

Springcare (Hatton) Limited

Hatton Court Care Home

Inspection report

Whitchurch Road
Cold Hatton
Telford
Shropshire
TF6 6QB

Tel: 01952541881

Website: www.springcare.org.uk

Date of inspection visit:

07 June 2018

08 June 2018

Date of publication:

20 July 2018

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection was unannounced and took place on 7 and 8 June 2018.

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

Hatton Court Care Home accommodates 60 older people some of whom were living with dementia. The provider also offered nursing care. On the days of our inspection 57 people were living in the home. The home is situated on one floor and was accessible to wheelchair users.

The home had a registered manager who was present on both days of our inspection visit. 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.

At the previous inspection in January 2017, the service was rated Requires Improvement. We found that people living with dementia did not have the same opportunities as others. Although the former registered manager was aware of this, they had not taken any action to ensure people living with dementia were treated fairly. At this inspection the new registered manager told us that the unit where people living with dementia resided had closed and had recently reopened as a reablement unit. The provider continued to offer a service to people living with dementia. We found that these people were now treated equally and were offered the same opportunities as others and had access to various stimulating social activities.

Since our last inspection visit the provider had appointed a new management team. People knew who the new registered manager was and found them approachable and told us they were happy with the management of the home. The provider had effective governance in place to assess, monitor and to drive improvements. People and staff were given the opportunity to be involved in the running of the home. People were supported to maintain links with their local community and the involvement of outside agencies assisted with promoting people's wellbeing.

People could be confident that their complaints would be listened to, taken seriously and acted on. The registered manager informed us that no one in the home was currently receiving end of life care.

People told us they felt safe living in the home and staff were aware of their responsibilities of safeguarding people from potential abuse. The risk to people was assessed and action was taken to minimise the risk of harm. People were cared for and supported by sufficient numbers of staff who had been recruited safely. Appropriate systems and practices were in place to ensure the safe management of medicines. Staff practices made sure people were protected from the risk of avoidable infections. Incidents, accidents and

nears misses were reviewed and action taken to reduce the risk of a recurrence.

The assessment of people's care, support and treatment needs were carried out to ensure they received the appropriate support. People were cared for by staff who were skilled and supported in their role. People were complimentary about the meals provided and staff were aware of people's food preferences with regards to their health condition, religion, likes and dislikes. Access to relevant healthcare services promoted people's physical and mental health.

The environment was conducive to people's needs and they had access to relevant aids and adaptations to promote their independence. People were encouraged to make their own decisions and staff were aware of the importance of obtaining their consent before delivering care and support.

People were cared for by staff who were kind and attentive to their needs. People's involvement in their care planning ensured their preferences were identified and met. People could be confident their right to privacy and dignity would be respected by staff.

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.

People felt safe living in the home and they could be confident that staff knew how to protect them from potential abuse. The provider had taken action to minimise the risk of harm to people. People were cared for by sufficient numbers of staff who had been recruited safely. Medicines were managed safely and people received their prescribed treatment as directed by the prescriber. Incidents, accidents and near misses had been recorded and action taken to avoid a recurrence.

Is the service effective?

Good ●

The service was effective.

Care assessments were carried out with people's involvement. People were cared for by staff who were skilled and supported in their role. People were supported by staff to eat and drink sufficient amounts to promote their health. People had access to relevant healthcare services if and when needed. The environment was suitable to meet people's needs. People's consent for care and treatment was obtained and staff were aware of the importance of allowing people to make their own decisions.

Is the service caring?

Good ●

The service was caring.

Staff were caring and attentive to people's needs. People's involvement in their care planning ensured they received care and support the way they liked. People's right to privacy and dignity was respected by staff.

Is the service responsive?

Good ●

The service was responsive.

People had access to social activities that reflected their interests. People who lived at the home and staff were treated

fairly. Systems were in place to assist people to communicate and express their needs.

People could be confident that their complaints would be listened to and acted on.

At the time of our inspection visit no one was receiving end of life care.

Is the service well-led?

The service was well-led.

The provider had appointed a new registered manager who was approachable and listened to people's views. The provider's governance assessed, monitored and drove improvements. People and staff were given the opportunity to be involved in the running of the home. People were supported by staff to maintain links with their local community.

Good ●

Hatton Court Care 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.

The inspection team comprised of two inspectors and one Experts by Experiences. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The inspection site visit started on 7 June 2018 and ended on 8 June 2018. It included talking with 17 people who used the service, five care staff, four nurses, a healthcare professional, 12 relatives, a person who worked in the laundry and three housekeeping staff. We also spoke with a GP, two social workers, the registered manager and the deputy manager. We looked at three care records, medicine administration records and risk assessments. We looked at three staff files, training records, medication administration records and quality audits. We observed care practices and how staff interacted with people.

As part of our inspection we spoke with the local authority about information they held about the home. We also looked at information we held about the provider to see if we had received any concerns or compliments about the home. We reviewed information of statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We used this information to help us plan our inspection of the home.

Is the service safe?

Our findings

At our last inspection the provider was rated 'Good' in this key question. At this inspection this key question continued to be rated 'Good.'

People who used the service told us they felt safe living in the home. One person told us, "I feel really safe living here." Another person said, "I feel safe here because of the care I receive. I just have to press the bell (nurse call alarm) and someone is here for me." A different person told us, "I feel safe here because I just have to press the button and some kind soul comes and sorts me out." They continued to say, "If I felt unsafe I would tell the registered manager or the deputy." People told us they trusted the staff and felt comfortable to raise any worries they had with the registered manager or any member of staff.

We spoke with staff members about any concerns they may have regarding potential abuse. Although we found that not all staff were aware of other outside agencies they could share their concerns with, all the staff said they would report their concerns to a member of the management team. They were confident that any allegations would be listened to and acted on. All the staff we spoke with told us they had received safeguarding training and demonstrated a good understanding of various forms of abuse and how to recognise this. We found that the registered manager had a good understanding about when to share concerns about potential abuse with the local authority to enable them to carry out an investigation if needed, to protect people from the risk of suspected harm. This meant people could be confident they would be protected from the risk of potential abuse.

We looked to see how the provider managed risks. Discussions with staff and the care records we looked at confirmed that risk assessments were in place to support their understanding about safe practices. For example, we saw risk assessments that provided staff with relevant information about how to reduce the risk of skin damage and how to support people with their mobility. Assessments also provided information about equipment required to assist people with their mobility safely. One person told us about the support they needed to mobilise safely and the equipment they required. The information they shared with us was identified in their risk assessment. This showed that staff had access to accurate information about how to minimise the risks to people. We observed people being safely transferred from wheelchair to armchair. We saw a relative pushing a wheelchair without using the footplates which placed the person at risk of injury. We observed a staff member intervene and politely asked the relative to stop whilst they adjusted the footplates. One person visiting their relative said, "I have never observed any unsafe practices and I'm happy and content that (Person's Name) is cared for in a safe and clean environment." This demonstrated that people's care needs had been appropriately assessed to minimise risks to their safety.

Accidents and incidents were recorded and reviewed and showed what action had been taken to reduce the risk of this happening again. For example, we saw that where people had sustained a number of falls they had been referred to a falls clinic. This provided people and staff with advice about how to reduce the risk of a recurrence. The registered manager told us about a person who had been referred to their GP due to the number of falls they had sustained. The GP had identified a health problem that had contributed to the falls. The person was prescribed the appropriate treatment. This showed that the provider took the

appropriate action to reduce the risk of further accidents.

The registered manager told us there were 216 vacant staff hours per week. This included nurses and care staff. The registered manager said these hours were covered by the existing staff members and agency staff. However, discussions with people who lived at the home did not identify any impact in relation to the staffing levels. One visitor told us, "Staffing levels are good, always consistent." A visiting professional said, "There is always enough staff around and they are very helpful, very obliging and nothing is too much trouble." People told us that when they activated their nurse call alarm, staff responded quickly. One person told us, "The staff respond to the nurse call alarm quickly even when it's not an emergency." We observed that staff were nearby to support people if and when needed. One staff member told us, "The manager always makes sure there are enough staff on duty." This meant people could be confident that staff would be available to assist them when required.

The provider's recruitment procedure was safe to ensure staff were suitable to work in the home. All the staff members we spoke with said a Disclosure Barring Service (DBS) check was carried out before they started to work at the home. DBS assists the provider in making safe recruitment decisions. Staff also confirmed that a request was made for references. We looked at three staff files that contained evidence of these safety checks. This showed that appropriate vetting systems were in place to ensure people's safety.

People were supported with their medicines by qualified nurses. People told us they always received their medicines on time. One person told us they had problems managing their pain, they said, "I spoke with the registered manager, my medicines have been reviewed and my pain is now controlled."

We observed there was an up to date medication policy and procedure in place to support staff's understanding about safe practices. We checked the medication procedure and found that the storage, administration and recording of all medications were appropriately managed. The individual medication administration record (MAR) contained a photograph of the person. This reduced the risk of potentially giving medication to the wrong person. A MAR is a record of the individual's prescribed medicines which staff sign to show when medicines had been administered.

Controlled drugs were securely stored and administered safely. For example, a controlled drugs register was in place that contained two signatures for every medicine administered. We saw that each person had a person-centred medication profile. This profile gave specific guidance for administering medication. For example, the individual's preference about how they liked to take their medicines, with a cup of tea or a glass of water. The profile was signed and dated by the person receiving the treatment. This showed people's involvement in the management of their medicines.

We looked at how the provider managed infection, prevention and control. We observed that hand wash facilities were available throughout the home to promote regular hand washing. There were signs in appropriate places giving guidance about washing your hands. We found hand gel and paper towels in each toilet and bathroom. The laundry had systems in place to reduce the risk of cross contamination. For example, soiled linen was transported to the laundry in soluble bags. A staff member who worked in the laundry said, "We don't touch soiled items, we have all been trained regarding this." We observed that all areas of the home were clean and tidy with no unpleasant odours. Staff told us they had access to essential personal protective equipment (PPE) such as disposal gloves and aprons. The appropriate use of PPE helps to reduce the risk of avoidable infections. One person told us, "The housekeeping staff clean my bedroom for me every day. The home is always clean and tidy." There was an infection prevention and control (IPC) lead in place. The IPC lead was responsible for monitoring, maintaining and promoting good hygiene standards within the home. This showed that the provider had taken the appropriate action to ensure good

hygiene standards were maintained in the home to promote people's wellbeing.

The registered manager told us that near misses were recorded and action was taken to reduce further risk to people. Where a medicine error had occurred, the registered manager was able to evidence what action had been taken to avoid this happening again. The nurse responsible had been provided with additional training and support. A medication competency assessment was also routinely carried out to make sure the nurse had put the skills learnt into practice.

The provider had maintained a file of all medical alerts regarding potential faults to equipment and medical devices. The registered manager said any concerns with equipment would be taken out of use and where possible would be repaired. This meant people could be assured that action would be taken to minimise the risk of harm to them.

Is the service effective?

Our findings

At our last inspection the provider was rated 'Good' in this key question. At this inspection this key question continued to be rated 'Good.'

People told us their care, support and treatment needs had been assessed. They told us about the involvement of other healthcare professionals and confirmed they had received the support they required. The care records we looked contained evidence of care assessments and regular reviews to find out if the person's needs had changed. This showed that people's needs were regularly reviewed to ensure they received the appropriate support.

One person who used the service told us, "All the staff appear skilled and knowledgeable." Staff told us they had received training which was relevant to their roles. One staff member told us, "We have face to face training, this is much better than E-Learning." Another staff member said, "You can't fault the training." A nurse told us they had requested some specific training, including tissue viability training, percutaneous endoscopic gastrostomy (PEG) training. PEG is an endoscopic medical procedure in which a tube is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when they are unable to eat and drink by mouth. The nurse told us they had been provided with all the training they had requested. Another staff member told us, they had undergone diabetes training, Mental Capacity Act 2005 and Deprivation of liberty safeguards. Access to training ensured staff had the skills to provide people with a safe and effective service.

We looked at how the provider supported new staff into their role. The registered manager told us there was a two day induction process in place for new staff members which had incorporated the standards laid out by the Care Certificate. The Care Certificate is a national set of standards that care staff are expected to meet. This helped to ensure staff had the knowledge and skills necessary to carry out their role effectively. One staff member said, "I did not have any previous experience in care, so my induction was very beneficial." The registered manager told us about their plans to have their existing staff undertake the Care Certificate. This would be used as a refresher training to enhance their skills.

People received care and support by staff who were supported in their role. Staff told us they received supervision and appraisals regularly. Supervision allowed staff the opportunity to discuss any training needs or areas of development with the delegated person who was supervising them. It also provided an opportunity to raise any performance related issues. Comments from some staff members were, "I find my supervision is usually encouraging and supportive" and "I had supervision a couple of weeks ago, I have one every eight weeks." Another staff member told us, "I just had an appraisal; this covered all aspects of progress, my performance, any issues and any training needs. It was very much an enjoyable experience. I received a lot of positive comments and that makes you feel good." This meant people were cared for by staff who were supported in their role to provide an effective service.

People were provided with support to eat and drink sufficient amounts to promote their health. All the people we spoke with were complimentary about the quality of meals provided. One person said, "The food

here is top class." Another person told us, "We have a choice of meals and they are very nice." People told us they could have a drink at any time and we saw jugs of water in each bedroom. We also observed that staff frequently offered and encouraged people to drink throughout the day.

The catering staff were made aware of suitable foods for the individual person with regards to their health condition, allergies, religion and their likes and dislikes. We saw that care records provided staff with information about people's food allergies and the staff we spoke with were aware of these.

People had access to specially adapted crockery and cutlery to promote their independence when eating and drinking. For example, we observed plate guards and beakers in use. Pictorial menus were in place to assist people living with dementia to choose the meals they wanted.

Discussions with staff confirmed where they had concerns about the amount people ate and drank; a chart was put in place to monitor this. Where necessary people were supported by staff to access a speech and language therapist (SaLT). SaLT provides people and staff with information about suitable meals and how to reduce the risk of choking.

People told us they had access to relevant healthcare services if and when needed. During our inspection visit we saw various healthcare professionals visiting the home. We spoke with a visiting GP who told us, "They (staff and management) always consult me and keep me informed of any changes to a person's health." One person who lived in the home told us that staff would be taking them to hospital for them to have a medical procedure carried out. Another person told us they had recently been admitted to the home and had seen the GP. The registered manager told us that an audiologist would be visiting the home to provide staff with training and an open clinic within the home would be arranged in the near future to assist people who require the use of a hearing aid. One person told us, "On Mondays the physiotherapist visits and massages my poorly shoulder."

We observed that the environment was suitably designed to meet people's needs. Corridors and door widths were appropriate for wheelchair users. Grab rails were situated throughout the home to assist people who had reduced mobility. The registered manager told us that after discussions with people who lived at the home it was agreed to change a number of bathrooms to wet rooms. We observed that these alterations had started. We saw that assisted baths were in place to support people with limited mobility. A loop system was also in place to help people who had a hearing impairment. We spoke with a nurse who told us that a physiotherapist visited the home on a regular basis. They said any equipment recommended by the physiotherapist to assist people with their mobility and to promote their safety was always made available by the provider.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The people we spoke with confirmed staff always asked for their consent before they supported them. One person told us they were happy with the staff managing their prescribed medicines. We looked at their care record that showed they had consented for staff to manage their medicines. The record had been signed and dated by the person. Although not all the staff we spoke with had a clear understanding of the MCA most were aware of the importance of enabling people to make their own decision. A staff member told us that people were encouraged to make their own decisions. Where people had limited capacity to make a decision, pictorial cards and menus were available to people to enable them to point out their preferences.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager said five people had an authorised DoLS in place. This was to ensure they received the appropriate care and treatment. These people were also unable to leave the home without the assistance of staff to ensure their safety. A staff member told us if a person wanted to go out where necessary they would be supported to do this safely. This showed that the least restrictive measure would be used. One person said, "I have my freedom. I am able to go out when I want." Another person told us they able to go out frequently with their relatives.

Is the service caring?

Our findings

At our last inspection the provider was rated 'Good' in this key question. At this inspection this key question continued to be rated 'Good.'

People were cared for by staff who were kind and attentive to their care and support needs. People told us they were happy and felt well cared for. They offered various positive comments such as, "The staff are superb, can't fault them in anyway." "Everything is great with the staff." "The staff are always respectful, I would soon tell them if they weren't." "The care here has really helped me to survive." Comments received from healthcare professionals and a relative included, "The staff team are excellent, they appear to be very caring." "Without a shadow of doubt the staff are respectful, caring and supportive." One staff member said, "I love the residents and love my job." Another staff member said, "I am dedicated to my job and give 100%. I absolutely love it." We observed two staff members assist a person with their mobility; this was carried out at the person's pace. Staff explained to the person what they were doing and reassured them throughout the process. When the person was sat in their chair staff checked to ensure they were comfortable. This demonstrated staff's caring approach.

People were involved in planning their care. One person told us, "Staff talked to me about my care and treatment and asked me what I wanted." They continued to say, "I am happy with the care provided." Another person told us about their involvement in planning their care. We saw that the person had signed their care plan to show their involvement. A different person said, "When I moved into the home the registered manager asked me about the help I needed." People's involvement in their care planning ensured they received a service the way they liked. The staff we spoke with were aware of people's assessed needs and how to meet them. A staff member told us that during handover sessions they were informed of people's care needs and any changes to their health. This meant people could be confident that staff would know how to care for them in a way that met their individual preferences.

People's right to privacy and dignity was respected by staff. One person told us, "When staff shower me they always ask if I would like to do it myself." Another person said they did not like too much fuss and staff were aware of this. They said, "The staff keep out of my way." This meant staff respected their wishes to be left alone in the privacy of their bedroom. We spoke with another person who told us they required support with their continence needs. They told us, "Staff leave me in the toilet to give me some privacy and I press the nurse call alarm when I need them." We spoke with staff members about how they would ensure people's right to dignity, respect and privacy were promoted. Some of the comments were, "I always knock on a person's door and wait to be invited in, explain what I am going to do and always ask for their permission." Another staff member told us, "I always give people choices; I treat them the way I would like to be treated myself." Staff told us they received regular on-going training with regards to privacy and dignity.

People were encouraged to be as independent as possible. One person told us they required support to take their medicines. They continued to say, "Apart from that I do everything myself. I intend to stay active as long as possible." Later in the day we observed them delivering newspapers to people living in the home

which, was one of their various roles. Another person told us that staff gave them the opportunity to be independent. They said, "I am able to wash and dress myself."

Is the service responsive?

Our findings

At our last inspection the provider was rated 'Requires improvement' in this key question. At this inspection we found the provider had taken action to improve standards. We have rated this key question 'Good.'

At our previous inspection we found that one unit that provided a service for people living with dementia did not offer these people the same opportunities as others. We found they were not always included in social activities and the environment in which they lived was cold and unstimulating. At this inspection the registered manager told us this unit had been closed and had recently reopened as a reablement unit. Reablement is a service for people who have just been discharged from hospital or are otherwise entering the care system following a crisis. The aim is to rebuild people's skills to enable them to return home. At the time of our inspection visit 19 people were staying on this unit. One person told us they had sustained several falls whilst living at home. They said the aim of moving into Hatton Court Care home was to build their confidence so they could return home with a package of care.

The registered manager told us they continued to offer a service for people living with dementia. Staff told us about practices in place to support people living with dementia. Staff had introduced an 'orange day book.' This book provided information about social activities the individual had been involved in, recording their smiles and how they engaged in the activity. The individual's relatives had access to the book, one relative told us, "It's helped so much, I can talk about things now and sometimes (Person's Name) remembers, but most of all, I know if they have been happy and had a good day." We observed boxes located outside each bedroom door. These boxes contained items that supported the person with their memory. For example, family photographs, this helped them to find their bedroom.

The registered manager told us about 'Dementia Friends.' These are sessions carried out with people who used the service and their families. These sessions informed people about different types of dementia and the impact it had on people's life. One relative said they now know why some people behaved the way they do.

People were supported to pursue their social interests. One person told us there was always something going on in the home. People talked enthusiastically about day trips and their involvement in planning them. The provider had recruited staff to support people to pursue their social interests. We observed that these staff members took their time to ask people what they would like to do. One person told us, "They took me for a walk yesterday and I picked some lilacs." They pointed to the windowsill, showing us the flowers they had picked. They continued to say, "I really enjoyed picking the flowers and they smell so nice."

We observed a person looking out of the window into the garden. They told us they enjoyed watching the birds and the maintenance person had put the bird feeder in a position so they could watch the birds feeding. They said, "That was kind of them, everyone here is so kind." Another person told us they had lived in the home for five years, they said, "I'm pretty lucky really, I go out on trips and I have my nails done once a month." We spoke with another person who said, "Staff read to me, they don't do it very often because they are so busy but when they do, it's a pleasure." We spoke with a nurse who told us, "The social activities here

are brilliant, all the staff and the residents got together to celebrate the Royal wedding."

One person was visually impaired and was cared for in bed. To enable them to be involved in social activities they were asked if they would like the book club to take place in their bedroom. The book club consisted of three people who read out aloud to enable the person who was visually impaired to be included in discussions about the book. This demonstrated that staff had taken the time to find suitable social activities with regards to people's specific needs.

One person told us about the forthcoming summer fete. They said, "We are busy making flags for the fete." They told us that social activities consisted of knitting classes, music bands, games and quizzes." They informed us they had purchased an electronic tablet device. They said they had access to technology lessons provided within the home. This showed that the provider supported people to use technology.

The provider had introduced 'Family and friends' lunches. Family and friends were invited to lunch and were provided with a waitress service. One person said, "My son dined with me the other day and it was lovely." Another person said, "It was my daughter's birthday and we had a tray of tea in the garden."

In the main entrance of the home located on a notice board was 'You said, we did.' This showed discussions held with people regarding their wishes. For example, people said they wanted to go out more frequently for walks. People we spoke with confirmed they were supported more often to go for walks. People said they wanted to be informed of weekly activities and we observed information about activities were displayed in the home. This demonstrated that people's views were listened to and acted on.

We looked at how the provider included equality, diversity and human rights within their care practice. A staff member informed us about a person whose first language was not English. They told us that pictorial cards were in place to help the person express their needs. This person also had specific religious needs and staff were aware of how to meet these needs. The provider had a mixed ethnic group of staff. All the staff we spoke with said they felt they were treated equally. This demonstrated that people were treated fairly regardless of their protected characteristics.

Discussions with the registered manager identified there were specific technology used to assist people. For instance, sensor mats were in place to alert staff when a person required support with their mobility. A loop system was in place to help people who wore hearing aids. The provider had recorded information about the facilities and services available at the home on a Dictaphone. This was given to people who had a visual impairment to enable them to listen to the recording.

The complaints and fire procedure were available in large print for people who were visual impaired. This demonstrated that the provider had taken action to assist people who have a sensory impairment.

We looked at how the provider managed complaints. We saw that complaints were recorded and showed what action had been taken to resolve it. Records showed that the provider had received a complaint prior to our inspection visit. We saw that the appropriate action had been taken to address this. During our inspection visit one person who had recently moved into the home shared concerns about the support they had received. We shared these concerns with the registered manager who promptly took action to address this. One person told us, "I have never had to complain, but would not hesitate if I needed to." Another person told us, "There is nothing to complain about, I wouldn't change anything." This meant people could be confident their complaints would be listened to, taken seriously and acted on.

The registered manager told us that no one was receiving end of life care. However, they told us the

appropriate care planning and staff training would ensure people at the end of their life received the necessary care and support.

Is the service well-led?

Our findings

At our last inspection the provider was rated 'Requires improvement' in this key question. At this inspection we found the provider had taken action to improve standards. We have rated this key question 'Good.'

At our previous inspection visit we found that the provider's governance did not identify that people living with dementia did not have the same opportunities as others. Although the former registered manager was aware of this, they were unable to tell us what action had been taken to address this. At this inspection the new registered manager told us there was no longer a specific unit for people living with dementia. Discussions with staff and our observations confirmed that everyone who used the service were provided with the same opportunities.

Since our last inspection in January 2017, a new management team had been appointed. The registered manager told us they had been in post since January 2018. One person who lived in the home said the management support was very good and the new registered manager was nice. They said, "I think this is one of the best homes in the area." We spoke with a nurse who told us, "The management support is excellent. As a nurse I feel supported." We spoke with a visitor who said, "I have a good level of confidence with the management team." Another visitor told us, "I have seen a lot of changes with management; this manager is very approachable and always listens." A healthcare professional said, "The management are supportive and approachable, I have no concerns and I do expect high standards." We received positive comments from the staff team in relation to the new management team. For example, "I'm comfortable with the present management; they are approachable, take things seriously and made a big difference." "The manager and the deputy are both approachable and supportive, they work well as a team." "We have had a lot of managers since I started working here and these are the best."

We spoke with people about the culture of the home. All the visitors and healthcare professionals told us there was a good atmosphere in the home. They said how much better the service was since the appointment of the new management team. Two healthcare professionals told us, "We visit twice a week and it is a cheerful place." All the staff we spoke with told us they would be happy to live in the home if and when they required care and support. They said they would be more than happy to have their family members use the service. A nurse told us, "The culture is friendly, there is a nice vibe here. Staff have a really good nature."

People could be confident they would receive a good service. This was because the provider had a governance that promoted quality standards. Discussions with the registered manager and the records we looked at confirmed that regular audits were carried out. These audits reviewed the management of medicines to ensure people received their treatment as prescribed. Care plans and risk assessment were audited to make sure staff had access to relevant up to date information about how to care and support people safely. Fire safety audits were also carried out to review the effectiveness of fire safety equipment and systems to reduce the risk of fires. Complaints were reviewed and monitored to find out if there were any trends which would be addressed if needed. The registered manager told us that where shortfalls were identified an action plan would be implemented to make improvements. Although we saw action plans in

place they did not specify a date when action should be completed. The registered manager assured us that this would be reviewed. The registered manager told us that they frequently walked around the home to observe staff practices. This was to make sure people needs were met in a safe, effective and dignified manner. One person who used the service told us, "Nothing needs improving, I would recommend living here." The registered manager said spot checks were carried out at night time and at weekends to make sure the care and support people received was consistent at all times.

People were encouraged to be involved in the running of the home. One person who used the service told us they represented people living in the home and attended meetings on their behalf. This gave them the opportunity to tell the provider about their experience of living in the home and where improvements may be needed. They told us, "The registered manager always listens to me, we wanted a clock in the lounge and this was put in place." They said they had raised concerns about the worn path leading into the garden and this was addressed promptly. The registered manager told us that meetings were carried out with the staff team. This was confirmed by the staff we spoke with. Staff told us that the manager did listen to their views and opinions. This showed that both people who lived at the home and staff were provided with the opportunity to be involved in the running of the home.

People were supported by staff to maintain links with their local community. People told us about their experiences of accessing leisure services within their community. People of various religious groups visited the home to support people to practice their specific faith and beliefs. The provider worked with different agencies to ensure people received a seamless service. These included links with various healthcare services to promote people's physical and mental health and the local safeguarding team to ensure people were protected from the risk of potential abuse.

The registered manager told us about their aspirations in having champion leads with regards to audiology to ensure people who have a hearing impairment received a prompt effective service and a champion lead in ophthalmic care. This would ensure people had access to an optician when needed. The registered manager told us they also wanted to enhance staff's skills to have lead champions with reference to safeguarding, falls prevention and pressure care.

Discussions with the registered manager confirmed their awareness of when to notify the commission of events which they are required to do by law.

We observed that the provider's inspection rating was displayed in the home and on their website.