Caring Homes Healthcare Group Limited

Belmont House Nursing 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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out this unannounced comprehensive inspection on 30 and 31 January 2018. At our last inspection on 07 March 2017 we found three breaches of regulations and rated the service as requires improvement. The breaches found on 07 March 2017 related to safe care and treatment, staffing and good governance. This was because some staff had been unsure about operating equipment to keep people safe, some emergency pull cords were not accessible in line with the regulations. Some people's personal emergency evacuation plans (PEEPS) were not up to date. People did not always feel reassured after a fire drill. There was insufficient staffing at certain times and we were concerned that the provider's quality assurance systems did not always identify issues of concern so was not effective.

At this inspection we found improvements had been made in all areas. Staff were confident with the equipment they used. Emergency pull cords were checked regularly to ensure they were within easy reach should someone need them. People's PEEPS were up to date and relevant. Systems had been put into place to give people reassurance both before and after fire drills. Staffing levels had improved and we found adequate staffing in place to keep people safe. The quality assurance systems in place allowed the registered manager to identify when things went wrong so they were able to improve the quality of care.

Belmont House Nursing Home is a three storey purpose built residential nursing home in Sutton that provides nursing, support and personal care for up to 60 people. At the time of our inspection the second floor was not in use and 32 people were using the service using the ground and first floor accommodation. The service had dining and lounge areas on each floor with a hairdressing salon, a coffee area, cinema room and a dedicated activities room on the ground floor. There were secure well maintained gardens with planting and seating areas. The laundry, catering, staff room and training area were located in the basement. The environment appeared light, clean and well maintained.

People told us they felt safe at Belmont House Nursing Home. There were appropriate safeguarding policies and procedures in place and staff were all trained in safeguarding adults and had a good knowledge and understanding of how to identify if people were at risk of abuse and knew what to do in these circumstances. Risks were identified and plans were in place to monitor and reduce risks to help keep people safe.

There were systems in place for the safe storage, administration and recording of medicines. Each person's medicine was stored securely and only senior competent staff were authorised to administer medicines. During the inspection all medicine records we observed had been filled out correctly and medicine audits were completed to ensure medicine procedures were robust.

Staff had been recruited safely with appropriate checks on their backgrounds completed. We saw all the staff had completed an induction programme and on-going training was provided to ensure skills and knowledge were kept up to date.

We observed positive and appropriate interactions between the staff and people who used the service. Staff were caring and treated people with kindness, dignity and respect. People who used the service and their relatives were complimentary about the permanent staff and the quality and standard of care received. There were nominated dignity champions within the staff team.

The home employed two activity coordinators and this had a positive impact on the quality of life people experienced. People we spoke with enjoyed the variety of activities available, the activity schedule catered for all interests. The provider was looking at ways to further encourage engagement for those people living with dementia.

There was a varied daily choice of meals and people were able to give feedback and have choice in what they ate and drank. People were encouraged and supported to eat and drink well. When people were at risk of poor nutrition or dehydration, staff involved other professionals such as the GP or dietician.

People and their relatives were encouraged to express their views and opinions. They knew how to complain and make suggestions, and were confident their views would be acted upon. The provider had a complaints procedure to support this.

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

Improvements had been made to ensure the service was safe.

Action had been taken to improve staff knowledge of how to use equipment safely. People were reassured during fire drills. Staffing levels were safe.

The service was clean throughout and free from offensive odours.

The management of medicines was safe and people received their medicines as prescribed.

Risks to people's safety and welfare were assessed and measures were in place to reduce risks.

Is the service effective?

Good

Improvements had been made to ensure the service was effective.

People's needs and choices were fully assessed. People were cared for by staff who knew and understood their needs.

Staff had the knowledge and skills required to carry out their roles.

The manager and staff understood the main principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DOLS).

People were supported to have sufficient amounts to eat and drink and to maintain a balanced diet.

People's health was regularly monitored and they had access to a variety of external healthcare professionals and services.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness, dignity and respect.

Their privacy was respected and promoted.

People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes.
People's relatives and friends were able to visit when they wished.

Is the service responsive?

Good

Improvements had been made to ensure the service was responsive.

People's treatment, care and support was reviewed regularly.

There were a range of activities available within the service to ensure social isolation was avoided.

People were encouraged to voice their concerns or complaints and they were confident any concerns would be acted upon.

People who were approaching the end of their life were consulted on arrangements if their conditions deteriorated and they received compassionate and supportive care.

Is the service well-led?

Good

Improvements had been made to ensure the service was well-led.

Improvements had been made in the governance and quality assurance systems so the quality of care people received could be monitored, reviewed and improved.

A registered manager was in post and people expressed confidence in them.

People's views were sought about the service and they were encouraged to help improve the service.

Belmont House Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 and 31 January 2018, the first day was unannounced. The inspection team on the first day included one inspector, a specialist advisor with expertise in people's medicines and end of life care and an expert-by experience, whose expertise included residential, nursing and dementia homes. 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 the second day of our inspection there were two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. We reviewed safeguarding alerts and information received from a local authority. We also contacted the local commissioning team and local authority for their feedback.

Some of the people at the home were living with dementia and were not fully able to tell us their views and experiences. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spent time observing the care and support people received in the communal areas of the service.

We talked to 11 people using the service and four relatives and friends who were visiting. We spoke with the registered manager, the regional manager and 12 staff members who included nursing, care staff, the activities coordinators, housekeeping staff and the chef. We spoke with one health professional involved

with the care of people in the home.

We reviewed the care records for 10 people residing in the home and looked at how medicines were managed and the records relating to this. We checked four staff recruitment files and the records kept for staff allocation, training and supervision. We looked around the premises and at records for the management of the service including quality assurance audits, action plans and health and safety records.

After our inspection the registered manger and regional manager sent us additional information such as staff, resident and relative meetings, duty rotas and quality assurance checks.

Good

Is the service safe?

Our findings

At our last inspection on 7 March 2017 we found staff were not always sure how to operate the movement sensors and sensory mats in people's bedrooms. Pull cords in bathrooms and toilets had been shortened so they may not be accessible to people should they fall on the floor. Some people's personal emergency evacuation plans (PEEPS) were not up to date. These identified the risk level associated with evacuating people safely in the event of a fire. People had not always been reassured and kept safe when the fire alarm was activated. We found there were insufficient night time staffing and we were concerned about the number of domestic assistants on duty to keep the service clean.

Following our inspection the provider wrote to us and told us they would make the necessary improvements and address our concerns. At this inspection we found only one person required a sensor mat and that had recently been put into place because of an increased risk of falls. Staff were aware of the sensor mat and why it needed to be used. One staff member told us they had received comprehensive training to use all equipment including the senor mat. Pull cords in toilets and bathrooms were at the correct height. We spoke to a maintenance staff member who told us they regularly checked the length of the pull cords to make sure they met with the regulations. We looked at people's PEEP's and found them to be in date and relevant to the people who used the service. Staff told us they now reassured people before and after the fire alarm was activated. Maintenance staff monitored the fire safety checks and explained they would attend residents meetings for comments, feedback or complaints. They told us there had been no recent complaints about the fire safety checks completed. We looked at the minutes of the last two residents meetings and confirmed this was the case. No one we spoke with told us they were concerns about feeling unsafe when the fire alarm was activated.

During this inspection we looked at staffing levels for day and night shifts and found there was an adequate number of staff to keep people safe. Domestic staff were on hand throughout our inspection. The registered manager explained there had been a high reliance of agency staff to cover staff leave and sickness but he tried to keep the same agency staff for continuity. We saw records confirming this. People told us staff were busy and had been aware of the agency staff, one person told us, "There are a lot of agency staff, at night especially, and they are OK but don't know you so well or the place." Another told us, "They can be a bit low on staff. I can move around the home but it's tricky for those that need more help." The registered manager explained that following a recruitment exercise they were on track to stop using agency staff soon. After the inspection we were sent the duty rota for February confirming a full complement of staff employed directly by the provider had been scheduled in.

During our inspection there were two registered nurses and seven care workers on duty during the day, this reduced to one registered nurse and four care workers at night. A relative told us, "Previously we felt there was a staff shortage, but now we feel staff are always around." Staff told us there had been problems with staffing but there had been recent improvements. Staff told us there were enough staff on duty and they were looking forward to using less agency staff as they felt this would have a positive impact on people. One staff member told us, "The permanent staff are good but the agency staff can be shockers."

People told us they felt safe and trusted the staff. One person told us, "The friendly and forthcoming manner of the staff makes me feel safe." The service had policies and procedures for safeguarding vulnerable adults. We saw safeguarding concerns were investigated promptly and thorough investigations were undertaken when necessary. We saw evidence of action taken to reduce the risk of further occurrence for example additional training and supervision and an open approach to discussions around lessons learnt.

Staff we spoke with had a good understanding of how they kept people safe within the service, would recognise signs of abuse and report any concerns they had. Staff had received training in safeguarding vulnerable adults as part of their induction programme with on-going refreshers as part of their mandatory yearly training.

People's personal risk assessments contained details of how risks were managed. Examples of risk assessments seen included nutrition and hydration using the Malnutrition Universal Screening Tool (MUST) assessment, monthly weight checks, medication, use of call bell, moving and handling, behaviour, mobilisation, falls and a personal emergency evacuation plan to be used in the event of a fire.

The service consistently focused on ways to improve its safety record. For example, regular clinical governance and fall meetings covered agreed actions on wound management, diabetic monitoring and falls management. Accidents and incidents were recorded and analysed each month, this helped identify any trends or patterns and allowed managers to put systems in place when necessary to keep people safe. We noted that the amount of reported falls fluctuated but one person had three recorded falls in January 2018. This had been identified and the registered manager showed us a copy of the check list staff had to consider. This involved looking for the cause of the fall and identifying patterns. It also included any preventative measures that could be put into place. Such as a referral to the falls clinic, physiotherapist or occupational therapist and looking at equipment that may help such as sensor mats, hip protectors, low beds and crash mattresses.

The provider had systems in place to promote a safe environment. The service was well presented and safely maintained and there were records to support this. Regular environmental checks were carried out such as gas, electrical equipment, kitchen equipment, water temperatures, legionella checks and checks on other equipment such as hoists and wheelchairs were regularly tested and serviced.

Recruitment checks were carried out before people could work at the service. Each staff file had a checklist to show that the necessary identity and recruitment checks had been completed. These included proof of identification, references, qualifications, employment history and checks with the Disclosure and Barring Service.

People's medicines were managed safely. We looked at the storage and administration of medicines on both floors. The medicine rooms were kept locked when not in use, access was limited to designated staff and the keys were held by the Registered Nurse who was in charge of the shift. Information displayed on the front of each person's Medicine Administration Record (MAR) chart included their personal details, their photograph, the name of their GP, their room number and any known allergies. This helped to minimise the risk of people being given the wrong medicine. Records we looked at were correct and up to date with no recording errors. We looked at the procedures in place for controlled drugs and found these were stored, recorded and disposed of correctly. Regular medicine audits were conducted by the clinical lead and registered manager and the local pharmacy came in to review medicine management on a regular basis. We saw the results from the most recent pharmacy review in October 2017 and noted they were positive.

The service had systems to manage and monitor the prevention and control of infection. We found all areas

were clean and tidy. Domestic staff followed a daily cleaning schedule and were well equipped to carry out their role. Staff had clear procedures on infection control that met current national guidance. The service met the requirements of the Control of Substances Hazardous to Health Regulations (COSHH). Such substances were stored in locked COSHH cupboards. Where appropriate we saw staff washing their hands and using and removing single use personal protective equipment (PPE) to reduce the risk of transporting and transferring microorganisms.

Good

Is the service effective?

Our findings

People's care and support needs had been assessed and discussed with them prior to their admission to the service. A full assessment of their needs was completed which involved the person, their relatives or friends where appropriate. This covered people's health and mobility needs their likes, dislikes, daily routines and communications needs. People were asked about their hobbies and interests and if they would prefer a male or female care worker to help them with their personal care.

People were supported by staff who had the knowledge and skills they needed to carry out their role. Staff told us there were good opportunities for training. They told us, "Very good quality training", "It's a good company, they support the staff with training" and "I get good training and support."
All new staff received an induction that introduced them to the home, taught them the basics they needed to know, the policies and procedures and mandatory e-learning. When staff joined but did not have certain level of qualification they were also required to complete the care certificate. This a set of nationally recognised standards that have been developed for support workers to demonstrate that they have gained the knowledge, skills and attitudes needed to provide good quality and compassionate care and support. Records were kept of staff training so training needs could be easily highlighted this was monitored by the registered manager and at provider level. The provider's mandatory training covered subjects such as emergency first aid, fire safety, food hygiene, infection control, manual handling and safeguarding. In addition the registered manager ensured staff attended face to face training relevant to their role. This included, living in my world, distressed behaviour, vascular dementia and pressure area care. Staff attended team meetings and had regular supervision and support to enable them to carry out their roles effectively. We saw supervision consisted of one to one meetings but group supervision was used as training events. For example, we noted group supervision included discussion around infection control, food hygiene and equality and diversity. Staff told us they felt comfortable asking for more training and felt the registered manager would accommodate them if they were able.

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. The application procedures for this in care homes and hospitals are 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 were being met.

The registered manager had a good understanding and awareness of their role and responsibilities in respect of the MCA and DoLS and knew when an application should be made and how to submit one. Applications made to deprive people of their liberty had been properly made and authorised by the

appropriate body. Staff we spoke with understood their responsibilities regarding the Mental Capacity Act 2005 and Deprivation of liberty safeguarding. People's capacity to make decisions and consent to treatment was regularly monitored by the service and recorded in their care plans.

People were supported to eat and drink enough to maintain a balanced diet. People told us they were offered a choice of food and drink at meal times and most people were happy with the quality of food. Comments included, "The food is reasonable and you can call anytime for a cup of tea", "I would give the food a good but I'd like to have some input to the menu planning", It's too hard to please everyone, I think it's good" and "The food isn't to my liking …too soft" Two people told us the chef had come to see them to discuss their food options and what they would like. We observed the dining room environment was pleasant and at lunch time the food was well presented. On the ground floor we noted staff knew people well, what they liked and disliked and portion sizes. On the first floor however people complained their portion sizes were too big and sent food back. Although menus were on display giving the options for the day we felt this information was not always in an accessible format for everyone using the service. We discussed this with the registered manager and the next day saw staff were showing the plated up options to people so they could choose what they wanted. One staff member we spoke with was also the nutrition champion, they explained people's family were able to eat with their loved one if they wished and the chef would always make meals to order if people did not like the options available.

People's nutritional risk was assessed and monitored. Care records contained details of people's weight and nutritional assessments, healthcare professionals were involved when people were identified as being at risk, for example, from choking or malnutrition.

People had access to healthcare services and received on-going healthcare support. People told us, "I see the GP here, it's never been a problem…I've also seen the hearing aid people", "The district nurse comes", "There is an excellent chiropodist." Staff told us that the service received weekly visits from the local GP surgery every week and that as people's health needs changed there would be a referral made to the relevant professional for advice and guidance. We spoke the visiting GP who was complementary of the care provided by the service. People's care records contained the outcomes of visits undertaken by a range of professionals including GPs, pharmacists, podiatrists and speech and language therapists, physiotherapists and information regarding attendances at hospital outpatient appointments. Relatives confirmed they were kept informed of their loved ones needs and the GP was called if needed. Staff confirmed that relatives were informed of any changes and a record of communications with relatives was retained and seen in care records.

The environment was well presented and decorated. People had access to outside space and quiet areas were available when people had visitors. Equipment was available to meet people's care needs and support their independence. The registered manager was working with the provider to make adaptations to some parts of the service more accessible for those people living with dementia.

Good

Is the service caring?

Our findings

People spoke positively about the caring attitude of the permanent staff. Comments included, "Staff are very kind…they have a laugh with me", "Staff are mostly caring", "They can't do enough for me "It's all good here as anywhere and the staff are OK" and "Staff are getting to know me and we are starting to have a laugh." One relative told us, "The staff are always lovely to me and make me feel welcome." People were very complementary of the laundry, one person said, "My laundry is collected in the morning and returned by lunch time…fabulous service." A friend of a person told us, "I love to see my friend well dressed…her clothes are really well cared for and although she doesn't know now, that was very important to her."

People told us staff treated them with dignity and respect. One person said, "Everyone treats me with respect and they use big towels to help preserve my dignity when showering and I appreciate that." One person told us and we observed twice staff entering people's room without knocking. We spoke to the registered manager about this. They were able to explain that one person liked staff to walk in as it made it more homely and this was noted in their care records. The service had a dignity champion in place to help ensure people's dignity was respected. The registered manager showed us the dignity tree they had put in the reception area, where people were able to write about the things that would make a difference for them. We saw the service had started to help people to achieve their wishes.

People could choose where to spend their time. Some people on the first floor chose to eat lunch in the ground floor dining room and others preferred to eat in the first floor dining room or in their rooms. We saw people sitting in the main foyer having tea and a chat to the reception staff. One person told us staff, "let me sleep but they are there if I need something." Staff were knowledgeable about the care and support people required and care records contained information of what people were able to do for themselves and what support they required including the use of equipment such as walking frames to support their independence.

We observed all staff including care staff, housekeeping staff and laundry were friendly, compassionate and caring towards people and we saw some good interactions during our inspection. Staff were attentive and respectful in their approach and manner. Conversations were friendly and relaxed and demonstrated that staff were on good terms with the people they were caring for. During lunch staff took their time to sit and engage with people in a kind and friendly way treating them in an encouraging and dignified manner.

Staff talked about people with care and compassion although some staff said they would like to spend more time with people. One staff member told us, "Sometimes you want to sit with people but there's not always enough time." Other staff told us, "I work hard and try to please people." Another staff member said, "I love it here, the staff are so friendly…the people and surroundings are nice…it's a nice home." Staff had a good knowledge of people, their histories and their likes and dislikes and this helped them have conversations with people and helped staff understand what made people anxious or upset. We observed examples where staff were able to distract people with calming conversation if they became troubled and stop any escalation of behaviour that may challenge the service. Staff told us they had time to look through people's care records and this helped them learn about people and be better equipped to support them.

The registered manager and staff understood the importance of family and friends and we observed that visitors were welcome at any time without restrictions and were warmly greeted by staff, who offered refreshments. There were overnight facilities for any relatives who wished to stay. Relatives told us they were always welcomed at the service. One said, "I come anytime and I love that I can park easily."

Good

Is the service responsive?

Our findings

People and their relatives, where appropriate, were involved in planning their care. Care plans identified people's care and support needs. They held detailed information and guidance about the person's care, including communication; personal care; nutrition; mobility; skin care; and pain management. Care plans reflected people's individual preferences, which helped staff to meet people's needs and they were reviewed and updated regularly. The service was moving to a computerised care planning system and we saw a sample of the care records that had been transferred. These contained up to date information on individual needs and the support they needed. People's preferences were recorded, for example, they type of face cream they liked to use or shampoo. The registered manager explained these care records could be presented in different formats to make them more accessible for people. For example in a larger font for those people with poor sight.

People received personalised care that was responsive to their needs. "Who am I" information was on the back of people's bedroom doors with information about their likes, their dislikes and how staff should support them. Daily handover meetings were used to share and record any immediate changes to people's needs. This helped to ensure people received continuity of care and helped staff share information at each shift change to keep up to date with any changes concerning people's care and support. A general overview of the handover was kept at the nurse station so staff could quickly access the information they needed to care for people. We saw this included some information about how people wanted to be cared for and their likes and dislikes but mainly focused on their health care needs.

The service employed two well-being champions to help arrange and co-ordinate activities for people over a seven day program. The activity schedule was seen in people's rooms and produced in an easy read form for residents. This included armchair exercises, jigsaw puzzles and word search, quizzes, choir and external entertainers. People told us, "I think the activity staff work really hard. They have given me some colouring book and pencils and I really enjoy them", "I do word searches in my room" and "I love being taken out, we had a good laugh today and I love a proper chat."

The service had a cinema room on the ground floor and we observed this was popular. One person told us, "I love coming to watch the films…it's always something I like." Every Tuesday a small shop stocked with toiletry essentials and stationery was taken around the service, people told us they liked this. One person said, "I like to be able to buy the odd birthday card from the little shop but it's only once a week."

The registered manager told us they had just started a resident's daily allocation sheet. People were asked if they wanted to be involved with everyday tasks at the service, such as setting tables, washing dishes, folding clean clothes, gardening, dusting and hovering. We observed housekeeping staff and care staff working with residents in a very positive way, doing real jobs at the person's pace. One person told us, "I help with the washing up…it's a good idea to let us help."

There were regular Christian based services and people had visits from their own clergy. One person told us, "The vicar comes to give me communion and I'm hoping to go out to church this week."

Three people we spoke with told us they would like some fresh air .We spoke with the registered manager about the ways they could utilise the outside space and balcony area in the winter time.

During the first day of our inspection on the first floor our observation showed that some people may have benefitted from more engagement and stimulation in the lounge environments due to their dementia needs. For example, reminiscence style equipment such as memory boxes for people to investigate or dolls and soft toys or furnishings for them to touch and hold. We also noted that the environment could be improved to help people. Such as more colour definition in corridors to aid way finding and activity or interest stations along the corridors with places to sit. We spoke to the registered manager and the regional manager about ways to enhance people's activities and surroundings. On the second day of our inspection we were told some dolls and memory boxes had been ordered for people and a date arranged for the providers dementia care expert to come and provide advice to improve the environment and activities for those people on the first floor. We will check for progress at our next inspection.

The home had end of life care arrangements in place to ensure people had a comfortable and dignified death. The home was working in partnership with the local hospice to improve end of life care for people. A recent safeguarding allegation had raised concerns about staff knowledge and competency around some aspects of end life care. We spoke with the local safeguarding team who had concluded their investigation and were assured the service had made all the necessary improvement to provide safe care in this area. We checked this on our inspection and found procedures had been put in place so staff knew what to do and where to get support when they needed it. For example, the GP or hospice. Staff had received the specialist training they needed so they could provide the care they needed to with confidence. We spoke with staff and they told us how they supported people to make decisions about their preferences at the end of their life. Care records showed where people chose to spend their final days in the service and not be admitted to hospital and were able to specify their preferred arrangements if they wished. Decisions were recorded on people's records so that in the event of their death staff had the information they needed to ensure their final wishes would be respected.

People knew how to give feedback about their experiences of care and support. People told us they knew who to complain to if they needed to. One relative told us, "My complaints are well followed up. [The registered manager] is always around to talk to and he is so approachable." The service had a procedure which clearly outlined the process and timescales for dealing with complaints. Complaints were logged and monitored at provider level. The manager took complaints about the service seriously. Where complaints had been made we saw these had been investigated thoroughly and the concerns raised had been used as an opportunity for learning and improvement. The registered manager explained he encouraged relatives to raise any issues with him directly or during the regular relatives meetings. We were shown the positive feedback the service had received in recent months both via the internet and with cards and emails. Comments included, "Thank you for all your care and kindness during my stay", "The staff are very polite and respectful" and "I believe that it was the excellent care that [my relative] received and the dedication of her carer that contributed to her amazing longevity."

Good

Is the service well-led?

Our findings

At our last inspection we found the providers governance, quality assurance systems and processes were not always effective to identify and address the concerns we had found during our inspection. Following our inspection the provider wrote to us and told us they would make the necessary improvements to address our concerns.

During this inspection we found improvements had been made. A range of quality assurance systems and audits had been introduced to help manage the risks to the quality of the service and drive improvement. The registered manager conducted audits that included monthly infection control, health and safety, falls and medicine. Additional safety and environmental checks were carried out by maintenance staff including fire safety, the regular maintenance and safety of equipment used including window restrictors, water temperatures and legionella checks. Daily hot water checks were undertaken by staff before personal care. We saw all audits and checks were in date and where problems had been identified the action taken was noted. The provider also had its own monitoring systems in place. A monthly regional manager visit report looked at areas such as care records, risk, environmental checks, safeguarding, accidents and incidents, nutritional needs and infection control.

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like the registered provider, they are registered persons. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was registered by the commission in October 2017. Although they were fairly new to the service they had worked hard focusing on staff development and improving the quality of care people experienced. People, their relatives and staff spoke positively of the registered manager. People we spoke with told us, "He's someone you can talk to" and "I know where to find him" A relative described the registered manager as a "breath of fresh air" and went on to tell us about the positive changes he had made to the service. Staff told us things had improved since the registered manager had started. Comments included, "The place has been turned around, especially with the lead from [the registered manager]…the atmosphere is more a happy place" and "[The registered manager] has made some good changes…it's much better now."

People benefited from a staff team that worked together and understood their roles and responsibilities. The registered manager was supported by an experienced deputy and senior care staff. Staff we spoke with were happy with the new routines and changes implemented by the registered manager. There was a strong focus on continuous learning at all levels. Managers meetings shared best practice and areas where improvements could be made at a strategic level. Staff meetings and nursing and clinical governance meetings were held regularly and helped to share learning and best practice so staff understood what was expected of them.

People and their relatives were encouraged to be involved to help shape the service and its culture. Regular

residents and relative meetings were held where people's views and opinions were asked for. We looked at previous meeting minutes and noted the discussion points, the registered manager spoke to us about the changes he had made and how he continued to listen and act on people's views. Relatives we spoke with confirmed the service was improving and they felt listened to.

The registered manager ensured effective communication within the team. Staff held handover meetings at the end of each shift and there were short daily meetings attended by the registered manager, clinical leads, activities coordinator, head of catering and head of housekeeping which promoted information sharing and collective planning. Nurses were supported to meet regularly to review clinical practices within the service such as falls risk, management and prevention and the prevention and treatment of pressure ulcers.

The service worked closely with the local safeguarding team to report and investigate any alleged abuse. Records confirmed accidents, incidents and safeguarding concerns were monitored centrally and any lessons learned were discussed both during management and staff meetings to ensure the continued improvement of the service. The service worked well with other external agencies and stakeholders, for example, the local hospice, the police and the local authority. Feedback we received from the local authority showed an improving service.

The registered manager and the regional manager spoke about the progress they had made to improve the outcomes of people using the service. They also spoke about the work they planned to do in the future. After the inspection we received information about a "we are listening" information board they had just introduced to let people and their family know the service was listening to them and to record the actions they were taking to make improvements. The service had worked to involve people from the local community and we were told of visits from students at a nearby school, people from the local church, volunteers from St Helier's hospital and the Salvation Army. The registered manager told us he wanted to bring the community to the service but also planned to take the service to the community and was looking at ways to involve people once the winter weather had improved.

The registered manager understood their responsibilities in line with the requirements of the provider's registration. They were aware of the need to notify CQC of certain changes, events or incidents that affect a person's care and welfare. We found the registered manager had notified us appropriately of any reportable events.