Countrywide Care Homes (2) Limited

The Hawthornes Care Home

Inspection report

270 Unthank Road
Norwich
Norfolk
NR2 2AJ

Tel: 01603452302

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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: The Hawthornes Care Home is a care home providing personal and nursing care to 23 people with physical and mental healthcare needs including some people living with dementia. At the time of the inspection 21 people were receiving care and support.

People's experience of using this service:
People living at The Hawthornes Care Home accessed an extensive activity programme, and were encouraged to go on trips and attend events. The service was working with a local school as part of 'The Peter pan project' to encourage intergenerational learning and social inclusion. This was offering people an opportunity to learn about technology, share common interests and was designed to encourage school children to foster meaningful relationships with others. Staff showed kindness and compassion and placed value on their caring role and involvement in people's lives. People were offered a choice of meals and staff closely monitored people assessed to be at risk of poor food and fluid intake.

The service had completed an end of life care accreditation to ensure people received high standards of care and support, and were involved in the planning of their care at that stage of their life. The service had very good working relationships with the local GP practice and palliative care service.
The service worked in partnership with people and their families, and encouraged feedback on the care provided. We received consistently positive feedback from people, their families and friends about the staff and service received. Staff told us they enjoyed working at The Hawthornes, and spoke highly of the support and encouragement provided by the registered manager.

People had their care and support needs met by sufficient numbers of suitably trained staff. The care environment was clean and comfortable throughout, with risk management plans in place. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; policies and systems in the service supported this practice.

The service had good governance arrangements in place, and completed internal quality checks and audits. Findings from these were regularly reviewed by the provider.

Rating at last inspection: The Hawthornes Care Home was rated Good in all five key questions at the last inspection. The report was published September 2016.

Why we inspected: This was a scheduled, comprehensive inspection, completed in line with our inspection schedule for services rated as Good.

Follow up: We will continue to monitor this service and will reinspect in line with our schedule for those services rated as good.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe Details are in our Safe findings below.	**Good**
Is the service effective? The service was effective Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was well-led Details are in our Well-Led findings below.	**Good**

The Hawthornes 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
One Inspector. One Specialist Advisor (SPA) with expertise in pharmacy and medicines, and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:
The Hawthornes is a care home that provides nursing care. The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:
This was an unannounced inspection visit completed 05 March 2019.

What we did:
Before inspection: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We liaised with third party stakeholders. We used all this information to plan our inspection. We used information the provider sent us in the Provider Information Return (PIR). 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.

During the inspection: We spoke with six people who used the service and eight relatives or friends. We observed care and support provided in communal areas. We spoke with the registered manager, one qualified nurse, one carer, the chef, one housekeeper the activity co-ordinator, the company lead for quality and compliance and the gardener. We looked at four people's care and support records in detail and seven

people's medicine records. We looked at staff files as well as records relating to the management of the service, recruitment, policies, training and systems for monitoring quality. We requested provision of additional information that was sent to us after the inspection visit within 24 hours. We contacted the GP surgery to request feedback on the service, but this was not provided.

Good

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff demonstrated clear awareness of the service's policies and procedures in relation to safeguarding, recognising types of abuse and their individual responsibilities to report concerns to the nurse in charge or the registered manager.
- The service kept a log of safeguarding notifications submitted to the local authority and to CQC, with evidence of guidance and advice being followed where applicable.
- People told us they felt safe living at the service. One person said, "Yes, I feel safe. It's the staff that make me feel safe. If you ask them for something they are really helpful." Another person said, "Yes, I am safe. The staff are always around." A relative told us, "Yes, I am sure [Name] is safe. [Name] has the rails up when in bed." The service had risk management plans in place for people needing rails on the bed.

Assessing risk, safety monitoring and management

- Detailed Personal Emergency Evacuation Plans (PEEPS) were in place for each person.
- Where people chose to smoke, they were supported to go outside, and their care records detailed clear guidance on how to mitigate risks associated with smoking such as for the person to wear a fire-retardant blanket in case they dropped a lit cigarette into their lap.
- Environmental risk assessments were in place, including a monthly audit of windows to ensure restrictors were in place and remained in working condition. We identified some exposed hot pipes and unfixed items of furniture during the inspection. The registered manager ensured measures were put in place within 24 hours of our visit to mitigate these risks.
- Care records contained detailed assessments and risk management plans for areas of care including changes in people's behaviour, mental health presentation, malnutrition, falls and pressure ulcers. For people living with long term conditions such as diabetes, their care plans gave staff clear guidance on what to monitor and what action needed to be taken. Staff were familiar with the guidance in place to manage these risks.
- Risk items such as cleaning products were stored securely. Staff were clear of the process to follow when taking the cleaning trolley into communal areas to ensure all items were accounted for.
- Staff received training and competency checks in relation to using equipment to assist with moving and repositioning people. For those people assessed to be at risk of choking, staff understood the need to have food and fluids of a specified consistency. Staff skills in supporting people to eat and drink were reviewed as part of regular checks of people's dining experience by the management team.
- People experiencing falls were monitored closely for patterns, with onward referrals made to the falls team for specialist input when required. Care records contained details of recommendations such as the use of walking aids, people wearing specific types of footwears, or having strengthening exercises to complete with support from staff as required.

•Equipment for use with people, and for fire and water quality were regularly tested for safety. Where concerns were identified the service clearly documented the action taken and the timescale for this.

Staffing and recruitment

•Staff records contained character references, qualifications reviews (where applicable), and details of their induction programme. Disclosure and Barring Service (DBS) were in place. DBS can advise employers if an applicant is unsuitable for a role in care based on any previous convictions.

•There were sufficient staff on shift to meet people's needs during the inspection. The service had assessed staffing levels for each shift, which were determined by use of a dependency tool for each person living at the service. Staff were present in communal areas throughout the inspection, and observed to regularly check on people who were spending time in their bedrooms. If people pressed their call bell, staff were observed to respond promptly. This was confirmed by people using the service. One person told us, "If I ring my buzzer they come quickly." Another person said, "They definitely come quickly when I use my buzzer."

•The service had their own bank staff who covered staffing shortfalls as needed. The service did not use agency staff. The service had an ongoing recruitment programme, which included advertising for more nurses and a second activity co-ordinator.

Using medicines safely

•There were systems in place for ordering and administering medicines, including medicines that required specific storage and recording. Medicines were monitored regularly to ensure they had been administered appropriately. Staff were trained and deemed competent before they administered medicines. Medicines were stored securely and appropriate records were kept. Staff were aware of the process to follow in the event of a medicine error.

•Protocols for as required (PRN) medicines were personalised, and provided staff with points for consideration such as changes in people's presentation, changes in body language, checking of bowel charts etc before using PRN.

•We observed people being given their prescribed medicines. The medicines were given in line with how they wished to take them. Where a person was assessed to be able to manage their medicines independently, risk assessments and care plans were in place to support the person to maintain their safety.

•Bedrooms contained lockable storage units for people's creams. We did identify some units were unlocked. This was discussed with the registered manager who provided assurances this matter would be immediately addressed with staff.

•We identified some gaps in the recording of cream and ointment applications. However, the provider audit had already identified this as a shortfall, and work was being completed to address this issue.

Preventing and controlling infection

•The standards of cleanliness were good throughout the service, with no malodours identified. The service completed regular infection prevention and control audits, and any areas of improvement had clear timescales attached.

•Regular audits of the environment were in place including spot checks of people's bedrooms and communal areas, with daily checks of the condition of toilets and bathrooms.

•People gave feedback on the cleanliness of the environment. One relative said, "It is always clean. No smell."

•There were housekeeping staff employed, they had appropriate equipment, cleaning schedules were in place and training around the safe use of chemicals. Staff completed a deep clean of every room and area of the service on a monthly cycle in addition to daily maintenance tasks.

•Housekeeping staff gave examples how their role contributed to the wider care provided to people living at the home. People and their relatives would talk with housekeeping staff while they were in their

bedrooms. One person had asked to remain in their bed while their room was cleaned as this made it feel homely.

Learning lessons when things go wrong

•□A written log of accidents and incidents was recorded. The registered manager oversaw the monitoring of this information for patterns, completing internal investigations and implementing actions to reduce the risk of reoccurrence where applicable.

•□We saw examples of where the service had written to relatives and people using the service to encourage involvement and feedback, and to apologise if something had happened, in line with their duty of candour policies and procedures.

Good

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

Good: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

- Care records were written in a person-centred way, detailing people's preferences, likes and dislikes. Care records contained a document entitled, "Me and My Life." These were completed with each person or with their relatives, to source people's life histories, hobbies and interests. These were reviewed and added to on a monthly basis as relationships between people and staff developed.
- Care records contained forms signed by the person to confirm they had been involved in the development of their care plans, or to indicate where the person had declined to be involved.
- Where applicable, screening tools were used for example to assess a person's level of mental health needs while living with dementia. The service then used this information to tailor the support in place for the person.
- The service completed preadmission assessments with people before they moved in. Care records contained checklists of what tasks and documents staff needed to complete on admission, and within set timescales to ensure all information was in place and the person's care and support needs were clearly identified. Relatives told us about the support provided by staff when people were admitted to the service to ensure they settled in and became familiar with the care environment.

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".
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff demonstrated a clear understanding of the MCA, and what it means to make decisions in a person's best interests. Staff had received training in MCA and DoLS and were able to give examples of how they implemented this into their practice.
- The service held a list of DoLS applications made to the local authority. One application had been authorised, the rest were awaiting an assessment.
- Where applicable, people's care records contained capacity assessments. People were encouraged to be fully involved in the decision making process around their care and support needs, and staff worked with people to minimise restrictions.

•□Staff consulted with family members and healthcare professionals when making best interests decisions.

Staff support: induction, training, skills and experience
•□The service held a training matrix listing completion of courses and dates for when refresher courses were due. Staff files contained evidence of training completion certificates. Staff gave positive feedback about the training available and demonstrated implementation into their practice.
•□Staff spoke positively about the induction process when new to the service. Staff shadowed shifts with an experienced member of staff. We observed new staff being offered support with completion of daily records, and familiarising themselves with people's care and support needs. One new member of staff told us they were allocated a mentor when they first stared to offer daily support and advice which had helped them to settle in. One person told us, "Staff are well trained. When new staff come, they are shadowed for the whole day to ensure they understand the care needs of those that they are looking after."
•□The management team had introduced a weekly 15-minute tutoring session for all staff (including housekeeping, the gardener and maintenance team) covering a different topic each week. Recently use of thickener in drinks had been covered and nutrition. Future sessions included the Mental Capacity Act (2005). Staff told us they found these sessions useful and a good source of support.
•□Staff received regular supervision and had received performance based appraisals. Staff gave positive feedback about the value of setting personal development goals and being encouraged by the registered manager to gain new skills and experiences. When discussing the appraisal process, two staff described the registered manager as "Responsive to our needs, and that "It is nice to feel listened to."
•□Nurses received clinical supervision and specialist training, with competency workbooks in place. The service had processes in place to build confidence and enhance skill development for nurses in line with the requirements of their registration with the Nursing and Midwifery Council (NMC).

Supporting people to eat and drink enough to maintain a balanced diet;
•□The service placed value on the importance of people having a healthy and varied diet. There was a daily menu in place, but the chef gave examples of where people ate off menu choosing things they really enjoyed, such as seafood, and someone who loved mushrooms. People could choose to have a cooked breakfast, and there were varied portion sizes and different styles of food such as having finger food. This was designed to ensure people maintained their independence with eating.
•□The chef worked with the nursing staff, and incorporated guidance from healthcare professionals to provide specialist diets to meet people's needs such as for diabetes, or needing food of a specified consistency to reduce the risk of choking.
•□If a person did not wish to follow a specialist diet, staff assessed the risks in relation to the individual's capacity and understanding to make that decision and insight into the associated risks.
•□Staff completed detailed food and fluid charts over each 24-hour period where people were assessed to be at risk of poor intake. The completion of these were checked as part of the service's auditing processes. We saw snacks being provided between meals to assist people needing to increase their calorie intake across the day. People's weight was regularly checked, and measured against a monitoring tool to identify risks and changes.
•□People gave feedback on the food provided. One person told us, "The food is lovely." Another person said, "Food is excellent." All people spoken with told us they had enjoyed their lunch.
•□We observed that families were able to sit with people and offer them support with eating. Staff told us they had recognised that some people ate better when they were with their family.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
•□The service had a good working relationship with the local GP practice and healthcare professionals

based on the hospital site opposite the service. Staff told us they felt confident to contact healthcare professionals for advice as required and told us this prevented delays in sourcing specialist support.

- Care records contained very detailed oral hygiene care plans, recognising those people requiring assistance from staff to maintain oral health. Plans provided guidance for staff on the type of toothbrush to use, things to consider and monitor. The service was using the expertise of one of their management team who had previously worked as a dental nurse to develop and implement these plans into daily practice.
- Care records contained details of visits to the dentist, chiropody and hospital appointments. The service encouraged family members to attend hospital appointments with support from staff to maintain their level of involvement.

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

- The service was accessible throughout, with space for staff to work with people needing to use equipment. People's care records contained details of specialist pieces of equipment they needed to use, for example seating for use in the shower or equipment to assist on and off the toilet.
- There was a people carrying lift in place for people to move between floors in the service, with support from staff.
- Bathrooms, toilets and communal areas had signage to assist people with familiarising themselves within the environment. Bedrooms had a number on the door, and the activity co-ordinator told us they were working with people to decide what they wished to have on their bedroom door. For example, some people wished to have a photograph of themselves, other people wished to have items or images of meaning to them, to assist them to know which room was their bedroom.

Good

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

Good:People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff recognised and placed value on the things that were important to each person, including protected characteristics such as marital status, relationships and spirituality. For example, we observed family members working with care staff to complete moving and handling tasks. The management team confirmed they had arranged for family members to complete moving and handling training so this maintained people's relationships, and ensured their relative felt a part of the team providing care and support. This had a positive impact on people, and placed value on family members continued involvement in people's care.
- Every person we spoke with gave extremely positive feedback about the care they received. One person told us, "They are lovely. I would not be anywhere else. They say goodnight when they are going. It makes it feel very personal." One relative said, "Staff here are fantastic. We are thrilled. We were all made very welcome."
- We observed staff to knock before entering rooms, and explain to people what they were going to do before and during the completion of tasks. Where people became distressed, staff were quick to offer reassurance and support.
- We observed staff treating people with compassion and affection, and taking the time to have meaningful conversations. There was a lot of laughter and fun banter between people and staff which made the atmosphere relaxed and put people and their visitors at ease. One relative told us, "Staff have a good sense of humour."
- We heard one person hold a staff member's hand and tell them, "I love you," and the staff member responded by saying, "I love you too." You could see this meant a lot to the person, as they smiled and looked pleased to receive this affirmation.
- Staff told us they "Love working here", and that it was a "Joy to work with the residents and get to know them." Staff told us, "It is our role to make people feel happy." Staff gave examples of alternative ways they communicated with people to ensure they were still involved in their care routine, through interpreting people's body language.
- We saw examples of people being encouraged to make contributions to activities, and discussions, when they were unable to provide verbal feedback. One relative told us, "They talk to [Name] even though they are unresponsive. They are very affectionate. They treat [Name] as if they were their own relative."

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

- The service had a running programme of resident meetings. Agenda items were discussed, and people were given the opportunity to give feedback and suggestions for ways to improve the service. Feedback was also encouraged and welcomed from relatives and visitors.
- Comments boxes and information on the service's complaints processes were accessible, along with information on external organisations that could assist people with making complaints.

•□We found the management team to be very responsive to feedback and demonstrated a desire to make changes and drive improvement for the benefit of people and the overall care experience.
•□The service sent out satisfaction surveys to source people's feedback. Ninety percent of respondents said, "I have a real say in how staff provide care and support to me."

Respecting and promoting people's privacy, dignity and independence
•□People told us they felt staff treated them with dignity and kindness and promoted their independence. One person said, "I am undoubtedly treated with dignity and respect." Another person said, "They are absolutely kind and considerate. They are lovely. I would not be anywhere else."
•□We observed staff to use blankets to protect people's dignity when being hoisted in communal areas.
•□People were empowered to be as independent as possible and placed at the centre of the care provided. For example, care plans detailed the personal care tasks people could complete independently, or with encouragement to prevent staff taking away people's independence. Staff worked with families to support people to maintain relationships with others, for example we saw a family member bringing in a card for a person to sign and send to a relative for their birthday. The person enjoyed showing other people sat in the lounge the card and talking about the artist who had painted the picture.
•□People were supported to take informed risks, for example a person preferred to sleep in their chair rather than in bed. This was what the person had done for a long time, and on admission to the service did not wish to change. Their care record showed that whilst regularly encouraging the person to consider sleeping in bed, and giving them the reasons why this would benefit their health, staff worked with the person to put measures in place so they could continue to sleep comfortably in their chair. This decision was made in full consultation with the person and their family.
•□Care records contained clear guidance for staff on methods of communication and interaction for people with sensory impairments and for those experiencing hallucinations and changes in their understanding. The guidance emphasised the need to support people to maintain their independence and level of involvement in decision making.
•□The satisfaction survey for 2018-19 stated that, 100% of respondents felt, "Staff treat me with kindness, dignity and respect."

Good

Is the service responsive?

Our findings

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

Good:People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care and support plans contained information about personal preferences and choices, including areas of strength, hobbies and interests. Examples included people's access to the local church to accept holy communion and plans in place to ensure they could continue to access spiritual support when their abilities to leave the service changed.
- Where people experienced changes in their level of understanding, care records contained clear guidance for staff on how to engage and communicate with the person to ensure they continued to be involved in the care and support provided.
- There was an extensive activity programme in place, providing group and one to one sessions on site and in the community. We observed people being encouraged to suggest activities they wished to have added to the programme.
- On the day of the inspection, people were involved with making pancake batter, and discussing the history and religious connection with pancakes. The chef cooked the pancakes and people enjoyed eating them at teatime.
- The service was involved with the 'Peter pan project' which pairs people with local school children to complete activities and learn things together. Children shared information on new technology and spent time talking with people at the service. The next session was for the group to make biscuits together, which the children would then deliver to a local homeless charity. The project aimed to reduce social isolation and improve community integration. Staff told us this also aimed to reduce the stigma attached to disability and older age.
- Activity sessions included trips to the theatre and local attractions. There was a forthcoming cheese and wine evening that family and friends were invited to attend. We observed family to be welcomed into the activity sessions and encouraged to participate in the discussions and answering quiz questions.
- Once a month, the activity co-ordinator collected fish and chips which people ate together. Musicians including an opera singer had visited, as this was a previous hobby of one of the people living at the service.
- The activity co-ordinator was extremely enthusiastic, and ensured that everyone in the room was involved in the activities. We observed activities encouraging wider discussions and people told us they talked about current affairs. 'Woman's Day' was due to be celebrated later in the week. People told us about the activities programme. One person said, "The activities are very good." A relative said, "The residents love the children's' visits."
- The gardener told us that some of the people had a keen interest or professional background in gardening, and they had appointed one of them 'head gardener.' The gardener spoke passionately about giving people the opportunity to share their knowledge and expertise and how much staff could learn from the people living at the service. Staff recognised the importance of treating people as individuals and recognising their personal contributions to the service.

End of life care and support

•□The service held an end of life care accreditation. This is designed to improve the standards of end of life care provided in care home settings. Each person had the relevant sections of the paperwork within their care folders. Staff demonstrated skills and confidence in speaking to people about planning their end of life care, whilst recognising where this was difficult for some people and their families to talk about. Nurses had specialist training to assist with administering pain management to ensure people were comfortable. One of the nurses told us about the importance of educating families on the stages of medical support they could put in place to aid pain management. They told us they found speaking openly with people and their families helped to reduce their fears and anxieties.

•□The deputy manager was the team lead for palliative, end of life care within the service. They were extremely passionate about ensuring that people received a dignified and comfortable end to their life, in line with their past wishes and preferences. The whole staff team recognised the importance of providing high quality, end of life care to the person and with the support in place for their family and friends.

•□The service worked very closely with the local GP surgery to ensure that people had the required medicines in place to manage pain levels and to ensure people were comfortable. The GPs were also involved with discussions around people's wishes for the end of their life.

•□The local palliative care team were based on the hospital site opposite the service, and staff liaised closely to co-ordinate people's care, and for people transferred to the service from the hospital to ensure their transition was seamless. Care records contained preadmission assessment information to ensure staff were aware of people's needs and wishes before arriving at the service.

•□When the service made the decision to complete the accreditation, they contacted all family members and spoke with people living at the service to encourage open discussions and contributions to the process.

•□Staff spoke about their role working with people at the end of their life, and the privilege to support people and their families at that time. Staff also spoke about the support in place within the team to ensure they received emotional debriefing when people they had worked closely with died. Staff gave examples of where the care and support they provided made a difference, particularly for people who did not have support from friends and family. Staff demonstrated empathy with the people they cared for.

•□We saw compliments received from families where end of life care had been provided. One card said, "We cannot thank you enough for the excellent and compassionate care given to [Name] at the end of their life."

•□The care environment was calm and peaceful, with staff recognising the importance of this. Equally, staff gave examples of where laughter and humour was important to providing comfort to people and putting people at ease.

Improving care quality in response to complaints or concerns

•□Between November 2018 and March 2019 there had been four complaints received by the service. These had been fully investigated in line with the service's complaints procedures. Verbal and written apologies had been given to the complainants and appropriate action taken by the registered manager where concerns were identified.

•□People were actively encouraged to give feedback and raise concerns as required. The registered manager and deputy manager were accessible for people and their families to speak with as required. The registered manager's office was located near to people's bedrooms, and they told us people often popped into the office to talk with them each day.

•□One person and one relative we spoke with told us they had previously raised concerns with the registered manager and been pleased with the way these had been handled and the outcomes.

•□The service had a log of compliments and positive feedback. Where members of staff were performing well or making a positive contribution to the service, there was a provider awards scheme in place to recognise achievement.

•□The satisfaction survey for 2018-19 stated that, 100% of respondents felt, "I am happy with the way staff

deal with any complaints or concerns."

Good

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

Good: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; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The service had a rolling quality audit programme. This included infection, prevention and control, safeguarding, documentation and medicines. Certain members of staff such as the maintenance team had audits for checking the condition of water safety, and items of equipment. The findings from these audits fed into the overall management audits. The outcomes from the audits completed by the service were shared with the provider, and the provider completed their own audits and site visits.
- The registered manager completed regular site walk arounds, talking with people and visitors, monitoring the condition of the environment and completing spot checks to ensure that the quality and standards of person-centred care were maintained. They regularly observed mealtimes to ensure people were receiving the required level of support, and a pleasant dining experience. Where shortfalls were identified, action plans were in place with tasks assigned to specified members of staff to address.
- There was a registered manager in post, who worked closely with the deputy manager. They were both qualified nurses. The deputy manager completed nursing shifts regularly as a means of observing staff practice and approach. The management team also recognised this as a method of assessing training being implemented into practice.
- Staff recognised their own accountability, and who to escalate any concerns to. We observed that the nurses were clear of their leadership roles, and assessments were in place to ensure nurses could manage shifts.
- The management team were clear that each nurse needed to be aware of their own responsibilities and accountability in line with the Nursing and Midwifery Council (NMC) code of professional ethics and conduct. With regular supervision and access to specialist training in place.
- There was clear oversight of staff performance and competency, and where concerns were identified, we could see that competency checks and further training had been put in place.
- The service had introduced the role of 'care practitioners' who supported the nurses with the running of the shift and co-ordinating care staff to complete tasks. From speaking with staff, they were clear that everyone "Mucked in" to ensure people received the level of care required. We observed staff working together throughout the inspection. Staff supported the chef at mealtimes. Domestic staff gave examples of when they worked with care staff to minimise disruptions to people while completing deep cleaning in communal areas of the service.
- Morale within the service was observed to be good. Staff gave positive feedback about working within the team, and the support and encouragement provided by the registered manager.
- Staff and the management team were clear that if they made a mistake or got something wrong that they

needed to learn from this and implement change in line with the provider's values and the service's duty of candour policies. We saw examples of written and verbal apologies given to people and their families, and examples of the service actively encouraging family to meet with them to discuss and learn from incidents.
•□The service kept a log of accidents, incidents, safeguarding referrals and CQC notifications. The log detailed actions taken, advice received, and corresponding documentation such as contact with people's families.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others
•□People could provide feedback on the running of the service through resident meetings, the complaints process in place, and anonymously using a comments box.
•□Staff meetings were being held regularly. There was a clear agenda of information being disseminated and discussed at each meeting. Staff confirmed that if unable to attend the meeting, the minutes were shared to ensure everyone had access to the information discussed. The provider completed staff satisfaction surveys to source feedback from staff and reviewed feedback to identify areas of improvement. Staff consistently told us they felt listened to by the registered manager and encouraged to make suggestions about ways of improving the service.
•□The use of the 15-minute, weekly tutoring sessions was another positive approach being taken to learning and development. Staff gave positive feedback about the topics being covered. The management team told us staff were receptive to these sessions. The management team showed us care bulletins and training sessions run by the local authority that they encouraged staff to attend. Staff were encouraged to complete further training and gain care qualifications.
•□The service had good links with people living in the local community, and participated in events such as an annual street party. 'The Peter pan project' was another example of intergenerational engagement with the community.
•□People were encouraged to maintain relationships with their friends, local churches and social groups. Visitors told us they were made to feel welcome.
•□Where issues arose, the management team looked at creative ways to resolve these through a problem-solving and adaptive approach. They actively tried to get family and friends on board to work collaboratively to support people to be able to maintain living safely at the service. For example, using soft floor covering for a person whose mobility had changed, but they still wished to move independently around their bedroom. Where family were finding it difficult to accept changes in their relative's ability and presentation, encouraging them to complete moving and handling training, and visit at mealtimes to support the person to eat. The service fostered a positive relationship of inclusion, and wanted to work in partnership with people and their families and friends.
•□The satisfaction survey for 2018-19 stated that, 100% of respondents felt, "I can speak to senior members of staff if I need to (e.g. the manager)." This was reinforced by feedback received during the inspection. One person said, "This place is well organised. The manager is very approachable. If I had any concerns the manager would see to them."