

# Kent County Council

# Broadmeadow

## Inspection report

Park Farm Road  
Folkestone  
Kent  
CT19 5DN

Tel: 03000412626  
Website: [www.kent.gov.uk](http://www.kent.gov.uk)

Date of inspection visit:  
02 October 2019  
03 October 2019

Date of publication:  
05 December 2019

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Broadmeadow is a purpose-built care home service and provides intermediate care, short term respite and dementia care. The centre has 43 en-suite bedrooms and 5 flats situated over two floors. People are admitted to Broadmeadow from a range of settings, including acute hospital beds, their own homes and temporary residential accommodation. The service is designed to prevent further admission to an acute hospital, facilitate a prompt return home and prevent admission to permanent residential care. At the time of the inspection there were 31 people living at the service.

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

Feedback from people was they felt safe. All the necessary systems were in place to ensure people were protected from abuse and avoidable harm. All environmental and individual risks to people were managed safely. There were enough safely recruited and competent staff to ensure people's needs were met. Medicines were managed safely and the manager ensured lessons were learnt from any accidents and incidents.

Staff did not receive supervision as often as required in the providers policy. We have made a recommendation about this. Staff induction and training was good, and staff were knowledgeable in their roles.

The provider had ensured people's needs, including people living with dementia, were met by the environment. The service worked closely with other agencies to ensure people's needs were fully assessed and met. People were supported to maintain their health and had good access to health care. People told us they were happy with the food offered and were given choice.

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 staff were caring. People were treated with respect. People were involved in their care and enabled to share their views on the service. People's privacy and dignity were promoted by staff. People were encouraged to maintain and develop their independence.

People received person centred care from staff who knew their preferences. Peoples care was reviewed in line with their changing needs. When required, people were supported with any communication needs. People could choose to engage in various activities which were offered and visit with their loved ones in private. People could raise any complaints they had, and action was taken in response.

There was a person-centred culture in the service led by the presence of the manager. The provider and manager had ensured quality and safety were managed and had good oversight of the service. Quality

monitoring and feedback had led to improvements in the care provided.

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 last rating for this service was Requires Improvement (published 3 October 2018).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

### 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 well-led.

Details are in our well-Led findings below.

Good ●

# Broadmeadow

## 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 was carried out by one inspector, an inspection manager 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.

#### Service and service type

Broadmeadow is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 who was in the process of registering with the Care Quality Commission. This means that once registered, 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

We reviewed information we had received about the service since the last inspection. We sought feedback from commissioners and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 12 people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the manager, deputy manager, team leaders and care workers. We also spoke with two visiting nurses.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three 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 continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Comments included, "I feel extremely safe, they (staff) are always there when you need them, they come quickly as you call" and "I feel very safe because they are always around making sure you are ok and safe."
- Systems and policies were in place to protect people from abuse and avoidable harm. The provider worked in line with local safeguarding policies and procedures.
- Staff had received training in safeguarding people and understood their responsibilities to safeguard people, were aware of the signs of abuse and knew who to inform if they witnessed or had an allegation of abuse reported to them.

Assessing risk, safety monitoring and management

- Individual risks to people were identified, assessed and managed safely. Risk assessments were in place to provide guidance to staff about how to reduce the risks to people and staff could tell us how they kept people safe. For example, what they would do if someone had a fall and how to ensure wheelchairs were used safely.
- Environmental risk assessments were in place to ensure the environment was safe. All the required health and safety certificates were available, for example around gas and electrical safety and equipment servicing.
- All the necessary health and safety checks were completed, recorded and monitored, for example around, water temperatures, fridge and freezer temperatures, and equipment.
- Fire drills had been held regularly with lessons learnt and follow up actions identified and completed. People had personalised emergency evacuation plans to provide guidance on the individual support people needed in these circumstances.

Staffing and recruitment

- Staff were recruited safely, and all the required pre-employment checks were completed by the provider to protect people from the employment of unsuitable staff.
- People told us there were enough staff. One person said, "They come quickly when I call, sometimes I think I am being too demanding, so I don't call, and they come and encourage me to call because they are here for me, what more can I ask for."
- There were enough staff to keep people safe and meet their needs. Care staff told us that staffing levels did not change depending on people's needs and the number of people in the service. However, the manager had assessed the required staffing levels for people's dependency needs and kept these under review. For example, they planned for a maximum of five people who need the assistance of two staff at any one time.

- Staffing levels had been increased since the last inspection and the manager had implemented a daily walk around check which included staffing levels. The manager reviewed the call bell response times each month to ensure people's needs were met and no concerns were identified.
- Rotas evidenced enough staff were deployed to meet people's needs. There was significant use of agency staff over the summer months. The manager told us they ensured permanent staff were spread across the service and worked alongside agency staff to ensure people received consistent care and support.

#### Using medicines safely

- Following the last inspection concerns were raised around the management of people's medicines which resulted in a temporary hold on any further admissions to Broadmeadow by the local authority. The provider had responded to these concerns and implemented comprehensive action plans at all levels. This resulted in lessons learnt, and improvements made. For example, new systems were implemented and there was a reduction in medicines errors.
- Medicines were managed safely. There were appropriate systems in place to order, store, administer and dispose of medicines safely. When people administered their own medicines there were risk assessments in place to ensure their safety. Senior staff administering medicines had their competency checked annually to ensure medicines were managed safely.
- People told us they received their medicines as prescribed. Comments included, "I do my inhalers and they come and give me the other ones, they are always on time" and "They manage my medicines very well. I have no question about that."
- Guidelines were in place for all 'as required' medicines which ensured staff knew when people needed these medicines. People were asked if they had any pain and if they would like their medicines for pain relief during each medication round.
- Regular checks were done to ensure that medicines were stored at the right temperatures. Weekly audits were completed to ensure people received their medicines safely. These were analysed monthly by the manager to identify any further learning and actions needed. For example, an audit had highlighted discrepancies in stock checks which were due to medicines going with a person to an emergency hospital admission. Therefore, the manager implemented a new process for stock checks when a person is admitted to hospital.

#### Preventing and controlling infection

- The service was clean and smelt nice. Cleaning audits for bedrooms, random checks, food hygiene checklists and infection control inspections for the service ensured this. The manager analysed audits and identified any actions needed. For example, they had identified wheelchairs were not being cleaned as required and acted to ensure this happened.
- The service was awarded a level 5 food hygiene rating in January 2019. Staff had received training in food hygiene and infection control and could tell us what they do to prevent and control infection, such as washing their hands and wearing gloves.
- Information about how to prevent the spread of infection was present in the service and personal protective equipment was available around the service for staff to use.

#### Learning lessons when things go wrong

- Staff could describe the process for reporting incidents and accidents and knew what to do in the event of incidents, such as a fall.
- Accidents and incidents were recorded, monitored and action taken to prevent a reoccurrence. Individual needs had been identified and acted on. For example, bed rails were put in place for one person who rolled out of bed, with their permission.
- The manager had analysed incidents and accidents for any trends to identify any learning. For example,

falls were analysed by the time and day of the fall and the location and then checked against the environment, staffing levels and individual risk assessment. It was identified that most falls were when people were taking positive risks in their mobility rehabilitation.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- At the last inspection we made a recommendation the provider ensures all staff receive supervision in line with their policy. At this inspection staff told us their supervision was good and they were supported by their seniors or the manager. However, whilst there was now a clear system in place to record the frequency of supervisions and all staff had been allocated a supervisor, supervision was still not in line with the providers policy. Some staff had not received supervision since April 2019. This is an area which needs improvement.

We recommend the provider reviews their policy and practice for staff supervision and take action to ensure it is followed.

- Staff were knowledgeable in their roles and managers had completed care practice observations to evidence staff competency in delivering care. Staff had received appropriate training and regular updates to support people living at the service. For example, all care staff had received training in dementia. There was a system in place so that when staff required a training update, this was arranged. There were some gaps in training for staff in pressure area prevention and the deputy manager told us they were addressing this.
- New staff had an appropriate induction to the service and people's needs which included a combination of training and working alongside experienced staff. Staff who held no qualifications in care were supported to complete the care certificate. The care certificate is a nationally recognised set of standards.
- Staff told us they thought the training was good. Staff completed training evaluation forms from which their manager assessed the effectiveness of the training and this was discussed in staff supervisions. The deputy manager had recently attended a workshop on provider compliance with regulations, this had been evaluated in their supervision and had identified actions for them to complete, for example improving the surveys done with people.
- The manager had formed links with the NHS to enable staff to access additional training to develop their knowledge in their areas of interest and to share this with the staff team. For example, senior staff learnt to take general observations of people which has enabled them to provide accurate information around people's signs and symptoms to health professionals when needed.

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

- There were five flats for people to live independently to support their transition back to their own home.
- The environment was accessible, comfortable and met people's needs. For example, there were communal areas in the service where people could watch TV, listen to music or engage in activities. People's rooms were personalised with their own belongings. There were smaller quiet lounges where people could

meet with their relatives or health professionals. People told us they were happy with the environment.

- The provider ensured people's needs were met by the service's facilities which were accessible for everyone. Where needed, people had specialised equipment, for example around their mobility needs. There was a daily living activity room used by an outreach team from the hospital where people were provided with physiotherapy and support with their rehabilitation. There were sensory tactile cushions throughout the home which were made by a person who used the service.
- The manager had ensured the service was 'dementia friendly'. For example, there were pictures outside people's bedrooms to help them find their room and signs on bathrooms to indicate their purpose. The dementia suite was spacious and decorated for people living with dementia with contrasting colours and lots of signage. There were large clocks and the date was displayed to help orientate people. There was an accessible and user-friendly garden.

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

- People's nutrition and hydration needs were fully assessed. There was monitoring of people's dietary intake and weight where people were at risk of malnutrition and weight loss. Some of the food charts were incomplete as they had been recorded in other areas of people's care records. We spoke to the manager about this who has put things in place to ensure just one record is fully completed. One person who was at risk of weight loss had consistently put on weight since living at the service which evidenced positive outcomes.
- Fluid intake was recorded for people where required. However, for one person amounts were not consistently totalled up to monitor their daily input; and there was no guidance for staff on what their daily target input was or what to do if not reached. We spoke to the manager about this who has implemented a new form to ensure effective monitoring of people's fluid intake.
- Staff ensured people's dietary needs and preferences were met. Staff were aware of people's needs in relation to risks associated with eating and drinking and followed guidance from people's care plans and healthcare professionals in relation to these. For example, from speech and language therapists.
- People told us the food was good. One person said, "Drinks come regularly, and you can ask for a drink anytime you need. I like the food. If I don't like what they are offering, they have another choice. There is more than enough, and you can ask for more." Another person said, "The food is very good, there are two choices, or you can ask for something totally different and they will do it." One relative told us their loved one had been eating well since they had come to Broadmeadow and said, "The food looks nice and it is nicely presented on the plate. Tea times are marvellous."
- A visiting health care professional told us people always had access to food and snacks and just had to ask and they were given. They said, "If they (staff) have any concerns they come to us and we put the person on a chart and weigh weekly. They (staff) follow advice on high calorie diets and generally have good outcomes."
- People could choose where they ate and who with, whether in the dining room, lounges or in their bedroom. There was a lively and positive atmosphere in a dining room where people chose to eat together, and people were enjoying the mealtime experience. People were given a choice of meals and were offered further choices within this, for example if they wanted sauces with their meals.

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

- People's needs were fully assessed and included the reasons they were admitted to the service and the desired outcomes from their planned care, so staff could support them effectively. For example, for the person to build their strength and mobility to be able to return home.
- People received the care they needed to stay well and achieve the best quality of life. For instance, good skin care to prevent any pressure sores, and support with their mobility to increase their independence whilst preventing falls.

- The manager used best practice guidance and well-known assessment tools to plan people's care. For example, around their nutrition, skin care and falls management.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessments. This includes for example, people's needs in relation to their culture, religion, and sexuality. Staff completed training in equality and diversity and the manager and staff were committed to ensuring people's equality and diversity needs were met.

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

- People were supported to maintain good health and were referred to appropriate health and social care professionals as required. For example, to the local mental health team.
- Healthcare records and plans were comprehensive and offered clear guidance for staff on all people's healthcare needs, for example people had care plans to manage their diabetes and skin care. People had detailed oral health care plans in place. Care plans included information about specific health conditions. For instance, arthritis. Visiting health professionals confirmed that staff followed guidance they provided for people's rehabilitation and health care.
- The manager worked closely with other health professionals to ensure people's needs were met and to support earlier discharge from hospital or prevent hospital admissions, such as specialist nurses and therapists. For example, a nurse had attended on the day of the inspection to provide a leg dressing to help avoid hospital admission for one person.
- Weekly meetings were held with health and social care professionals involved with people's care. Detailed records were maintained for all people's health appointments, for example with their GP and physiotherapist. One person said, "The doctor and other health people come here to see you if you have any problems."
- Systems were in place to ensure good communication when people transferred to hospital, for example the 'red bag' scheme. These bags contain standardised information about people's general health, any existing medical conditions they have, medication they are taking, as well as highlighting the current health concern. This meant that ambulance and hospital staff could determine the treatment people needed more effectively.

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.

- Staff were aware of the principles of the MCA and clear guidance was provided to them within people's care records. Care plans promoted people's rights, documented consent and involvement of people's relatives in decisions about their care.
- Decision specific mental capacity assessments were completed, and a best interest process followed in

relation to decisions about people's care and treatment.

- Staff established whether consent to care was given and promoted people's choices, for example when providing personal care, staff documented if a person declined a shower or bath and offered choice of staff gender. One person said, "They totally seek consent, or I will not let them, they are good at that." Another person said, "The staff always seek consent and they help me as I want them to."
- Where people were deprived of their liberty the manager worked with the local authority to seek authorisation for this and ensured any conditions were met.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 told us staff treated them with respect. Comments included, "The staff pop in to ask if I need anything, they are very polite, friendly and respectful, I can't fault them at anything"; "They are brilliant and respectful, they take such good care of you and they make sure you are comfortable at every stage" and "The care has been exceptional, staff are caring, without exception everyone has been kind and thoughtful."
- Staff were patient and caring with people and showed compassion. We viewed positive, calm and respectful interactions throughout the inspection. For example, staff asked people if they needed anything or offered a gentle touch to reassure someone or show them they were listening to them.
- People were asked to describe their mood, what they worry about, what makes them feel relaxed and how staff can help them. This provided staff with guidance how to support people with their emotional needs.
- A visiting health professional said, "Staff are caring, people are comfortable with the carers, they (staff) joke and try and make light of difficult situations. They never give you the impression it's too much."
- People's needs around equality and diversity were identified and recorded in their care records to provide guidance for staff.

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

- People and relatives were asked about their views on their care. One person said, "Yes, I am very much involved in planning my care with my family." Another person said, "My family is involved in any review that needs to be done."
- Staff showed a good understanding of people's needs and preferences. People were engaged in everything they did, and staff supported people to express their views.
- Monthly meetings were held with people to gain their feedback and plan their care. Any concerns or ideas people had were discussed. People were asked what they thought about their rooms, their meals, the activities and the staff. Actions were identified and followed through, for example feedback identified some people were not aware of what activities were offered, therefore action was taken to ensure activities were promoted better.
- People were supported to access advocacy services if needed. Advocacy services offer trained professionals who support, enable and empower people to speak up.

Respecting and promoting people's privacy, dignity and independence

- People told us that their privacy and dignity was respected. Comments included, "Privacy and dignity is topmost, they are good at that" and "They give me all the privacy I need". One relative said, "I visit every day and I like the way (name) is taken care of. They (staff) give us the privacy we need and my (relative) has

improved a lot since they have been here.

- Staff respected people's privacy, listened to people, respected their choices and told us how they upheld their dignity when providing personal care. For example, by closing doors and providing personal care in private. One staff said, "All our care is listening to what the person wants."
- People could buy their own continence aids from the mobile shop trolley and feedback from people showed this helped them to maintain their dignity.
- People's confidentiality was supported and information about people was held securely.
- People were encouraged to maintain their independence. For example, to maintain as much independence as possible with their personal care. Care plans included people's preferences around staff gender, what they could do for themselves, what support they needed and their preferences around toiletries used.
- One person said, "They support me to do things for myself, I like to clean myself and do all private things by myself, staff keep an eye on me every time to prevent any unforeseen accidents." Another person said, "They help me to be independent by putting all the things I will need close by where I can easily access them and if I need any further help I press the bell."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Staff knew people's preferences, for example around what people liked to eat or drink and what time they liked to get up in the morning. Staff told us they got to know people by talking to them.
- Two staff told us that changes to staffing rota arrangements had meant it was difficult to get to know people. We spoke to the manager about this who thought staff feedback had shown this had improved team working. However, they acknowledged the new arrangements hadn't been established yet as they started over the summer when there was higher use of agency staff and therefore staff were moved to ensure agency staff were not working together. The manager had completed on-going surveys to evaluate staff feedback and make improvements to staff rota arrangements and informed us they would continue to do so.
- People's care records were person centred as they had mostly been written by the person. They included information about their preferences, what was important to them, details of their friends and families, their education and work history.
- People told us they received person centred care. One person said, "The staff come to help me if I need them to, they listen to what I have to say and how I want my care done. I have not been here for long, but the staff know me well and are able to help with my personalities and care needs. Another person said, "The staff know me well and know that I like to sit in the far end of the room facing the TV and the door, so I can see people move about. They treat you as an individual."
- Visiting health professionals told us that the service was person centred and that people were encouraged to make their own choices, for example what clothes to wear.
- People's care was regularly reviewed and updated in their care plans to reflect their changing needs. Staff told us they were informed of any changes to people's needs during handover meetings between shifts. People's relatives and other professionals were involved in person centred reviews and information was shared about people's care appropriately to support their best interests and promote positive outcomes for people.
- Assistive technology was used to ensure people's need were met. For example, walking aids, automatic lighting and pendant alarms.

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 needs were known and understood by staff. People's care plans included details

which helped new and unfamiliar staff learn about any communication needs, for example if people had difficulty hearing or reading information.

- Information was shared with people and where relevant, available to people in formats which met their communication needs. One person said, "I get help with reading in large print."
- There were 'communication boxes' on each unit with picture cards of daily living activities and emotions in a range of languages to enable people to use the service whose first language was not English.

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 maintain relationships that were important to them, for example friends or family could visit at any time and were made welcome.
- People were encouraged to take part in activities they liked, led by the activity co-ordinator. A mobile activity trolley was used to offer people a choice of activities for their stay. A hairdresser visited weekly. School children came in twice a week and involved people with activities such as gardening.
- There was a room with computers near the main reception area of the building which people could use. However, feedback was this wasn't used much as people tended to use their own devices. The manager told us they would review its use.
- Care plans considered activities that were meaningful to the person. For example, when people were being supported with their rehabilitation, whether they wanted to engage in food preparation, making drinks and household tasks.
- Several people told us they didn't want to take part in activities, were happy watching their favourite television programmes and/or just wanted to focus on their physiotherapy. One person told us they enjoyed having their nails done.
- Events were held to engage people in activities such as quizzes, external musicians and singers. These included reminiscence events and activities to engage people living with dementia.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place for people, relatives and visitors. The manager had ensured all complaints were logged and responded to appropriately. There had been three complaints from people in the last year and these had been used to make improvements to the service. For example, the manager had introduced a mobile shop trolley to offer people the opportunity to purchase items, such as confectionary and toiletries.
- People told us they had nothing to complain about but believed they would be listened to if they had and were confident to raise any concerns they had. One relative said, "We haven't needed to make a complaint, we have made concerns known and they were acted on."
- Visiting health professionals told us they believed the manager would listen, that there was good communication between them and they have never needed to complain. Staff told us they had no concerns.

End of life care and support

- The service was not supporting anyone at the end of their life at the time of the inspection. People's wishes and arrangements for their end of life care were recorded, where they consented to share this information. This meant staff had the necessary guidance they would need to support people in line with their wishes if a person became unwell or died unexpectedly. This included any spiritual needs people had.
- Where people had chosen, they had a Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) order in their care records. This helps to ensure a person's death is dignified and peaceful.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to 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

- There was a caring culture in the service. All feedback about the manager was positive. One person said, "I know the manager, she is nice and friendly. I can approach her for anything." Another person said, "I would definitely recommend this place to anyone, one hundred percent. They have good staff, and all are willing to give their time for this job. I have no concerns at all and if I do the manager will spend time to see it through."
- The manager demonstrated a strong commitment to ensuring they provided person centred and high-quality care and were responsive to feedback during our inspection. Compliments were recorded and included many thank you cards from people that had stayed at the service.

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

- The governance framework had ensured the delivery of high quality and safe care. Risks had been identified and managed to reduce the risks. The manager reported on any performance issues regularly to the provider to ensure they had good oversight of the quality of the service. There were service development and action plans in place.
- Quality assurance systems, such as audits, checks, observations and daily monitoring were used effectively to monitor all aspects of the service. For example, maintenance issues in the building were promptly identified and action taken to repair. Audits were completed for all areas, such as health and safety and care plans, and actions were identified as a result and used to make improvements.
- Surveys were completed with people to gain their feedback and reviewed by the manager. These looked at all areas of the service, for example if people received enough information on the service, if they got the care they needed, if staff listened and if they knew how to complain. These were reviewed quarterly by the manager and used to produce, 'You said, we did' feedback to people on any improvements made. For example, the WIFI signal was extended to reach all areas of the home in response to feedback received. Action taken was displayed on notice boards on each unit for people to see.
- The manager ensured a regular presence in the service through their daily walk around the units. They analysed all audits, complaints, incidents and feedback to ensure any improvements needed were made. For example, monitoring of comments and audits around food had ensured menus catered for individuals needs and preferences.
- The manager told us they were supported by the provider, were listened to and they responded to the needs of the service. For example, they had funded the employment of an occupational therapist to support

people with a physical disability to source equipment prior to returning home. The manager was supported by their peers from the providers other locations, for instance through peer auditing of the service.

- Registered persons are required to notify the Care Quality Commission (CQC) about events and incidents such as abuse, serious injuries and deaths. After the last inspection the previous registered manager had failed to notify CQC of a notifiable event in a timely manner. This was a breach of regulations therefore the service was rated requires improvement in well-led. At this inspection we found the manager clearly understood their role and responsibilities and had met all their regulatory requirements.

- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The provider had displayed a copy of their ratings and it was on the provider's website.

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 law requires providers to follow a duty of candour. This means that following an unexpected or unintended incident that occurred in respect of a person, the registered person must provide an explanation and an apology to the person or their representative, both verbally and in writing. The manager and provider understood their responsibilities in respect of this, had informed the relevant people of any incidents or accidents; and provided written apologies in response to complaints where appropriate.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and those important to them were engaged with the service and asked for their views. For example, people were asked what they would like to see for sale on the shopping trolley. Regular meetings were held with people and relatives were invited to attend care reviews as appropriate.

- Staff told us they had regular team meetings where they could raise any issues or make suggestions. Surveys were completed with staff to gain their views and used to make changes. For example, to working arrangements. Additional team meetings had been held to focus on improving team work.

- The staff and management team worked in partnership with a range of specialist services through the intermediate care team to ensure people's needs were fully met in a timely way. This was confirmed by feedback from health and social care professionals. This included ensuring people's equality needs were met, for example around their physical disabilities.

- The manager had improved their links with the local community. Various events had been held involving the local community, for example charity fundraising. Relationships had been developed with local schools. School children visited regularly to do activities with people and had worked with people to design, improve and maintain the gardens.