

# Family Care Private Company Limited

## Conifers Care Home

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Conifers Care Home is a residential care home that provides accommodation and personal care for up to 20 people. People had a range of care and support needs including impaired mobility, frailty of age, diabetes and some people were living with dementia. At the time of our inspection there were 14 people using the service. Accommodation was in one adapted building over two floors which were accessed by a lift.

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

Systems were in place to protect people from the risk of abuse and improper treatment. Staff knew how to identify potential harm and report concerns. Risk to people were identified and managed. People told us they received safe care. Relatives had no concerns about their loved one's personal safety.

People and relatives told us the care people received was very good and the staff were kind, caring and compassionate. Feedback included "Instantly we walked through the door our first impressions were good and we haven't been disappointed". And "The staff are lovely and so caring".

People received support from a skilled and consistent team of staff. There were enough numbers of staff to ensure people's needs were met in a timely way. People told us they never felt rushed and staff had time to sit and talk with them.

Care was personalised to meet people's care, social and well-being needs. Care plans provided detailed information and guidance for staff. Staff knew people well and provided support in line with people's preferences. People's diverse needs were catered for and they were treated with dignity and respect.

The culture of the service was positive, and people and staff were complementary of the registered manager and provider. Systems and process were in place to monitor the quality of the service being delivered. Staff told us it was a good place to work.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 4 September 2020) and there were breaches of regulations. A warning notice was served, and conditions were placed on the providers registration. The provider completed an action plan to show what they would do and by when to improve.

We undertook a targeted inspection (published 6 January 2021) to check whether the Warning Notice we

previously served had been met. The targeted inspection found improvements had been made and the provider was no longer in breach of regulations. The overall rating for the service did not change following this targeted inspection and remained requires improvement.

#### Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

This inspection was carried out to follow up on action we told the provider to take at the previous inspections.

We undertook an unannounced focused inspection of the service on 30 July 2020. Breaches of legal requirements were found in relation to safe care and treatment and good governance. A Warning Notice was served in relation to Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Conditions were placed on the providers registration in relation to Regulation 17(good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook an unannounced targeted inspection of the service on 11 December 2020 to check whether the Warning Notice we previously served in relation to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met, and it had. We use targeted inspections to follow up on Warning Notices or to check concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

The provider completed an action plan after the inspection on the 30 July 2020 to show how they would improve and by when. The provider has continued to send CQC a monthly report of actions to demonstrate how they are meeting the conditions placed on their registration in respect of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We undertook this comprehensive inspection to check they had followed their action plan and to confirm they now met legal requirements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Conifers Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe section below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective section below,

### Is the service caring?

Good ●

The service was caring

Details are in our caring section below

### Is the service responsive?

Good ●

The service was responsive

Details are in our responsive section below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our well-led section below

# Conifers Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was undertaken by one inspector.

#### Service and service type

Conifers Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Conifers Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke to six people who used the service and two relatives about their experiences of the care provided. We spoke to six members of staff including the registered manager, care staff, the chef and office manager. We spoke to two visiting health professionals. We reviewed a range of records. This included nine people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed

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 with us.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At the inspection on 30 July 2020 the provider had failed to robustly manage the risks relating to the health safety and welfare of people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the targeted inspection on 11 December 2020 enough improvement had been made and the provider was no longer in breach of regulation 12. At this inspection improvements had been maintained and risks relating to the health and safety of people were managed.

- Risks to people were assessed and mitigated. Processes were in place to ensure risks to people were identified and managed. This included risks associated with people's health such as epilepsy, diabetes and asthma and where people were at risk of falls.
- People had falls prevention care plans which included how people moved and any equipment they needed to do this safely. Bed rails and pressure mats were in place for people who were at risk of falling. We observed staff following safe moving and positioning techniques to support people to stand, transfer and use the hoist safely.
- Staff demonstrated a good knowledge and awareness of the risks to people they supported. Risk management plans provided detailed guidance to enable people to receive care and support safely. Risk assessments were updated monthly or more often, when needed.
- Environmental risks were assessed, monitored and managed. Suitable maintenance and checks were completed on equipment and facilities within the service including; water temperatures, fire safety and equipment. Emergency evacuation plans (PEEPs) were in place and up to date. These identified individual risks and the support people required to evacuate the building in an emergency.

### Using medicines safely

At the inspection on 30 July 2020 the provider had failed to ensure that staff were suitably trained and competent to administer medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014. Safe care and treatment.

At the targeted inspection on 11 December 2020 enough improvement had been made and the provider was no longer in breach of regulation 12. At this inspection improvements had been maintained and people received their medicines safely.

- People were receiving their medicines safely and in line with their prescriptions. Staff completed training

to administer medicines and their competency was checked regularly. We observed medicines being administered and noted staff knew people well and supported them to have their medicines in a personalised way.

- Some people were prescribed PRN (as required) medicines. There were clear PRN protocols in place to guide staff in how and when these medicines should be administered. Staff could identify signs of pain in people who could not verbalise their discomfort and we observed people being offered pain relief medicines in line with their PRN protocol and medicines care plan.
- Medicines were stored and administered safely and in line with National Institute of Health and Care Excellence (NICE) guidance. Information was available to guide staff on recognising the potential side effects of medicines. Medicine Administration Records (MARs) were completed in line with best practice guidance. Regular audits of medicines were carried out by senior staff.

Systems and processes to safeguard people from the risk of abuse;

- Systems and processes protected people from the risk of abuse. Staff received training to ensure they knew the correct procedures to follow to keep people safe. Staff we spoke with knew how to report any concerns they may have and were confident they would be listened to.
- Staff were clear about their responsibilities in relation to safeguarding. Records showed that concerns had been reported appropriately and in line with the local authority safeguarding policy and procedures.
- People told us they felt safe living at Conifers Care Home. One person said, "Oh they look after us so well, the staff are so kind and lovely, you can't help but feel safe". Another person told us "I am as safe as I can be, I am not worried at all about that". Relatives told us they had no concerns about the safety of their loved ones.

Staffing and recruitment

- There were safe systems and processes for the recruitment of staff. The service followed safe recruitment processes to ensure people were suitable for their roles. This included undertaking appropriate checks with the Disclosure and Barring Service (DBS) and obtaining suitable references. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Our observations were there were enough staff on duty. Call bells were answered promptly, and people said that this was usually the case. People received care and support in a timely way, and we saw staff taking the time to sit and talk with people.
- People were supported by a core team of staff who were familiar to them and knew them well. The provider received a good response to advertisements for staff which meant the service had not been adversely affected by staff shortages. Relatives told us they usually saw the same staff when they visited, and they had no concerns about staffing levels.

Learning lessons when things go wrong

- Action was taken following accidents or incidents to help keep people safe. The registered manager monitored all accidents and incidents. This ensured robust and prompt action was taken and lessons were learnt to drive service improvements.
- Staff told us incidents and accidents were discussed with them. Staff were encouraged to provide feedback on the circumstances that may have led to the incident and how a further occurrence could be avoided.
- Relatives told us they were kept informed of accidents and incidents affecting their relative. Learning outcomes from these, and measures taken to mitigate any further risk, were discussed and shared with people and their relatives.



### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Visiting in care homes

The provider was facilitating visits for people living in the service in accordance with the current guidance.

# Is the service effective?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- People's needs were assessed before they started to receive support from the service, to ensure their needs could be met. The information gathered included people's preferences, backgrounds and personal histories. Protected characteristics under the Equality Act (2010), such as disability, ethnicity and religion were considered in the assessment process. This ensured people's diverse needs were considered and promoted within their care.
- Assessments were comprehensive and holistic, considering the full range of people's diverse needs, their preferences and choices. Best practice guidance was used to plan how to achieve good outcomes for people and the level of support they required. Nationally recognised tools were used to assess people's risk of malnutrition and skin integrity. People's oral health had been assessed and care plans guided staff in how to support people with their oral hygiene
- We observed improvements had been made in the decoration of the home to support people's needs. Adaptations had been made to meet the needs of people using wheelchairs and walking aids. People's preferences were used to enhance their bedrooms which were personalised and contained personal effects such as pictures, photos, equipment and items to support their hobbies and interests.
- For people living with dementia, the decoration and clear signage enhanced orientation and communication. For example, one of the corridors had been decorated with music memorabilia. We observed people using this area, a person said, "It's lovely to sit here, its relaxing and I can see the garden". Another person showed us the records which were in frames on the wall. This sparked a conversation about music from the 50's and stories of pop idols at the time.

Staff support: induction, training, skills and experience

- New staff received an organisational induction in line with the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. Staff told us the induction they received was good and ensured they had the right information and knowledge to undertake their role.
- Staff had opportunities to learn skills to enable them to support people's specific needs. For example, all staff had undertaken training to support people with dementia and another member of staff had recently undertaken their NVQ 3 in care. There was a robust process for assessing staff competencies, knowledge and skills and regular observed competency assessments of staff practice were undertaken.
- Staff told us the way they provided care had been enhanced by the training opportunities available to

them. One staff said, "I have changed the way that I support (name) as a result of dementia training and I really understand how dementia impacts people differently".

- Relatives told us they felt reassured by staff's abilities to give their loved ones the care they needed. One relative told us "Staff are skilled and caring I visit weekly and have no concerns about their abilities. It is very safe there and that is reassuring to us".

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

- Nutrition and hydration needs were met, and people had enough to eat and drink. We observed people had access to drinks and snacks throughout the day. For example, we observed a person being given some chocolate when they asked for it and another person had some fruit. There was a varied menu with plenty of choices available. Specialist diets such as a diabetic diet were catered for.
- The staff managed people's nutritional needs to ensure they received a balanced diet and enough fluids to keep them hydrated. Staff were knowledgeable about increasing people's calorific intake by adding cream and butter to foods. This had a positive impact on people who required support to maintain their weight.
- Consideration had been taken to ensure the dining experience was pleasant for people. We spent time in the dining room at lunch time. People were encouraged to maintain their independence as much as possible and staff were respectful and discreet when offering help. Support was personalised and flexible, and staff adapted to each person's level of need throughout their meal. It was a sociable experience and people were chatting with each other.
- People told us they were happy with the quality and standard of the food provided. One person said, "Oh yes it's lovely, and even better because you don't have to cook it yourself". Another person said "There's plenty of choice and if you don't want what's on the menu, they will cook you something else. It really is top class".

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

- Staff liaised effectively with other organisations and teams, people received support from specialist health care professionals. Care records showed that people had access to routine and specialist health care appointments. Records were kept about health appointments people had attended and staff ensured that guidance provided was implemented.
- People had regular access to health care professionals, GPs and specialist nurses. During the inspection we observed two health professionals from the local GP surgery undertaking a weekly ward round visit. We saw how staff shared information with these professionals to ensure people had access to healthcare in a timely way. For example, a person who had been complaining of pain in the morning was promptly prescribed with some topical pain relief.
- People told us that they had good access to health services. One person said, "I see a doctor if I need one, if not I see the nurses that come here". Relatives told us their loved ones received good access to medical professionals and they were kept up to date with appointments and advice given.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and they were.

- Staff had received training in MCA and demonstrated a good understanding of their responsibilities. Staff spoke of the need for presuming people had the capacity to make decisions and to ensure people were supported in the least restrictive way.
- People's care records and assessments included information about their capacity to make decisions and any best interests decisions made involved the appropriate people.
- Processes were in place, and records confirmed DoLS were appropriately applied for. Authorised conditions were regularly reviewed and being met. For example, where DoLS were subject to conditions relating to people's medicines, regular reviews of people's medicines were undertaken.

# Is the service caring?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People said they received care from staff who were kind, respectful and friendly. Throughout the inspection staff repeatedly demonstrated genuine empathy and compassion. Staff were observed throughout the day giving people reassuring physical touch and meaningful gestures such as smiling and touching their hands when talking to the person. People responded well to this, smiling and engaging with staff.
- Relatives told us staff had a caring and compassionate approach to their loved ones. People spoke fondly about the staff who supported them and the relationships they had formed. Staff were repeatedly described as kind and caring by people and their relatives. A person hugged a member of staff on several occasions telling the inspector "They are lovely, she makes me happy". Another person told us the staff were kind to them saying, "I've been here a long time, and they have always been nice to me".
- Staff were sensitive to people's needs and feelings and supported them in a compassionate and caring manner. We observed staff took time to support people effectively. For example, when a person became quite distressed staff demonstrated patience and kindness when responding to their needs. Another person became confused and disorientated and staff took time to reassure them and explain where they were. This resulted in the person's anxieties reducing and an understanding of their surroundings.

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

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect, and their privacy was protected. People told us staff ensured their dignity was maintained when providing care. We observed that staff were discreet when offering people personal care and ensure people's physical appearance was dignified. For example, staff ensured any spillages of food or drink on people's faces or clothing were quickly wiped clean.
- People were encouraged to be involved in decisions about their care and make daily choices. Staff told us they did this as much as they could throughout the persons day, for example prompting people to choose what clothes they wanted to wear, or accessories such as a necklace. We observed staff asking people what they would like to do throughout the day. Staff were kind and patient with people and encouraged people to make choices about how they wanted to spend their time
- People's care plans reflected how people's independence could be maintained as much as possible. For example, considering what aspects of personal care a person could do for themselves rather than assuming they required support for the whole task.
- People were supported to remain as independent as possible and participate in tasks that they enjoyed and made them feel valued. For example, a person told us that they liked to walk around the ground floor as

it kept them mobile and they could chat to other people. Staff described the measures that were in place to ensure this person could maintain their mobility and independence whilst keeping them safe. This person told us "I can move around the home freely and this is good for my legs, and I get to chat to all the lovely staff. They really are smashing. I love them all".

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs were recorded in a way that supported a person centred approach. Care plans reflected people's individual preferences for how they wished their care and support to be delivered. Care plans recorded which aspects of their care people could manage themselves and the type or level of support people required.
- People received a person centred service and were involved in the planning and review of their own care. People's social and emotional needs were considered and respected. We observed person-centred care was evident through staff's approach. Visiting health professionals described the service as responsive adding, "Staff know the service users well including their preferences and dislikes. For example, if we need to take blood and they know the person won't like the needle they let us know and we can use desensitisation creams".
- Staff knew people well and had a good understanding of their personal histories, interests and preferences. This enabled them to engage effectively and provide meaningful personalised care and activities. Staff treated people equally, respecting their diverse needs. For example, one person had quite specific spiritual needs and staff ensured access to religious literature was always on hand.
- People told us they were supported by staff who understood their needs. "One person told us "They know all about me which is good because sometimes I forget and need reminding". Relatives told us staff had taken time to get to know their loved ones and they were reassured by this.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- During the global pandemic people were encouraged to remain in contact with friends and families through visits to the care home in line with appropriate government guidelines at the time, and by using technology such as voice and video calling. With restrictions easing recently, people had begun to visit local café's and trips out with loved ones. People told us they were excited that entertainers were being invited to return to the care home. The service had recently had a visit from a pony and people told us how lovely it was to spend time with it in the garden. A person said, "It was lovely to be able to stroke it, it was so friendly".
- The activities co-ordinator had maintained links with the local community and as a result the service was supported by community groups and connections throughout the lockdown periods. For example, the local 'Men in Sheds' group had made a large and brightly coloured red post box to go in the hallway and a local resident had knitted a fun topper for it. This had enabled people to write and post cards and messages to their loved ones. Recordings of local faith services had also been available.
- Staff spent time talking to people about what they like and had been creative in providing opportunities

for people to participate in. People's artwork was displayed around the service. We observed several activities and there was a variety of choice available throughout the day. Staff were aware of people who spent long periods of time in their rooms and provided them with 1-1 activities such as crosswords and relaxation therapy.

#### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. Care plans identified who always wore glasses and hearing aids and staff ensured people had access to these to ensure effective communication.
- Some people using the service could communicate their needs to staff without support. Where people had difficulties with communication, information was available in different formats. For example, whiteboards and pictorial information was used to communicate and share information. The television was noted to be displaying subtitles. Voice activated technology was also used as an alternative to written text.
- Information was presented to people in different formats. People had access to magnifier readers to enable fonts in books, news articles and documents to be enlarged. Notice boards were colourful and had information in different sizes of print. There was a large clock with a colour display of the date time and weather. Some information such as the activity timetable was presented in pictorial form. People told us that this made the information easier to read more interesting.

#### Improving care quality in response to complaints or concerns

- People felt able to raise concerns if they wished to. The service had a complaints procedure, and people said that they knew how to complain and who to complain to. Relatives told us they knew how to raise a concern would feel confident to raise a complaint if the need arose and felt they would be listened to.
- People told us they felt listened to by staff. For example, when a person had expressed concerns about safety of their personal belongings when in communal areas, a bag had been purchased which enabled them to keep personal effects close by. This had been successful in reducing the persons anxieties and keeping their personal belongings safe.
- A review of the providers record of complaints reflected that these had been investigated and responded to appropriately and in a timely way. The registered manager told us that complaints were shared across their services and outcomes used to make improvements to the service.

#### End of life care and support

- The service supported people with end of life care. Senior staff received training from the local hospice in end of life care and was an accredited provider of the Six Steps to Success Programme. The programme provides staff with a toolkit to provide quality end of life care in residential homes
- At the time of the inspection no one was receiving end of life care. However, care staff had received training to support people nearing the end of their life and were able to tell us how they undertook this in a compassionate and dignified way. Feedback received to the service demonstrated this.
- For example, "The manager and his team of staff offered exemplary level of care and compassion to my father in the final months of his life". And "They gave reassurance and support to the family whenever we had any concerns", "The love and care you showed to us as a family will never be forgotten".
- 'Do Not Attempt Cardio-pulmonary Resuscitation' (DNACPR) forms had been completed for some people.



These showed that people and a relevant healthcare professional had been involved in decisions not to resuscitate them if they experienced a cardiac arrest. This meant people were able to die with dignity.

- Some people had ReSPECT form in place. Resuscitation Council UK describes ReSPECT as 'A process which creates personalised recommendations for a person's clinical care and treatment in a future emergency in which they are unable to make of express choices'. These recommendations were created through conversations between a person, their families and healthcare professionals to understand what matters to them and what is realistic in terms of their care and treatment.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the inspection on 30 July 2020 the provider had not ensured there were adequate systems to assess, monitor and improve the quality and safety of services provided, including risks to the health, safety and welfare of people and others. Accurate and contemporaneous records were not always maintained regarding people's care. This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the targeted inspection on 11 December 2020 enough improvement had been made and the provider was no longer in breach of regulation 17. At this inspection improvements had been maintained and effective quality monitoring processes were in place.

- There were systems and processes for quality monitoring and auditing. Systems and processes were in place to monitor and analyse accidents and incidents and the analysis was used to identify key issues and mitigate the risk. Quality audits were undertaken and actions arising were followed up. This ensured good governance of the service and continued service improvement.
- The registered manager understood their responsibility to notify us of significant events, as they are required to by law. Notifications had been sent to us in a timely manner and were completed in line with requirements. The registered manager understood their responsibility to notify local safeguarding authority of concerns. Records showed this had happened appropriately and in line with safeguarding guidance.
- There was a clear staffing structure with identified management roles. Staff demonstrated an understanding of their roles and responsibilities and told us that they had confidence in their manager. Feedback from staff about the registered manager was consistently positive. Comments included "He is a breath of fresh air and is so passionate about providing the best care for our residents". And "He is such a good manager, so professional and supportive and has really improved the service".

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

- People were at the centre of everything the service did. The culture of the service focused on providing person-centred care and support to people. The registered manager was visible in the service and demonstrated passion and a commitment to providing people with good compassionate care and improving the quality of their lives.

- Staff understood the vision and values of the service. They described working in a person-centred way and putting people's needs and wishes first. People spoke highly of the service they received; their comments included "It's a friendly place, the staff are lovely and the managers very good". Another person said, "They look after me well, it's a good home".
- People told us they liked the registered manager and he was important to them. We observed some very warm engagement between the registered manager, people and staff. Relatives and staff told us they felt listened to and valued for their feedback and opinions.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager promoted transparency and honesty. They had an open door policy and staff confirmed they always felt able to speak to any of the management team. Staff knew how to whistle-blow and knew how to raise concerns with the local authority and Care Quality Commission.
- The provider had acted upon the concerns raised at previous inspections and shared these openly with stakeholders in a 'You said we did document'. For example, 'A new head injury protocol is in place and all staff supported to understand and be aware of the process'. And 'We have updated our dependency tools and have shaped our rota's around resident's support levels'. This demonstrated the providers openness, transparency and commitment to improving the service.
- The registered manager understood their responsibility to be open in the event of anything going wrong. They reviewed any feedback and incidents, so any learning would be taken from them and the service would continue to develop. Outcomes were shared with people and staff to ensure lessons were learnt.

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

- People's views were sought of the service they received. Satisfaction surveys sought the opinion of people, relatives, professionals, stakeholder and staff about the service. The management team analysed the feedback and incorporated this into the daily running of the service.
- There was a positive workplace culture at the service. The service was led by an open and transparent registered manager who actively supported the care staff in their roles. Staff felt supported and valued by the registered manager and had been given opportunities to develop a career in caring. Staff told us that their views were listened to and they were encouraged to share ideas.
- The registered manager was involved in different networks and updated their learning through different sources, to continuously develop best practice and make a difference to people's lives. They engaged with provider forums and registered manager network groups. Information was shared through team meetings and where new ways of working had been introduced these were reviewed through discussions at team meetings and the providers quality assurance processes.