New Century Care (Colchester) Limited

The Oaks Care Home

Inspection report

15-25 Oaks Drive
Lexden
Colchester
Essex
CO3 3PR

Tel: 01206764469

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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

On 11 November 2016 we inspected The Oaks Care Home and found them to be in breach of one regulation under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breach of Regulation 12 was in relation to improvements needed to protect people from the risk of infection. There were some other minor improvements also needed. We rated the service as 'Requires improvement' for the key questions of Safe, Responsive and Well Led and 'Good' in Effective and Caring. We asked the provider to complete an action plan as to how they would improve the service. The provider wrote to us showing the actions they had taken since our last inspection.

We carried out this unannounced inspection on 28 November 2017 to see if the provider had made the necessary improvements to the service. We saw that improvements had been made to ensure people were kept safe from the risk of infection, records were more consistent, people had more opportunities for leisure activities and improvements had been embedded in practice. All of the key questions were rated as 'Good' and the service received a rating of 'Good' overall.

The Oaks is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The care home was registered to provide a service to up to 61 people in one building on two separate floors. These included people with a physical disability, those living with dementia and people receiving end of life care.
However, after the recent refurbishment people were accommodated only on the ground floor until further refurbishment was undertaken. At the time of the inspection, there were 32 people being supported by the service.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, 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.

There were systems in place to safeguard people from avoidable harm and staff knew how to report any concerns. The risk assessments undertaken provided staff with the necessary information and guidance on how risks to people could be minimised. The service regularly reviewed their staffing arrangements to ensure there were sufficient staff available to support people safely.

Recruitment processes were in place for the safe employment of staff. People's medicines were managed and administered as prescribed and infection control procedures were followed in order to keep people safe and well. Systems were in place to learn from incidents and accidents and to improve the service as a result.

An organised programme of induction, training, supervision and appraisals for staff were in place. Staff had the knowledge and skills to care for people effectively. They understood their roles and responsibilities to seek people's consent prior to care being provided.

People were supported to have a choice of food and drink and to have a balanced and varied diet. The registered manager and staff ensured access to healthcare services were readily available to people and worked with a range of health professionals to implement care and support plans.

People's needs were met by the design and decoration of the premises. They had been involved in the recent refurbishment and could access all areas including the grounds.

Systems were in place to ensure that people's rights were respected and protected under the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Where people did not have capacity to consent to their care or make decisions about their lives, this was managed in line with the requirements of the MCA.

Staff were respectful and compassionate towards people ensuring their privacy and dignity was valued. People were supported in a person centred way by staff who understood their roles and responsibilities. People's independence and choice were encouraged and promoted by staff.

People received personalised care that was responsive to their needs. Care plans were individual and detailed people's history, preferences and wishes. An effective complaints procedure was in place and had been implemented appropriately by the registered manager. People and their families were well supported by caring staff at their end of their life.

There was a positive, open and inclusive culture at the service. The service was well led and managed. Resources were available to support and develop the service and people, their families and staff were actively involved. Systems were in place to monitor all aspects of the quality of the service. There were opportunities to learn and develop new and innovative ideas in partnership with other agencies.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were effective systems in place to safeguard people from harm. Risk assessments provided staff with guidance to keep people safe.

There was sufficient staff in place who were safely recruited and people's medicines were managed and delivered as prescribed.

Infection control procedures were in place. Incidents were investigated, lessons learnt and action taken to reduce future occurrences.

Is the service effective?

Good

The service was effective.

People's needs were met in line with current guidelines and good practice and staff received appropriate training and support in order to carry out their role.

People's mealtime experience and their nutrition and hydration needs were met well. Links and referrals to professionals were made in a timely way to maintain their health and wellbeing.

People's needs were met by the design and decoration of the premises.

Staff understood people's individual needs and provided the support they needed in line with the requirements of the Mental Capacity Act (MCA) 2005.

Is the service caring?

Good

The service was caring.

The staff were kind, warm and compassionate to the people they cared for.

People had been involved in planning their care. They were listened to and their wishes and choices were taken into account and respected.

People's privacy and dignity was maintained and they were supported to be independent.

Is the service responsive?

Good

The service was responsive.

Thorough assessments of need had been carried out. People received care that was personalised and took into account their individual needs, preferences and choices.

The provider had an effective complaints system and people and their families were able to raise concerns.

People at the end of their life could expect care to be provided to them and their relatives in a sensitive and dignified way fully respecting their wishes.

Is the service well-led?

Good

The service was well-led.

The registered manager provided visible leadership, effective management and was proactive and inclusive.

Systems were in place to monitor the quality of the service for people who used it and worked in it.

People were engaged and involved in developing the service. Staff were supported, motivated and enthusiastic in carrying out their role and responsibilities.

Resources and support were available and the service worked in partnership with the community to drive improvement.

The Oaks Care 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 checked 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 was a comprehensive inspection. The inspection was completed on 28 November 2017 and was unannounced. The inspection team consisted of one inspector, supported by another inspector who visited the service to talk with people during lunchtime, and a specialist professional advisor.

We reviewed information we held about the service, including the previous inspection report, any safeguarding concerns, complaints or notifications. A notification is information about important events which the provider is required by law to send to us. A provider information return (information which we ask the provider to give to us about their service before an inspection) had not been requested for this service.

Some people were unable to talk with us so we used observation to understand their experience of using the service including how staff interacted with them during the day.

As well as speaking with the registered manager and the clinical nurse lead, we also spoke with 21 people who used the service, three relatives and friends, 11 care and nursing staff and the activities coordinator.

We looked at the care records for eight people who used the service and checked how the quality of the service was being monitored and managed. Four staff recruitment and training files were reviewed along with the training records for all staff employed by the service.

Good

Is the service safe?

Our findings

At the last inspection in November 2016, we found that the service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were improvements needed to protect people from the risk of infection.

The provider sent us an action plan and told us what they were going to do to improve. At our inspection on 28 November 2017, we found that improvements had been made to infection control procedures and the provider was no longer in breach of this Regulation. Safe has now been rated as 'Good'.

There were systems in place to manage and monitor the prevention and control of infection. The infection control policy was up to date and signed by the registered manager and all the staff to indicate that they had read and understood the policy. We saw staff using aprons and disposable gloves when they were supporting people with personal care and adhered to hand washing techniques.

The service ensured that each person was measured for their own slings if they required a hoist and slings were washed regularly to ensure they were hygienic. There were hand washing posters and gel near every hand washing facility. Information on bedroom doors indicated when a person had an infection and the procedure to take for staff and visitors. We saw correct procedures being undertaken by staff. One staff member told us, "We have learned that we should always wash our hands before and after procedures and we should dispose of the gloves and aprons before leaving their rooms in order to prevent and reduce the risk of infection."

People told us they felt safe at the service. One person said, "I feel safe here, staff look after you okay and they are good to talk to." A family member told us, "[Relative] is so much safer here than at home and can do more with the support of people too." Staff had received training in safeguarding people in their care and told us how they would recognise the different types of abuse and neglect. They were able to explain the actions they would take in accordance with the adult safeguarding procedures to protect people from harm.

Staff knew how to us the whistle-blowing procedure if the staff or managers did not listen or act on their concerns. One staff member told us, "I shall have no hesitation to report any incident of abuse to the manager and the person in charge and ensure that action is taken. I know how to report things directly to the safeguarding people and to CQC."

Risk assessments were in place and identified the risks associated with people's care and support needs. These related to moving and positioning, choking, breathing, falls, weight loss, pressure care and personal care. The information recorded was up to date within people's care records and these were securely stored but available to staff to view.

Staff were aware of people's individual risks and how to help keep them safe whilst ensuring any restriction on people's freedom was minimised. Our observations showed that staff's practice reflected that risks to

people were managed well so as to ensure their wellbeing and keep people safe. Records confirmed that people at risk of falls and developing pressure ulcers were checked and repositioned regularly during the day and at night. On person told us, "I require the assistance of one staff when I get out of bed in the morning and when I need to move from my chair to the wheel chair. The staff member is there to ensure that I transfer safely."

Risks assessments had been completed on the environment and actions had been taken to ensure people were safe within the service. We looked at the service's maintenance and servicing records. They showed that equipment such as fire safety equipment, electrical appliances, hoists and air mattresses were regularly checked to make sure people were kept safe.

Personal emergency evacuation plans (PEEPs) were in place for people living at the service. This provided staff and emergency services with information on people's support needs in the event of an emergency evacuation of the building. Staff also had information and access to emergency contact numbers to respond to an event that could affect the running of the service. The provider employed a general maintenance person for the day to day up keep of the service and for the monitoring of environmental health and safety.

The service had an effective recruitment process which included dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS).

Adequate numbers of staff were available to provide the care and support as detailed within people's individual care plan. This ensured that the delivery of care by staff was appropriate in meeting their specific needs. The registered manager regularly monitored the needs of people to ensure there was sufficient staff and this included using agency staff were required.

People confirmed that there were enough to offer safe care. One person told us, "I don't have to wait long when I press the buzzer, staff are normally very good. Even if there was a delay I would understand and wait because when they attend to me they are very thorough and good care takes time." Another person said, "Staff always pop in and check I am okay, day and night." Staff told us that there had been a big drive in recruitment and there were enough staff on duty.

People received their medicines as prescribed and in a safe and timely manner as we observed during our inspection. Each person had their own medicine profile and Medicine Administration Record (MAR) with their photograph attached and consent given.

For people who required medicines, 'as and when necessary', guidance was given to staff about the dosage, the maximum amount to be given over 24 hours, the reasons for giving it and the possible side effects. Records showed that these arrangements were reviewed regularly. Information was available to staff about people's medicines, the dosage, amount, and any special instructions, for example the risks around a person's health when taking Warfarin and those who were diabetic.

People's preferred methods of taking their medicines were also recorded, such as choice of time, with a spoon or in a cup, liquid or tablet, with a drink of their choice. Body charts and instructions were used to apply topical applications such as ointment, cream and patches. One person told us, "My barrier cream and my patches for my pain are the most important medicines. I never had to ask for them once since I have been here, because the staff made sure that I have them on time and in the right place."

One person who administered their own medicines had a risk assessment completed and measures in place to ensure their safe storage. They told us, "I administer my own insulin, but I have the added reassurance that the staff check it with me every time to make sure that I get it right. They are always on time and very patient." Another person told us, "I had the choice of doing my medicines myself and preferred to leave it to the nurses; they are trained and know best. I trust them 100%."

The service followed the legal requirements for the ordering, storage, dispensing and disposal and all medicines. Room and fridge temperatures were maintained and recorded daily to preserve the medicines as required.

All staff that dispensed medicines were trained to do so and we saw certificates to confirm that they had done so. One staff told us, "I have completed the e-learning medicine module, the practical test, and training by the supplying pharmacy and these have equipped me with the skills to ensure that I can dispense medicines safely." Another staff said, "Although we have improved a lot, the manager always asks whether we can do anything to improve the way we do medicines."

There were systems in place to record, review and investigate safety concerns. Staff reported through the appropriate internal and external channels such as through social services or the GP and to their regional director. Lessons were learnt, trends noted and actions added to the provider's on-going improvement plan. We saw that they had undertaken internal investigations with outcomes and actions to be taken. One such example was the monitoring and subsequent improvement in pressure care for people using the service.

Good

Is the service effective?

Our findings

At the last inspection in November 2016, we found that effective was 'Good'. At this inspection the service remains 'Good'.

People's needs and choices were assessed and support was tailor made to ensure their care was effective. Staff were working within current legislative guidelines and good practice and the provider's policy and procedures were comprehensive and up to date. The registered manager used guidance and information in order for people to have effective outcomes and to live a life with as much choice and control as possible. One staff member said, "The clinical lead and the registered manager have worked closely with us to improve the way care plans are written and the guidance in people's rooms is much easier to follow now."

People and their relatives told us that staff carried out their role very professionally and were competent in delivering good care. People benefitted from having regular staff who knew them well. One person said, "I have known [staff member] for a long time now, it is so reassuring when you see the same staff every day. A family member told us, "My [Relative] has settled in. The staff have got to know them quickly and their health needs and we go home knowing that they are well looked after, safe and have nice staff around them."

The induction, training, supervision and support system for staff was comprehensive. Induction included an introduction to the service, the role and responsibilities of staff, shadowing and support to complete the Care Certificate (the new vocational qualification in social care).

A programme of training was organised throughout the year to enhance and refresh staff skills and knowledge. This was completed through the completion of online and face to face training and competency checks followed to assure that knowledge had been embedded. Staff also learnt by spending time with health care professionals. One staff told us, "I have had sessions with various professionals about how to provide good pressure ulcer care and how to help people with communication and swallowing difficulties. This has made me more confident in managing these conditions."

The team at The Oaks Care Home was made up of staff with a range of nationally recognised qualifications in nursing, health and social care and new staff had access to good role models. One staff said, "I have been encouraged to do my nurse training." Another said, "The clinical lead told me that they don't expect us to do anything that we have not been trained in and this is very encouraging."

Staff received regular supervision and support. We saw that discussions and actions had been recorded and that supervision was mutually beneficial. Staff told us that supervision had improved, they were listened to and felt that they were valued. One staff member said, "I look forward to my supervision because it is fun and honest." Another said, "You feel part of the place and the managers are always trying to improve things for everyone." A third said, "Management care and are interested in me and what I can offer."

Our observations of the lunchtime meal showed that the dining experience for people was generally positive

and sociable. People were offered a choice of drinks and food and chose where they wanted to eat their meals and who with. People told us that the food was usually good, varied and presented nicely. They said, "The food is lovely, they make some smashing soup here," and, "If I don't like something, I can say. They have a list of my likes and dislikes," and, "I have a bacon sandwich for my lunch, that's what I like it's my favourite. They always ask if I want something else but I know what I like."

On the day of our inspection, the regular chef was on holiday and people spoke to us of their disappointment with the meals provided whilst they were away. One person said, "I always look forward to the food, because it is all good and offer you choice, however this week has been different, not so good quality because the chef is on leave and it shows."

People's nutritional needs had been assessed and the support that they required from staff to eat and drink was recorded. These assessments identified if people were at risk of malnutrition and the necessary action to be taken to keep them well. People were weighed weekly or monthly according to their assessment and any concerns which may have been identified. Some people had complex health needs which meant they could not eat and drink without extensive support or required food presented in a textured or pureed way. We saw that people who were assisted to eat were able to enjoy their meal unhurried.

Staff at all levels and external services worked well together to provide consistent and coordinated care. Care records showed that the relevant health care professionals and specialists worked together, shared information to help people remain well. Professionals were involved in the planning and monitoring of people's support and we saw records to show they had attended, assessed and made recommendations to ensure people's needs were met. We saw that for example people who were at risk of choking had measures in place to reduce the risk as staff were following the advice and guidance from the speech and language therapist.

For other people at risk of pressure ulcers, staff were following advice from the tissue viability nurse and dietician in order for the risk to be reduced and improvements to be made. One person told us, "I came here because I had a grade four pressure ulcer. This was both painful and uncomfortable. It has improved so much so that now I can sit comfortably and the amount of painkillers I need to take is much reduced." The records of the tissue viability nurse showed the improvements made and how different professionals had worked together to ensure this person got effective care and treatment. One staff member told us, "We all work as a team, there's like mutual respect which means we are all important at doing our job."

People were supported to access healthcare as required. The service had good links with other healthcare professionals, such as district nurses, GP and the mental health team. People told us that staff would call the GP if they did not feel well. Records clearly showed when people had received interventions from healthcare professionals and that advice given was followed. People told us, "Staff got the doctor quickly when I had a fall and when I had a tummy upset," and, "I went to the hospital, the walk in centre today as staff said I needed to be seen. I didn't go on my own as [staff member] came with me," and, "I can always ask for a nurse or a doctor and they get one. People and their relatives told us they were involved when any referrals were needed to external professionals. One family member said, "We are fully involved in discussions about [relative's] care but trust them [staff] to make immediate decisions."

Staff told us that the clinical lead and the therapists provided information and guidance to all staff and to people themselves in a way they understood. There was information in people's notes about their different conditions and topics of how to support people to manage their own personal care. A person who had continence issues showed us the information that they had been provided by the staff to manage their condition.

People's needs were met by the adaptation, design and decoration of the premises. The registered manager told us that an extensive refurbishment of the building was now finished and people were very satisfied with the improvements. There were different spaces available such as small lounges so that people could have time with their families and have a change of scenery. People could access the garden either from the lounges or from their own bedrooms and this was safe for everyone. People said, "It's so lovely and bright and fresh everywhere," and, "I really like my room, all clean and I like the colour too."

Consent to care and support was obtained from people before it was provided. We observed this during our inspection. Some people were not able to consent to their care as they did not have the capacity to make decisions and choices for themselves or to give verbal or written consent. We looked at whether the service was working in line with the requirements of the Mental Capacity Act (MCA) 2005.

The 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 interest and legally authorised under the MCA. The application procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS).

The service was working within the principles of the MCA and conditions on authorisations to deprive a person of their liberty were being met. People's capacity to make day-to-day or significant decisions had been assessed and this information had been recorded in their care plans. This enabled staff to know about people's level of ability to make decisions about things that were important to them.

Records showed that applications had been appropriately submitted to the local authority for consideration if the service was depriving people of their liberty. These were in relation to restricting people from leaving the service and in giving them medicines without their knowledge. Staff had received training in the MCA and DoLS and understood how this protected people's rights and freedoms.

Good

Is the service caring?

Our findings

People, family members and friends told us that the staff were kind and friendly. They said, "You cannot beat the care here, wonderful," and, "I know that my [relative] is well cared for," and, "The staff are caring and always a smile, a wave or a chat as they pass my room." People were happy with their care and the way support was provided.

Staff had a caring approach to their work and went about it calmly and unhurried. One example we observed was when a staff member assisted a person to have their lunch in their room and showed encouragement and patience. The person took a few mouthfuls and would not eat anymore. They were offered another choice and persuaded to try it. The staff member was calm, spoke in a soft voice and gave time for the person to respond. They told us after, "Food is very important and I do everything to ensure that people have something they like. I love helping people to eat and doing what I do."

We saw that people's bedrooms were clean and personalised and people had a key to lock them if they wished. People had drinks available to them in their rooms and their call bells were within reach should they need to use them. We heard the call bells working and being answered in a timely way.

Staff received support and time that enabled them to provide care in a compassionate and caring way. Rotas were arranged so that staff had time to spend with people. One staff member told us, "The way I care for people is very simple. I just make sure that they get the care they need in the way they like it. The care plans have enough information about how people like to have their care and I just follow them."

One initiative the service had introduced was the '15 minute resident focus', whereby at 3pm everyday all staff 'downed tools' and spent time with a person one to one paying attention to people who stayed in bed or spent time in their rooms. The outcome from this initiative was yet to be evaluated but the registered manager told us that people and staff found this worthwhile.

People were involved in their care arrangements and their views were listened to and recorded. The service consulted people's representatives to ensure that their choices and wishes were taken into account in all aspects of their care and support. People's independence was encouraged and maintained in order that they had as much control over their lives as possible. One person said, "I get all the care I require. Although I have choice, to be honest I prefer to leave it to the professionals, because I trust them and they have not let me down. I am better for it."

People had information they understood so they could make informed decisions. For example, we saw for one person there was information about the signs of hypo and hyperglycaemia and the actions to take. The person told us, "I have diabetes and I have information about my diet, low blood sugar and high blood sugar and the complications. So I am well informed."

Staff treated people with dignity and respect. We saw staff knock on bedroom doors before entering and closing doors after them. Staff knew how to communicate effectively. They spoke with people in a gentle

and clear way, repeating sentences where needed to ensure people understood what they were being asked or told. They sat or stood in front of people when talking so they could see their face and hear their voice. Staff also placed a hand on their arm or their hand to get their attention and referred to them by using their preferred name.

We saw staff respond to a person who was in distress, asking if they had pain and where, and assisting them to their room. They did this discreetly and sensitively and the person responded to their approach. Another staff member we observed was talking with people and joking with them and this created a positive and caring atmosphere. We saw that positive relationships had been built between people and staff. One person said, "I like to sit with [name] as we have a good chit chat over lunch."

One health care professional told us, "Morale is very good here and it shows in the atmosphere. There is a caring management team, staff know people and their needs and the nursing care is brilliant."

Good

Is the service responsive?

Our findings

At the last inspection in November 2016, we found that the service needed to make improvements to the content and consistency of the care plans. The provider sent us an action plan and told us what they were going to do. At this inspection on 28 November 2017, we found that improvements had been made and people were receiving quality care as their personalised plans reflected their wishes and choices. Responsive has now been rated as 'Good'.

People told us that staff responded to their needs, with respect and in a timely way. One person said, "My care is the way I like it. This makes me happy." Another person told us, "I have been involved in my care from day one; they show me how my wound care is progressing and how I am healing up."

The records showed that people contributed to the assessment, planning and implementation of their care arrangements and signed their consent to them. Each person had an individualised and person centred care plan. This was comprehensive and covered all aspects of their physical, psychological, emotional and social needs including their likes, dislikes, preferences and wishes. For example, people's preferences for a choice of male or female staff to provide their personal care were respected. Also, in one care plan for a person with anxiety it specified that a staff member should spend time with the person every morning to talk about their feelings. Another person's care plan stated that staff should, "Not just listen but actively listen to the person" in order to really hear what they were saying and understand how they were feeling.

Information to create a life history had been gathered from a variety of sources, the person themselves, their friends and those who knew them best. Staff could use this information to communicate and relate to people about their past life, their home life and career, family, interests and things which were important to them. Relationships with family and friends were encouraged and maintained in order to provide company for people and reduce isolation.

People's sensory needs were met. People had access to sight and hearing specialists and equipment was provided as needed and checked to ensure it met people's needs. Information about community services for people for example, who were blind or partially sighted, was available to them. The registered manager was aware of the Accessible Information Standard (which required providers to make information available so that people could make informed choices) and provided information in different accessible formats as requested.

People's culture, religion, sexual orientation, ethnicity and age related needs were recorded. We saw that the service ensured that people were not discriminated because of any of their needs and their rights were respected. For example, we saw in one person's care plan, "To ensure [person's name] has the right to be different and not to be institutionalised because they live in a care home."

People's care plans were reviewed monthly or sooner if their needs changed. Staff told us, and records confirmed, that other people were invited to be involved in the care review process for example healthcare professionals and families. People's needs were discussed at daily handover meetings and recorded on the

person's daily notes. This told us that staff were kept updated of any changes to people's individual care and support needs.

The service enabled people to carry out group and individual activities and hobbies. One person said, "I am able to follow current affairs on my laptop, listen to music and keep in touch with my friends and relatives." A programme of activities was organised by an activities coordinator. These included a knit and chat group, the Oaks in Harmony choir, board games, a cinema lounge where films of people's choice were shown regularly, and individual one to one time with staff offering hand massages and manicures.

There were good links with local services such as a hairdresser who visited weekly, a local entertainer and singer monthly, visiting clergy to see people individually and children from a local nursery joined in with arts and crafts on a two weekly basis. People told us, "The school comes in and they are only three and four year olds, two by two with their little wellies on. It does you the world of good seeing them," and, "We have a singer come in and we go out shopping and sometimes to the seaside."

The service had policies and procedures in place for receiving and dealing with complaints and concerns received. Information provided to people described what action the service would take to investigate and respond to complaints and concerns raised. Staff knew about the complaints procedure and that if anyone complained to them what they would do about it. We saw evidence that complaints had been received and investigated appropriately. One person said, "We don't have to make a complaint to the manager when we have a gripe about something we just say to the staff and things get done. It's no bother."

The service provided care for people at the end of their life. We saw that people's end of life wishes and funeral arrangements had been discussed with them and their families. The service involved nursing and care staff together with any palliative care specialists needed so that all was in place when necessary. Medicines and equipment were provided so that people were free from pain and made as comfortable as possible.

Good

Is the service well-led?

Our findings

At the last inspection in November 2016, we found that whilst the service had made improvements it was too early to judge if the improvements were sustainable and could be embedded in practice. At our inspection on 28 November 2017, we found that the management and staff had demonstrated that they continued to delivered high quality care. Well led has now been rated as 'Good'.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, 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.

People and staff were very complimentary about the management of the service. One person said, "I know who the manager is. They make it their business to come and say hello and good morning and always with a smile." A family member told us, "Nothing was too much trouble when [relative] moved in. It all went smoothly and we were made to feel okay when we had to leave."

The registered manager and clinical lead had shaped the positive culture by engaging and involving staff in developing the vision and values of the service. The registered manager was very visible within the service, motivated, caring and led by example. They were a positive role model.

Staff had nothing but praise for the improvements and for their involvement in them. They told us, "I have been here for a number of years and I have seen it from its lowest point and to its highest point. Management are approachable, professional and human. They have transformed this place. There is still a long way to go and I very much want to be part of it because I can see something very big."

Another staff told us, "I was planning to leave, but with the new manager things have definitely improved big time. They do not hide in their office. They talk to everybody and the place is more relaxed. Everybody knows what they are doing and sickness has gone down. You don't see people coming in late. In fact the opposite is happening, the manager has to ask people to leave because they don't mind staying a bit late to finish the job."

The registered manager and clinical lead were able to demonstrate their responsibilities and the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. They were supported by the provider and kept updated about changes, developments and good practice guidance.

Staff knew what was expected of them and got good feedback about their performance. The staff survey results from October 2017 showed very positive feedback. One staff member said, "There are staff meetings and somehow you know that the manager is listening to you. They make me feel important, safe and secure."

A robust recording system was in place. All records were organised and very easy to follow. There was

regular archiving of information and this meant that staff could easily access up to date information without the files being bulky and unmanageable.

People were consulted about their views and ideas and these were recorded in their care plans. They also had a voice about improvements to the service. For example, people's views about the food and entertainment shaped the following month's menus as well as the activities they would like to do either individually or as a group. The registered manager told us that as well as the survey they were looking into ways of making the meetings with people and their families more meaningful so that more people might attend in the future.

Resources and support from the provider were in place in order to drive continuous improvement. The improvement plan we saw was comprehensive and showed an on-going focus on sustaining a good level of practice across the service. Quality performance audits including health and safety, medicine management, environmental safety, food hygiene and infection control, night care and care plan reviews were undertaken and records maintained. Accidents, incidents and concerns were recorded and the findings, actions taken, trends noticed and looked at were used in planning and delivering care to help prevent similar incidents occurring in the future.

The service worked in partnership with other professionals such as the safeguarding team and DoLS team, local authority and health commissioners and specialist health care professionals. Information about people was shared appropriately and confidentially so that their care was joined up, personalised and provided with respect and dignity.