South Coast Nursing Homes Limited

Berkeley Lodge

Inspection report

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West Sussex
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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service
Berkeley Lodge is a residential home providing personal and nursing care to 65 people with physical disabilities and long term conditions. They provide support to adults, older people and people living with dementia. The service can support up to 65 people.

Care was provided in one adapted building across three floors. People accessed different floors using lifts and there was one area of the home designed for people living with dementia.

People's experience of using this service and what we found
Staff routinely found ways to improve people's health and wellbeing and there was an integrated approach to meeting people's healthcare needs. People spoke positively about the support they had to maintain their health and wellbeing and this matched our observations. Staff were knowledgeable in areas such as hydration and oral health care and there were robust systems to monitor and check these areas of care to ensure these needs were being met. Staff training was linked to checks of people's needs and the outcomes of clinical governance audits regularly led to meaningful and targeted staff training.

People were supported to achieve personalised goals and we saw examples of people being supported to improve their mobility and overall wellbeing. The service worked very closely with local community health services and this had achieved positive outcomes for people, particularly for people living with dementia. People's home environment had been tailored to their needs and designed in line with best practice for dementia care.

Care was delivered in a personalised way and there was a focus on encouraging people to maintain relationships and reduce isolation. We saw examples of people being made to feel good by staff with personalised activities and events. There was an ongoing schedule of activities and people benefited from ongoing activities and engagement with care staff. Care plans contained a high level of detail about people's needs and backgrounds and care delivery was regularly reviewed. Care plans were in place to ensure people received personalised and dignified end of life care.

People told us staff were caring and we made observations that showed staff were committed to the people they supported. People were involved in their care and people were supported with dignity, ensuring their privacy was respected. People received their medicines from trained staff and medicines were managed safely.

People received assessments of their needs before receiving support. There were clear plans to manage risks whilst enabling them to be independent. 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.

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

Rating at last inspection
The last rating for this service was Good (published 27 April 2017)

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 exceptionally effective. Details are in our effective findings below	**Outstanding** ☆
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**

Berkeley Lodge

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, one assistant inspector, a specialist advisor in nursing care 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
Berkeley Lodge 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.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we held about the service, including information shared with us by the provider and feedback received from people and professionals. 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.

During the inspection
We spoke with ten people and five relatives. We also spoke with the registered manager, the clinical director, the managing director, the head chef, an activities co-ordinator, two nurses, three care staff and a housekeeper.

We looked at care plans for seven people and records relating to medicines. We checked two staff files and looked at a variety of checks and audits carried out at the service. We reviewed records of meetings, surveys and complaints. We looked at records relating to accidents, incidents and clinical governance.

After the inspection
We received further evidence from the provider which we considered. We also received feedback from three healthcare professionals by email and telephone.

Good

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.

Using medicines safely

- People's medicines were managed safely.
- Medicines were stored securely in environments that were regularly checked. There were systems to organise medicines and manage stock levels appropriately.
- Staff had received training in medicines and were able to describe how to administer medicines safely, but we did observe one instance where staff did not follow best practice.
- We made one observation where medicines best practice was not followed during lunch. This was addressed with staff on the day and there were factors that ensured the risk of any harm was low.
- Records relating to people's medicines were accurate and up to date, with clear guidance on when to administer 'as required' medicines. Staff were aware of this and the registered manager had introduced an audit of some of these types of medicines to check they were being administered appropriately.

Assessing risk, safety monitoring and management

- People received safe care.
- People told us they felt safe. One person said, "We've talked about risk of falls and how they match my needs to the skills and experience of staff here." A relative said, "I go home reassured [person] is safe. I haven't had any concerns."
- Risks to people had been appropriately assessed and mitigated. Care records contained evidence of risk assessments which were regularly reviewed. Risks related to areas such as falls, pressure care and nutrition had clear plans for staff on how to meet them and charts were accurate, showing care was being delivered as planned.
- Staff were knowledgeable about risks and how to respond to them in a personalised way. One staff member told us how they supported a person with risks associated with their behaviour. They told us about how they recognised changes to the person's behaviour and used the person's background and interest to engage meaningfully with them at these times.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who knew how to protect them from abuse.
- Staff had been trained in safeguarding adults and were knowledgeable in this area. Information about how to raise concerns was displayed within the service. Where there had been concerns for people's wellbeing, the service worked with the local authority to develop plans to keep people safe.

Staffing and recruitment

- People were supported by sufficient numbers of staff.

● People's feedback about responses to requests for support were consistently positive. One person said, "They [staff] come quick enough if I have to ring the bell, but I don't often need to because they come around all the time to see if any help is needed." A relative said, "I am always amazed by staff availability."
● We observed staff responded promptly to requests for support and were able to spend time engaging with people, instigating activities and conversations throughout the day. People's feedback showed this reflected their usual experience of care.
● Appropriate checks had been carried out to ensure staff were suitable for their roles. Staff files contained evidence of a variety of checks on the background and character of potential staff to ensure safe recruitment practices were followed.

Preventing and controlling infection
● People lived in a clean home environment.
● Housekeeping staff cleaned the service daily and people said they found the service to be clean, which matched our observations. One person said, "The cleaners come to my room every day, they are very thorough."
● Staff had received training in infection control and knew when to use personal protective equipment such as gloves or aprons for personal care. The cleanliness of the service and staff practice was regularly checked through audits.

Learning lessons when things go wrong
● Systems and processes encouraged learning from incidents.
● The registered manager had oversight of all accidents or incidents, such as falls. Staff completed forms which documented details of any incidents and the actions taken and these were routinely reviewed by management.
● There were frequent audits of incidents to identify any patterns or trends which ensured incidents could be learnt from and any changes to overall risk at the service could be responded to appropriately.

Outstanding ☆

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 Good. At this inspection this key question has now improved to Outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Staff working with other agencies to provide consistent, effective, timely care

- People's needs were met in a holistic way because the service had developed close links with local health organisations.
- Care delivery and clinical governance were highly integrated with local community health services which meant people accessed healthcare in a timely way with an integrated approach.
- Staff audited people's observations, with input from an advanced medical practitioner from the local GP practice, so changes to people's health had been picked up promptly and people had avoided hospital admission.
- A practitioner from the GP practice gave us examples of how these interventions had achieved positive outcomes for people. They described how people who were expected to receive end of life care had seen improvements in their condition. They also described personalised care for a person with a complex medical condition and praised the care planning they received. They told us, "We can check their weights and observations and quickly pick up anything abnormal. It also means we can de-prescribe medicines quickly when required."
- The service regularly privately funded physiotherapy for people and staff worked with them to reach their mobility goals. We saw multiple examples of physiotherapy being used to significantly improve people's quality of life. Where people had this support, care plans were drawn up and staff supported them to complete prescribed exercises to improve mobility.
- A physiotherapist told us about a person who came to live at the service with high needs due to a change in their mobility. The service increased the funded physiotherapy to help them improve, which achieved very positive outcomes. The healthcare professional said, "With masses of support and care the patient is now able to move around her room independently and joins in many of the activities."

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

- The provider used innovative approaches to meet people's healthcare needs.
- Care plans contained detailed information about people's health needs and how they wanted them to be met. We also saw innovative use of systems to meet health needs such as people's oral health and mobility.
- People were routinely supported to identify goals around their health and wellbeing and we saw multiple examples of them being well met.
- One person had epilepsy and there was a detailed plan for staff to follow in the event of a seizure. The person had preferences about hospital admission, which were not in line with their original medical advice, so staff had worked with the hospital consultant to draw up personalised guidelines and the persons emergency medicines were changed to facilitate their wishes.

● Another person was living with dementia and required dentures. They had found the process of fitting the dentures distressing so a care plan was drawn up with their dentist to get dentures fitted through carefully phased visits from the dentist, and finding measures to help calm the person, such as staff always being with the person in the dentist's room or music playing whilst the moulds were taken. Through this approach the person was successfully fitted with dentures, which staff reported had greatly improved their appearance, and wellbeing.
● People's oral health care needs were met in a personalised way. People had detailed plans in place about how to meet their oral health needs which staff were knowledgeable about. One person was living with dementia and was able to tend to their oral health needs only with encouragement. There was a detailed plan on how to support the person, as well as detail about specialist equipment, and particular toothpaste they used which had been recommended by their dentist. Records showed the person had been supported to maintain their oral hygiene every day, with frequent reviews ensuring their oral health was continuously maintained.
● Staff documented when they had met people's oral health needs and there was a weekly audit of daily oral care. The audit checked what action had been taken where people were recorded as having declined to have their oral health needs met and where this was the case care was reviewed. The registered manager told us, "Just recording that someone has 'refused' isn't good enough, we need to try other approaches."
● Where one person often refused oral health care, staff had found coming back another time made them more receptive and their care plan was updated to reflect this. For another person, a dental review had prompted the introduction of equipment to enable them to brush their teeth independently.
● The provider had close links with dentists and staff received training in oral healthcare. Staff had a good knowledge of best practice and routinely considered specialist equipment and toothpastes, such as adapted toothbrushes or toothpaste that didn't require rinsing for people living with dementia who found these tasks difficult.
● People gave consistently positive feedback and shared further experiences with us about how their health had improved from the interventions of staff. One person said, "I was terrified of standing with my Zimmer frame, but they [staff] have restored my confidence and got me walking in my room." A relative said, "Nothing happens in the dementia wing without staff immediately being aware and providing the care to help people feel comfortable. They achieve a combination of positive things happening on the one hand, and calm on the other."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs were consistently assessed and met in line with best practice, with a holistic approach to dementia care.
● The local Living Well With Dementia Team were involved in care planning on an ongoing basis. The team had recently had input into the provider's audits of the usage of 'as required' medicines for changes in behaviour. This project had caused usage of these medicines to reduce and improved care planning as staff identified personalised methods to reduce anxiety or agitation in people before needing to administer medicines.
● The audit process had included a section where two clinical staff documented if they agreed on a decision to administer medicine. Staff told us this had encouraged reflective practice and identified development goals, which had been met through training. Staff were knowledgeable about how to promote people's wellbeing and respond to anxiety or agitation proactively, before the need for medicines to be administered.

● We heard examples of the service providing support to people who had previously not been able to sustain placements at other services. Care plans contained very detailed guidance on how to promote people's wellbeing and avoid anxiety or agitation. Staff were committed to these approaches and knowledgeable about them.

● One person was living with dementia and there was recorded guidance for staff on what was important to them and what would help them feel calm if they became agitated. There was a record of any changes in the person's behaviour and these showed incidents had reduced over time.
● Our observations in the part of the home for people living with dementia showed the environment was tailored to people's needs and staff created a calm and warm environment for people. There was a pleasant atmosphere as staff encouraged people to take part in games and activities throughout the day.
● A relative said, "[Person] has improved in every way. She has regained her appetite and actually her will to live. In two previous homes, she was written off as showing challenging behaviour. That has never been an issue here, which shows all staff have a real understanding and know how to create an atmosphere where people feel safe and valued."
● A healthcare professional from the Living Well With Dementia Team described how they found the home communicated well and staff were knowledgeable. They praised staff understanding of the needs of people living with dementia. They said, "It's very dementia friendly with lots of appropriate activities. They know the residents so well, even for a service of this size."
● The service had an Instagram page where activity ideas were shared with anonymised pictures of people taking part in them. This had become popular and led to ideas for dementia care being shared internationally and created an online community to share best practice.
● Preadmission assessments were thorough and captured people's needs as well as their routines and preferences.
● The provider used nationally recognised tools to assess needs, such as using a standard tool for people's nutrition. These needs were regularly reassessed and any changes were responded to.

Supporting people to eat and drink enough to maintain a balanced diet
● People's food preferences were taken seriously.
● Care records showed people had been asked about their favourite foods and these were used to inform menu planning. Staff facilitated individual requests for foods outside of the menu. One person said, "One of the management team goes shopping for me as I like a stock of cod roes for my breakfast and a special cheese that I have added to some dishes."
● People's feedback about the food was consistently positive. One person said, "The food here is really lovely, and plenty of it. I need to eat well and the staff make sure I do." Food was well presented and appetising and we observed people finishing their meals, with support to eat when required.
● People living with dementia dined in an environment suited to their needs, with support from staff who offered visual choices and engaged with them. Tables were served at the same time and staff engaged pleasantly with people during their meals. The design of the room and plates had been selected in line with best practice in dementia care and we observed this aided people's dining experiences.
● Where people had specific dietary requirements, these were met. We observed soft and pureed foods were served to people in an appetising manner. People's weights were monitored and where people needed support to sustain a healthy weight, this was planned for.
● Daily snacks were available and options were based on feedback and people's health and wellbeing. For example, people had expressed a desire for cheese so a daily cheese round took place each day as well as biscuits, cakes and fruit for people to eat throughout the day.
● Staff understood the importance of hydration. All people's fluid intakes were recorded and monitored and hydration leads ensured people drank enough fluids.
● Where people were identified as requiring encouragement to maintain good hydration, they had care plans in place informing staff about how to meet their hydration needs. Staff tried different approaches such as smoothies, soups, ice creams and hot or cold drinks to encourage them. A relative said, "I see them trying all sorts of things to encourage people to drink."

Staff support: induction, training, skills and experience
● People were supported by trained and knowledgeable staff.
● People told us staff were competent and staff told us they felt confident in their roles because they were supported to complete a variety of training courses.
● Training was meaningful and targeted because it was linked to clinical governance, which identified learning needs. For example, audits of oral health or use of medicines in people living with dementia had prompted learning amongst staff in these areas. Training happened promptly, with staff describing how they had short sessions at daily handover meetings arranged at short notice when a training need arose. Staff told us they liked this approach and were invited to suggest training when they wished.
● One person had a hearing impairment and communicated by lip reading and sign language. Staff and the person developed a book of signs which other people at the service learnt to improve their communication with the person, which they told us this had a positive impact upon their ability to communicate with others at the service. Staff also arranged for a 'signing' choir to visit and perform songs to the person using sign language to provide personalised activities as well as helping people and staff develop sign language skills.
● Staff were trained for the needs of the people they supported. Staff had received training in dementia including training in positive behaviour support techniques which they were knowledgeable about when we spoke with them.
● Staff also completed courses at a local college and nursing staff were supported to maintain their competencies. We saw evidence of ongoing training in a variety of clinical procedures for nursing staff, which was provided externally.
● Staff had regular one to one supervision as well as an appraisal system to monitor performance and identify training needs. Staff spoke positively about one to ones and said they found these useful.

Adapting service, design, decoration to meet people's needs'
● People lived in a service designed to meet their needs.
● The home had been adapted to ensure people could mobilise around their home. There were lifts as well as wide and spacious corridors with rails to enable people to either move independently around the home or with the use of wheelchairs or walking aids.
● The area of the service for people living with dementia was designed in line with best practice. There were areas which were themed with signage to enable people to orientate themselves. The dining area was in a café style to help people to orientate themselves at mealtimes.

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.

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.

● People had consented to their care and we observed staff asking people's consent before supporting them.

● Where people were unable to consent, the correct legal process had been followed. Decision specific mental capacity assessments were carried out and best interest decisions were documented and where required applications were made to the local authority DoLS team.

Good

Is the service caring?

Our findings

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

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 were supported by kind and considerate staff who knew them well.
- People's feedback on staff was consistently positive. One person said, "They are all very kind. I've got to know all the staff very well and they know me." Another person said, "I actually like it here; staff help me when I need it and leave me alone when I choose." A relative said, "The home and staff have been a support to us as a family. We can spend whatever time we like here."
- We observed pleasant caring interactions between people and staff. In the area of the service for people living with dementia, there was a pleasant atmosphere as staff sat with people engaged in activities or talking. One person was sat with staff holding their hand while they looked at photographs. Elsewhere we observed staff support a person who had said they were experiencing pain, they checked the person and ensured they had music on that made them feel relaxed.
- Care was provided in a way that was considerate of people's diversity. People were asked about their culture, religion sexuality and gender at assessments so care could be planned around their diverse needs. We saw examples of people being supported to practice their faith.
- The service took equality and diversity seriously and created an environment in which people could educate themselves and be safe to disclose information about themselves. There were two boards within the service showcasing information about equality, sexualities and Pride events. In the area of the service for people living with dementia, this was presented in a bright, attractive and accessible way with lots of pictures and prompts for people. There was also information about cultures and faiths displayed in communal areas, including information about various cultures and faiths.

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

- People were involved in their care.
- Care plans contained detail about people's preferences and routines which were regularly updated. This showed people's wishes and views were taken seriously and acted upon.
- People had regular meetings where they gave their views on the home and their care. Areas such as food and activities were frequently discussed with people. We observed activities staff engaging people during the inspection and taking people's views on ideas for activities.

Respecting and promoting people's privacy, dignity and independence

- People received care in a dignified way.
- People and relatives said they received care that promoted their dignity. A relative said, "[Person] is always dressed beautifully, which I see as evidence of respect for dignity, also how her things are cared for in her

room."

● We observed people were dressed in clothes matching their preferences, with their hair styled and make up on when they wished to. Where people required support with personal care, staff responded discreetly and provided this behind closed doors.

● People were supported to maintain their independence.

● Care plans recorded tasks people could do themselves and the support required to enable them to do it. For example, one person was able to carry out some personal care tasks themselves if staff supported them to mobilise safely. Another person was living with dementia but attended to their own oral health with prompting from staff.

Good

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.

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 important relationships and reduce isolation in personalised ways.
- There was a planned schedule of activities and we also saw evidence that activities took place on an ad-hoc basis. One person said, "Yesterday we had a quiz at the table while we were waiting for lunch and that is typical, things don't always have to be highly organised but can just happen, it shows what sort of staff we have." Another person said, "We had a fashion show recently, which I enjoyed and there are concerts. They are very encouraging and let you know what's on and help get you there if you need it."
- Activities were routinely personalised and we heard multiple examples of staff finding ways to achieve goals, reduce isolation and make people feel good.
- One person came to live at the service after concerns they had been isolated at home. Staff gathered information about their interests to find ways to encourage them feel more comfortable around others within the service. The person had an interest in bingo and over time, staff encouraged them to start attending the groups and they eventually started to lead the activity themselves as the bingo caller.
- Another person had found moving into a residential home difficult and missed their loved one when they were unable to visit due to ill health. Staff surprised the person one morning and got them dressed up and took them to visit their relative. When another person had a wedding in their family, staff arranged a surprise drinks reception and photograph for them and their family with decorations, cake and champagne.
- Where people had previously served in the air force, they were supported to attend an air field. Where others had interests in gardening and the outdoors, they had been supported to attend garden centres and farms.
- Activities were varied and based on people's interests and suggestions. We saw examples of activities for different interests such as arts and crafts, entertainment, quizzes, toddler groups and visits from animals and theatre groups.

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 were given information in accessible formats.
- People were presented information about how to complain or raise concerns in large print on display within the service. In the area of the home for people living with dementia, signage and decoration was in place which was consistent with best practice in dementia care.
- The service worked with Action for Deafness and took people's hearing aids to be serviced by them each

month.
● Staff also planned activities that were considerate of visual impairments. The provider told us staff supported people with visual impairments to access hearing books from the local library.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
● People received personalised care and there was a robust system to monitor and review care delivery.
● Care plans contained extensive information about people's routines, preferences and backgrounds and this information was used to deliver personalised care.
● One person had a care plan that said they could become anxious. The care plan documented they liked Motown music and staff told us they often played this to make the person comfortable if they became anxious.
● Another person had moved in from home and staff supported them to clear their old house and found space at the service for large furniture that was important to the person. This showed commitment to making the person feel comfortable in their new home.
● Staff had identified one person who was living with dementia was becoming withdrawn. They identified the person had a love of films and sourced film posters to put in their room as well as a DVD player to enable them to watch films in their room and reminisce with staff.
● The level of detail within care plans was consistently high and regularly reviewed. One person had complex personal care needs due to their mobility and lack of insight into some risks. They had a care plan which provided detailed instructions for staff including how to support the person to mobilise and the order in which tasks should be completed because this was important to the person. Staff were knowledgeable about this when we asked them.
● The electronic record system allowed prompt reviews of people's needs. The system allowed thorough audits of people's personal care needs as well as their wellbeing. Where changes were identified, these had prompted reviews.

Improving care quality in response to complaints or concerns
● People were informed about how to complain.
● People told us they knew how to complain and felt confident any issues they raised would be responded to appropriately. One person said, "I am very satisfied with everything here, I have never needed to complain but it's clear who to go to."
● Records showed there had been no complaints in the last 12 months. Where there had been a minor complaint, it had been documented and investigated by management. This showed any issues raised by people were taken seriously.
● People were frequently asked about their care through surveys and regular reviews so any minor issues could be picked up and responded to before a complaint became necessary.

End of life care and support
● People's wishes about end of life care were planned for.
● Care plans contained information about people's wishes and needs if they required end of life care. These care plans considered people's preferences as well as important information about their religion or culture that may impact on care delivery at these times. One person followed a faith that required a minister to be contacted if their conditioned deteriorated, this was clearly documented in their care plan.
● There were multiple compliments from families who loved ones had passed away at the service. One compliment thanked staff for, "the kindness that you showed us during and after her final hours."
● Families were provided accommodation and meals at the service in order for them to stay with their loved ones. After the inspection we saw a compliment from a family who had stayed praising the support they

received from the service.

● After the inspection, we received evidence to show staff had completed training at a local hospice to implement a 'Nameste' approach to end of life care for people living with dementia. This approach is a holistic and wellbeing-focused approach to end of life care. The provider shared plans with us to install a sensory room to carry out massages and treatments as part of this. We will check on the impact of this at our next inspection.

Good

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People were supported by a team who felt supported and valued.
- A nurse said, "It all comes from the top, the manager and even the owners are so passionate, it spreads throughout to all staff. It means we have a real team, staff understand their roles and support each other."
- Staff feedback on management was consistently positive. We saw evidence of regular meetings of staff through daily handovers and team meetings. Minutes showed these were open discussions in which staff could contribute and they regularly did.
- Staff said they felt recognised for the work they did. There was a recognition scheme where winners each month won a bottle of sparkling wine and a gift that staff selected based on their interests and personalities. Previous winners of the award had their pictures displayed within the home with the reason why they won it.
- The quality of care delivery was regularly checked. Audits took place in areas such as medicines, cleanliness, documentation and equipment to ensure people received safe and personalised care.

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

- Systems and processes promoted learning and ensured people received personalised care.
- As reported, audits of people's care experiences were robust and were used to target reviews and training. Audits covered oral health care, moving and handling, personal care, activities and use of medicines. Where these identified a potential for an unmet need, care plans were reviewed and 'pop-up' staff training was arranged. For example, there had been recent training in falls following an audit identifying changes in a person's mobility identified in an audit.
- At the time of inspection the service was working on initiatives to continue to grow and develop. These included a personality test for staff to help to identify how they learned and worked. At the time of inspection management had undergone tests and work was underway to include all stay and find ways to apply this to staff training and meetings.

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

- People benefitted from strong links with the local community.
- The service routinely worked with external healthcare agencies on projects and initiatives. As well as the examples reported on, the service was about to start a pilot project with the GP service where some consultations took place over Skype, whilst ensuring face to face visits took place regularly.

● There were well developed linked with voluntary sector, local colleges and community health teams which had enabled increased activities, staff training and personalised guidance on people's needs.
● People had regular surveys and meetings where they provided feedback. Records showed people were encouraged to give suggestions on activities and food and these were routinely acted upon.
● Where people had requested more cheesecake on the menu, this had been acted upon. In another meeting people had asked for more entertainment after enjoying a particular performer and this had also been acted upon.

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 provider responded openly to incidents and concerns.
● Where there had been incidents, such as falls, records showed the provider routinely shared information with relatives and professionals to ensure any issues were discussed openly.
● Providers are required by law to report incidents such as injuries, deaths or allegations of abuse to CQC. Records showed that where required, the provider had submitted statutory notifications to CQC.