Springfield Health Services Limited

Prinsted Care Home

Inspection report

Prinsted Lane
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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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Prinsted Care Home is a residential care home providing personal and nursing care for up to 44 older people with various support needs, including physical and sensory impairment. At the time of our inspection, 34 people were in residence. The home consists of one adapted building with a modern wing. There are a range of communal areas, including a garden for people to enjoy.

People's experience of using this service and what we found
Without exception, everyone we spoke with talked of the high quality care they received at Prinsted Care Home. People sang the praises of staff, saying how caring and loving they were. Everyone we spoke with said they would recommend the home to others and staff said they would wish for their own family members to move to the home if they required care. One staff member told us, "I love it. The home is lovely, it is not your average home". In a relative survey response we read, 'The dedication, kindness and care the staff give to all of the residents is second to none'.

Care was highly personalised to meet people's needs. Strong relationships were formed between staff and people due to the continuity of staffing and the very caring approach of staff members. Care plans provided detailed information and guidance for staff on people's care and support needs, likes and dislikes, and exactly how they wished to receive personal care. People were encouraged to be involved in decisions relating to their care and were treated with the utmost dignity and respect.

Staff knew people extremely well and tailored their support accordingly. Staff enjoyed spending time with people and engaging in activities with them. One person told us, "They make a point of stopping to chat". The management actively encouraged this from staff in all roles. Many people spoke to us of a family feel and of a close-knit community. One staff member said, "You grow such a bond with them and you love them like your own".

Staff had excellent knowledge of people and there was a focus on the individual and on tailoring care and providing activities which were meaningful to them. The registered manager told us her vision was, "Enabling people to live their lives as they always have, making them believe it is possible and giving the encouragement and confidence to do that". We learned of people who had been on holidays, days out, continued with hobbies and social contacts, or been supported to share their learning and interests with others at the home.

People's communication needs were identified and planned for. People expressed confidence that they could raise any issues or concerns with any member of staff or the management team and that these would be addressed.

Staff were skilled in supporting people at the end of their lives. The took time to understand the person's wishes and to plan alongside other healthcare professionals to ensure the person's comfort. Where people

expressed specific wishes, staff worked to facilitate these. Relatives spoke highly of the care their loved ones had received.

People received high quality care that improved their wellbeing. They had confidence in the staff team and their training and experience. Professionals praised the service, the willingness of staff to accept new ideas and the strong communication with them and within the staff team. A relative commented,' It becomes obvious that staff are carefully chosen to work at Prinsted to maintain this happy, caring and safe environment'.

Staff felt supported and knew their opinions mattered. They had regular supervisions and an annual appraisal. People were very enthusiastic about the food and were able to make suggestions for the menu. Snacks and drinks were readily available throughout the day. People had access to a range of healthcare professionals and support, including an in-house physiotherapy service. Premises were suitable and comfortable and met people's needs.

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.

Care staff were well informed about risks to people's health or wellbeing and knew how to deliver their care safely. Staffing levels met people's needs. Medicines were managed safely. The home was clean, and staff had been trained in infection prevention and control. Lessons were learned if things went wrong.

There was a homely welcoming atmosphere at the service and we observed very positive and caring relationships between people and staff. One relative commented, 'The staff are always so cheerful and welcoming'.

There was strong and effective leadership. The service was well organised and had a range of systems in place to ensure its smooth operation and to support good communication. Feedback from health and social care professionals who worked closely with the service consistently indicated that staff went the extra mile to deliver person centred care. A relative told us, "I cannot fault it".

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

Rating at last inspection
The last rating for this service was good (Published 17 Feb 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Prinsted 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. 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 was carried out by one inspector.

Service and service type
Prinsted Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service 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 inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service since the last inspection. This included statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law.

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 spoke with nine people who used the service and six relatives about their experience of the care provided. We spoke with 14 members of staff including the registered manager, deputy manager, home services manager, senior care staff, care staff, activity, kitchen, administration, maintenance and housekeeping staff. We also spoke with the nominated individual and a representative of the provider. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We met with three visiting healthcare professionals including a GP and tissue viability nurse (TVN).

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 reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and specific quality assurance records. We spoke with one relative by telephone and received feedback from three professionals who have regular involvement with 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. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

● People felt safe at the home and this was echoed by family members. A relative had written a card of thanks which read, '(Name of person) felt safe, comfortable and well cared for with you'.

● Staff had a good understanding of safeguarding and knew what action to take if they had concerns. One staff member said, "Safeguarding means to protect the residents. If you notice they are withdrawn or if you see bruises it is a safeguarding issue. You have to inform the manager. You can go forward to inform the CQC, police or whoever is competent. I've not had any worries, the management here is very good, they want the home to be run properly".

● Safeguarding policies and procedures were up to date and had been discussed in a staff meeting to ensure common understanding.

Assessing risk, safety monitoring and management

● Risks to people's safety had been identified, assessed and minimised. Clear guidance was in place for staff to support people in a safe way and to minimise limitations on their freedom. Staff were sensitive to people's abilities; risk assessments guided them on how to assess the person to ensure the correct support was provided. For example, on a good day one person could manage normal fluids, but sometimes they required thickener to be added to their drinks to reduce their risk of choking.

● Staff were alert to people at high risk of falling. Those with a known risk in this area, had a small sign with a picture of feet on their doors, which acted as a visual reminder. One person was nervous they may not be able to reach the call bell if they fell. They had been provided with a wrist alarm which made them feel safer.

● Accidents and incidents were reviewed to establish any patterns and to help keep people safe. All findings were shared with staff via the communications book or in staff meetings to ensure changes to people's care had been communicated effectively. One action taken in response to falls was to modify the staff allocation at night so a staff member was at each end of the floor, or close to the rooms of people known to be at high risk. This had helped to reduce the incidence of falls for specific people.

● Risks associated with the safety of the environment and equipment were identified and managed appropriately.

Staffing and recruitment

● There were enough staff on duty to keep people safe. People were very happy with the staffing levels. They told us staff had time to stop and chat with them. One person said, "If I want anything, I just call them and they come quickly. Staff do come and chat, it's nice. They are all so good and they work so hard all of them".

● The clinical manager completed a dependency assessment each month. This looked at people's care needs. The staffing was then agreed in conversation with the nurses and registered manager. Staff told us

there was flexibility in the staffing level. One staff member said, "They adapt the staffing as needed, for example if there are more people requiring double assist (that is two staff members to help them). They work with it. It gives you more time to spend with the residents. We can enjoy the activities and sit with the ladies. Some like me to do their little beauty treatments. Some I take music in their room and have a sing with them".

● The registered manager was recruiting. There was a pool of bank staff who were used to fill shifts when needed. Staff told us they rarely used agency cover, but if they did they tended to be the same staff who knew the home and people living there.

● Records demonstrated staff were recruited in line with safe practice. For example, employment histories had been checked, suitable references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector, such as with the disclosure and barring service (DBS). Documentation confirmed that all nurses employed had an up to date registration with their professional body, the Nursing Midwifery Council (NMC).

Using medicines safely

● Medicines were handled by trained staff and managed safely. People were happy with the support they received with their medicines. One person said, "They bring my medication, I don't have to do it myself."

● People received their medicines as prescribed. Some people managed their own medicines, this had been risk assessed and monitored appropriately.

● Guidance was in place for medicines prescribed on an 'as needed' basis (PRN). We discussed with the registered manager how the written guidance could be further improved by adding personalised information on when to give the medicine, and on how the person would present if they were unable to ask directly for it. This may help to ensure people receive their PRN medicine consistently. By the second day of our visit, some PRN protocols had been updated. In one we read, 'If (Name of person) has no bowels open for 3 days, we ask if they require the PRN medication prescribed and (name) will let us know if they do'.

● Staff took action to review people's medicines and ensure any pain was minimised. Where people were unable to communicate verbally, staff used a pain scale to assess their pain.

Preventing and controlling infection

● The service and its equipment were clean and well maintained.

● Relevant information was displayed around the service to remind people and staff of their responsibilities in respect to cleanliness and infection control. Infection control measures were also discussed in staff meetings.

● We observed staff using gloves and aprons when appropriate. Staff were able to tell us about the colour coding of linen which ensured soiled clothes or bedding were washed separately. We observed this system in use.

Learning lessons when things go wrong

● Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded.

● Incidents were discussed to see were improvements could be made. Additional checks for medicines had been introduced following a medication error. A nurse told us, 'It hasn't happened since. When we come on shift we check the last shift. We get feedback from audits and have a monthly clinical meeting, so we review and talk about lots of things there".

● Following an inspection of the provider's other service, learning had been transferred. For example, staff had received updates and further guidance on the Mental Capacity Act, following weaknesses identified at the other service.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

● People spoke incredibly highly of the care they received, with many sharing how their health had improved. One person said, "Excellent care, first class". Another told us, "I've been thrilled the whole time". A relative wrote to the staff saying, "She was looked after beyond anything we would have expected, nothing was too much trouble for any of your staff". Staff told us they would recommend the home. One said, "I'd put my family here".

● We spoke with the relative of one person who had recently returned home. They told us, "She has come miles, they said she'd be bedridden for the rest of her life. The staff all got her out of bed and were coaxing her on, absolutely perfect. They were so encouraging to her, they never just left her there. It's an absolutely lovely place, we'd recommend it to anybody".

● The home employed the services of a physiotherapist. Everyone who moved to the home was reviewed by the physio and could access treatment at no extra expense. One person told us how this service enabled them to use their electric bike and retain some suppleness. They told us, "The fact I get (Name of physio) is brilliant".

● Staff were trained in caring for people living with dementia. The care plans were personalised and gave a real sense of the person and what was important to them. We observed gentle and patient support being given. Staff had been proactive in seeking medication reviews or additional support when a person's behaviour or needs changed. A relative had written to staff saying, 'You made mum feel safe and loved, and helped her to be the person she was and the person she had always wanted to be'.

Supporting people to live healthier lives, access healthcare services and support

● People's needs were continually assessed in line with best practice. Advice had been sought from a range of professionals. We saw evidence in the care plans of improvement in people's health, for example pressure areas healing or an increase in their mobility.

● Staff were working closely with one person and the GP to access funding for additional treatment. The clinical manager told us, "We are pushing the case really strong. We need to fight for (Name of person)".

● Services were provided in the home, this included physio, chiropody and hairdressing. This made it easier for people to access them. Where people had healthcare appointments, staff attended with them.

Staff support: induction, training, skills and experience

● We observed staff supporting people with confidence and professionalism. People thought highly of the staff. One person said, "The staff are very good". Another told us, "The nurses seem to be first rate".

● Staff felt confident in their skills and were able to access additional training when needed. One staff member said, "I am 100% supported with training and development". A nurse told us, "There is plenty of

training, more than is required for my portfolio".
● Systems of staff development including one to one supervision meetings and annual appraisals were in place. One staff member said, "I've had the opportunity to progress which is good". The registered manager had appointed a champion in infection control, end of life care and health and safety. These staff had received additional training which they could disseminate to others, for example the maintenance staff member had competed a professional diploma in health and safety. Some staff had trained as moving and handling trainers and delivered training within the home.
● All of the staff we spoke with spoke highly of the management and the support they received. They said they would recommend the home as a place to work.

Supporting people to eat and drink enough to maintain a balanced diet
● People were offered nutritious food and drink which met their nutrition and hydration needs. There was a varied menu, specialist diets were catered for and people were complimentary about the meals served. One person said, "You couldn't fault the food, not at all".
● People were asked about their likes and dislikes and this was recorded. One person said, "I don't like strong tea. I told them that and they know now. The message relays". Another person told us they had requested smaller helpings. They said, "I had to cut down on the size of the helpings which were quite lavish". People were offered a choice of menu on the day and further options such as the type of potato and custard or cream with dessert at the point of service. If a person fancied something different or wanted a snack this was accommodated. One person said, "They go to great lengths to get stuff. I have Greek yoghurt, they get them in especially for me".
● We observed as people at their lunch. Staff were attentive and spent time talking with people. Some staff ate a meal at the table with people and were seen chatting and engaging with them. When one person started coughing, staff quickly sat beside them and supported them to eat their meal.
● Staff monitored people's weight and took action where concerns were identified. One person had been on a food and fluid chart but as they had gained weight and stabilised this was no longer required.

Adapting service, design, decoration to meet people's needs
● People's individual needs around their mobility were met by the adaptation of the premises. People were able to ask the maintenance staff to attend to any jobs to improve their living space. There was a variety of communal areas for people to enjoy, including a library/book swap area.
● Following feedback that the front room lacked purpose, people were involved in restyling the room. It was a cinema room and had been transformed into a cosy front lounge. Everything had been newly sourced, including the fireplace. Some people had given china they used at home which they then enjoyed using on special occasions, or when they booked the room to entertain guests. In the relatives' survey one relative commented, "The transformation has been amazing".
● There was a well-maintained garden and patio area, complete with garden furniture. One person said, "It's a lovely garden".

Staff working with other agencies to provide consistent, effective, timely care
● Staff worked closely with other professionals and used guidance and best practice to improve the care delivered.
● Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals. One professional said, "We don't have to keep reiterating the same advice. Stuff we've said about other people they've instantly transferred over. They seem pretty on it before we've even come."
● Professionals spoke very highly of the care people received at the home and about the knowledge of staff. One said, "It is a good place. I feel part of the team as well". Another told us, "They are on the ball. There is a

good flow of information. It is pretty unusual to get phone calls from them and if they do call it is completely appropriate".

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 (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
● The registered manager had a good understanding of the Act and was working within the principles of the MCA. People were not unduly restricted and consent to care and treatment was routinely sought by staff.
● People told us that staff respected their views. Staff were able to explain the principles of the Act and how it applied in their work. One staff member said, "We have to assume capacity, help the resident and support them with making a decision".
● Mental capacity assessments and best interest decisions had been completed for people in areas including medication administration and the use of bedrails.
● Applications for DoLS had been completed where needed; some were awaiting consideration by the local authority. One DoLS contained a condition requiring that the GP be asked to review the person's antidepressant medication. In the assessor's review we read, 'There was clear evidence in the clinical notes of this happening. In fact (name of medication) had recently been reviewed and adjusted to reduce incidents of daytime sleepiness'.

Outstanding ☆

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 now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- People spoke extremely fondly of the care staff and praised the wonderful care they received. One person said, "They all come and say hello. They are lovely. I couldn't be having anything better". Relatives were also full of praise. One told us, "Staff here are kind dedicated, thoughtful, patient; any of those and more adjectives!" In compliments received by the home we read, 'We cannot thank you enough for all the loving care' and, 'I am so very grateful for the affectionate way in which she was treated'.
- Staff had supported one person to attend a family wedding. To make sure the person enjoyed the day, staff had suggested they travel the day before and stay over. The staff member had assisted the person to stand when the bride entered and ate with them away in a side room where the person felt more comfortable. They told us, "(Name of person) was really fresh in the morning. It was a lovely, lovely day". For another person, staff had organised a romantic meal, with balloons, champagne and flowers, so a person could celebrate their wedding anniversary in a private room with their spouse.
- Special occasions and birthdays were celebrated and tailored to the person's wishes. One person missed socialising with their friends from church. Staff had laid on a surprise afternoon tea in the front room and invited the person's friends. Staff told us the person was, "Blown away". Another person shared how staff would bring them gifts back from their holidays. They told us, "They are adorable, how lucky can you get. If I made tears I would burst into tears at their kindness".
- We observed a real warmth in the relationships between people and staff. Staff of all roles stopped to talk with people and help them if needed. At lunchtime, one person was not eating their meal. A member of the kitchen team came over and the person smiled broadly. They accepted the offer of ice cream and ate it all while the staff member sat alongside them chatting.
- Staff knew people well and cared about them. One staff member said, "My job is to talk to people and communicate. They encourage it here. We need to know how they are feeling, we all have good days and bad days. We are looking after them. We all sit and chat, that's our job but it isn't a job, I really enjoy it". A relative told us how a staff member had popped in to see their Mum who had recently returned home. They told us, "One of the carers is coming to see her tomorrow, they got on famously. She had a couple of down days and she would sit with her and be really positive". Another person told us how staff visited them in hospital on their days off.
- Staff had received training in equality and diversity and people were valued as individuals. One staff member said, "I feel every resident is diverse in their own way. Everyone in life is completely different. As long as I make that person feel special then I'm happy I've done the job. When that resident comes in you want to learn about them and find out about them, I will ask loads of questions all the time".

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

● People had been involved in planning their care when they moved to the home. Each month, the care plan was reviewed, and the person's thoughts and comments recorded. One person told us, "It (the care) is tailored to the point I can't imagine it being any better". In the relative survey, a relative wrote, 'The nurse always makes a point of sitting with my relative and asking her how was your day and listening'.

● Where people were unable to communicate verbally, there was detail on how they expressed their wishes. In one we read, 'We anticipate her needs most of the time and know what signs to look for when waiting for an answer: smiling when she is happy, touching you when she wants you to stop or closing her mouth when doesn't want to eat any more'.

● People were supported in their wish to be independent. Staff were encouraged to preserve independence where possible. One person said, "They support me to do as much as I can for myself, I can sit down and dress myself, I walk up and down as much as I can."

Respecting and promoting people's privacy, dignity and independence

● Staff treated people with the utmost dignity and respect. One person told us staff were, "Absolutely respectful". They added, "They make kind remarks which they needn't have said". A relative had written in a compliment, 'From the very start she was treated with kindness and respect, especially in the early days when she found the change difficult'.

● The provider had a mission to, 'Promote the dignity and self-worth of our residents, supporting them to have an excellent quality of life'. From our observations and conversations with people this was being achieved. People were supported to pursue their interests; one person who loved crafting had been able to continue in their hobby by making and selling greetings cards in the home and at fairs. One relative wrote, 'Staff who look after (my relative) do a fantastic job, as do the kitchen staff, cleaning etc. and make my father's life really worth living. The ethos created is superb'.

● Staff were mindful of people's privacy. One person told us, "They shut the curtains and shut the door and wrap me in a towel so I'm not exposed". A privacy screen had been purchased for another person who had a fear of closed doors but needed to use a commode.

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. This meant people's needs were met through good organisation and delivery.

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

● There was a wide array of activity which was fully focused on the people at the service and their wishes. People we spoke with were engaged and upbeat. They spoke enthusiastically about activities and outings they had enjoyed. One person spoke of being "swirled around" in their wheelchair at ballroom dancing and anther of the "brilliant" bonfire night display attended by lots of families. The activity manager told us, "It is very individual for each one of them. I'm constantly looking for new activities because obviously the residents change".

● People received one to one time and attention. The activity manager said, "I've been to see everyone as I do in the morning. I pay particular attention to those who aren't feeling well. I went and sat with one lady who is quite new and did her nails with her. I was there for a reason, we could have a conversation without it being intrusive". Another staff member recalled, "I took (Name of person) to the pub and we had a pint together. I took (Name of person) down the coast. Just really nice moments like that. You can see in their faces, and for all the things (Name of person) can't remember she can remember the seaside.". Daily records demonstrated how much people had loved these trips out and appreciated the conversations they shared.

● Staff helped people achieve their goals and maintain relationships. Staff supported one person to join their family on a cruise. They helped with planning and packing, through to ensuring a pre-departure hairdressing appointment was made. Before the trip was booked, the person's relatives had expressed concerns over how they would manage the person's medical needs during the trip. In response, staff arranged a practical session for the relatives to offer guidance on how to monitor and manage their condition. This gave the family the confidence to go ahead and book the trip. The registered manager said, "(Name of person) felt they couldn't do these things now they were in a care home; we are trying to change that attitude".

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● People were asked what was important to them and their needs were assessed prior to admission. From this a care plan was developed. Care plans provided staff with detailed information to enable them to deliver person focused care. Staff were quick to respond to changes in a person's needs and, if required, to discuss and arrange a move between the residential and nursing parts of the home.

● Staff gave careful consideration to people's individual needs and wishes when selecting their rooms. One person required nursing care but lived on the residential floor because it was a cooler part of the home. They told us, "I've got a room that suits me magnificently. I've got all my kit. I've got room to move around. The room is cold that is what I like, they went to a lot of trouble to get me this room". Another person had a double room at a reduced rate because staff had appreciated the importance of enabling this person to

keep in touch with their network of family and friends. When we visited this person, we saw how well set they were, with ample space to receive visitors and room for their computer desk. The person had a wide social circle and was fully engaged; they said how staff had "accepted very graciously" that they did not wish to partake in activities within the home and how nice it was their many visitors could come freely and help themselves to drinks without standing on ceremony.

● Staff were alert to changes in people's needs or demeanour. One visiting professional told us, "Nurses know exactly what is going on with the residents". In a recent survey, one relative commented, 'Nothing is too much trouble in the interest of the individual's care and happiness'. Staff involved healthcare professionals in a timely and appropriate way. For example, a physio review after a person had fallen.

End of life care and support

● People had been asked about their wishes for end of life care, where they would wish to be cared for and if there was anything that may bring comfort in their final days. These wishes were recorded and staff did everything possible to make sure they happened. Staff had arranged a virtual reality horse riding experience for one person who had a wish to go riding but was physically unable to.

● Relatives spoke highly of the care their loved ones had received. We saw relatives hugging members of staff as they left after packing up their family member's belongings. In a compliment card we read, 'Toward the end, Mum was in a lot of pain which was getting too much for her, but your staff made her comfortable and addressed all her needs until she passed away peacefully'.

● Staff had received training in providing support to people at the end of their lives. The home was accredited under the Six Steps programme for end of life care and worked closely with local hospices. One staff member had been appointed as end of life care champion. This staff member told us, "It isn't a taboo subject, we discuss it more openly. There is a lot more confidence about identifying when someone is approaching that stage". A nurse said, "I want my Mum to die the way people here do. It starts months before that, we see a deterioration in a person's general health, sometimes you can't even put your finger on it. We have the time to get to know our residents and relatives. They get to trust us".

● Staff had an obvious affection for people. One staff member choked up as they were telling us about a person who had recently passed away. They said, "We just hope we do the best, make the last days easier, see them settled and not in pain and not suffering. Some of the residents are so special. They break your heart, but you have to be strong".

Meeting people's communication needs

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

● People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.

● A staff member told us how they were helping one person to read again following a stroke. They told us the person's speech was clearer when they were reading. They said, "I'll pull up a chair and tell (Name of person) to take their time. They have got a lot better".

● The registered manager had shared information with staff about communicating with people, including specific information based on research into dementia care and ideas on how to connect with a person through activity.

Improving care quality in response to complaints or concerns

● The provider had a clear complaints policy and people knew how to raise any concerns. One person told us, "I feel that I can talk about anything to (registered manager) or (home services manager). If I had

something bothering me I'd ultimately speak to them. I'm very picky and they're very picky, they get things right". In a response to the residents' survey, one person wrote, 'They try to keep you happy, any problems, however small, they sort them out'.

● People felt confident any concerns would be listened to. Information on how to complain was displayed in the home and was available on the provider's website. One person told us they had, "No grumbles". A relative wrote in the survey, 'Management are very approachable - respectful and quick to resolve issues'.

● We reviewed the complaints received in the year to date. Staff had been proactive in resolving them. One relative had complimented the home on how their concern was dealt with.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a very warm and positive atmosphere at the home. One person said, "I find the atmosphere with the staff is remarkably good. I visited as a visitor in the past and I thought so then. It has had a reputation for warm, welcoming atmosphere". A relative described the home as having a, 'Cosy and caring atmosphere' in a recent survey.
- People and staff spoke of feeling part of a family. One person told us, "I lie here and I hear people come in and say hello. I hear people laughing, it is a happy place. That makes a huge difference". Several staff told us they would wish for their relatives to be cared for at the home if needed. One said, "If my Nan or Grandad needed somewhere to come, this would absolutely be the place".
- The provider had a set of values which were displayed throughout the home. These were hard work, compassionate care, excellence and teamwork. The staff we observed embodied these values. A relative wrote, 'Any establishment is only as good as the staff providing the services, from the management down. Thank you all, you should be very proud of yourselves'. The clinical manager told us, "The team is really good. They know the core value of care. Top management are really supportive".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.
- The registered manager and provider fostered an open culture. The clinical manager described duty of candour as, "Being open and honest. Learn from it and move on. Be transparent. Involve the family and get their feedback and response".
- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had.

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

- There registered manager was responsible for two homes run by the provider. In each home there was a full-time clinical manager who worked on a supernumerary basis. Staff spoke positively about working as a team and pulling together. One staff member said, "Teamwork is the key to everything in this home. We have

fun, we have laughter, we have tears".
● People and staff spoke highly of the leadership team at the home. We observed the registered manager engaging with people and relatives throughout our visit. She provided a visible presence within the home. One person described the clinical manager as, "Exceptionally delightful". A staff member said, "It is so well organised, management is good and caring".
● There was a robust system in place to monitor the service and drive improvement. There was a range of audits, including of infection control, medicines and care plans. A monthly clinical governance review was in place. This looked at areas including pressure area care, falls, safeguarding, complaints and call bell response times. Action plans were put in place and monitored to ensure improvement was made.
● The registered manager had recently started a system of cross-auditing between the two services she managed. For example, the infection control champion from one home had audited the other. Monthly meetings were in place between the registered manager and clinical managers from each home. The purpose of the meetings was to share information and embed changes set out in the overarching improvement plan. Actions included ensuring pre-admission assessments reflected protected characteristics under the Equality Act and encouraging staff to share mealtimes with people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People were actively involved in decisions relating to the service. They had influenced the menu, choices relating to the garden and the theme for the annual garden party.
● People knew their views were respected. One person said, "I see (registered manager) or (home services manager) and we have a chat. If I needed to say anything I certainly could". There were regular resident meetings and an annual resident questionnaire. Feedback included, 'Nothing but satisfaction' and 'This is one of the very best'.
● Relatives were invited to quarterly meetings. One relative told us, "Any problems or queries we can bring it up, but they always stress not to wait". Another relative said, "From day one they have been very caring towards me, they were very supportive". A dashboard showing the results of the relative feedback survey was displayed in the main entrance. We noted action had been taken in relation to restyling the front room, updating the staff board and improving the menu.
● Staff were consulted and felt part of the decision-making process. One staff member said, "I'm always supported by management here, they are really professional, but you can also go and talk to them about things. I think they are great, really good. We have meetings, where we all have our say. They listen to you". Following staff feedback, the shift times had been made earlier as this helped staff to support people who wanted to be up earlier in the morning.

Continuous learning and improving care
● The registered manager and clinical manager were supported by the provider to improve and upgrade the service. The registered manager said, "Care comes first. I am empowered to make changes be it sourcing different training or purchasing equipment. I feel proud, I feel I'm able to make a difference". She explained how they had been able to quickly purchase a specialised shower chair for a person who didn't like baths but was unable to shower safely. There were plans to move to an electronic care planning system. The clinical manager had been involved in implementing this at the provider's other service and spoke of the lessons learned and how they would ease the transition to this home.
● The service had a strong emphasis on team work and communication sharing. Handover between shifts was thorough and staff had time to discuss matters relating to the previous shift. A visiting professional told us, "If I do bring up that something is missing, (Name of nurse) whips a book out of her pocket to write it down and get on it. They appreciate fresh new ideas".

Working in partnership with others

● The home services manager arranged breakfast meetings for local care professionals to network. Through this network, people had access to new services. We noted that an accompanied car service was advertised in the reception area. The registered manager shared how they had been able to recommend care alarms and fire safety visits to people returning to their own homes.

● The registered manager was active in local manager forums run by the local authority and in a national nursing home forum. She shared how they had tapped into information, services and training. When the home had spaces on training courses, places had been offered up to staff from other homes in the local area who the registered manager had established contact with. She said, "It's just good to share experiences, not reinvent the wheel".

● The home had contacts with local schools. At Christmas the school choir was coming to sing carols and some children were going to visit people to hand-deliver cards they had made. The home had supported the school in fundraising initiatives by donating raffle prizes.

● The GP had thanked the people and staff for their, 'Lovely collaboration when we raised money for the local hospice'. As part of a plant sale at the surgery, people had grown plants to be sold. Thanks to the warm environment in the home, the plants had grown very well and there were lots to contribute. The activity manager told us how some people had enjoyed planting and tending, while others had loved watching them grow.