

Norse Care (Services) Limited

Lydia Eva Court

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

This inspection was undertaken on 17 and 30 January 2018. The first day of this inspection was unannounced and carried out by two inspectors, a medicines inspector and two Experts 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. The second day of our inspection was announced and completed by one inspector.

Lydia Eva Court is a care home that is registered to accommodate up to 89 older people, some of whom may be living with dementia, in one adapted building. At the time of our inspection there were 84 people living within the home. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. The accommodation is over two floors with three separate, smaller units, on each floor. There are a number of communal areas throughout the home and all bedrooms have en-suite facilities. The home also has a number of enclosed outdoor spaces.

At our last inspection on 1 and 2 December 2016 the service was rated as requires improvement in safe, effective, responsive and well-led. The overall rating was requires improvement. We asked the provider to take action and make improvements to ensure that effective systems were in place to assess, monitor and improve the quality and safety of the service. The findings from our inspection on 17 and 30 January 2018 confirmed that appropriate action had been taken and significant improvements had been made.

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 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.

The management team used a number of methods to ensure the quality of the service provided was regularly monitored. All aspects of the service were checked regularly by the provider's senior management team, the registered manager and care staff, in order to identify any areas that needed improvement. Action was taken promptly to address any identified issues.

Risks to people's safety were identified, recorded and reviewed on a regular basis. There was also written guidance for staff to know how to support people to manage these risks. Staff worked closely with healthcare professionals to promote people's welfare and safety. Staff also took prompt action to seek professional advice, and acted upon it, where there were concerns about people's mental or physical health and wellbeing.

There were enough staff working in the home to help ensure people's safety. Staff worked well together to ensure people's needs were met safely and appropriately. Proper checks were carried out when new staff were recruited, which helped ensure only staff who were suitable to work in care services were employed.

Staff knew how to recognise different kinds of possible abuse and understood the importance of reporting any concerns or suspicions that people were at risk of harm appropriately.

People's medicines were stored and managed safely and administered as the prescriber intended. Staff were appropriately trained and competent to support people with their medicines.

People enjoyed their meals and were provided with sufficient quantities of food and drink. People were also able to choose what they had. If people were identified as possibly being at risk of not eating or drinking enough, staff would follow guidance to help promote people's welfare and input would be sought from relevant healthcare professionals.

Staff were trained well and were competent in meeting people's needs. Staff understood people's backgrounds and preferences and supported people effectively. New staff completed an induction and all staff had frequent one-to-one time with their line manager, during which supervisions and appraisals of their work were undertaken.

Staff understood the importance of helping people to make their own choices regarding their care and support and consistently obtained people's consent before providing support. Some people did not have the capacity to make all their own decisions but staff understood how to act in people's best interests, to protect their human rights. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff had developed respectful, trusting and caring relationships with the people they supported and consistently promoted people's dignity and privacy. People were able to choose what they wanted to do and when. People were also supported to maintain relationships with their friends and families.

People were supported to engage in meaningful activities of their choosing and were supported to maintain and enhance their independence as much as possible. Staff interactions with people living in the home were frequent, engaging and positive.

The service was well run and communication between the management team, staff, people living in the home and visitors was frequent and effective. People and their families and friends were able to voice their concerns or make a complaint if needed and were listened to with appropriate responses and action taken where possible.

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.

Staff knew how to recognise signs of possible abuse and were confident in the reporting procedure.

Risks to people's safety were assessed and staff understood the action they needed to take to promote people's safety.

There were enough staff to support people safely and appropriate recruitment procedures were followed to ensure prospective staff were suitable to work in the home.

People's medicines were stored and managed safely and administered as the prescriber intended.

People using the service were helped to stay safe and well because the service followed effective procedures for the prevention and control of infection.

The service had effective systems in place to ensure lessons were learned and improvements were made in the event that things went wrong.

Is the service effective?

Good ●

The service was effective.

People's needs and choices were assessed in a way that ensured each person had their individual holistic needs met effectively and without discrimination.

Staff were supported by way of relevant training and supervision to deliver care effectively.

People had sufficient amounts to eat and drink in the home and were supported to maintain a balanced diet.

The service worked well with other professionals and organisations who were also involved in providing people with care and support.

People were supported to maintain their mental and physical health and wellbeing and staff acted promptly to seek advice if people became unwell.

The premises were safe and accessible and people could choose whether they wished to spend their time in the communal areas or a quiet area alone or with visitors.

People's consent was sought and nobody was being unlawfully deprived of their liberty.

Is the service caring?

The service was caring.

Staff were caring and kind and promoted people's privacy and dignity.

People were able to make choices about their care and were encouraged and supported to be as independent as possible.

People were supported to maintain relationships with their friends and families and visitors were welcome.

Good ●

Is the service responsive?

The service was responsive.

People were supported to choose what they wanted to do, how and where they wanted to spend their time.

Assessments were completed prior to admission, to ensure people's needs could be met and people were involved in planning their care. People's individual choices and preferences were kept under constant review and plans of care were amended or updated as and when required.

People received care and support to ensure they were comfortable, dignified and pain free at the end of their lives. The service also offered care, support and reassurance to people's families and friends before and after their loved one died.

People were able to voice their concerns or make a complaint if needed and were listened to with appropriate responses and action taken where possible.

Good ●

Is the service well-led?

The service was well-led.

Good ●

There was a registered manager in post and the service ensured CQC's registration requirements were met and complied with.

The service was well run and communication between the provider, management team, staff, people living in the home and visitors was frequent and effective.

The service promoted a positive culture that was person-centred, open, inclusive and empowering.

The provider and management team used a number of methods to ensure the quality of the service provided was regularly monitored. Action was taken promptly to address any identified issues.

The service accessed resources & support in order to develop the staff team and constantly drive improvement.

The service had strong links with the local community and the service worked openly with other services, such as the local authority's safeguarding team and Clinical Commissioning Groups (CCG).

Lydia Eva Court

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.

At our last inspection on 1 and 2 December 2016 the service was rated as requires improvement. We asked the provider to complete an action plan to show what they would do and by when to improve the key questions for safe, effective, responsive and well-led. These areas were rated as requires improvement because the systems in place to assess, monitor and improve the quality and safety of the service were ineffective.

The first day of our inspection on 17 January 2018 was unannounced and carried out by two inspectors, a medicines inspector and two Experts 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. The second day of our inspection on 30 January 2018 was announced and completed by one inspector. At this inspection we found that the provider and management team had made significant improvements to all aspects of how the service was being run. This meant that people living in the home were experiencing a much higher quality of care.

Before the inspection we looked at all the information we held about the service. This included information about incidents happening within the service and which the provider or registered manager must tell us about by law.

Because some of the people who used the service were not able to tell us in detail about their care, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk directly with us.

During our inspection visit, we observed how people were being supported and how staff interacted with them. We met and spoke with 10 people living in the home, 12 relatives and two visitors from the local church. We also spoke with an operational manager of the organisation, the registered manager, the deputy

manager, an activities coordinator and five members of support staff. In addition, we spoke with a senior member of the organisation's staff, who came to the home on a weekly basis to complete audits, in order to help monitor and improve the quality and safety of the service.

We looked at assessments and plans of care for nine people and checked how they were supported. We reviewed records associated with the employment of three staff, staff meeting minutes and staff training records. We also looked at the arrangements for storing, administering and auditing medicines and a sample of other records associated with the quality and safety of the service.

Is the service safe?

Our findings

Our last inspection took place on 1 and 2 December 2016. During that inspection we found that systems for monitoring and improving the quality and safety of the service were not operating effectively. Because of this, the key question for safe was rated as requires improvement. At our inspection on 17 and 30 January 2018 we found that sufficient improvements had been made and we have rated the key question for safe as good.

One person we spoke with who lived in the service told us, "Yes; the staff look after you very well." Another person said, "I find the sensor reassuring as it alerts the staff if we get up or if we fall during the night." One person's relative told us, "Yes; my [relative] is safe and happy. The staff are the added value." Another person's relative said, "Oh yes, safe yes. My [one relative] was in here until [they] died last year – we were happy with [their] care and still are with my [other relative] who's quite poorly in here now."

We found that the service had systems, processes and practices in place to safeguard people from abuse. People using the service, relatives and staff told us they understood what safe meant and were encouraged to raise concerns if necessary. People using the service were also offered an advocate to help them do this if needed.

We saw that systems were in place to ensure up to date safeguarding information was effectively communicated to staff. Staff told us they had completed training, understood the responsibilities of safeguarding and were familiar with the provider's and local safeguarding authority's policies.

The care records we looked at, together with our observations, showed that risks to people using the service were assessed and their safety was monitored and managed, with minimal restrictions on their freedom. Risk assessments included areas such as pressure care, mobilising, the use of bed rails, nutrition and hydration. Where people's behaviours may occasionally be challenging to others, staff demonstrated a good understanding of how to support people safely and appropriately and within agreed and legal guidelines.

People using the service were involved, as much as possible, in discussions and making decisions regarding how any identified or potential risks to their safety were managed. This meant that people could continue to make choices and have control over their lives. Records with information relating to people's safety were up to date, accurate, securely stored and available to relevant staff. This meant that staff were able to follow guidance to help ensure people were consistently supported safely.

There were effective systems in place to promote and encourage concerns to be shared appropriately. Thorough investigations were also carried out in respect of any issues or concerns such as whistleblowing, staff concerns, safeguarding, accidents and incidents. Regular and appropriate checks were also carried out to ensure the premises and equipment used in it was properly maintained and remained safe and fit for purpose.

Findings from checks and investigations were used to compile action plans. These further helped to

minimise risks to people's safety and avoid recurrences of any instances that had a negative impact on people using the service.

We saw there were sufficient numbers of suitable staff to meet people's needs and support them to stay safe. One person we spoke with told us, "Oh yes, there seems to be. I have a call bell near my bed." Another person said, "There seems to be enough [staff]. You're very rarely kept waiting."

One person's relative told us, "The staff are spot-on; I want to say that first. I think at times there are not enough of them [staff]. I've observed them being stretched at times. My [relative] has an alarmed mattress and they [staff] come quickly when the alarm goes off." Another relative said, "They have enough staff when the unit is running smoothly. When they [staff] are busy it doesn't affect the care; they [staff] just move a bit faster!" A third relative stated, "The staff work very hard. They work in a time dependent situation. There are people in here with physical and mental problems and it's a tough job."

We saw that staff were appropriately deployed within the service, so that people received consistent support from competent staff, which helped to ensure people remained safe.

We saw that robust recruitment procedures were followed, to ensure that only staff who were suitable to work in a care environment were employed. For example, references were obtained for prospective staff and police checks were completed.

The registered manager told us that staff's knowledge, understanding and competency of keeping people safe was regularly checked during observations and one-to-one supervisions with their line manager. If unsafe practice was identified, action was taken to update staff's training or, as necessary an appropriate disciplinary process was followed.

People told us they received their medicines as prescribed. Two people said that they always received their medicines on time and that it was correct. A third person told us, "My medicines are in the cabinet in my room." Another person said, "I always check my tablets when they come to make certain that they are correct."

One person's relative told us, "Everything has been fine throughout the time my [relative] has been here." Another person's relative said, "All medicines for [relative] were stopped pre-Christmas. All the family were involved in that decision. We have never had any issues with medication." A third person's relative explained, "We are going on a small holiday with [relative] soon. We have already discussed the medication with the care home, which they are going to go through with us."

A member of the CQC medicines team looked at how the service managed people's medicines and how information in records and care notes supported the safe handling of their medicines.

Staff who handled and gave people their medicines had received training and had their competence assessed regularly to ensure they managed people's medicines safely.

Records showed people living at the service received their medicines as prescribed. Audits were in place to enable staff to monitor medicine stocks and their records to help identify areas for improvement. We saw a system available for reporting and investigating medicine incidents or errors, to help prevent them from happening again.

Supporting information was available for staff to refer to when handling and giving people their medicines.

There was personal identification, information about known allergies and medicine sensitivities and notes about how people prefer to have their medicines given to them.

When people were prescribed medicines on a when-required basis or with a variable dose, there was written information available for most but not all medicines prescribed in this way to show staff how and when to give them to people. The information we saw was sufficiently detailed to ensure the medicines were given consistently and appropriately.

There were additional records in place for people who were prescribed medicated skin patches to show that they were applied to different parts of the body each time to reduce skin effects, but records did not show the removal of the previous skin patch before the next patch was applied to ensure safety.

Medicines were stored securely for the protection of people who used the service. We advised that the provider should make improvements to the additional security needed for controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). The registered manager confirmed that immediate action would be taken to rectify this, which we noted on the second day of our inspection. The temperatures at which medicines were stored were monitored and recorded, however, we noted some gaps in the daily records.

We found that people using the service were helped to stay safe and well because the service followed effective procedures for the prevention and control of infection.

The home was clean and hygienic throughout and cleaning schedules were in place that were checked and audited regularly. There were sufficient hand-washing facilities in the service and we observed staff regularly washing their hands during the course of their duties. Protective clothing, such as gloves and aprons, were also available and worn appropriately by staff when needed.

One person who lived in the home told us about their bedroom, "It's nice and clean, though I'm not very tidy, am I? I tidy things away and then after a while I put things back. The staff know me though; they [staff] know what I'm like." Another person said, "Oh yes; do let me show you my room. See, it's lovely and clean and my bathroom too. While I was out earlier they [staff] came and changed my sheets. Yes, the staff seem to be always washing their hands."

One person's relative told us, "The home and [relative]'s room is always lovely and clean. Yes, I see the staff washing their hands, using the gel and wearing gloves when needed." A second relative said, "Oh yes, there is always someone cleaning. The staff constantly wash their hands and use the hand gel. It's so natural you don't always notice."

Staff had been trained to understand how to identify potential risks and prevent and avoid the spread of infection. Where relevant, staff had also been trained in food hygiene and understood how to store, prepare, handle and cook food safely.

The service followed appropriate procedures for notifying the relevant external agencies in the event of any infectious outbreak. This helped ensure that any outbreaks of infection were managed and controlled effectively and keep the risks to the health and safety of people using the service to a minimum.

The service had effective systems in place to ensure lessons were learned and improvements were made in the event that things went wrong. For example, any safety incidents or 'near misses' were recorded and investigated thoroughly. Audits were also undertaken and reviewed regularly to identify any negative trends

and risks to people's safety in areas such as pressure ulcers, falls and other injuries. The information obtained from these investigations and audits was analysed and action plans were compiled to reduce future risks for people. Staff also demonstrated good knowledge and understanding of appropriately recording and reporting any incidents or concerns regarding people's safety.

Is the service effective?

Our findings

Our last inspection took place on 1 and 2 December 2016. During that inspection we found that systems for monitoring and improving the quality and safety of the service were not operating effectively. Because of this, the key question for effective was rated as requires improvement. At our inspection on 17 and 30 January 2018 we found that sufficient improvements had been made and we have rated the key question for effective as good.

We saw that people's needs and choices were assessed in a way that ensured each person had their individual holistic needs met effectively and without discrimination.

The service ensured that all staff had the skills, knowledge and experience to deliver effective care and support. The people we spoke with who were living in the home, and their relatives, all responded positively as to whether the staff were well-trained. For example, one person told us, "No concerns, I think they're well-trained. I speak to the staff and they tell me they've been training. They [staff] are very respectful, yes." One person's relative said, "Oh most certainly the staff are trained well. They [staff] have a handover meeting each day and if you phone they always know what's happening."

New staff completed a comprehensive induction and all staff received regular support, supervision and appraisals. Staff's competency in their work was checked and monitored by way of regular observations and mentoring by other appropriately experienced or qualified staff, such as their senior or line manager.

All staff completed essential training that was relevant to their roles, as well as training in subjects that were 'service or person specific'. Staff were supported to complete refresher courses to ensure their skills and knowledge remained up to date and relevant. The service maintained a training matrix, which helped to ensure staff training remained up to date, as well as highlight any areas where there were shortfalls.

We found that people using the service were supported to have sufficient amounts to eat and drink and maintain a balanced diet. People told us they enjoyed their meals and said they always had enough to eat and drink. People also said they were involved in discussions and decisions regarding the menus and options and could choose what they wanted. If people didn't want one of the main menu options, they were able to choose something completely different.

One person who lived in the home told us, "You can't fault the food. I normally eat in our dining room. I generally have porridge for breakfast, and there's always soup at lunchtime as well as a choice of meals. After the ball game this morning downstairs, I went with the ladies for lunch in a different dining room. I liked that very much and I had roast turkey." Another person said, "The food is good and plentiful and I do love the veggies here; cooked to perfection!"

One person's relative told us, "The meals always smell lovely and I see all the residents in the dining room tucking in quite happily. I know one or two have diabetes and their meals are specially done." Another person's relative said, "It's [food] pretty good. [Relative] eats reasonably well. I come in before breakfast and

we stay in here [relative's bedroom] and [relative] eats in here with my help through the day." A third person's relative explained, "[Relative] has to have pureed meals and thickened drinks. When I'm not here the staff do everything for [relative]."

We saw that lunchtime in the 'Broads' dining room was a cheerful and happy affair, with music playing in the background. Six people who lived in the home chose to eat in this room during our inspection, with a member of staff serving food from the heated trolley. We saw that soup was offered as a starter, followed by a choice of main course being either roast turkey or quiche and salad. This was followed by a choice of a hot dessert with custard or a cold dessert. The food smelt good and looked appetising. During this time we saw other staff coming in and out of the room, taking meals to people who chose to remain in their rooms. We saw that people's relatives were also treated respectfully and cheerfully by staff, as they requested food for their loved ones so they could support them in their bedrooms

The lunch period in the 'Butterfly' dining room was also found to have a communal feeling with people talking to each other and music playing in the background. The mixture of people living in the home, together with relatives and staff made the experience feel like a happy family gathering.

We saw that there were pictures of that day's menu on the wall. Two staff were based in this room to serve and support people with their meals. A third member of staff was seen taking meals to the people who preferred to eat in their bedrooms. Food options were shown to people to see what they preferred, with the staff kindly explaining the choices. We observed that people who needed help in cutting up their food, and those who needed help to eat, were helped and encouraged with kindness, compassion and respect by the staff.

Staff demonstrated good knowledge and understanding of people's individual dietary requirements, including cultural and religious needs. We saw that these individual needs were respected and accommodated appropriately. One person living in the home told us, "I wanted to lose weight, so I asked the chef if I could have a small salad for tea instead of sandwiches; they are good enough to do this for me each day."

Staff involved in the storage, preparation and serving of food had been appropriately trained in food hygiene. In addition, staff had been trained and followed individual guidance with regard to supporting people who had difficulties with eating and drinking or required a thickened, pureed or special diet.

Mealtimes were flexible, in order to meet people's individual requirements, whilst still being appropriately spaced out throughout the day. We observed that mealtimes were relaxed and not rushed and there were sufficient staff to support and attend to people's requirements as needed.

Risks regarding people's intake of food and drink were identified, assessed, monitored and managed effectively. Appropriate input and guidance was consistently sought from dietary and nutritional specialists to help ensure people remained healthy and well.

People told us that the service worked well with other professionals and organisations who were also involved in providing people with care and support, such as day services, medical and healthcare services. Relevant information was shared appropriately with these other professionals and organisations, to help ensure people using this service consistently received effective care, support and treatment.

People were supported to maintain good health and had access to healthcare services. Prompt referrals were made to the relevant healthcare service when people's health needs changed. People using the service

and their families were supported to understand the health care, medicines and treatment options that were available to them.

One person who lived in the home told us, "If you need to see the doctor you just ask the staff." People's relatives also confirmed that there was regular and prompt access to healthcare services, with comments such as, "The GP comes in on Mondays and Thursdays," "Oh yes, the staff organise all that. You have to pay extra for the chiropodist of course," and, "The staff get the doctor to see [relative] when needed."

We saw that each person's care plan contained detailed information on their individual healthcare history and support needs. It was evident that a wide range of healthcare professionals were regularly involved to support people in maintaining good health such as, district nurses, mental health nurses, GPs, dieticians and speech and language therapists. Routine appointments were also scheduled with other professionals such as opticians, chiropodists, audiologists and dentists.

We found that the premises were safe and accessible and people could choose whether they wished to spend their time in the communal areas or in a quiet area either alone or with visitors. There was clear signage throughout the home and there was a consistent staff presence. This helped people to find their way around and helped reduce anxiety for people who could feel lost or confused.

People we spoke with were very complementary about the premises. For example, one person's relative told us, "It is lovely and bright; with a feel good factor." Another relative said, "We chose this care home as we noted the cleanliness and quality here and our friends had recommended this home."

People using the service and their relatives and visitors were involved in discussions regarding the layout and décor in the home. Any changes to the environment were discussed with people beforehand and action plans were implemented to minimise any potential distress. People's bedrooms were furnished and decorated in accordance with their individual choices. We also observed that each person had a glass fronted recess in the walls outside their bedrooms, in which personal and memorable items were on display. People chose what items they wanted to display and this helped people to recognise their own bedrooms.

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 so that they can 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 home was working in line with the MCA.

We found that staff demonstrated a good understanding of the MCA and DoLS. Where a person's mental capacity was in question, capacity assessments were recorded and reviewed regularly. For some people, who had variable capacity, information was clearly recorded to explain which decisions people could make by themselves and which they need assistance with.

Best interests decisions were carried out, when necessary, in line with MCA. Appropriate referrals had been made to the local authority in order to obtain permission to deprive people of their liberty in their best interests. We noted that the applications were based on individual assessments and that considerations had

been made for the least restrictive options to be applied. The service had protocols in place to support people who lacked capacity, without the use of physical restraint.

Staff understood the importance of helping people to make their own choices regarding their care and support. Staff consistently obtained people's consent before providing support and, when people lacked capacity to make some decisions, staff understood how to act in people's best interests to protect their human rights.

Throughout our inspection we observed staff obtaining people's consent before providing support to them. We also observed a number of occasions where staff were crouched down on their haunches talking quietly, at eye level, with people who had difficulties communicating. We saw that this created a calming influence and helped staff gain an understanding of people's consent when they couldn't verbalise it.

Is the service caring?

Our findings

Our last inspection took place on 1 and 2 December 2016 and the key question for caring was rated as good. At our inspection on 17 and 30 January 2018 we found that the service continued to be caring and the rating remains good.

People we spoke with described the staff as excellent, caring, kind and helpful and said that they were consistently treated with compassion, empathy and respect. People living in the home, as well as relatives and visitors, all said they felt they mattered and that staff listened to them.

One person who lived in the home told us, "Staff are nice." Another person said, "It seems to be very good. We often have a laugh and a joke and they [staff] will always listen."

One person's relative told us, "They [staff] are always approachable." Another person's relative said, "I have a good relationship with the staff. [Relative] has been here over a year and the staff know both of us well."

Staff we spoke with and our observations demonstrated that staff knew people and their histories well and regularly engaged in meaningful conversations and interactions with the people they were supporting. We also noted that staff spoke discreetly with people living in the home, regarding aspects of personal care or personal hygiene, so as not to attract attention or compromise the person's dignity.

People and their relatives told us they were involved in planning the care and support they received and were able to make choices and decisions and maintain their independence as much as possible. For example, we heard a member of staff speaking with a person living in the home and their relative. The staff member was explaining that an external healthcare professional was coming to assess the person and show them exercises that could help with the person's mobility and help promote their independence.

Information was provided to people in formats they could understand. Where needed, people were supported to access an independent advocate. An advocate helps people make informed choices, speaks up on their behalf and listens to their needs.

The service ensured staff received time, training and support so they could deliver care in a compassionate and caring way. Activities and meetings were organised and staff were deployed in such a way that enabled staff to have time to listen to people and involve them in decisions.

People told us that their privacy, dignity, independence and confidentiality was consistently promoted and respected in the service. Staff also consistently demonstrated that they understood the importance of respecting people's privacy, dignity and human rights. For example, by knocking on people's bedroom doors before entering and communicating with people on an individual basis. One person's relative told us, "Even though [relative]'s door isn't closed, the staff always knock gently before coming in. The staff are kind and caring, yes."

We observed that staff recognised when people were in pain, discomfort or emotional distress and responded quickly and appropriately. For example, we observed a member of staff on their knees speaking softly and kindly to a person sitting in an armchair, who said they were not feeling too good. After some reassurance the person said they, "Just want to sit quietly," which we saw was respected by the staff member.

We saw that two staff offered reassurance to a person in the Orchid unit, when the person was being transferred with a hoist. Staff chatted cheerfully and the person was smiling throughout the transfer. In another area of the home we saw that a person who was being transferred into a chair with a hoist did not seem to like the experience. However, we observed that the staff verbally reassured the person before and during the procedure and also held their hand for comfort. We saw that the person responded well and was more relaxed with the reassurance provided.

People's relatives and friends were welcome to visit without restrictions and people's relatives told us they felt fully included in their family member's care. Family members we spoke with confirmed there was an open door policy and that they felt welcome at the home.

One person's relative told us, "I have an access card [door access] and come most days. The staff are always welcoming." Another relative said, "I come in at 7:30am but you can come anytime; 24 hours a day. I have an access card. I will say I always feel welcome, as do other family members who come quite often." A third relative stated, "Oh yes, it's wonderful. I've brought visitors with me."

Is the service responsive?

Our findings

Our last inspection took place on 1 and 2 December 2016. During that inspection we found that systems for monitoring and improving the quality and safety of the service were not operating effectively. Because of this, the key question for responsive was rated as requires improvement. At our inspection on 17 and 30 January 2018 we found that sufficient improvements had been made and we have rated the key question for responsive as good.

People told us and our observations confirmed that people received personalised care that was responsive to their needs. We saw that people were supported to express their views and be actively involved, as much as possible, in making decisions about their care, support and treatment.

One person living in the home told us, "At 8am I get myself up, but if I need help the staff come quickly. I go to bed at 8pm; it's my choice." Another person explained, "Well I get left in my room if I want to be and I go to the activities if I want to." A further person said, "Very much so. If you want something you just have to ask. I'm having my hair done by the hairdresser on Friday in the salon here."

One person's relative told us, "We were involved with [relative]'s care plan." They went on to say that they had also been involved with completing a pen profile, "A detailed this is me." This relative told us that they had been very impressed that this had been completed within the first two weeks of their family member moving into the care home. Another relative said, "A 'this is me' was written in the first few day on coming to the care home."

We found that the staff team worked cohesively to ensure people living in the home were consistently safe, well cared for and happy. For example, we noted that where some people were watching television or quietly resting in the communal areas, staff remained attentive and observant, whilst engaging in other work within the home.

We saw that the care provided was centred around each person as an individual and staff tried to find ways to help ensure that people could be included and involved in meaningful activities and entertainment. People's views were respected and people were encouraged and supported to follow their individual interests, hobbies and activities.

One person living in the home told us, "I like cooking so I make cakes and sausage rolls in the dining room. The [staff] here are kind and take the prepared food down to the kitchen for the chef to cook for me." Another person explained, "I read the paper and the TV paper to see what's on. I'm knitting squares for a blanket to be made up by the school. I enjoy crosswords and colouring. I go to what activities I like; the staff usually come and get me. I try to keep occupied." A third person stated, "You can see by all that stuff [craft items in the person's bedroom] that we've been doing craft stuff."

One person's relative told us, "We found that [relative] was getting bored and [they] want to keep active. The staff here encourage [relative] to set the tables and to wash up if [they] feels like it. We feel that this helps

[relative] to keep some of [their] independence and to feel useful in the home."

We saw that people enjoyed the morning exercise session that took place on the first day of our inspection. People told us about a singalong that was organised for Thursdays that people living in the home enjoyed. We also noted a poster on the activities notice board that showed a visit by the 'Zootastic' animal handlers was due to take place in two days, which people we spoke with said they were really looking forward to.

People were supported to maintain existing relationships, as well as make new friends, to avoid social isolation. For example, one person's relative told us, "[Relative] has made friends with other residents in the care home in the short time [relative] has been here." Another relative said, "[Relative's] friends come in to see [them]."

We noted two visitors from the local church reading to a person who lived in the home. One visitor told us, "We visit about once a week. As well as reading to some of the residents we can, if the resident wants, offer communion for them." We observed that these visitors provided spiritual comfort and reassurance to people living in the home who wished for it.

People were supported and encouraged to actively contribute to their assessments and care planning. We saw that people's care plans were personalised and described the holistic care and support each person required, together with details of their strengths and aspirations. Information also explained how people could be supported to maintain their independence and what could help ensure they consistently had a good quality of life.

People's health, care and support needs were also regularly assessed and reviewed, with any updates and changes recorded clearly and accurately.

One person's relative told us, "My [relative] is involved yes. The family then discuss everything." Another relative said, "[Relative]'s care plan is always available there [in the room] to be looked at. Yes, we have meetings to read, update and sign [relative]'s plan." A third relative explained, "I am here twice a week; the staff phone me to keep me updated."

The service took people's comments and concerns seriously and used them to help drive improvement within the service. Everyone we spoke with told us they knew how to raise any concerns or complaints and were comfortable doing so if needed. People also said their concerns and complaints were listened to and responded to appropriately and in a timely way.

One person living in the home told us, "No complaints now, but yes if I had to." Another person said, "I have no niggles or complaints here but I would certainly let them know and feel that they would sort it out."

One person's relative said, "No I've not made a complaint; but I know how to if needed." A second relative told us, "I would go to the manager." A third relative stated, "We have no complaints, the care is good."

People's individual choices and preferences were kept under constant review and plans of care were amended or updated as and when required. People were reassured by knowing that any pain or symptoms they experienced would be regularly assessed and managed as the end of their life approached. Advice and input from palliative care professionals was sought promptly when needed and people were provided promptly with appropriate support, equipment and medicines. This helped ensure they were comfortable, dignified and pain free at the end of their lives.

The service also offered care, support and reassurance to people's families and friends before, during and after their loved one passed away. One person's relative told us, "My [relative] is end-of-life and the care here is excellent."

Is the service well-led?

Our findings

Our last inspection took place on 1 and 2 December 2016. During that inspection we found that systems for monitoring and improving the quality and safety of the service were not operating effectively and the well-led domain was rated as requires improvement. This had meant that the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At our inspection on 17 and 30 January 2018 we found that improvements had been made and the provider was no longer in breach of this regulation.

We saw that the service now had effective quality assurance systems in place and regular audits were carried out to monitor and improve the quality of care. We spoke with a senior member of the organisation's staff who came to the home on a weekly basis. This person told us how they carried out regular quality audits for areas such as recruitment, complaints, activities, care plans and handovers. This was in addition to the regular monitoring and audits that were completed by the home's manager and other senior staff. Lessons were also learned from outcomes of investigations, incidents, accidents, complaints and compliments and these further helped drive improvement. In addition, the service ensured that success was recognised and encouraged.

Everyone we spoke with made positive comments about Lydia Eva Court and all the staff and said they would recommend the home. One person living in the home stated, "This care home is better than a 5 star hotel!" One person's relative told us, "Oh yes I would. I have written a very good review online. I even chat with the kitchen staff as well as those on the unit." Another relative said, "Yes. We looked at other places and this one had got everything it should have. It's light and clean and people can bring in some of their personal possessions, which is so important. In my view, this should be the blueprint for all dementia homes." A third relative stated, "I am amazed at the facilities here and especially how people are looked after here."

The service ensured CQC's registration requirements were met and complied with. There was a registered manager in post who told us they were fully supported by the provider and completely understood their responsibilities. The registered manager ensured they kept themselves up to date with any necessary changes and communicated relevant information to the staff team effectively and efficiently.

The registered manager and other leaders in the service had the necessary skills, knowledge, experience and integrity to lead, review and promote and maintain a positive culture and manage conflict appropriately. Staff, people using the service and their relatives told us that the service's registered manager was motivated, caring and visible and consistently inspired staff. Staff said they felt respected, supported and valued and that their wellbeing was also promoted. Our observations and discussions confirmed to us that staff completely understood the vision and values of the service and we saw that these were embedded in everyday practice.

Everyone we spoke with said they knew the registered manager and that they found them to be approachable and helpful. One person's relative told us, "I've known the manager for years. I see her around the home and, yes, she is always approachable." Another relative said, "[Registered manager] is very good;

very easy to talk to. I frequently see her around the home." A third relative explained, "[Registered manager] listens and is very good. When I've sought advice [Registered Manager] has helped me so much."

We saw that the service had a clear vision and credible strategy to help ensure they continually delivered high quality care and support and achieved positive outcomes for people. We saw that there was open communication between the service and the people using it, as well as people's family and friends, other carers, staff and stakeholders. During our inspection we found the atmosphere to be calm and friendly. We observed that staff communicated confidently, warmly and respectfully with each other, as well as the people living in the home and visitors.

We saw that staff took responsibility and understood their accountability at all levels. Staff said they were supported and felt confident in questioning practice and whistle-blow if necessary. Staff demonstrated they knew what was expected of them in the course of their duties and said they received constructive and motivating feedback about their work from senior staff and the management team.

Staff also demonstrated how they remained constantly aware of any potential risks to people's safety. We saw how any concerns were highlighted and recorded appropriately, with clear guidance for staff to follow in order to help mitigate potential risks. A member of staff who had a lead role with reviewing and upgrading people's care plans told us about their work and how much the home had a focus on delivering good care.

People's views and experiences were regularly gathered and acted upon in order to shape and constantly improve the service and culture, to help ensure people experienced the best outcomes possible. For example, we noted that regular meetings were held with staff, people living in the home and their relatives and staff told us how they were actively involved in developing the service. We also found the service promoted a positive culture that was person-centred, open, inclusive and empowering.

One person living in the home told us, "Every month they give me a form to fill in about the food so I can let the chef know what is good or bad about it. They listen, as the chef adjusts the menu for our liking." One person's relative told us, "I have been told of meetings with the relatives but I have never gone to them; I have never felt the need as I feel its run so well."

We noted that the service had strong links with the local community and we saw how this had a positive impact on the lives of the people living in the home. For example, there were regular visits from the local church and clergy, as well as involvement with local healthcare services, businesses and providers of various entertainment and activities.

The service accessed resources and support in order to develop the staff team and constantly drive improvement. We noted that clinical governance and current guidance was followed to help ensure the service had a systematic approach to maintain and improve the quality of care provided.

The service worked openly with other services, such as the local authority's safeguarding team and Clinical Commissioning Groups (CCG). Appropriate information and assessments were shared other relevant healthcare professionals and agencies. This helped ensure people using the service benefitted from 'joined up' and consistent care.