

Downing (Green Gables) Limited

Green Gables Nursing Home (Downing Green Gables Limited)

Inspection report

Church Lane
Grayshott
Hindhead
Surrey
GU26 6LY

Tel: 01428604220
Website: www.ablegrange.co.uk

Date of inspection visit:
28 March 2018
10 April 2018

Date of publication:
14 May 2018

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

Green Gables is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Green Gables accommodates up to 38 people in one adapted building. There were 31 people at the service at the time of inspection. The accommodation is over three floors, each floor is accessible via stairs or a passenger lift.

The service was rated Requires Improvement at its last inspection in September 2016 and had a breached one regulation in relation to staffing. Following the last inspection, we asked the provider to complete an action plan to show what they would do to meet the breach and improve the key question of Safe to at least Good. At this inspection, we found that the provider had made sustained improvements by increasing staffing levels. There were sufficient staff available to monitor people's wellbeing and attend to people's needs without appearing rushed. The service is now rated Good overall.

The registered manager had increased the number of staff on shift during daytime hours. This meant that there was always a member of staff present in communal areas of the home to attend to people's needs. The deputy manager was prominent in organising and supporting staff to ensure they were effectively meeting people's needs. People and their relatives told us that improvements had been made to both the level and standard of staffing. This meant that staff were able to quickly respond to people's requests and spend quality time during the day with them. The provider had systems in place when recruiting new staff to check their character and experience to help ensure they were suitable to work with people.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported to maintain good health. The provider had participated in programmes in conjunction with health professionals to promote people's nutrition and hydration. People told us they were happy with the meals available to them and they received the appropriate support from staff if they required or assistance whilst eating. People had access to healthcare services as required and recommendations from health professionals were incorporated into people's care plans.

Risks to individual's health and wellbeing were assessed and monitored. The provider had made improvements after feedback from incidents. In one example, the provider had made changes to how they managed people's wound care after feedback from professionals highlighted where improvements were needed.

People's needs were assessed using assessment tools which helped the registered manager determine appropriate care and treatment plans. Care plans were developed in partnership with people, families, social workers and health professionals. Where people required additional healthcare support, the registered manager made the relevant referrals in good time, to ensure that people received effective care.

People's care plans detailed their preferences around their daily routines and personal care arrangements. Staff were sensitive to these needs and treated people with dignity and respect. People were positive about staff and told us they were caring, humorous and attentive to their needs.

The provider had made considerations about how to provide dignified and empathetic support to people at the end of their lives. People's wishes about their final care arrangements had been explored, which helped to ensure that the care provided was in line with their preferences.

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.

There were safe systems in place to manage people's medicines and staff were aware of the support people needed around their medicines for pain or anxiety.

The home was clean and risks associated with the spread of infections were safely managed.

Staff had access to a range of training relevant to their role. Nursing staff were supported to maintain their professional qualifications. Staff received ongoing support in their role through supervisions and observations of their working practice by the deputy manager. The registered manager held regular staff meetings, which helped review staff performance and reinforce good practice.

Staff were aware of their responsibilities in safeguarding people from abuse and harm. The registered manager had reported concerns appropriately to local safeguarding teams and acted upon recommendations to help keep people safe.

There were systems in place to deal appropriately with people's complaints. Where people had raised concerns, the registered manager thoroughly investigated the issues at hand and provided people with an update from their findings. People and their relatives were positive about how well their concerns were investigated and their perspective considered.

The registered manager used a range of methods to involve people to gain feedback to make improvements. These included questionnaires, comment cards and residents meetings. The registered manager was keen to make improvements and shared feedback with staff where issues needed addressing.

The registered manager had a system of audits and checks which focussed on assessing and maintaining the quality and safety of the service. The provider's regional manager had oversight of the service through a series of reports, visits and observations of staff. The provider also regularly visited the home and had a good insight into the day to day culture of the service.

The provider was developing the environment to make it more accessible for people to use. At the time of inspection, the communal garden area was being redeveloped, which would enable people to easily access the outside space.

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 ●

Is the service effective?

Good ●

The service remained good.

Care and treatment assessments were thorough and identified the support people needed to meet their needs.

People had access to healthcare services when required. Appropriate referrals were made to healthcare professionals when people required specialist input.

The provider was pro-active in identifying those at risk from dehydration and malnutrition, putting plans in place to mitigate these risks.

The provider had made adaptations to the service to help ensure it was suitable for people.

Staff received appropriate training and ongoing support in their role.

People's rights and freedoms were respected.

Is the service caring?

Good ●

The service remained good.

People were cared for with kindness and compassion. Staff knew people well, interacted positively when supporting them.

People and their relatives were involved in developing their care plans.

People had their privacy and dignity respected.

Is the service responsive?

Good ●

The service has improved to good.

People received personalised care and support. People's family members were regularly updated in response to changes in people's health and wellbeing.

Complaints were responded to openly and in good time.

The service worked in partnership with people to ensure their wishes and preferences were reflected when receiving end of life care.

Is the service well-led?

The service has improved to good.

Auditing and quality assurances processes were in place which resulted in improvements being made to the service and a safer environment for people to live in.

There was a clear management structure in place. People felt the registered manager was effective in their role and approachable.

The provider notified CQC about significant events that happened in the home.

The provider had worked with other stakeholders to help ensure people received good quality care.

People were involved and consulted about how the service was run.

Good ●

Green Gables Nursing Home (Downing Green Gables Limited)

Detailed findings

Background to this inspection

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

This inspection took place on 28 March and 10 April 2018. The inspection was unannounced. One inspector, a specialist advisor and an expert inspection by experience carried out day one of the inspection. The special advisor had a background in residential nursing care. 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 expert's area of experience for this inspection was dementia care. One inspector carried out day two of the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

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.

Before the inspection, we spoke to one social worker to gain their views on their recent experience working with the service. We spoke with 11 people who used the service. We also spoke to six people's relatives. We spoke with the registered manager, the deputy manager and six staff members. We looked at the care plans and associated records of seven people. We reviewed other records, including the provider's policies and

procedures, incident reports, staff training records, staff rotas for March 2018 and quality assurance questionnaires.

The service was last inspected in September 2016, where we found a breach of Regulation 18 Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service received an overall rating of Requires Improvement.

Is the service safe?

Our findings

At a comprehensive inspection in September 2016, we found the service was not always safe. We found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were not always sufficient staff deployed to meet people's needs and to ensure people remained safe at busy times when staff were mainly task driven. Staff often took too long to respond because they were providing support to other people. This meant that there was an increased risk that people's needs may not be met safely. At this inspection, we found the provider had increased the number of staff who were designated to work at one time. This meant that staff were more attentive to people's needs and were able to respond quickly to their requests.

The registered manager told us that people's needs determined staffing levels. They used a dependency tool to calculate appropriate staffing levels and reviewed this tool every month. This helped to ensure that the staffing levels were always current to people's needs. Since the last inspection, the registered manager had increased the staffing provision by one member of staff per shift. This was to ensure that a member of staff was always present in the lounge, even if other staff were needed to help people with their personal care. We checked through the staffing rota for March 2018 and the staffing levels were consistent with the increase in numbers. The registered manager told us, "We can definitely see the benefit of increasing the staffing levels. People are not kept waiting and there is always someone in the lounge with them."

People and relatives told us there were enough numbers of staff to be attentive to their needs. One person said, "If you want staff they do come as quickly as they can, you don't have to wait too long usually." Another person commented, "Look, you can see for yourself, there are staff everywhere." A third person remarked, "If I want to go to the toilet, the staff will take me. I can call them or ring my buzzer, it's no problem." A relative concurred, "They [staff] always pop in and out to check on [my relative] if she stays in her room but they did manage to get her downstairs last week which was so nice to see." A second relative reflected, "There have been changes in staff and the new staff seem more patient, more tender with the residents."

People were well attended to in communal areas of the home. Staff did not seem rushed and had the time to offer people drinks, sit and talk or do activities with people and take people to the toilet or for a gentle walk. Where people required assistance in their rooms, staff attended to call bells quickly to help ensure people were not waiting long to receive assistance. The deputy manager co-ordinated staff effectively whilst they were on shift to help ensure they were organised in a way that they could effectively monitor people's wellbeing.

The registered manager followed robust recruitment processes, which ensured people were supported by suitably skilled and qualified staff. Recruitment files included an application form with work history, references, and right to work documentation. Staff had a Disclosure and Barring Service (DBS) check before starting work. A DBS check helps employers make safer recruitment decisions by identifying applicants who may be unsuitable to work with vulnerable adults.

People and their relatives told us that they felt Green Gables provided a safe service. One person said, "Yes, I

feel safe, they [staff] are all very kind and help me with everything. It is safe and clean, they are always cleaning, and it's immaculate." Another person commented, "I have been here years and they look after me ever so well, I always feel safe as the staff are good." A relative reflected, "[My relative] is safe here. I was so worried when she first came because it was such an unknown. Now I feel confident that they are well looked after and happy." A second relative said, "[My relative] is very contented, not anxious at all the way she used to be."

There were safe systems to manage people's medicines. There were suitable arrangements for obtaining, storing, administering and disposing of medicines. A stock management system was in place, which helped to ensure medicines were stored according to the manufacturer's instructions. The provider's process for the ordering of repeat prescriptions and disposal of unwanted medicines helped ensure that people had an appropriate supply of their medicines.

People's records detailed their medicines and reasons for prescription. Records also detailed people's preferred routines around administration and ways to encourage people to take their medicines if they were confused or reluctant. Where people were prescribed 'as required' (PRN) medicines for conditions such as pain or anxiety, this was documented in their care plans. Staff observed and prompted people to determine whether they required their PRN medicines. They explained the medicines they were giving in a way people could understand and sought their consent before giving it to them. One person said, "They [staff] couldn't do more for me, if I am in pain they can tell and will get me my tablets."

Risks associated with people's health and wellbeing were assessed and monitored. Risks identified included, moving and handling, medicines, falls, malnutrition, epilepsy and skin breakdown. One person had a wound that required monitoring and management. The nursing care required was well documented in the person's care file and the GP and tissue viability nurses had been involved in the management of the wound. Staff showed us how the person's condition was being assessed and monitored effectively.

The provider carried out regular checks to monitor the safety of the premises and equipment. These included fire alarms, emergency lighting, hot and cold water outlets, fire extinguishers and mobility aids such as hoists and wheelchairs. Records were in place for regular checks and maintenance of utilities and facilities. These included water supply, electrical and gas safety, laundry equipment, the passenger lift and the nurse call system. This demonstrated that the provider had systems in place to help ensure people were living in a safe environment.

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. All staff received training in safeguarding, which helped them identify report and prevent abuse. Staff told us about how they would safeguard people and actions they would take if they thought someone was experiencing abuse. One staff member told us, "I would report concerns to the manager or the deputy. It is all staff's concern to keep people safe." The registered manager had reported safeguarding concerns appropriately to local safeguarding teams and investigated safeguarding alerts thoroughly to help ensure people were protected from the risk of harm.

The provider had a whistle-blowing policy in place. This provided staff details of external organisations where they could raise concerns if they felt unable to raise them to management in the home. Staff understood how to use this policy. For example, staff told us they could contact the local authority or the Care Quality Commission (CQC) if they needed to.

The provider used incidents, accidents and near misses to learn lessons and improve the service. Staff kept records of accidents and incidents and these were audited monthly to identify trends or patterns. The

registered manager and staff reflected on incidents where people's experience could have been better in order to identify improvements. The registered had implemented improvements in how the nursing staff recorded and managed people's wounds after feedback from external professionals that improvements could be made. This had resulted in better quality care for people with these needs.

There were systems in place to mitigate the risks of infections spreading. The home was a clean and odour free environment. There were designated domestic staff in place, whose role it was to follow a set cleaning regime, which ensured that all areas of the home were clean. Staff understood ways to minimise the spread of infections, such as the use of gloves and aprons when supporting people with their personal care. The registered manager was confident in the action they needed to take if there was an outbreak of infection at the home. There were plans in place in the event of such an occurrence. These plans were detailed and had recently been reviewed to help ensure the information it contained was still relevant.

Is the service effective?

Our findings

People told us that staff were skilled and effective in their role. One person said, "They are spot on, I feel very comfortable with them. We are all 100% well looked after." Another person commented, "Yes, the staff are nice and friendly and seem to be well trained." One person's relative reflected, "I am very pleased with the way staff look after [my relative]. I think they do a good job and are well trained."

People care and treatment plans were based on a range of assessments which took into account their health, medical conditions and wellbeing. Assessment included medicines, mobility, mental capacity, risk of dehydration/malnutrition, risk of skin breakdown and behaviour. The assessments used were nationally recognised assessment tools in line with industry best practice. The registered manager gathered information for assessments from a range of sources. This included people, their relatives, health professionals and social workers. This helped to ensure that people's needs were fully assessed.

Staff had the training and skills they needed to meet people's needs. One member of staff told us, "We do lots of different training. It is very good. It helps us improve our knowledge of how to help people and look after them." Training was regularly refreshed to ensure staff were following the latest best practice guidance. Nursing staff were supported to maintain their professional registrations and attend external training relevant to their roles. New staff received training that was in line with the Care Certificate. This is awarded to staff that complete a learning programme designed to enable them to provide safe and compassionate care to people.

Staff received training in dementia, which helped to give them effective communication skills and an understanding of individuals' needs when supporting people living with dementia. The vast majority of staff had well developed communication skills and were able to use a range of strategies to support people effectively. The registered manager had identified a few staff that required additional support in this area and had offered training and support in order to build staff's knowledge, skills and confidence.

Staff were supported through supervision to build their skills and knowledge. One staff member told us, "I get supervision with the deputy manager. She is helpful and guides us in our role." Staff were encouraged to reflect on their work performance during supervision. In addition, concerns and training needs were discussed. The registered manager also conducted work based observations of staff. These observations were designed to assess staff's competence in key areas of their role such as moving and handling and communication. This helped to give them first-hand knowledge of staff's working practices and behaviours.

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. The registered manager had a sound understanding of the process make decisions in people's best interests where appropriate and acted in accordance with the principles of the MCA.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager understood their responsibility in assessing and submitting applications to the local authority where these safeguards applied to people.

People told us that they were happy with food available at Green Gables. One person said, "The food is lovely." Another person commented, "The food is excellent." A third person remarked, "You get well fed here."

People's dietary requirements and preferences were documented in their care plans. People had a choice of meals available to them and staff were attentive to people who required support and encouragement when eating. One person said, "There are usually two choices at lunchtime and the food is very good. They asked when I came in what I liked to eat and if there was anything I didn't like." When necessary, staff monitored the amount people ate and drank using food and fluid charts, along with regular monitoring of their weight to pick up any changes which might indicate a decline in health. This helped staff track any changes in people's health and wellbeing.

The provider worked in partnership with the Clinical Commissioning Group to implement a programme which provided effective support for people at risk of malnutrition and dehydration. The aim of the scheme was to improve nutrition and hydration among older people living in care homes. Staff used an assessment tool to identify people who were at risk of malnutrition or dehydration and the support people needed to promote healthy eating and drinking. Where some people were reluctant to drink, staff offered a variety of drinks or alternative sources of hydration such as fruits or ice lollies. Staff ensured that people had brightly coloured cups, plates and cutlery to help them recognise these objects and encourage them to eat and drink. People living with dementia and/or whom have a visual impairment can struggle to judge the depth of surfaces and distinguish between objects which are similar colours. Some people did not like to eat big meals, so their diet had been adapted to eat a number of smaller meals which were offered more frequently. These measures helped people avoid the risks of malnutrition and dehydration.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other healthcare professionals. One person told us, "The staff are very quick at anticipating how I am feeling. If I'm not well they'll get the doctor to see me and check me over." A relative said, "[My relative] complained her ears were blocked. I mentioned it and straightway there was an appointment made for her to see the doctor." People had access to doctors, opticians, dentists and other health professionals as required. One person was supported to contact Speech and Language Therapists (SALT) after the staff raised concerns about the risk of the person choking. From this input, guidance was put in place around the person's consistency of food and body posture when they ate. These measures helped to reduce the risk of the person choking when eating.

The provider had made adaptations to the environment to make it suitable for people living with nursing needs. People had access to specialist beds, mobility equipment and adapted bathing aids, which meant they were able to safely mobilise around the home and engage in their personal care. The provider was redeveloping the garden at the service to make it more accessible for people to use. The registered manager said, "Before, you would struggle to get a wheelchair out there. When completed, it is going to be so much better." Work to adapt the garden was due for completion in summer 2018.

Is the service caring?

Our findings

People and relatives told us that staff were kind, caring and compassionate. One person said, "I get on with all the girls, they know me well." Another person reflected, "They are wonderful, there are no words, they are just so kind and caring." A relative commented, "I've never seen or heard anything that has given me the slightest concern about the way the staff are with the residents. They are really kind caring people."

Staff had in depth knowledge about people and cared for them with enthusiasm and dedication. The vast majority of interactions between people and staff were positive, encouraging and friendly. Staff were knowledgeable and familiar of people needs and life history. Staff took time to talk to people and created a homely atmosphere by taking a light hearted and jovial approach to their role. One relative told us, "I do I think there's some outstanding ones here who will go the extra mile, like giving her [My relative] a cuddle, saying goodnight before they go off shift. It shows they're caring."

People and their relatives were involved in making decisions about their care. One person said, "Yes, I am in control here. I would not have it any other way." A relative remarked, "If there's anything untoward staff would ring straightaway, they keep me informed." Another relative said, "Everything was talked through with us before [my relative] came. They [staff] assessed her needs and checked it all through with me." A third relative reflected, "When I knew [my relative] had to come into a home, I visited numerous places and this one felt the most comfortable with a nice friendly environment, so I brought her here I've never regretted it for a minute it was the right decision." A fourth relative commented, "Staff are very good at telling me if something is changing."

People were treated with dignity and respect. One person told us, "They [staff] close the door when I'm on the toilet and they keep the door shut and close the curtains and they cover me up as best they can whilst getting me washed and dressed." Another person said, "Staff just treat me the way I want to be treated." A relative reflected, "I can see such a change in the staff and home as a whole. Staff are compassionate and treat people with respect." Staff ensured that people were supported with their personal care away from communal areas and were patient and caring in their approach irrespective if people became anxious or confused. A second relative confirmed, "[My relative] always looks well and her clothes and room are nicely kept."

People were given privacy and personal space. Some people enjoyed periods of time in their own company, which was identified in their care plans. When people had visitors, they were offered private spaces in which to spend time with their loved ones. People's care documentation was securely locked in the medicines room. Staff ensured that they did not discuss people's needs in communal areas as all staff handovers took place away from people's earshot. This helped to maintain confidentiality of their personal information.

People were encouraged to remain as independent as possible. One person said, "I've been here for a year now and I like it very much. The staff help me if I ask for it but let me do what I can for myself. I don't want to become too dependent." People were encouraged to regularly mobilise around the home and make their own drinks by staff. One person said, "Staff are always helping me get up and about. I don't want to sit in the

chair all day. If I did I would go downhill quickly." One member of staff said, "We are encouraging everyone to do as much as they can for themselves. This keeps them healthy and fit." Staff encouraged people to remain as independent as possible.

Where people had cultural or spiritual beliefs, the provider made arrangements to enable them to practice their faith. The registered manager told us, "Churches and Ministers are welcomed at any time, there is a regular church service at the nursing home and those who wish to attend are free to do so." Where people had particular spiritual or religious beliefs, these were identified in their care plans. This helped to ensure that staff were aware who would like to attend specific events or services.

Is the service responsive?

Our findings

People told us they received personalised care which was responsive to their needs. One person said, "I'm attended to very well. When I need something, the staff are very forthcoming."

People's care and treatment plans detailed their preferred routines around their personal care. The level of support people required to maintain these preferences and routines was documented within these care plans. One person had particular preferences around the grooming of their hair, the style of clothes and accessories they wore. Their care plan also detailed that they liked to sit in a particular area of the lounge as it was quieter and cooler than other parts of the room. We spoke to the person and were told these preferences were adhered to by staff who understood their preferences and routines.

People's needs were reviewed regularly as required. Care plans included information that enabled the staff to monitor the well-being of the person. Where people had additional input from health professionals, recommendations were incorporated into people's care plans to ensure that staff were following the most up to date guidance.

There were activities available to people. The provider had employed an activities co-ordinator, whose role it was to formulate a programme of activities to meet people's interests. Activities included arts and crafts, quizzes and external entertainers. Staff took the time to engage people in informal activities such as reminiscing about their life and families or talking walks around the home. People told us they appreciated the time staff took to do this. One person said, "They [staff] don't have to spend time with me, but they seem to like it."

People were encouraged to maintain links with people who are important to them. Details of family members and friends were included in people's care plans. Some people required support from staff to maintain these relationships. One person said, "The staff are really good at helping me keep in contact with my daughter." People told us that family members were welcome to visit the service and staff often facilitated them staying to eat lunch with their loved ones. A relative told us, "The staff are just lovely and always willing to help with anything. They are very welcoming when we visit; other people kept in contact through telephone calls or written correspondence. In these cases, staff helped to facilitate this. The provider had also organised people to become involved in a 'pen pals' service. This was beneficial who did not have large families or social networks as they could develop friendships.

The service had complied with the Accessible Information Standard by identifying, recording and sharing the information about the individual communication needs of people with a disability or sensory impairment. Some people struggled to communicate verbally and required staff to take additional steps to engage them in making choices and expressing their needs. People's care plans detailed strategies staff used to promote effective communication. One person living with dementia struggled to retain information relayed to them. Staff told us how they adapted their conversation to include concise, key words, which helped the person understand what was being said.

People's concerns and complaints were encouraged, investigated and responded to in good time. One person said, "I've never had to complain. Mention something and they're [staff are] on it sorting it out." Another person commented, "I would speak to the registered manager if I had a complaint. I would say if anything was bothering me, it's a really good home." A relative remarked, "When [my relative] came in they [staff] explained all about how to complain and what to do." The provider had a formal complaints policy and also comments books in the entrance to the home. The comments books encouraged people, visitors and health professional to give feedback about the service after they visited. The registered manager reviewed the comments made to identify trends and areas to improve. In one example, a relative fed back concerns about a staff member's attitudes and behaviours. The registered manager addressed these issues individually and to the wider staff. This helped to reinforce their expectations around their working conduct.

People and their relatives were given support when making decisions about their preferences for end of life care. Where people had advanced decisions about their care arrangements in place, staff ensured these were documented in their care plans. If people wished, staff supported them to complete an 'end of life document'. This documented their preferences around the care leading up to them passing away and any wishes they had for their arrangements post passing. The documents were periodically reviewed with people to ensure that their documented wishes were people's most current wishes.

Is the service well-led?

Our findings

People told us the registered manager and deputy manager were approachable and effective in their role. One person said, "The registered manager is very approachable and willing to listen and help in any way they can." Another person commented, "I would recommend the home to other people, I think the care is good and well run. The deputy manager here especially is a real credit to the home." One relative reflected, "The registered manager is always in and out of the lounge when we are there, checking things are done properly. She likes everything just so." A second relative added, "The registered manager is lovely, she always talks to us when we come in, she's always interested in us and how we are as well as caring for [my relative]."

The registered manager kept their knowledge and skills updated to ensure the home was working within current professional and legislative guidelines. They kept updated with their professional qualifications with The Nursing and Midwifery Council (NMC). This helped to enable them to support the service to follow best practice in their nursing care. They also attended internal and external training and forum groups which covered issues within social care and nursing.

The provider regularly visited the property to monitor the quality and safety of the service. The provider's regional manager also regularly visited the service to carry out a quality audit, which including observation of staff, getting feedback from people, talking to the registered manager and staff about ways to improve the service and making checks on the health and safety of the home. The provider had also commissioned an external company to carry out an 'inspection' of the service to judge how, safe, effective, caring, responsive and well led the service was. The recommendations from this report were formulated into an action plan for the registered manager to complete. At the time of inspection, the registered manager had completed all actions identified.

The registered manager carried out a series of audits to monitor the quality and safety of the service. This included, infection control, health and safety, bed rails, mattresses and audits of people's care plans to ensure they were consistent with people's needs. The registered manager followed up all identified issues to check that areas which required improvements were addressed. This helped to ensure the registered manager had an insight into the quality and safety of the service.

The provider fulfilled their regulatory responsibilities. They notified CQC about significant events and incidents that happened during the running of the service. Providers are required by law to display their inspection ratings in the home and on any websites for the home. The provider had complied with this requirement. The registered manager's certificate was also displayed at the entrance to the service. This meant people and visitors could be clear about who was responsible for the running of the service.

The registered manager had identify where improvements were needed and implemented changes where required. Since our last inspection, the registered manager had made improvements to staffing numbers and also improvements to how staff were organised. They had sustained this improvement over a period of time. One person said, "I would rate it good, the way the staff are, they care, it's a better home now." Another

person commented, "There have been changes in staff and the new staff seem more patient, more tender with the residents." A relative told us, "In the last 13 months I think they have made astonishing improvements towards moving the care to a more person centred approach."

The registered manager held regular staff meetings where working practice was reflected upon and the culture of the service was reviewed. In recent meetings, areas around promoting choice, treating people with dignity and ensuring all staff spoke in English whilst on shift were discussed. This helped to ensure that all staff had a shared vision of good quality care.

The provider worked in partnership with other stakeholders in order to ensure that people received good quality care. The registered manager had worked with the local CCG to implement systems to provide effective care around nutrition and hydration. The provider was taking part in a scheme called Proactive Elderly Advance Care (PACE). This was a patient-centred planning document, part of which aimed to create a pathway between care home residents, GP surgeries and ambulance services. This will increase the quality of information shared between each service which has an input into people's care.

The registered manager sought people's feedback to monitor, assess and improve the service. Regular residents meeting were held, which gave people a chance to make suggestions. The registered manager told us, "Residents meetings also take place and residents are asked to give their views and suggestions about any aspect of the home, topics usually discussed are food, upcoming celebrations, activities and any concerns they might have." The registered manager also sent people and relatives questionnaires which asked for their feedback about the quality and safety of the service. One relative told us said, "We've had feedback forms through and we've said we're very happy with the care." This demonstrated that the registered manager used people's feedback to monitor and improve the service.