, Entertainment, people to talk to and super staff to look after us.

- Several areas of the home had items of interest to be explored, including old style radio and television and interactive visual tables we observed people working the old-style radio, one person said, "it is like the one I had at home."
- The registered manager and activities staff saw engagement with school groups and younger people as a positive way to counter social isolation.
- People were actively engaged with 10 separate community groups and schools, in turn these groups regularly partook in events at the home.
- The registered manager and activities people had been the driving force in establishing these relationships and had earned recognition by being awarded Hampshire County Council's team of the year award for 2018 and had progressed as a finalist in the regional Great British awards 2018. The home had been nominated for this award again this year.
- The community had supported the service to provide a stimulating environment for all. People's interests had been considered and activities developed to match their interests. For example, there was an indoor potting area where people could continue their interests and garden indoors if they were unable to get outside. There was also a travel area that had been made to look like the interior of an aeroplane and a train. Staff told us they used the themed areas when people were anxious or upset. For example, staff told us, "When a person gets upset and anxious we know the person relaxes when they are occupied, so we take them for a walk down to the shopping area. This stimulates conversation and interest and we talk about what we see in the shop window, people seem to respond positively and relax."
- The management identified people living in the home that needed more one to one time with the activity's person in a relaxed environment. The management had responded by creating an art studio in the central garden where people carryout arts and craft activities, the benefit being the art work can be left out for peoples to continue with as they wish.
- The management and staff sought community involvement with other businesses in the local area who provided support to the home through fundraising events and providing the home with items for special events. For example, at Easter time a shop donated Easter eggs to the home.
- The registered manager and activities staff had arranged for children to come into the home to sing and dance for people living at the service. Staff told us they were amazed how people in the home interacted with the children and how it had improved people's communication, they showed interest and absolutely loved the sessions. This was another example of how the staff were bringing the community into the home for the benefit of people who live there.
- People and relatives told us about the Christmas time light display that lit up the central garden area, this was made into a special event to mark the start of the Christmas period and opened the event to the community this is another example how the home actively seeks the support of the community to improve the lives, and experiences people have in the home.
- We spoke with a person on the first day of the inspection who said, "They (staff) have asked me to go out tonight to a working men's club I don't think I can be bothered and what is the point I have nothing to look forward too, I am only here for a short time then I will be on my own again at home." We then spoke with this person the next day and the person told us, "Yes I did go out last night to the club with the staff, they encouraged me to go, it was absolutely fantastic, I had a drink and I was dancing, it was really good, I am looking forward to the next visit," the persons involvement in the community had been re-established and had benefitted the person with social inclusion, having a striking positive impact on their wellbeing.
- Some relatives did not feel comfortable taking people out into the community as their dementia and physical condition had changed and they felt it was no longer safe to do so. The home had responded with fundraising activities to create an area in the rear garden which would be safe for people and families to use and enjoy. This entailed building a summer house complete with furniture, barbeque and picnic benches. One relative told us, "We use the summer house when we visit in the summer. It means we can get together outside and have a good family gathering in a place away from the home but knowing staff are available if we need support. My relative really enjoys it and makes them feel they have been on an outing."

- A person said, "(staff member), took me to both my grandsons' weddings. She took me, stayed with me and brought me back. My daughter was there, but staff took care of me, it was a wonderful day and I would not have been able to attend without the staff."
- The home benefited from the registered managers arrangements with local colleges to provide work experience as an opening into working in care and promoting employment opportunities in the home some people now worked in the home.

Improving care quality in response to complaints or concerns

- The provider had systems in place for the registered manager to respond to any concerns or formal complaints.
- The registered manager told us any complaints received were dealt with promptly and a response sent to the person. We looked at the complaints register and confirmed that complaints were responded to quickly.
- People told us they felt confident to make a complaint if necessary. One relative said. "Yes, definitively I wouldn't be shy to complain, we've got no complaints, if we did, we'd go the head one."

End of life care and support

- The home had received accreditation from a recognised best practice pathway, (gold standards framework), platinum accreditation for end of life care.
- The registered manager and staff sought advice from the local hospice and specialist nurse when required.
- At the time of this inspection there were two people receiving end of life care. We observed that their end of life care plans was detailed.
- People were supported to remain at the service at the end of their life, in familiar surroundings, supported by staff who knew them well. The management team and staff provided on going sympathetic care to families of people who had passed away. We saw letters and cards sent to the home from relatives and friends of people who had passed away thanking them for the care, compassion and support.
- Staff confirmed to us that they had received end of life training and have been involved looking after end of life care people. The registered manager told us, "The husband of a person that passed away still feels comfortable and has the need to regularly come back to the home to have lunch with people and staff in the home. We view this as after care in supporting him through his grief since losing his wife of many years". This was an excellent example of how training had expanded staff's ability to offer support to people who had been bereaved and supported.
- There was also a remembrance book held in the front lobby. A remembrance service was held annually to remember people who had passed away in the home. There was a memorial fountain in the central court yard area where staff, families, friends and people living at the home could come together as an act of remembrance. The registered manager told us this was very well attended.

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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The culture of the home and the way it was led and managed drove the delivery and improvement of high quality, person centred care.
- The management had reacted to improve high quality care and ensure staff were up to date with people's individual needs with the introduction of a care needs board. This detailed people's needs such as, moving and handling support, food textures, communication and personal care needs.
- This was updated by management and signed to ensure information needed to provide care to people were understood by all carers. One member of staff confirmed the board was used during handover and was situated in the staff room.
- The registered manager understood their duty of candour. We saw communications on file to confirm this and a member of staff told us, "We always let the family know if something goes wrong or an accident happens". Relatives told us they were always informed when something was happening in the home, for example if there was a sickness bug. Another relative said, "I am confident the home would let us know what is happening, they always phone me if my relative is unwell."

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

- The registered manager understood their responsibilities under the Health and Social Care act 2008 and associated regulations they were aware of what incident to report to CQC.
- Staff were clear about their roles and how to provide safe and effective care.
- The registered manager had oversight as to what was happening in the home, risks were identified and acted upon to monitor the safety and quality of the home and the service people received.
- People's records were well organised and kept under regular review.
- Staff told us they had access to guidance document and policy and procedures.

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

- Feedback was sought from people and their relatives about the overall quality of the service and any changes that may be required. This feedback was reviewed and analysed to make improvements.
- The registered manager held relatives meeting every other month, we saw from these meetings that improvements had been carried out. For example, relatives requested that an upstairs coffee lounge was re-instated as this gave people places to go away from their bedroom and was a nice meeting place for families; the home responded by providing this facility.

Continuous learning and improving care

- There were effective systems in place to monitor the quality of the home. Comprehensive audits were undertaken by the management, and the system in place to monitor the standards and quality of the home were being managed effectively.
- All learning was shared with staff during staff meetings and handovers.
- Managers had an inspiring shared purpose, striving to deliver and motivate staff to succeed.
- There was a strong culture of continuous improvement.

Working in partnership with others

- Staff supported people to attend local community events and access activities and support from external agencies.
- Staff had positive relationships with people and demonstrated an in-depth knowledge and understanding of their needs, staff said, "We have a re-ablement person here due to go home soon, I get on very well with her and we have arranged to keep in touch when they go home, I will miss them."
- The home had developed local community links with schools and colleges to provide work experience and student internships. A relative told us about a student they taught at school who was now working at the home, they said, "A supported internship, which is designed to help young people develop work-related skills and, eventually gain employment. The student always tells me how they are getting on. They feel very well supported, is very happy, gets on well with people living at the service, visitors and staff and has made good progress in their development, a testament to the support given to them by managers and staff."
- Staff worked in partnership with others to provide people opportunity in the community; Staff took people out in the community during days off; People attended the local Library, shops, working men's club.