

Mr Suresh Kumar Sudera

Meadow House Residential Home

Inspection report

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Date of inspection visit:
05 November 2019
11 November 2019

Date of publication:
02 December 2019

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

Meadow House Residential Home provides accommodation and personal care for up to 24 people, including people living with dementia care needs. At the time of our inspection there were 24 people living in the home.

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

People were happy living at Meadow House Residential Home and told us they felt safe.

There were suitable systems in place to ensure that medicines were securely stored, ordered and disposed of correctly and safely and people received their medicines as prescribed. However, some areas of medicine management required more robust systems to be put in place to ensure the management of medicines remained safe.

Recruitment practices were effective and there were sufficient numbers of staff available to meet people's needs. People were protected from avoidable harm, and infection control risks were managed appropriately. Systems were in place to monitor incidents, accidents and near misses. There were clear processes in place to monitor risks to people which helped to ensure they received effective care to maintain their safety and wellbeing.

People were supported to access health and social care professionals if needed, received enough to eat and drink and were happy with the food provided. Staff had received appropriate training and support to enable them to carry out their role effectively. They received regular supervision to help develop their skills and support them in their role.

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.

People were supported by staff who were kind, compassionate and caring and who understood their likes, dislikes and preferences. People had detailed and accurate care plans in place which were person centred. People told us that they were provided with person centred care and fully involved in planning their care and the support they received.

People, relatives and staff were positive about the running of the service and the support they received from the management team and providers. People and staff felt there had been improvements in all aspects of the service since the last inspection.

The management team were open and transparent. They understood their regulatory responsibilities. People and their relatives said the management team were open, approachable and supportive. There were

effective governance systems in place to identify concerns in the service and drive improvement.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published November 2018) and there was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

There is no required follow up to this inspection. We will continue to monitor all information received about the service to understand any risks that may arise and to ensure the next inspection is scheduled accordingly.

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 findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Meadow House Residential 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 Care Act 2014.

Inspection team

Day one of the inspection was conducted by one inspector and an assistant inspector. Day two was completed by one inspector.

Service and service type

Meadow House is a 'care home'. People in care homes receive accommodation and nursing or 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 service did not have a manager registered with the Care Quality Commission at the time of the inspection. The previous registered manager had left the service in April 2019. At this inspection there was a manager in place who had taken over the overall running of the service in May 2019, with support from the provider. The manager had commenced the registration process with the Care Quality Commission (CQC).

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed the information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the

service is legally required to send to us. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people who used the service about their experience of the care provided and a healthcare professional. We spoke with nine members of staff including the providers, manager, chef, housekeeper and four members of care staff. We observed the care being provided and reviewed a range of records, included six people's care records and multiple medication records. We looked at staff files in relation to recruitment and a variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We received feedback from three people's relative. We reviewed quality assurance records and additional supporting information provided by the management team.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Meadow House. A person said, "I feel very safe." A health professional told us they had, "Never had any safeguarding concerns about the home and felt the home was safe."
- The manager and staff knew what constituted safeguarding. Staff had received safeguarding training, which was updated annually.
- Staff we spoke with understood their safeguarding responsibilities and knew how to report any concerns. A staff member said, "I would go straight to [manager]. If she ignored my concerns I would go to the proprietors. If they ignored them I would go to the care home team, contact safeguarding myself or the CQC."
- There were processes in place for investigating any safeguarding incidents. Where these had occurred, they had been reported appropriately to CQC and the local safeguarding team.

Assessing risk, safety monitoring and management

- Environmental risk assessments, general audit checks and health and safety audits were completed. Actions had been taken where needed, to help ensure the safety of the environment. However, on day one of the inspection it was noted by the inspector a number of upstairs windows did not have appropriate window restrictors in place. This could pose a risk to people and we spoke to the manager and provider about this. They took immediate action to address this.
- Equipment, such as hoists and stairlifts were serviced and checked regularly. Gas and electrical safety certificates were up to date and the service took appropriate action to reduce potential risks relating to Legionella disease.
- There were plans in place to deal with foreseeable emergencies. Staff were aware of the action to take in the event of a fire and fire safety equipment was checked regularly. Personal evacuation plans had been completed for each person, detailing action needed to support people to evacuate the building in the event of an emergency.
- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained risk assessment information, which provided staff with clear guidance on how to mitigate risks to people. Possible triggers and actions staff needed to take to reduce those risks were identified. For example, one person with diabetes had a risk assessment in place that included guidance on how to recognise and respond to symptoms.
- For people at risk of falling, actions had been taken to mitigate these risks, such as the use of pressure alert mats, which alerted staff when the person mobilised. A relative said, "I do not have any concerns for (persons) safety. Not long after they arrived, they had a few falls in the garden, a pressure mat was placed on the path to alert staff that they had gone out in the garden. Another mat has been placed in their room, as they like to get up during the night."

- Some people were at risk of developing pressure injuries. Where equipment was in place to mitigate the risk of injuries occurring, systems had been implemented to ensure the equipment remained suitable for the person. For example, where a person required a pressure relieving mattress that needed to be set in accordance with the person's weight, the setting was checked to help ensure the mattress remained at the correct setting. Monitoring charts in place, also reflected that people's position had been changed as stated within the risk assessments.
- Other risk assessments in place included areas such as, moving and positioning, skin integrity, medicines management, the use of bed rails and behaviours.

Staffing and recruitment

- We observed sufficient numbers of staff to meet people's needs. Staff were seen to have the time they required to provide people with responsive and effective care in a relaxed and unhurried way.
- People told us their needs were met in a timely way and were happy with the care provided. A person said, "They (staff) are so willing to help, I can ask at any time of the day and night and they will help me." Another person told us, "Oh there is enough staff, they are always there when I need them." A third person commented, "There are enough staff in the day, I think they might need more at night though."
- Staff comments in relation to staffing levels included, "In general I think the staffing levels are good", "There is not always enough staff although we are not understaffed all the time" and "We could do with more staff at night." These views were shared with the providers and manager who agreed to review the comments made.
- Staffing levels were assessed using a dependency tool, which was calculated according to each person's individual level of need. The tool produced a score which was used to determine the amount of staffing hours required to support people appropriately. The manager reviewed the score regularly, to ensure that staffing levels continued to be appropriate if people's needs changed over time. In addition to the use of the dependency tool, the manager worked closely with staff and completed regular audits in this area to help ensure staffing levels remained sufficient.
- Safe recruitment practices had been followed. This included a range of pre-employment checks and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Using medicines safely

- People were supported to take their medicines safely. Medicines administration records (MAR) were completed correctly and indicated that people received their medicines as prescribed.
- People were happy with the way they received their medicine. One person confirmed if they requested pain relief this was provided, and another person told us, "I always get my tablets when I should."
- There were suitable systems in place to ensure that medicines were securely stored, ordered and disposed of correctly and safely. However, on day one of the inspection, for three stock counts of medicine completed by the inspector it was noted that these did not always correspond with the expected amount of medicine in stock. This had not impacted on people. However, this demonstrated that medicine audits needed to be more robust to ensure that medicine stock in place was appropriate. This was discussed with the manager on day one of the inspection and a full medicine audit was completed to address this issue. Additionally, the manager agreed that medicine audits would be increased.
- Controlled drugs were stored in accordance with legal requirements and safe systems were in place for people who had been prescribed topical creams.
- Each person who needed 'as required' (PRN) medicines, had information in place to support staff to understand when these should be given, the expected outcome and the action to take if that outcome was not achieved.
- A health professional said, "They've turned their medication policy around, medication is a lot safer and

better now."

Preventing and controlling infection

- The home was visibly clean throughout. There were processes in place to manage the risk of infection and personal protective equipment (PPE), such as gloves and aprons was available throughout all areas of the home. Staff were seen using these when appropriate.
- Domestic staff were employed within the service and completed regular cleaning tasks in line with set schedules.
- Infection control audits were completed regularly by the manager or senior staff member. These were robustly completed and identified any short falls in expected infection control standards. These also demonstrated actions had been taken were required.
- The staff were trained in infection control.
- There was an infection control policy in place, which was understood by staff.

Learning lessons when things go wrong

- There was a process in place to monitor incidents, accidents and near misses. Action to address any issues, was taken when needed.
- Audits for all incidents and accidents that had occurred, were completed. This helped to ensure any trends or themes identified could be acted upon, to help mitigate risk and prevent reoccurrence.

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 the last inspection this key question was rated as Good. At this inspection this key question remained the same. 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

- People felt they received effective care. One person said, "The staff know exactly what they are doing, everything is marvellous." A comment in the resident's survey stated a person was, 'absolutely satisfied' with the care and support they received.
- People received care and support from staff they knew and who knew how they liked things done. Staff demonstrated they knew people well and understood their needs.
- People's needs were fully assessed prior to their admission and before re-admission, for example, if a person had required a hospital stay. This was to ensure their care needs could be met safely and effectively within the environment and in line with current best practice guidance.
- Information had been sought from the person, their relatives and any professionals involved in their care, when required. Information from these assessments had informed the plan of care. The manager told us when assessing people, they also considered the other people already living at the home to help ensure new admissions would not impact on them.
- Staff applied learning effectively in line with best practice, which helped lead to good outcomes for people and supported a good quality of life.
- A range of well-known tools were used to monitor people's health and wellbeing in line with best practice guidance. For example, staff used nationally recognised tools to assess people's risks of developing pressure injuries and to monitor people's weight.
- We saw technology used to support people to meet their care needs. For example, there was a call bell system in place, pressure activating mats were provided, where required to allow people to have privacy in their rooms, whilst maintaining their safety and there was an electronic system in place for recording people's care needs and care that had been provided.
- Care plans were kept under review and amended when changes occurred or if new information came to light.

Staff support: induction, training, skills and experience

- New staff were required to complete an induction before working on their own. This included completing essential training for their role and shadowing an experienced member of staff. A staff member described their recent induction as effective. This staff member said, "If I didn't have the induction then maybe I wouldn't be as knowledgeable as I am now."
- People received care from staff who had the necessary knowledge, skills and experience to perform their roles. People described staff as being well trained, a person said, "The staff are all very good, they know what they are doing."
- Training staff had received included, moving and handling, infection control, dementia awareness,

medication and person-centred care. The manager told us that as well as receiving mandatory training, additional training specific to people's needs would be provided where required.

- The manager had a system in place to record the training that staff had completed and to identify when training needed to be refreshed. On reviewing this system, it demonstrated that staff received training and updates as required. The manager told us that they would always bring training forward for staff, if concerns were noted in practice.
- Staff received one to one supervision with the manager or a member of the management team every eight weeks and an annual appraisal. Supervisions provide an opportunity for management to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and identify learning opportunities to help them develop. Completed one to one supervisions and annual appraisals, were recorded in detail. Staff told us they felt supported by the manager, who they could approach at any time. Comments from staff included, "We are well supported and can always talk to management" and "The manager is firm but fair, I have no concerns at all about the manager and could go to her at any time."

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

- People were supported to eat a varied and nutritious diet based on their individual preferences. People were happy with the food provided and confirmed they had enough to eat and drink. People's comments included, "The food is lovely, if you don't like it you can always have something else", "The food is always very nice, I can have what I want," and "Oh yes it's [the food] always very nice."
- There was a nice atmosphere and good interactions between staff and people during lunch. People had a choice of two meals with other options available if they wished. For example, one person was observed having soup for lunch which was not on the menu and another person wanted vegetables instead of spaghetti which was provided.
- Drinks and snacks were available to people throughout the day and night and we observed that people were regularly offered these.
- Where people were at risk of poor nutrition and dehydration, plans were in place to monitor their needs closely and professionals were involved where required to support people and staff.
- Individual dietary requirements were recorded in people's care plans and staff knew how to support people effectively. Feedback from a relative stated their loved one was admitted to the home with dehydration and weight loss. They told us, "Since her arrival the staff have taken the time to learn (persons) eating and drinking habits."

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

- Staff were knowledgeable about people's individual health needs and people were supported to access appropriate healthcare services when required, such as doctors, specialist nurses, dentists and chiropodists. All healthcare involvement was clearly documented in people's care files and used to help monitor their health and medical conditions.
- The manager and staff had built strong working relationships with healthcare professionals. A weekly multi-disciplinary meeting was held at the home, which were attended by a senior staff member and various healthcare professionals to discuss people's needs and any actions that were required. A healthcare professional said, "The manager will come to me and ask for advice. They're always asking for support rather than leaving it until the last minute." The added, "They know their patients, they notice the little things that aren't quite right, so they know if an infection's brewing or anyone's not quite well."
- The service ensured that people received consistent and coordinated care if they were required to move between services; such as requiring a hospital stay. People's care files contained an up to date and detailed information which was sent with them should they require a hospital stay. Additionally, receiving services would be provided with a verbal handover, either face to face or over the telephone.

Adapting service, design, decoration to meet people's needs

- Since the last inspection a number of areas of the home had been refurbished and updated to make the environment more conducive to meet the needs of the people living at the home. This refurbishment work included, new toilets and showering facilities being installed and redecoration. The manager shared an action plan with us, which showed plans were in place to completely refurbish the whole home. Additionally, the provider had now employed a maintenance person who was regularly at the home and could attend to maintenance issues in a timely way.
- People and staff commented positively about the improvements in the environment and described the home as 'homely' and 'welcoming'. Comments included; "There have been lots of changes, the environment is much better" and "The environment has been much improved and having the maintenance man in place has made such a difference."
- Some decoration throughout the home supported people living with dementia or poor vision. Bedroom doors had a picture of the person on the front to make it easier for people to find their own rooms. There were also large signs in place throughout the home to help people navigate their way around the building.
- People's bedrooms were decorated to their preference and contained personal possessions, such as pictures and soft furnishings.
- People were able to choose where they spent their time and there were a number of communal areas available to people, including a large dining area, three lounges and an enclosed garden which had seating and tables available to people.

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 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.

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 whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The manager understood when an application to deprive someone of their liberty should be made and appropriate applications had been made where required.
- Staff had received appropriate training in the MCA and were clear on how it should be reflected in their day-to-day work. All staff we spoke with had a good working knowledge of the MCA. One staff member said, "You always assume they have capacity, but if they don't then it's the least restrictive option." Another staff member said, "You can't just take something away, just because they have diabetes doesn't mean they can't have chocolate if they want it. But you can see if they'd maybe like a less sugar chocolate."
- Records seen demonstrated that people were involved in making decisions regarding their care and support as well as their everyday life. There were actions to support decision-making with guidance for staff on maximising the decisions people can make for themselves. During our visit we saw staff respected people's choices and staff members were observed asking people for consent throughout the day.

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 the last inspection this key question was rated as Good. At this inspection this key question remained the same. 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

- Feedback from people reflected they felt that the staff were caring. Comments included, "Nothing is ever too much trouble for them (staff), they are so kind", "The carers are very good and helpful" and "I am very happy with the care, they are all marvellous." A healthcare professional said, "They're all very lovely, they take their time with people and are understanding. I feel like they treat people like they would their mum and dad."
- Staff were friendly and polite. Interactions between staff and people were natural and showed positive relationships had been developed. Throughout the inspection we heard staff speak to people respectfully, with kindness and check with people frequently that they were comfortable, warm and happy.
- Staff took the time to make people feel they mattered and their views and needs were important. For example, a person complained to a staff member their back was feeling sore, so the staff member took time to address this and demonstrated real sympathy to the person. At lunchtime a person dropped some food and appeared concerned about this, a staff member said to them discreetly, "Oh that's alright I'll clear it up, I won't tell anyone."
- The provider recognised people's diverse needs. People's protected characteristics under the Equalities Act 2010, such as religion and disability were considered as part of the assessment process. Although there were no people identified as having any specific cultural needs at the time of inspection, the manager and staff described how they would resource information on particular faiths and cultures, if required to ensure that people's specific needs could be met.

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

- We observed staff regularly interacted with people to seek their views and wishes. For example, staff provided choices of drinks, activities and asked where people would like to sit.
- People were given the opportunity to express their views, both on a one to one basis with staff or the manager and during resident's meetings. Resident meeting minutes confirmed that discussions were held with people about the day to day running of the home and demonstrated that people were involved in making decisions about their care.
- People were involved in planning their care and the support they received. Care plans contained detailed personal information about how people wished their care to be provided.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's right to privacy. Staff were seen knocking on bedroom and bathroom doors before entering.

- Staff were able to describe the practical steps they took to preserve people's dignity and privacy when providing personal care.
- The provider ensured people's confidentiality was respected. Confidential information, such as care records, were kept securely and only accessed by staff authorised to view this. Staff had their own password logins to access electronic records.
- People were supported to maintain their independence as much as possible in their daily routines. For example, during lunch time staff were seen to encourage people to eat independently and would offer to cut up food, where required to support this.
- People's care plans provided information for staff about what people could do for themselves and where additional support may be required. For example, one care plan stated, 'I can brush my teeth on my own if toothpaste and brush are given to me ready.'

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. 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 told us their needs were met in a personalised way. Staff knew the people they supported well and had a good understanding of their needs, which enabled them to provide person centred care. A relative said, "They know her better than I do and seem to know what she wants even though she is unable to communicate." Another relative told us, "My mum is treated as an individual, her needs and choices are respected by staff."
- Care plans had been developed for each person. Information in care plans was robust and person centred and included details about people's life history, their likes and dislikes and specific health and emotional needs. Comments in care plans included, 'I like my lazy days when I choose to stay in my room more of the day', 'I have time when I spend my day in bed and I would like staff to bring my meals upstairs to my room' and 'I like to look nice but I need staff to let me know if my clothes are stained.' A healthcare professional told us, "I think since [manager] and [senior] have been there, things like the care plans seem to have really picked up."
- People were empowered to make their own decisions and choices and confirmed they could make choices in relation to their day to day lives. For example, what time they liked to get up or go to bed, what they ate and where they spent their time. This was observed throughout the inspection. A relative told us, "My mum is treated as an individual, her needs and choices are respected by staff. She can walk about or go to bed as she wants."
- Staff worked together well to deliver timely and effective care to people. They also received a verbal handover between each shift. This helped inform staff of any changes in people's needs. We observed a handover during the inspection and found staff were provided with clear and up to date information about changes in people's needs and actions to take.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in their care plans. This ensured that staff were aware of the best way to talk with people and present information.
- The manager was aware of the Accessible Information Standard (AIS). Documents could be given to people in a variety of formats, for example, easy read, large print and pictorial, if required.

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

- People had access to a range of activities, including, crafts, word games, arm chair exercises, quizzes and bingo. One the second day of the inspection a game of bingo was taking place which people enjoyed.
- People confirmed they liked the activities provided. A person said, "Oh yes, I enjoy them (activities)."
- An activities co-ordinator was employed by the service who formulated activities for people. There was no set schedule in place for activities and these were decided with people on the day. Staff told us when the activities co-ordinator was not available care staff provided people with activities. This was observed during the inspection.
- Activities were discussed with people during residents and relatives meeting and people were fully involved in making decisions about future activities. For example, people had requested a 'My pet day' and this was being arranged.
- People were supported to maintain important relationships. Relatives were welcomed at any time. Important events were celebrated, and relatives were invited to celebrate these with their loved one.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which was understood by staff.
- A complaints procedure was available to people and visitors, which was also displayed in the main entrance of the home. This could be provided to people in an easy to read format if required.
- No formal complaints had been received since the previous inspection. However, the manager kept a detailed log of all concerns that had been raised with them and was able to provide us with evidence that all concerns were investigated and acted on.
- People told us they knew how to make a complaint and were confident that any concerns raised would be dealt with effectively. A person said, "I don't have any complaints at all its all marvellous." Another person told us, "I'm happy with the care I don't have any concerns, but if I did I can talk to the manager."

End of life care and support

- At the time of the inspection one person living at the home was receiving end of life care. The manager told us they aimed to provide people with high quality end of life care, to help ensure they experienced a comfortable, dignified and pain free death. Furthermore, they told us it was, "Paramount to engage with families and support them to have time with their loved one." They added, "We think outside the box to meet people's end of life needs and wishes."
- People had end of life care plans in place which clearly documented people's end of life needs and wishes. This helped to ensure people's end of life wishes would be respected.
- The manager and staff worked closely with relevant healthcare professionals and people's families to help ensure they received the care they required.
- 'Thank you' cards were viewed which highlighted people were treated with compassion and in a kind and caring way, leading up to their passing. Feedback from a relative stated, "They (staff) do everything they can to ensure (person) is comfortable and doesn't get bed sores as they cannot move them self. I have never felt she has been forgotten about."

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 the last inspection this key question was rated as Requires Improvement. This was because the provider had failed to ensure effective systems and processes were in place to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found sufficient improvements had been made and the legal requirements were met. The rating for this key question had improved 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

- There were detailed quality assurance procedures in place. This included comprehensive audits which were completed regularly for areas such as, care plans, medication, call bells, weekly resident toiletries, mattresses and mobility equipment, falls, infection control and the environment. All completed audits resulted in an action plan being completed, where required. These were discussed with the management team and timescales for work to be completed, agreed.
- There was a clear management structure in place, which consisted of the provider, a manager, a deputy manager and a senior head of care; each of whom had clear roles and responsibilities. The management team and staff communicated effectively to ensure people's needs were met and changes or concerns were shared appropriately.
- Policies and procedures were in place to aid the smooth running of the service. For example, there were policies on equality and diversity, safeguarding, whistleblowing, complaints and infection control.
- The manager felt well supported by the wider management team and providers who were fully involved in the running of the service.
- The manager was aware of the need to report to CQC, any event which affected the running of the service, as they are legally required to do.

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

- People, staff and health professionals felt the management team were approachable, open, honest and effective in their roles. People and staff were confident about raising any issues or concerns with them.
- Comments from staff and people about the management team and the running of the home included, "The home is well led. The overall running of the home much better and communication has really improved", "The manager is extremely supportive, I couldn't have hoped for a more supportive manager", "There have been lots of changes for the better. The providers are much more involved now" and "The providers involvement has really increased, and we can always go to the provider if we need to." A relative

told us, "I do feel the home is well run, there are plenty of staff and the residents are well looked after."

- The providers had a clear vision and strategy to deliver high quality care and support. The management team and staff were committed to developing positive relationships with people and staff, to ensure that people felt valued and supported whilst they were living and working within the service.
- Staff understood the provider's vision for the service and they told us they worked well as a team to deliver support that met the needs of individual people.
- The management team demonstrated they were committed to providing person-centred, safe and effective care to people.
- Staff were positive in their roles and worked well as a team. A staff member said, "Morale is good at the moment." Another staff member told us, "We are a good team, we work well together and look after each other."

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 provider had a duty of candour or policy that required staff to act in an open and transparent way when accidents occurred. This was discussed with the manager who was able to demonstrate this was followed when required.
- The previous performance rating was prominently displayed in the reception area and on the providers website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager encouraged open communication amongst everyone who lived at, worked in, and visited the service. At the entrance of the home there was a comments book for visitors and they were encouraged to complete this to provide feedback on their visit.
 - The management team consulted people and relatives in a range of ways; these included quality assurance surveys, one-to-one discussions with people and resident and relative meetings.
 - A relative told us, "The manager is approachable and keeps me updated on any changes in my mum. I am kept informed and involved in my mum's care."
 - Surveys were completed regularly which were sent to people, relatives, staff and professionals.
- On reviewing the comments by people within the last completed survey, all comments were positive. The manager told us if any negative comments were received these would be investigated and addressed.
- Residents and relative meetings were held monthly. Staff had found that some people don't always express their views when in a large group, so people were also spoken to on a one to one basis. Topics covered included, food, what activities people enjoyed and any they would like to do and general comments about care and the staff.
 - Formal staff meetings took place regularly throughout the year. There was also a weekly staff meeting, to discuss individual people and any changes in their needs/health/wellbeing or changes in the home. During the weekly meetings staff were reminded about safeguarding and any new guidance was shared. A staff member said, "They're like mini staff meetings and we have them because things can change quickly." Minutes for these meetings were available for staff.

Continuous learning and improving care

- There was an emphasis on continuous improvement.
- Complaints, concerns, accidents, incidents and near misses were robustly recorded and monitored. These were recorded by the manager and reviewed by the providers to allow continual oversight of the service. This helped to identify any themes and trends. If a pattern emerged, action would be taken to prevent reoccurrence.

- The management team kept up to date with best practice through training and reading relevant circulations/publications and updates provided by trade and regulatory bodies.
- Staff performance was closely monitored by the management team. The manager, deputy manager and senior head of care worked closely with staff, completed spot checks and observed staff perform their daily tasks.
- All learning was shared with staff during staff meetings, handovers and supervision.

Working in partnership with others

- The service worked in collaboration with all relevant agencies, including health and social care professionals. The manager was clear about who and how they could access support from, should they require this. This helped to ensure there was joined-up care provision.
- The service worked in partnership with a number of organisations. The manager participated in local care registered manager meetings and liaised closely with the local council.
- Staff supported people to be part of the local events and to access activities and support from external agencies. The service had links with other resources and organisations in the community to support people's preferences and meet their needs. This included, supporting people to follow their faiths.
- The service hosted in-house events such as Christmas and Halloween Parties, where children from a local nursery school would be invited to attend.