Country Retirement & Nursing Homes Ltd

Eversley Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

Eversley Nursing Home provides accommodation, nursing, and personal care for up to 18 people. The service specialises in providing palliative and end of life care. On the day of our inspection, there were 18 people living in the service.

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

The last inspection took place on 30 September 2015, and the service was assessed as being 'good' in all domain areas and had a rating of 'good' overall.

At this inspection we found standards had been sustained and again rated the service as 'Good' overall.

There were clear lines of accountability. The service had effective leadership and direction from the registered manager who was passionate about providing a high standard of care. The visions and values of the service were embedded into practice and the management team promoted best practice to make further improvements. Partnership working was excellent, for example, working with health care professionals which had been sustained over time.

Staff spoke positively about the registered manager, stating they were approachable, caring and responsive to people's and staff's needs. Involvement through partnership working was sought and guidance implemented within people's care and service delivery.

The service liaised well with external healthcare professionals and people's healthcare needs were being met. A high standard of end of life care was provided; the service had been awarded a 'beacon status' for the Gold Standard Framework in relation to this.

People were treated with a high level of dignity and respect by both staff and the management team. Staff were patient with people, and skilled in using different methods of communication which reassured people. Good, caring relationships had been developed and staff and the registered manager knew people well. There was a positive, inclusive and person centred culture within the home.

Staff were given regular training updates, supervision and development opportunities. People spoke positively about staff and the support they received. Staff demonstrated a good knowledge of the people and topics we asked them about.

People received their medicines in line with good practice and staff had sufficient knowledge on how to administer, record and dispose of people's medicines safely.

People had access to a range of suitably nutritious food. Individual preferences were catered for. People's nutrition was closely monitored and action taken to investigate any weight loss.

People told us they felt safe and secure living in the home. Staff understood people well and knew how to keep them safe. Risk assessments were in place which provided detailed information to staff on how to maintain people's safety.

Staff were able to recognise abuse and knew how to report concerns if they suspected a person was being abused. Systems were in place to discuss potential safeguarding issues so they were escalated appropriately.

There was a complaints procedure available in the service for people and relatives to raise concerns.

Staffing levels were calculated using a dependency tool, and we observed that people were attended to regularly. Some people told us that would like to see more staff and sometimes felt lonely. The provider and staff members confirmed that additional staffing was brought in where needed, or in the case that a person deteriorated suddenly.

Activity provision was delivered in the form of Namaste care. This is undertaken on a one to one basis, and can include but is not limited to, musical reminiscence, talking, looking at photos, or massage. People can chose how they spend the time, and what they find meaningful. Some people felt that they would like more of this, and a representative of the provider told us that they had increased the provision to now include weekends.

People's consent was gained before care and support was provided. The service was acting within the legal framework of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Some areas of documentation relating to MCA assessments required improvement, but the registered manager was taking prompt action to rectify this.

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 remains Good

Is the service effective?

Good

The service remains Good

Is the service caring?

Good

The service remains Good

Is the service responsive?

Good

The service remains Good

Is the service well-led?

Outstanding ☆

The rating in well-led has improved to Outstanding.

The registered manager was passionate and committed to delivering a high standard of care to people using the service.

Staff were well trained and supported the registered manager's vision to provide the best quality person centred care to meet people's individual diverse needs.

The service had an effective quality assurance system in place that encouraged improvements. Management and staff were pro-active and learnt from mistakes and made changes to systems and practices in a timely way to prevent re-occurrence.

External organisations were extremely positive about how the service worked together in partnership with them to provide people with high quality care.

Eversley Nursing Home

Detailed findings

Background to this inspection

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

This was a comprehensive inspection. This inspection took place on 22 and 28 November 2017, and was unannounced. The inspection team consisted of one inspector, a specialist advisor in nursing care, and an 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.

Before the inspection, we asked the provider to complete 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 also looked at information we held about the service, including previous inspection reports and statutory notifications. A notification is information about important events, which the provider is required to send us by law.

During the inspection we spoke with seven people who lived in the service. We also spoke with the relatives of three people and six members of care and catering staff. In addition, we spoke with the registered manager and two representatives of the provider. Following the inspection we spoke with two healthcare professionals.

We reviewed six people's care plans and looked at people's medicine administration records (MAR) charts. We looked at three staff recruitment files as well as training, induction and supervision records. We also viewed a range of monitoring reports and audits.

Good

Is the service safe?

Our findings

People told us they felt safe living in the service. One person said, "I do feel safe living here." A relative told us, "I feel [relative] is safe, I come here every day and I would know if there was anything wrong, I would see it".

The service had systems in place that protected people from avoidable harm and abuse. Staff received safeguarding training, and were able to identify the different types of abuse, and how to respond and escalate concerns of suspected abuse. One staff member told us, "I have reported concerns before. I think any of us [staff] would do that, we know how important it is." All of the staff we spoke with knew how to report concerns internally and who to contact outside of the service. 'Safeguarding' was a standing item on the staff meeting agenda, which meant the topic was regularly discussed across the staff team.

Staff records confirmed the provider had undertaken suitable pre-employment checks to ensure staff were safe working at the service, which included a Disclosure and Barring Service (DBS) check. A DBS is a criminal records check employers undertake to make safer recruitment decisions.

People continued to be protected against identified risks. Risk management plans in place detailed the nature of the risk and how staff should support people to mitigate those risks. Risk management plans included pressure area care, nutrition, bed rails, moving and handling, choking and behavioural risks. We advised some areas of risk, such as choking and behavioural risks, needed to be more detailed to ensure guidance was clear for staff, and on the second day of our inspection we found this had been promptly updated by the registered manager.

Risks relating to the environment were identified and managed. There were notices on the wall which could be used to relay information in an emergency situation, for example, the location of oxygen cylinders and shut off points for the gas mains. Personal emergency evacuation plans were in place which outlined the support people would need in an emergency situation.

The service had an embedded culture of safe handling of medicines. People received their medicines in line with good practice and staff had sufficient knowledge on how to administer, record and dispose of people's medicines safely. The service was using an electronic system whereby medicines were bar coded and scanned using a handheld device. The staff member scans the bar code on the individual medicines prescribed for the person. The safety feature is that if any medicine is scanned incorrectly then the electronic device alerts the staff member that it must not be given.

Staff were observed to be very confident using the electronic system. One staff member said, "Even though the electronic system in place is robust, as a registered nurse I still have a professional accountability to ensure that the medication I give is appropriate and safe. Even with these systems in place there is still potential for mistakes to happen." Another said, "This system is more robust, it alerts you if something is wrong. Less room for error."

Medicine administration record (MAR) charts were completed electronically and fed in to the central computer system. This provided clear information on what medicines had been given, by whom, and at what time. The registered manager used this to have effective oversight of the medicines system. Clear protocols were in place for medicines prescribed 'as required'. These detailed what signs to look out for to indicate if medicines were needed. Staff were able to describe how they obtain consent for providing medicines which were crushed or concealed in food for people who had difficulty swallowing.

We found two stock discrepancies during our checks, and brought this to the attention of the registered manager to investigate. On the second day of our inspection, they provided a written account of the incident with 'lessons learned' and an outcome. The action from this was to ensure two staff now check stock twice a month to prevent a recurrence.

Prior to our inspection, we were made aware of a serious incident which occurred in the service. The provider and registered manager had taken steps to ensure staff received support, and regular meetings had taken place to discuss the incident. The provider and registered manager had implemented several robust measures and improvements to reduce the likelihood of recurrence. This demonstrated that lessons had been learned, and appropriate action taken as a result.

The provider told us that to calculate the correct number of staff needed for the service to run safely, people's dependency was calculated on a monthly basis or sooner if needed using a recognised tool. This helped the registered manager to ensure that enough staff were deployed to meet people's care needs and maintain their safety. However, we received mixed feedback from people and relatives. One person said, "Sometimes I feel a bit lonely. Staff pop in, but they are very busy." A relative said, "There is enough staff, they turn [relative] every two hours, it's very clean and the care is fantastic". Another said, "I think they could do with more staff, it's hard to know as you don't see the staff very much, I don't think there is much one to one time. One person is always downstairs on their own."

We brought the comments to the attention of the provider and registered manager to consider and to ensure that staffing levels were adequate. They told us that staffing levels were increased as needed. For example, if a person's health suddenly deteriorated additional staff were brought in. Staff members confirmed this. One staff member told us, "I think there is enough staff, [registered manager] always brings more staff in if we need them, or they come in themself." Another said, "If on night duty, if there is a concern such as a person deteriorating very quickly, it can mean that that staff are unable to complete the tasks allocated, as they need to attend to the person who has deteriorated. Staff will call [registered manager] who will come straight away to help and support the staff."

The electronic care plan records which the service used helped staff to ensure that people were attended to regularly. This included flags, which changed colour if the person had not been seen recently. This tool also enabled the registered manager to have direct oversight of people's care on a hour by hour basis from the main computer.

We noted that the home was clean and tidy throughout. There were full time domestic staff employed and we saw that they would attend to any necessary cleaning in a timely manner. We observed that staff wore the correct disposable protective clothing when handling food or attending to people's personal care needs. This helped to minimise the risk of cross contamination and spread of infection. Regular infection control audits were carried out in the service, in addition to a cleaning summary which detailed timescales of what should be cleaned and which product to use. The service also had an infection control champion (a person with increased knowledge of infection control) who attended meetings to keep up to date with best practice.

Good

Is the service effective?

Our findings

People continued to receive effective care and support from staff that regularly received training to meet their needs. Staff spoke positively about the training they received and confirmed it enabled them to carry out their roles and responsibilities. One staff member said, "In my work the best thing is knowledge. It gives me more confidence, it means I know what I'm doing in my job." Another said, "Training is good and regular. Every week there is something going on."

Records confirmed staff training included, medicines management, Mental Capacity Act 2005, fire safety, safeguarding, challenging behaviour, dementia, end of life care. Staff files showed training was kept up to date which meant staff were equipped with current guidance to put into practice. In addition to this the registered manager carried out competency checks to determine how staff applied the learning gained. Clinical training for registered nurses was routinely undertaken to maintain the necessary skills to meet the needs of the people they cared for. The service followed best practice in end of life care, and had received awards in recognition of this.

Staff new to the service were provided with a period of induction, and were expected to complete the Care Certificate. This is an identified set of standards that health and social care workers adhere to in their work. New staff were observed by senior members of the team to ensure they were competent in their role. Individual and group supervisions were carried out to support staff in their roles.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff demonstrated sufficient knowledge on how to comply with legislation and records confirmed DoLS applications were submitted. People were asked for their consent before being assisted by staff. One person said, "It's up to me if I wash, we [people] have choices, the majority of it is my choice, I wear what I want, if I don't want personal care I don't have it, if I want a shower I have one." A relative said, "I know that they ask [relative's] permission, they have done when we've been here. They ask if it's okay to do things. They ask three times and if they get the same response [three blinks] they take that as a yes."

We saw that where necessary Best Interests meetings had taken place to ensure procedures were followed appropriately. However, some documentation required improvement. For example, it was not always clear when there were legal representatives in place. For example, some records said to include next of kin in major decisions, but it was not clear if the next of kin held the legal authority to make decisions on the person's behalf. In another record we saw that the next of kin held a 'Lasting Power of Attorney' but it did not stipulate what this was in relation to. Where some mental capacity assessments were carried out, it was not always clear what decision was being made which required a test of capacity. The registered manager had already identified this as an area requiring improvement and had requested further training from a member of the local mental health team.

The service had systems in place to ensure people continued to have access to a wide range of healthcare services. By doing so, this enabled people's health and wellbeing to be monitored and action taken swiftly to address any concerns. One person said, "I saw a doctor Monday, they come around every week. There is also a nurse who comes and can write prescriptions." A relative said, "[Relative] had bed sores when they came here, they [staff] cured that". A health professional said, "They always call me with any queries."

The service routinely liaised with relevant professionals such as specialist palliative care teams and respiratory nurses. People had a 'hospital pack' in place as part of their care records to ensure key information about their care was passed to other professionals when people were moved between services. One health professional said, "They always call me with any concerns, we work well together. They accommodate a lot of complex needs, and have asked me to assist with creating a plan of care for one person so they and their staff knew how best to care for them."

People were supported to eat sufficient amounts and maintain a balanced diet. We observed that people could eat when they wanted, and the cook prepared individual meals depending on what the person preferred to eat. A health professional said, "There was one person who needed a special diet, they ordered that in and made sure they got it."

The premises were decorated attractively with lots of sensory items available. The registered manager told us they felt it was important that the environment looked homely and welcoming. In the lounge area there were sensory lights, soft furnishings, and soft cuddly toys. The hallway and lounge were decorated with butterflies and other decorative features. People's rooms were very personalised and contained items which were important to the person. Some people had their pets in their rooms, such as birds and fish. We noted that bird cages and fish tanks were clean and well maintained. People's doors were personalised with door knockers and a picture of the person, including details of their key worker and nurse.

Good

Is the service caring?

Our findings

People told us they liked living in the service and that staff were respectful towards them. One person said, "They [staff] come two or three times a day and ask me if I want a wash. They are nice, they are lovely, respectful". Another said, "They are alright, the staff, they say 'may I come in and be with you', they kiss my forehead which is lovely." A relative said, "Great care, the best, they look after [relative] well. [Relative] is washed and changed. They massage [relative's] hands, pamper [relative] and put nail varnish on. They do [relative's] teeth, keep their mouth clean using these little sponges, put lippy on. When [relative] came their hair was matted, they got rid of that."

The service promoted the Namaste care approach. 'Namaste' is the Indian greeting meaning 'to honour the spirit within'. The approach was developed to meet the needs of people with advanced dementia or at the end of their life, for human contact, sensory stimulation and meaningful activity. Namaste combines compassionate care with music, therapeutic touch, colour, food treats and scents. Staff working in the service told us that at every intervention Namaste was considered. For example, we saw a staff member showed empathy and kindness towards one person, and started singing with them, 'You'll never know how much I love you'. Staff told us that they always documented moments that were significant to the person, they referred to these as 'magic moments', which could involve a person responding positively to an intervention, for example, talking about their life, a birthday celebration, or musical reminiscence. A staff member explained that they were playing a piece of music to a person from times gone by. They said that the person was visibly moved by this, and, "The person closed their eyes and appeared transported to another time. That's a magical moment."

We observed care and support and saw staff treated people with kindness, dignity and respect. Interactions were consistently positive and it was clear staff had developed good positive relationships with people and knew them well. We heard staff talking kindly and patiently to people which demonstrated they valued the people in their care. People's privacy was maintained, for example a portable privacy screen was used to separate one person from the other whilst their medicine was being given, which ensured the person's privacy.

There were meetings for people and their relatives. We saw from previous meeting minutes that people who attended the meeting were kept informed of any changes, for example, the change over to electronic care records, encouraging people and their relatives to be involved with this. One relative said, "[Relative's] allocated nurse will go through their care plan with me."

In the main lounge there was a memory tree with individual pictures hand drawn of residents who had passed away. The registered manager said, "We never forget them." We also saw a letter written by a relative who lived away and who was unable to visit their relative. The registered manager told us that they and the staff read the letter to the person regularly, so the person knew they were thinking of them even though they could not be there in person.

Good

Is the service responsive?

Our findings

The service was experienced in caring for people who were at the end of their life. A high standard of end of life care was provided in the service, and in 2016, the service had been given a Gold Standards Framework (GSF) 'Quality Beacon' status, in recognition of the high standard of care provided for people at the end of their life. This is a nationally recognised accreditation that is given to a service that had trained its staff to provide a high quality of care to people nearing the end of their life. The GSF aims to reduce crises and hospitalisation, enabling people to die well in the place and manner of their choosing. The registered manager implemented a 'coding' system to identify deterioration in a person's health. This ensured that the service was prepared and that people received the care they wanted with appropriate medication, increased communication with out of hours professionals, and DNAR (do not attempt resuscitation) documentation.

We also saw that advance care plans were completed. These outlined the care people would choose to receive at the end of their life. For example, music, lighting, place, religious representatives, and if they would like family members to be present. The service had also created a 'bereavement leaflet' for relatives, which listed the practical things which needed to be done after a person's death, such as funeral arrangements. It also invited bereaved relatives to return to Eversley if they needed support and to keep in touch if they found this helpful.

The registered manager told us that the emphasis was on keeping people out of hospital and allowing people to die at home with dignity and in line with their preferences. The service continued to demonstrate their commitment to ensuring that end of life care was provided in a high quality and dignified way; In 2017, the service was successful in gaining the Palliative Care/End of Life award for the East of England, at the Great British Care Awards. The Great British Care Awards are a series of regional events throughout England and are a celebration of excellence across the care sector. The purpose of the awards are to pay tribute to those individuals who have demonstrated outstanding excellence within their field of work.

The service was using an electronic care plan system, implemented in May 2017. The information held guided staff in the care that people required and preferred to meet their needs. This included daily lifestyle, emotional support, mental capacity, mobility, continence, death and dying, nutrition, sexuality and personal care. Staff carried handheld devices programmed only for use with the care record system. They were able to record details of each intervention on the device. This then fed through to a main computer which showed when the person was last attended to, and included a flag which faded in colour depending on when the person was last seen. For example, if the flag showed as white, the person had to be attended to within 30 minutes, if the flag showed as red, 15 minutes and so on. The registered manager showed us how they used the system to oversee how quickly staff attended to people, and this gave them assurance that people were regularly checked. In addition, the care plan system highlighted those people receiving end of life care with a butterfly image to ensure all staff were aware.

Some staff told us that the system did not allow sufficient 'free text' to be inputted, and sometimes they wanted to write more about people's care but couldn't. The registered manager told us this was possible,

and identified this as a training issue as the system was still relatively new.

Separate folders contained letters from other professionals, such as dieticians, physiotherapy, and hospital letters. We discussed with the registered manager about how information from other professionals could be incorporated into the electronic patient record. They agreed to look into this, to ensure all key information about a person's care was held in one place.

The registered manager told us that due to people's varying conditions, they did not deliver activity in line with most other services. For example, group activity such as bingo, and that they had implemented the Namaste care approach, and during the week between 1pm and 3pm, a staff member delivered Namaste care. This approach is undertaken on a one to one basis, and can include but is not limited to, musical reminiscence, talking, looking at photos, or massage. People can choose how they spend the time, and what they find meaningful.

Whilst this adopted a person centred approach, we received mixed feedback from people using the service. One person told us, "I sleep most of the time, but staff do come and chat to me. They have asked me several times if I want to go out but it's me, it's too much trouble". Another said, "I'm comfortable but I'm alone, I'm well dressed, clean, but you don't get a lot of company. You have a lot of time to think, I'm not terribly interested in TV or radio". Another said, "I don't get to spend much time with them [staff], they don't often come and chat". We brought this to the attention of the registered manager, who told us that they had increased the time spent delivering Namaste which will now include weekends. We spoke to a representative of the provider during the inspection about ensuring that staffing levels were sufficient to ensure people's emotional and social needs were met.

There was a complaints procedure in the service should people wish to raise concerns. This was displayed in the main foyer. The registered manager kept a 'central complaints register'. This listed details of any complaints, and included actions taken. One person told us, "I have absolutely no complaints." A relative said, "If I had any complaints [registered manager] would be straight on it."

Outstanding ☆

Is the service well-led?

Our findings

The whole staff team understood and shared the, culture, vision and values of the service in its main objective to provide high quality care. The registered manager was an effective leader, demonstrating a compassionate and caring approach to their role. They had excellent oversight of the service and worked closely with staff to adopt a 'lessons learned' approach which supported continual improvement. Staff told us that they felt supported and reassured by the registered manager's presence in the service. They also explained how this meant that they enjoyed their work and valued their relationships with those they cared for. A staff member told us, "[Registered manager] leads with their heart." Another said, "I can speak with [registered manager] about anything. 100% support."

There was an open and supportive culture in the service. The registered manager ensured that staff were encouraged and supported, and were clear on their roles and responsibilities and how they contributed towards the vision and values of the service. They had embedded the 'Six C's' into staff practice (care, compassion, competence, communication, courage, and commitment). We saw that staff completed a written account on each area during appraisals, and how they had achieved this within their practice. They were encouraged to speak up and contribute in staff meetings which were held regularly in the service. One staff member said, "One thing we do a lot of here is talk. Its good for us all." Another told us, "When we talk together it's like a medication for me." A third said, "It can be very upsetting working here [when someone dies], but we support each other well."

The registered manager knew about and referred to best practice guidance and used these to ensure that the delivery of end of life care was reviewed against them. The registered manager was able to demonstrate an on-going desire to develop ideas and improve, for example, the implementation of the 'Namaste' approach which is based around sensory experiences such as music, massage, colour, taste and scents. The service had purchased a large jacuzzi bath with colour changing lighting and aromatherapy facilities. They said at present people had been too unwell to utilise it, but was part of the Namaste approach. Research into Namaste care advises that this only works if everybody in the team is committed to delivering it. Every staff member we spoke with was fully aware of Namaste and the importance of it to the people they were caring for. One staff member said, "Its [Namaste] lovely. It means a lot to people, and to us [staff]."

In 2017, in addition to the 'end of life' award the service received at the Great British Care Awards, the service was also the regional winner in the category of 'celebrating excellence across the social care sector'. This award demonstrated how the service shared their knowledge with health and social care colleagues and considered other professionals involved in people's care as part of their team. A health professional commented, "They [Eversley] have lots of awards, well deserved I would say."

The service was also working with a local university and provided student nurse placements at the service. The registered manager was a mentor for the students. They told us there were many benefits to this arrangement, such as increased interactions for people using the service, and the opportunity to show those new to the profession the importance of providing good end of life care and be able to share their learning. They had clear priorities to build and develop effective links and relationships with other professionals for

the benefit of people using the service. For example, the registered manager gave presentations at the local hospital on best practice for end of life care, and the importance of avoiding hospital admission (where this is a person's preference). They told us a range of health professionals attended the meetings, which gave them an opportunity to share their learning, talk about what has worked well, what is most effective, and how to work together to help people achieve their final wishes. A health professional said, "They [Eversley] do end of life care well. Very good. They are passionate about that", and, "If a person is quite complex and difficult to care for, they [staff] are very good. Outstanding." Another said, "[Eversley] epitomises holistic care."

The service had facilitated an 'Integrated Apprenticeship Programme', which provided a placement for students considering a career in health and social care. One of the apprentices said, "End of life care is a very important thing for Eversley nursing home and they gave me as much support as I needed during my experiences there, all workers don't just support the service users but they support each other too, and they provide the Gold Standard Framework to each individual." In 2017, the service received a 'highly commended' award for 'Most Supportive Employer' (for student placements) in the Norfolk Care Awards. This demonstrates a commitment to ensuring that placements were a valuable learning opportunity which helped staff new to the care sector make choices about their longer term careers.

The provider had an internal awards programme, which recognised staff who went the extra mile, and who demonstrated a commitment to providing high quality care. In 2017, the registered manager was presented with the 'directors award for dedicated service', in recognition of the outstanding work carried out. They told us, "Anything we do well here, we do as a team. Its all of us [staff], not just me. It's the teams award." A health professional said, "The staff and manager are very professional. They have asked us [health team] to come in and do some education around [health condition]. I thought that was positive, and shows how they want to provide the best care for people. I never have any concerns when I come to review people." We also saw that they had contacted the mental health team for additional training in the Mental Capacity Act 2005, which was planned for January 2018.

The registered manager told us how they dedicated time to remembering a person after their death which supported staff emotionally. Reflecting on what went well, and what could have gone better, provided an opportunity for staff to learn from the experience and continually improve the care they deliver to people when they are dying. The registered manager told us, "Whenever we lose a person, the whole staff team will stand in line when the funeral directors come in to take their body. This is very important, we show our respect for the person and say goodbye."

Since March 2017, a support group had been set up called 'friends of Eversley'. The aim of this group is for relatives to provide support to each other, and was fully supported by the registered manager. Support could include if a relative is taking a holiday; others in the group can visit their relative, giving them peace of mind whilst they are away. A relative told us, "As far as I'm concerned they are the best I've ever seen, I don't know how they do it". Another said, "I am very happy with the care [relative] gets. I picked this home because it is not like a hospital." The registered manager had also implemented 'well-being clinics' for relatives out of hours, whereby relatives could make an appointment at their convenience to discuss any concerns or worries they have. A relative said, "They communicate well, if I have any issues I tell them, and they go and sort it out."

Quality assurance and monitoring processes were in place, which ensured systems were working effectively. This included infection control, accident and incidents, night and weekend audits, and a lessons learned approach. Following an incident in 2016, the registered manager and provider had implemented several robust measures to reduce the risk of recurrence. Additionally, regular staff meetings were held to reflect on

the incident and enable staff to be supported and air their views.

The registered manager had implemented a 'hospital admission audit' which logged how many people were admitted to hospital under the Gold Standards Framework (GSF), and how effective the GSF had been in avoiding this (where this was people's preference).The provider monitored progress during their frequent visits to the service, including completing monthly quality audits, and incorporating a quality assurance action plan, which included feedback from relatives and people using the service. We saw a number of cards that had been received from relatives thanking staff for their care and compassion during this period of the person's life. The provider told us that people and relatives could now give their feedback online anonymously, by using a handheld computer device in the service, or at home via a link. They valued any feedback and encouraged this to help the service improve, or make changes as required.

The registered manager kept abreast of best practice and health conditions by reading articles and research papers. They told us, "I recently read about stroke and how this affects people psychologically. You have to open your mind and understand why someone might behave in a challenging or angry manner. If it happened to me, I would be angry. I'd lose my independence. We have to look deeper inside the person, really understand them and what they have been through. The person within."

There was a library available for staff, people, or relatives relating to particular medical conditions, palliative care, and dying. This provided additional information for people and relatives wishing to know more about their own, or their relatives, condition.