Aaron Manor Limited

Aaron Manor

Inspection report

26-28 Penland Road
Bexhill On Sea
East Sussex
TN40 2JG

Tel: 01424223839
Website: www.aaronmanor.co.uk

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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?	Requires Improvement

Summary of findings

Overall summary

About the service:
Aaron Manor is registered to provide accommodation and support for up to 21 people. There were 16 people living in the service when we visited. People cared for were mainly older people who were living with a range of care needs, including arthritis, diabetes and heart conditions. Some people were also living with dementia. Most people needed support with their personal care, eating, drinking or mobility. Accommodation was provided over two floors.

People's experience of using this service and what we found
Although regular quality audits were completed to manage oversight of the service, we found improvements were needed for the documentation that supports best interest decisions and for medicine record keeping. For both these concerns, we considered the risk and impact on people to be mitigated during the inspection process. The registered manager acknowledged these were areas for improvement and immediately took steps to rectify these shortfalls.

People received safe care and support by staff who had been appropriately recruited, trained to recognise signs of abuse or risk and understood what to do to safely support people. People were supported to take positive risks, to ensure they had as much choice and control of their lives as possible. We observed medicines being given safely to people by suitably trained and knowledgeable staff, who had been assessed as competent.

Staff had all received training to meet people's specific needs. During induction, they got to know people and their needs well. One staff member said, "It's really lovely here, everyone works as a team to make sure we support people in the safest and best way. We got lots of training to do this." People's nutritional and health needs were consistently met with involvement from a variety of health and social care professionals.

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.

Everyone we spoke to was consistent in their views that staff were kind, caring and supportive. One visitor said, "Very kind and polite staff, the atmosphere is good, I feel welcomed every time I visit." People were relaxed, comfortable and happy in the company of staff. People's independence was considered important by all staff and their privacy and dignity was promoted.

Staff were committed to delivering care in a person-centred way based on people's preferences and wishes. There was a stable staff team who were knowledgeable about the people they supported and had built trusting and meaningful relationships with them. Activities were tailor-made to people's preferences and interests. People were encouraged to go out and form relationships with family and members of the community. Staff knew people's communication needs well and we observed them using a variety of tools,

such as method sign language, pictures and objects of reference, to gain their views.

People were involved in their care planning. End of life care planning and documentation guided staff in providing care at this important stage of people's lives. End of life care was delivered empathetically and with respect and dignity.

People, their relatives and health care professionals had the opportunity to share their views about the service. Complaints made by people or their relatives were taken seriously and thoroughly investigated.

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

Rating at last inspection:
Good. (Report published on 14 January 2017)

Why we inspected:
The inspection was prompted in part due to concerns received about staffing deployment, risk of falls and medicine management. A decision was made for us to inspect and examine those risks.
Whilst the overall rating has remained Good, we have found evidence that the provider needs to make some improvements. Please see the well-led section of this full report.

Follow up:
We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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 safe findings below.	**Good**
Is the service caring? The service was caring. Details are in our safe 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 not always well-led. Details are in our well-Led findings below.	**Requires Improvement**

Aaron Manor

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
The inspection team consisted of one inspector.

Service and service type
Aaron Manor 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.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
Before the inspection we reviewed the information we held about the service and the service provider, including the previous inspection report. The registered provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at notifications and any safeguarding alerts we had received for this service. Notifications are information about important events the service is required to send us by law.

As part of the inspection we reviewed the information we held about the service. We looked at previous inspection reports and other information about the service including notifications. Statutory notifications are changes or events that occur at the service which the provider has a legal duty to inform us about. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they

plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-
We looked around the service and met with all of people there at the time. As some people were unable to fully communicate with us, 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. We spoke with 10 people in more detail to understand their views and experiences of the service and we observed how staff supported people. We spoke with the registered manager, registered provider, senior care worker and six other members of staff.

We reviewed the care records of five people who were using the service at the time of the inspection and a range of other documents. For example, medicine records, four staff recruitment files; staff training records and records relating to the management of the service.

After the inspection
We continued to seek clarification from the registered manager to validate evidence found. We looked at training data, action plans, audits and quality assurance records. We spoke with two professionals who regularly visit the service.

Good

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 Good. At this inspection this key question has remained the same.

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

Staffing and recruitment

● People told us, the staff are very kind, and there when I need them." A visitor told us, "I have no concerns about the staffing levels."

● Staff told us that there were normally enough staff to do their job safely and well. However due to some recent resignations, the permanent staff team was depleted, and agency staff were being used. This was confirmed from viewing the staff rotas. Staff felt that it had been a challenging time but felt things were more settled now.

● We looked at staffing rotas over a period of eight weeks, these identified that staffing levels were stable.

● The provider had ensured that agency staff received an induction that introduced the agency staff member to the home and mitigated risk. This included familiarising them with fire and emergency procedures and working with a permanent staff member until they knew the people they were supporting. The registered manager confirmed that they tried to ensure that regular agency staff returned to the home to provide consistency of care.

● Staff deployment at this time had ensured people's needs were met in a timely manner and in a way that met their preferences. There was always a staff presence in the communal areas. It was observed that at times during the activity, staff had to leave the activity, however this did not affect people's enjoyment or safety.

● There was a robust recruitment procedure. All potential staff were required to complete an application form and attend an interview so their knowledge, skills and values could be assessed.

● New staff were safely recruited. Staff files included key documents such as a full employment history, at least two references and a Disclosure and Barring Service (DBS) check. These checks identify if prospective staff had a criminal record or were barred from working with children or adults. This ensured only suitable people worked at the service.

Systems and processes to safeguard people from the risk of abuse

● Staff were aware of their responsibilities to safeguard people from abuse and any discrimination. Staff were aware of the signs of abuse and how to report safeguarding concerns. They were confident the management team would address any concerns and make the required referrals to the local authority.

● A staff member said, "We have training and we discuss safeguarding procedures at team meetings." Another staff member said, "I wouldn't hesitate to report anything I thought was poor practice or potential abuse."

● There was a safeguarding and whistleblowing policy which set out the types of abuse, how to raise

concerns and when to refer to the local authority. Staff confirmed that they had read the policies as part of their induction and training.
● Staff received training in equalities and diversity awareness to ensure they understood the importance of protecting people from all types of discrimination. The Provider had an equalities statement, which recognised their commitment as an employer and provider of services to promote the human rights and inclusion of people and staff who may have experienced discrimination due to their ethnicity, religion, sexual orientation, gender identity or age.

Assessing risk, safety monitoring and management
● People told us, "I know I'm safe and the staff look after me well. I do get a lot of pain when I move but staff help me. I like to stay in my wheelchair as I find it better for me," and "Staff make sure we are safe." Visitors told us, "Very happy with the care, I visit regularly, I don't worry, because I know he's safe here," and "We get regular updates, anything changes they let us know."
● Care plans had individual risk assessments which guided staff in providing safe care. Risk assessments for health-related needs, such as skin integrity, weight management and nutrition, falls and dependency levels had been undertaken.
● Care plans and risk assessments identified specific risks to each person and provided written guidance for staff on how to minimise or prevent the risk of harm. For example, one person was on a fluid restriction of 1500mls in 24 hours to prevent their heart being overloaded. Staff monitored this and were aware of the effects to the persons health should they drink too much, such as breathlessness.
● Care delivery was supported by records which evidenced that people's needs were met. Food and fluid charts were completed in real time as were turning charts and continence records. This meant staff could monitor and ensure people's needs were consistently met. It was acknowledged that food and fluid charts had been identified by the registered manager as needing improvement. This was seen as on-going and we saw the new food and fluid record sheet that had been introduced which was much clearer for staff to monitor.
● Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. People's ability to evacuate the building in the event of a fire had been considered and each person had al personal emergency evacuation plan (PEEP).
● Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the home.

Using medicines safely
● People did not have any concerns regarding how they received their medicines. One person said, "I get my pills."
●Medicines were stored, administered and disposed of safely. People's medication records confirmed they received their medicines as prescribed. There had been one medication error where a person received their medication a day early in September 2019. This had been identified immediately and appropriate action taken. This included informing the GP and family.
● All staff who gave medicines had had the relevant training and competency checks. We observed staff giving medicines to people in a safe way.
● Protocols for 'as required' (PRN) medicines such as pain relief medicines were not in place for everyone. This was due to recent changes made by the GP to their prescribed pain relief and had not yet been updated. This was immediately rectified.

Preventing and controlling infection

● Aaron Manor was well-maintained, clean and free from odour. On walking in there was a lovey aroma of baking. People and visitors commented, "Its clean and fresh, spotless," "I can't think of any complaints, it's comfortable and cheerful," and "Always very clean, my room is kept very nice."

● Staff had access to personal protective equipment (PPE) such as disposable gloves and aprons. Care staff changed into a different uniform to assist with the meal service, which reduced any potential of cross infection.

●Staff confirmed they had received training in infection control measures. Staff could tell us of how they managed infection control and were knowledgeable about the in-house policies and procedures that governed the service.

Learning lessons when things go wrong

● Accidents and incidents were documented and recorded. We saw incidents/accidents were responded to by updating people's risk assessments. Any serious incidents were escalated to other organisations such as the Local Authority and CQC.

● Staff took appropriate action following accidents and incidents to ensure people's safety and this was clearly recorded. For example, one person had had an unwitnessed fall in their bedroom. Staff looked at the circumstances and ensured that risks such as footwear and trip hazards were explored. A sensor mat had been placed in their room which meant staff could support the person promptly to prevent further falls.

● Specific details and follow up actions by staff to prevent a re-occurrence were clearly documented. Any subsequent action was shared with all staff and analysed by the management team to look for any trends or patterns. This demonstrated that learning from incidents and accidents took place.

Good

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a 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 has remained the same.

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- On-going training was completed by staff in a variety of subjects such as food safety, infection control and moving and handling. One staff member said, "We get both face to face and on-line training." The provider sourced face to face training from various external agencies, for example, local authority and the pharmacy provider.
- People told us "I think they(staff) are all superb." Another person said, "They know what they are doing." Visitors told us, "I have no doubts about staff skills, I see them do things safely." Another visitor said, "Staff seem trained, I have complete trust in the care here."
- New staff completed an induction aligned with the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff spoke positively about their induction experience. One staff member said, "The induction is good, I am still on the induction, really enjoying it."
- Staff received regular supervisions with the registered manager. Staff said they were well supported in their roles. One staff member said their supervision was a chance to discuss their professional development and an opportunity to discuss training.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were assessed prior to admission to ensure their needs could be met. The registered manager was very clear that people were only admitted if their needs could be met by the staff and premises of Aaron Manor.
- Staff assessed people's needs regularly and involved them as far as possible in care planning to ensure their choices and preferences were considered and their needs were met effectively. Staff gathered information from the person, those that knew them well and professionals involved in their care to create written plans of care for staff to follow. A visiting relative commented, "They did a very detailed assessment with the focus on [family member], even down to things like whether she wanted to wear make-up during the day." Staff we spoke with knew people's individual needs and preferences.
- The registered manager used recognised tools to assess people's needs and referenced good practice guidance and legislation. This helped to ensure people received effective and appropriate care which met their needs and protected their rights. For example the Malnutrition Universal Screening Tool was used to monitor nutritional risk.

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

● People told us they enjoyed the food provided by the service. One person said, " Yes, the food is very good they know what I like." Another person said, "I like the meals, it's good home style food."
● People were offered choices of food and drink. One person said, "Yes, they offer me choice at breakfast and there's always something I like."
● Staff were attentive to people's needs and knew people's preferences, which were recorded in care plans. Discussion with the chef confirmed that she was knowledgeable about people's personal preferences and dietetic requirements. She confirmed that she had received training in the preparation of textured foods and received regular updates when dietary guidance was changed. We observed that food prepared was presented well and met people's individual needs.
● People's weights were monitored. The system highlighted those at risk from weight loss and weight gain. Actions were taken if concerns arose. Such as referral to the GP or dietician. Staff were knowledgeable when asked of who needed fortified food and close monitoring because of weight loss. One staff member said, "We discuss residents every day at hand over and if someone is not eating or has lost weight we discuss how to prompt and improve their intake.
● If people required assistance to eat or had their meals provided a certain way, this had been provided. Staff supported people by sitting next to them and assisting them in a professional way without rushing them. Staff also sat and ate with people which encouraged them to eat and provided companionship.

Supporting people to live healthier lives, access healthcare services and support
● People were supported to receive ongoing health care, such as with the GP, Speech and Language Therapist (SALT) and falls team. A relative said, "They call the doctors to come if they need to,."
● People were supported to attend hospital and dental appointments and access eye and foot care as required. One person said, "I have to have regular appointments at the outpatient department and staff organise everything and come with me." Another person said, "Staff help me make appointments for my glasses and hearing tests, very helpful."
● The service had developed relationships with healthcare professionals. We received positive feedback from health and social care professionals about the care and support people received. One health professional said, "Polite and knowledgeable, contact us for advice and do monitor people well." Another said, "They have the relevant information ready so that is really helpful for us."

Adapting service, design, decoration to meet people's needs
● Aaron Manor was an older style building that had been upgraded and redecorated on a planned basis.
● There was a variety of communal areas. There were two comfortable lounges, one which was used as a pub for pub evenings. There was also a dining room and a conservatory, which offered people a choice of where they spent their time. People made use of all the communal areas during the inspection.
● The first and second floor was fully accessible, by stairs or a lift which ensured that people who were unable to walk independently had full use of the communal areas and gardens.
● People's rooms remained personalised and individually decorated to their preferences. We saw that people's rooms reflected their personal interests. As rooms became vacant they were redecorated.
● The garden areas were well kept, safe and suitable for people who used walking aids or wheelchairs. There were areas to sit and enjoy the pleasant gardens.
● Throughout the home there was clear signage that helped people find their way around the building. Notice boards contained information about the home, activities, staff names and roles, religious services and complaint procedures.

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 when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards.

● We were told that not everyone currently living at the home had the capacity to make their own decisions about their lives and some people were subject to a DoLS.

●There was a file kept by the manager of all the DoLS submitted and their status. The documentation supported that each Dols application was supported by a mental capacity assessment. For example, regarding restricted practices such as locked doors.

● Staff received training in the MCA and DoLS. They understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty. The staff we spoke with confirmed this. One staff member told us, "Some people can no longer make some decisions and we need to support them in the safest way, we have best interest meetings with the family, G.P and involve advocates if necessary."

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.

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

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
• People received kind and compassionate support from staff. They were treated with dignity and respect. Staff were unhurried and caring when people needed them. Staff responded to people promptly when people asked for help.
• People were observed to be treated with kindness and were positive about the staff's caring attitude. People told us, "Everyone is very kind and helpful," and "A lovely bunch."
• Throughout our inspection, families and visitors provided consistently positive feedback about staff and the service. Visitors told us, "Kind and caring, always stop to chat," and "Nice staff, very nice atmosphere."
• Relatives confirmed how care workers would work to people's personal preferences and cared for them in the way they chose. One relative said, "We have been involved in reviews just for support as Mum is very able to make her own decisions, they listen and respect her choices."
• People's equality and diversity was recognised and respected. People were encouraged to maintain their independence and live a life they wanted. People who lived with the beginnings of dementia were treated in the same way as people who were not living with dementia. They were offered the same opportunities to join activities, trips outs and chose where they spent their time. One staff member said, "We respect and treat people as equals." One person told us, "I can choose what I do day to day, staff help me when I need it, which I appreciate." Another person told us they liked to spend their time in their own room and staff respected this.
• There was a positive culture about enabling families and friends to visit and join in with events. People were supported to go out into the community when they wished to. One family said, "We have taken our relative out for meals and family events."

Supporting people to express their views and be involved in making decisions about their care:
• People and their relatives were actively involved in both the initial care planning and in subsequent reviews as much as was able. One person told us, "Staff talk to me about my care, I'm involved as much as I want to be."
• Staff called people by their preferred name and ensured that this was noted so all staff knew.
• Staff offered people choices. For example, they could choose to have breakfast in their room or in the dining room. They could choose to spend time in communal areas or remain in their rooms, there were no restrictions to their choices.
• People had regular meetings with the manager and staff to discuss plans in the home. People said, "We had a meeting quite recently, we spoke about food, outings and special events." and "The manager comes

around and asks us how we are."
• People were supported to keep in touch with relatives. Relatives could visit the home at any time, family pets were welcomed, and this was appreciated by people.
• People were always included in the day to day activity of the home even if they were not in the communal areas. People who went to their rooms during the day were included when staff offered tea and coffee. Staff engaged with all people at the home and checked on people regularly, to ensure they were comfortable.

Respecting and promoting people's privacy, dignity and independence
● People's privacy and dignity was respected. Staff explained how it important it was to listen to people, respecting their choices and upholding people's dignity when providing personal care.
● We observed staff knocking on people's doors to seek consent before entering. Discussions about people's needs were discreet, personal care was delivered in private and staff understood people's right to privacy.
● People were supported by staff to take pride in their appearance and maintain their personal hygiene through baths and showers when they wanted them. People were assisted with make-up, jewellery and nail care. The laundry team looked after peoples clothing and staff ensured peoples clothing and foot wear was of a good standard.
● Staff told us they always promoted people's independence when they were supporting them. We saw staff prompt and encourage people to eat independently, for example, cutlery that met their needs, such as smaller spoons and angled handles.
● People's care plans recorded details about which personal care tasks people were able to do and noted that staff should be encouraging them to do these themselves.
● Confidential information was held securely in locked cupboards. People had received an updated privacy policy and policy statements following changes to data protection legislation in May 2018.

Good

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 has remained the same.

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.
● People were supported to exercise choice and control in their day to day lives and to make their own choices about what they do with their time.
● People's needs assessments included comprehensive information about their background, preferences and interests. This information aided staff to initiate topics of conversation that were of interest to people.
● Staff provided examples of how they supported people to choose their preferred care. Such as, choosing to have a wash, shower or bath, the time people wished to go to bed and get up, the clothes they liked to wear and the food and drink they preferred.
● Where people had specific health care needs, these were identified and showed how people should be supported. Staff explained where and how this support should be provided. For example: people who lived with diabetes had a person specific care plan that identified their diabetic needs, the complications they might experience and how staff could recognise the symptoms for that person if their blood sugar dropped or was too high. This ensured staff could manage their care responsively and effectively.
● Reviews took place to ensure people's needs were accurate and were being met to their satisfaction and involved of their family or legal representative. Where an advocate was needed, staff supported people to access this service.

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 were kept engaged and active. Each day included a selection of activities that people could join in with. Activities were displayed in the communal areas on notice boards.
● Activities on offer included arts and crafts, exercise, word games, and reminiscence exercises. Trips out into the local community were also arranged.
● The provider had introduced technology to provide people with stimulation. In the dining room there was a "train" journey that people could join. It was a video of the Bluebell train journey, which many people were familiar with and could recognise the stations. There was also a video app on the television that transported people to different places with music playing such as beaches and underwater footage. People showed their enjoyment of this by telling us what they saw on the screen.
● Meetings were held with people to gather their ideas, personal choices and preferences on how to spend their leisure time. These were then introduced in to the activity programme. For example, people really enjoyed the word quizzes, and these were featured regularly.
● People's spirituality was considered and respected. Church services were held regularly, and people had

the choice to attend.
● People and relatives told us that they felt the range of activities provided were right and spoke highly of the activity co-ordinator and the work they did. One person said, "I really like some of the activities, I like the art and the flower arranging, I'm looking forward to going into the garden, watching the flowers grow." Other comments included, "I read, watch TV and listen to music, I have a lot of my own things in my room," Relatives told us, "The activities seem good, plenty of thought has gone into crafts and making things to sell for the fetes."

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.
● Staff were knowledgeable about people's communication needs and there were detailed assessments highlighting support needs within their care plans. This included specific information on how the person communicated, and any aids they might use, such as glasses and hearing aids. We saw staff regularly check peoples hearing aids.
● People's communication and sensory needs were regularly assessed, recorded and shared with relevant others. The documents created to go with people go to hospital, had peoples' communication needs clearly documented.
● Notice boards were covered with information about up and coming events or something interesting or attractive to look at. There was some pictorial signage around the home to help orientate people.

Improving care quality in response to complaints or concerns
● There were processes, forms and policies for recording and investigating complaints.
●There was a clear complaints policy. It was provided in different People also had access to the service users guide which detailed how they could make a complaint.
● Complaints received had been appropriately responded to within the policy time frame. Minimal complaints had been received since the last inspection. One complaint was currently being investigated.
End of life care and support
● Staff attended palliative/end of life care training and there was a provider policy and procedure containing relevant information about end of life care. Staff demonstrated that they felt prepared and understood how to support people at the end of their life.
● Care plans identified people's preferences at the end of their life and the service co-ordinated palliative care in the care home where this was the person's wish.
● Care plans contained information and guidance in respect of peoples' religious wishes.
● Staff demonstrated compassion towards people at the end of their life. They told of how they supported people to be comfortable and of the support they received from the district nurses and hospice team. We were also told that families were supported and that they could stay and be with their loved ones at this time.

Requires Improvement

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this key question has now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager completed monthly audits to monitor the service and experiences of people. This included health and safety, accidents, incidents, complaints, people's and staff documentation. However, shortfalls we found had not all been identified or addressed.
- Information about best interest decisions had not always been documented. Staff were able to discuss best interest decisions and who was involved, however these and the rationale for the decision was not always documented. This meant that agency staff and new staff would not have the relevant information to support care decisions. This included the use of bed rails, sensor cushions and mats. This was an area that required improvement.
- We found improvements were needed to some areas of medicine management. For example, the use of 'as required' medicines lacked information on whether it had been effective and pain charts were not used to evaluate the positive effect for those people who were more withdrawn or non-verbal. The documentation for topical creams was inconsistent and not always supported by a body map. We discussed this with the registered manager who had amended this documentation by the second day of the inspection. These issues had not been identified by the audit system and needed to be improved.

- The registered manager and provider worked alongside each other on a day to day basis and provided strong leadership.
- The provider empowered staff to have ownership of their job role. Staff were clear about their roles and responsibilities and undertook them with enthusiasm and professionalism.
- The staff team worked well together and were open and transparent with people, their loved ones and staff about any challenges they faced. Everyone was encouraged to work together to find solutions.
- Staff felt supported and told us they received for any support or guidance they asked for. One staff told us the support they had received from the management team and other staff had increased their confidence in their own skills and knowledge.
- Staff were highly motivated and felt appreciated by the provider. One staff member commented "I feel very supported here and know that I can approach the manager at any time."

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

●The provider and manager were aware of the importance of obtaining feedback from people, staff, relatives and professionals to improve the service. Annual surveys had been sent out to relatives and professionals. The provider had collated the responses, and these were shared with people and their families.
● Staff told us they were involved with regular staff meetings where they could discuss training or any ideas to improve care. This included thanking staff for hard work and celebrating successes.
● Resident and relative meetings were held regularly, the feedback from people and relatives was recorded and showed the action taken. This was then fed back to people and visitors.
● For those unable to share their views families and friends were consulted.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● Although not everyone could tell us their views about management, we observed that people were comfortable with the registered manager and knew who she was. Comments included. "(managers name) is really kind, and listens."
● The provider's ethos was to give a 'secure, relaxed and homely environment in which their care, self-fulfilment and status needs may be achieved.' This ethos ran through everything that happened at the service and was fully supported by staff.
●The management structure allowed an open-door policy. Staff confirmed this and that they felt supported to bring in ideas, discuss what worked and what didn't work.
There was an inclusive culture at the service and everyone was offered the same opportunities in ways that reflected their needs and preferences.
● Staff told us they felt well supported by the registered manager, even though they had only been at the service a short space of time and described them as, "Knowledgeable and very supportive." Another staff member told us, "We are a really good team, we all want the best for our clients."
● Staff told us the registered manager encouraged learning and growth to achieve positive outcomes for people. One staff member said, "She always supports us, encourages us to develop, she has introduced champions, which has given us purpose."

Continuous learning and improving care
● The management and staff team made sure they continually updated their skills and knowledge by attending training, meetings and forums. They valued the opportunity to meet other providers and manager to share ideas and discuss concerns.
● The provider consistently questioned what they could do to improve the service and made any changes they felt necessary. Technology to provide stimulation and engagement were constantly being explored.
●The management team checked that the service was being delivered to the standards they required everyday by talking to people, their relatives and staff, as well as checking records and observing what happened at the service. Any shortfalls were addressed immediately.
● Following feedback from family and people in respect of food, new menus were developed with input from people and families.

Working in partnership with others:
● The management team actively looked for and took up opportunities to work in partnership with local health care and community services to improve people's health and wellbeing.
● Staff had a good relationship with the community nurses and other health care professionals and contacted them for advice when needed. This joint working ensured one person received the antibiotics they needed when a doctor was not available to sign a prescription.
● The service had developed links with the local community. There was evidence of people being supported

to go out with family and friends.