Karlex Care Limited

Roclyns Rest Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service:

Roclyns Rest Home provides support and accommodation for up to 19 people who require assistance due to frailty of old age and health care needs. There were 17 people living at the home at the time of the inspection; some were living with dementia and others needed support with daily living including washing, dressing and mobilising safely. The home has two communal lounges and a dining area, the bedrooms are on the ground and first floor and a passenger lift enables people to access all parts of the home. There is a large garden to the rear that is accessible to people using walking aids and wheelchairs.

People's experience of using this service and what we found:

Whilst the registered manager was experienced and was focused on continuously learning and making improvements to the home, some audit processes were not sufficiently robust and had not identified inconsistencies in some documentation and practice which were identified during the inspection. While we found no significant impact on people, this is an area that required improvement to ensure effective monitoring and quality assurance. The registered manager was responsive and took action immediately in response to our feedback.

The registered manager had created an open and positive culture and staff knew people well. Staff felt well supported and the home had a warm and welcoming atmosphere. One member of staff said, "The managers are very approachable, if they're not having a meeting, you'd think they were one of the carers. If something needs doing, they do it. They get their hands dirty."

People told us they felt safe and knew who to contact if they had any concerns. People remained protected from avoidable harm. There was a safeguarding policy and staff received training. Staff knew how to recognise the potential signs of abuse and knew what action to take to keep people safe.

There was enough staff to support people safely and the registered manager had safe recruitment procedures and processes in place. People received care and support from trained staff who knew them well. People received their medicines safely from staff who were trained and competent to do so.

Risks to people were assessed to keep them safe. This included potential risks related to their health, or risks from the environment. The environment continued to meet people's needs. The home had sufficient room for people to move around safely and the provider had ensured the environment met the needs of people living with dementia. The provider was investing to improve the facilities and environment to ensure the service continued to meet people's needs as these changed over time.

People were protected by the prevention and control of infection. Staff wore gloves and aprons when supporting people.

People were supported to maintain their health and had assistance to access health care services when they needed to. People had access to services such the GP, speech and language therapists (SALT), chiropodists, opticians, dentists and others. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People continued to have access to activities and people were happy with the variety on offer. People received compassionate and dignified end of life care that respected their wishes. People were proactively supported to maintain relationships with people who were important to them.

Staff knew people well and were able to deliver personalised care that was responsive to their needs. People were able to express their views and were actively involved in making decisions about their care, support and treatment, through reviews and daily interactions. One person said," They are getting to know me well…. It's totally up to me." People received kind and compassionate care. People and relatives told us staff treated them with kindness and we observed warm friendly interactions throughout the inspection.

People were supported to eat and drink a healthy balanced diet to meet their individual needs and preferences. One person said, "The food is fantastic, no complaints about that."

Systems and processes were in place to record and identify errors and improvements were made when things went wrong. People and relatives knew how to make a complaint and told us that they would be comfortable to do so if necessary. One person said, "I don't feel the need to complain but I'd speak to the boss, she's on it."

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

Rating at the last inspection:

The last rating for this service was Good (report published 30 June 2017)

Why we inspected:

This was a planned comprehensive inspection scheduled to take place in line with Care Quality Commission (CQC) scheduling guidelines for adult social care.

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

Roclyns Rest 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
This comprehensive inspection was carried out over two days. The first day the inspection team consisted of one inspector and an inspection manager. On the second day, the inspection was completed by one inspector.

Service and service type
Roclyns Rest 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.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We sought feedback from the local authority and professionals who work with the service. We sought feedback from Healthwatch, which is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used all of this information to plan our inspection.

During the inspection
We spoke with eight people who used the service and two people's relatives to obtain their feedback about their experience of the care provided. We spoke with five members of staff including the registered manager, the deputy manager, care staff, the chef and the maintenance manager.

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 medication records. We looked at four staff files in relation to recruitment and staff training records. A variety of records relating to the management of the service, quality assurance reports, meeting minutes, policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We had contact with five professionals who had experience working 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 now 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 were protected from the risk of abuse as far as possible by staff who understood safeguarding procedures. Staff had regular safeguarding training and understood the different types of abuse and knew what action to take if they had concerns.
● There were systems in place to protect people and the deputy manager told us the service was proactive in contacting safeguarding professionals if they needed advice.
● People felt safe in the home and told us they had confidence in the staff. One person said, "I feel safe here" and another person said, "I feel safe, when you don't have to think or worry about anything, it's a good thing." A professional who worked with the service said, "I have had a few people on my caseload who have been at this home and have never seen anything but good care."

Staffing and recruitment

● We observed sufficient numbers of staff to keep people safe and staffing rotas confirmed this. People told us there were enough staff and they normally did not have to wait when they needed assistance, including at night. One person said, "The other night I rang my bell and I could hear them coming like a flash!"
● Staffing levels were assessed based on people's needs, the deputy manager said, "As people's needs change, dependency is assessed continuously, and through care plan reviews and team meetings."
● Staff recruitment files showed that staff were recruited in line with safe practice. The provider undertook appropriate checks, such as with the Disclosure and Barring Service (DBS). DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

Assessing risk, safety monitoring and management

● On admission to the home, risks to people were assessed to keep them safe. This included potential risks related to their health, or risks from the environment. Where people had identified risks, the provider used best practice guidelines and recognised tools to help manage these risks. For example, people were assessed for their risk of falls and where people were at risk, the provider used specialist equipment. One person used a sensor mat, or other people had an infrared system in their room which triggered the call bell system to alert staff when people needed support.
● People were encouraged to be independent and take risks in a safe way. For example, people moved around the home freely, using mobility aids such as walking frames. Where people needed support, staff were on hand to provide it, such as helping people into the dining room for lunch.
● Risks associated with the safety of the environment and equipment were identified and managed

appropriately. The provider employed a maintenance manager who was responsible for carrying out regular scheduled checks of the premises to ensure that ongoing maintenance issues were identified and resolved. Fire safety checks were regularly undertaken, people had individual personal emergency evacuation plans and the maintenance manager undertook a full evacuation simulation annually to ensure staff knew what action to take in the event of a fire.

Using medicines safely

● People were supported with their medicines by staff who were trained and competent to do so. Staff received regular training to ensure their practice remained safe, and this included observed practice and competency checks.
● Where people could administer their own medication independently, they were supported to do so. For example, one person was assessed as being able to manage their own PRN or "as and when required" pain medication and eye drops and they were able to access their medication from a locked cabinet in their room when they needed them.
● We observed staff administering medicines safely. People were asked for their consent appropriately and medicines were stored and signed for correctly on the MAR [medicines administration record].

Preventing and controlling infection

● People were protected from the risk of infection. People told us staff always used personal protective equipment (PPE) such as gloves and aprons and we observed this in practice. One person told us, "It's very clean, exactly as I like it. They always use gloves as well."
● Staff had training in infection prevention and control.
● Staff confirmed that the management were very conscientious about infection control. One staff member said, "Gloves and aprons, the deputy manager is really hot on that."

Learning lessons when things go wrong

● Systems and processes were in place to record and identify errors and improvements were made when things went wrong. The registered manager analysed accidents and incidents, including near misses, every month to identify any emerging patterns and trends.
● Learning was fed back to staff through handovers, staff meetings and a communication book. Minutes from a recent staff meeting had highlighted changes to the afternoon shift to ensure staff administering medicines during supper time could do so undisturbed.
● Relatives told us they were kept informed if things went wrong, "We are kept up to date of any issues, they will always tell us. They always notify us straight away."

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 now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 provider 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.
- Staff received MCA training and understood the relevant consent and decision-making requirements of this legislation. We observed staff giving people choice over everyday decisions and giving people time to respond.
- Where people had a DoLS in place this was appropriately documented. Where people had conditions attached to their DoLS authorisation, staff were aware of them. For example, one person had specific conditions relating to access to specific daily activities to support their mental health and their choice of alcoholic beverage daily. Staff documented on a daily log to ensure the condition was complied with and we observed this being upheld in practice.

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

- The deputy manager carried out a pre-assessment before people moved into the home and this helped identify people's care and support needs, as well as understanding what their life was like before. More detailed care plans were developed from the pre-assessment information and as staff got to know people better.

● Care plans confirmed that people, their relatives and professionals were involved in this process where possible and that people consented to care and treatment. One person told us, "They do ask me, I like to do a lot for myself."
● Protected characteristics under the Equality Act (2010), such as religion and disability were considered as part of this process, if people wished to discuss these. Staff had a good understanding of equality and diversity and this was reinforced through training.
● Professionals told us people were involved in decisions about their care where possible. One professional told us about a person with a learning disability living at the home. They said, "She is involved where possible and appropriately in her care discussions. Her ability to direct her own care and support is limited due to her disability. She was involved in her review, and she is able to direct her own care [where possible]."

Staff support: induction, training, skills and experience

● People received care and support from trained staff who knew them well. All new staff received an induction, and some staff had previous training and experience working with people living with dementia. For example, one senior staff member was a certified dementia expert practitioner.
● All staff were supported with regular training which was delivered combining both online and practical learning. The provider used an external training provider meaning staff competencies were independently verified and certified. Some training was also delivered in house by senior staff with appropriate training qualifications. Staff also received training in a variety of subjects including training specific to meet the needs of the people they support, such as safeguarding, dementia, behaviours that may challenge, mental capacity, equality and diversity and end of life care.
● Training records were kept up to date and staff told us they thought there was enough training available. Staff told us the training helped them support people living with dementia. Staff received regular supervision and appraisals and staff told us they felt supported by the registered manager and their colleagues. One staff member said," Yes, we have regular supervision and its helpful."

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

● People were supported to eat and drink a healthy balanced diet to meet their individual needs and preferences. Care plans gave indications of people food and fluid needs, risks and food preferences. Where people had risks associated with nutrition, the provider used best practice guidelines and people's weight was monitored on a regular basis. Care plans were reviewed monthly or when things changed.
● The chef ensured that people had a variety of options and people were given a choice of food at mealtimes and alternatives were available. Our observations showed that people were also able to change their minds. The chef said, "We get to know people's preferences. There's two ladies who don't like salmon or cod but like breaded fish for example." Other snacks and foods offered between meals such as fruit, crisps and biscuits. People were encouraged throughout the day with pitchers of water, squashes and hot drinks available.
● The registered manager told us that when the weekly shopping is ordered every resident was asked for their choices. People could choose specific items, such as individual choices of brands or alcohol for those who wanted it, and we observed this in practice. People were regularly asked for their feedback on the food and asked for anything they wanted to change.
● We observed the lunchtime experience and found it to be very sociable. People could choose where they had their food, most people opting for the dining room but other people chose to eat in the lounge. The food was presented nicely, some people chose to have alcohol with their meal. One person said, "The food is fantastic, no complaints about that."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

● Staff worked well with other agencies to provide people with timely care. People's everyday health needs were supported by a range of health and social care professionals such as social workers, dieticians and a chiropodist. On the day of inspection, a local GP was visiting the home to review one person.
● People we spoke to were happy with the support they received. One person said, "Yes if I need to see the doctor they sort all that out, no problems there." Another person said, "We get everything we want done, I've had my feet done, I've asked about getting my eyes checked." Another person's relative said, "Without any sort of hesitation they seek medical advice for any problems, no worries about that at all."
● People's needs were continuously reviewed and where they needed specialist advice this was arranged, for example from Speech and Language Therapy where people had risks around food. People's oral health care needs were assessed, and staff supported people with their oral care.
● Professionals told us the service worked with them appropriately to adapt to individual needs to ensure effective care. One professional said, "I have seen and discussed with staff management of residents who required an adaptable approach. They are open to trying different ways of offering support whilst understanding their limitations."

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

● The environment continued to meet people's needs. The home had sufficient room for people to move around safely with their mobility aids. Consideration had been given to people living with dementia, and there were picture signs to help people find their way to use the facilities such as toilets and bathrooms. The provider had taken advice recently from falls prevention specialists and was investing in new carpets which were the same throughout the building to assist people with dementia and reduce the risk of falls.
● The home had a warm, friendly and welcoming atmosphere with a garden for people to enjoy, which was used regularly for social events such as BBQ's. The provider had created separate spaces, so people could choose to spend time together, take part in activities, be with family and friends or enjoy time alone.
● People's bedrooms were personalised to people's individual taste with their own possessions. It was Christmas at the time of our inspection and the home was decorated ready for people to celebrate with a party for family and friends. One member of staff said, "It's a real family home" and staff respected that it was people's home.
● The provider was investing in a program of work to upgrade the facilities, such as converting bathrooms to wet rooms, to ensure the facilities continued to meet the needs of people as their needs changed. A staff member said, "That's the ethos of the place, it's a care home but it's very much their home. The provider is investing money to make it better."

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

● The home had a warm and welcoming atmosphere. Staff had developed positive relationships with people and we observed friendly, warm and caring interactions between the staff and people. For example, when one person became distressed and tearful, another resident and a member staff immediately went to them, held their hand and comforted them. A member of staff said, "People take care of each other, its lovely." One person said of the staff, "They are lovely, very caring." A person's relative said, "She loves it here." Another person said, "The staff are wonderful, they are friendly and kind and there's always lots of joking and fun."
● Staff spoke affectionately about the people they supported and knew people well, which helped them to meet their needs. Staff anticipated people's needs, for example one member of staff noticed a person was trying to read the paper but did not have their glasses on. Other staff noticed if people looked uncomfortable, and helped readjust their sitting position, fluffing their cushions to make sure they were comfy. One staff member told us, "I'd book a room here myself. Its homely, its home from home. I'd be quite happy here. People are really cared for, staff really take ownership. Everyone gets involved, happy to muck in, we look after people well."
● Staff understood equality, diversity and human rights and people's differences were respected. People were supported to observe their faith and attend church services. One professional said, "I have a lady recently moved here who is being supported to re-engage with her local church." People's differences were respected, for example the home offered alternative meal options for people based on their faith or cultural background when needed. One staff member said," We offer options, like vegetarian but no one currently has cultural or religious requirements."

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

● People were able to express their views and were actively involved in making decisions about their care, support and treatment, through reviews and daily interactions. One person said," They are getting to know me well…. It's totally up to me."
● Where people needed additional support to be involved in their care, family and friends were involved where appropriate. One professional said, "When I have been to the home I have found they have been keen to include the person in the decision-making process wherever possible as well as relatives where appropriate." Some people were also supported in decision making by people with specific legal authority, such as those with power of attorney.

● People were also involved in decisions via regular meetings and daily discussions with staff, and their feedback was valued. For example, in response to feedback the home had removed set breakfast times so that people could get up when they chose and have breakfast when it suited them.

Respecting and promoting people's privacy, dignity and independence

● People's privacy and dignity was respected. Staff knocked on people's doors and spoke to people respectfully. One relative said, "She openly says how caring and attentive the staff are." A professional said, "I have never witnessed anything but care and kindness when I visit."
● People were supported to remain as independent as possible. Where people were able to do some things for themselves they were encouraged to with support when they chose, so they remained partners in their own care. One person said, "I can dress myself and they don't interfere. But they're outside if I get stuck. There's always somebody around."
● Staff talked about the culture of the service and respected the fact it was people's home. One staff member said, "There's no rigid structure, it's a home, there's no set times, if they want something they can have it." For example, there were no set visiting times and family could come and go as they pleased, people got up in the morning when they wanted and ate their meals where they wanted. One person said, "I do a lot for myself, I prefer it that way, but they always ask." People were encouraged to get involved in the day to day running of the home if they wished to further support their independence. People got involved in tasks around the home, such has helping to fold the laundry or serviettes or help prepare food for mealtimes. One person said, "I've been helping today peel some carrots for lunch."
● People were seen to move freely around the home. People living with dementia who may be wandering with or without purpose were free to do as they wished. Other people who wanted to access the community were supported to do so, either independently or supported by care staff or their own personal assistants.

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

● People were supported to maintain relationships with those important to them and relatives told us they were made to feel welcome at home. We saw people have visits from family on the day of inspection and the home was planning for a big Christmas party for residents and their families the following day. One person said, "My kids just walk in and out as they want to."
● A variety of activities for people were offered each day and people had opportunities to join in. On the day of inspection, although there were periods of quiet time we observed the hairdresser visited and people enjoyed a game of bingo. Staff demonstrated knowledge of people's individual interests and considered this in the way they offered certain activities and encouraged involvement. One person enjoyed art and said, "I like doing it, lots of people say my paintings are rather good. I've always painted, I have some of my own stuff so I can paint when I want." Another person said, "We have lots to do, singing I love because I used to sing before." Some people enjoyed one to one activities with staff so people had individualised support.
● Staff supported people to enjoy activities that had positive impact on their health and wellbeing. For example, one person living with a mental health condition, was supported to have individual exercise sessions with a personal trainer. A member of staff said, "He needs exercise. His needs to go out for walks, his needs are met by having a trainer." This helped the person stay in good mental health and reduced their distress.
● People were supported to go into the community when they wanted. On the day of the inspection, one person was out at a day centre. The registered manager told us about other regular trips people made, such as to a local memory club, a local church and coffee shops. Some residents accessed the community with staff or with their personal assistants. The provider had also developed links with local business and colleges . For example, the home provided work experience placements to students 15 years old and older. This meant people had the opportunity to mix with younger people and share their experiences and this supported people to feel part of the wider community.

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

● Staff knew people well and care plans included information about people's physical, mental and emotional needs to support staff to deliver personalised care that was responsive to their needs. One staff member said, "Information is in the care plan, but you also learn just by working with people. It takes time. People change their minds, but if you don't ask them you won't know." The staffing was consistent, and every member of staff was a designated key worker for someone. A member of staff said, "This means they

have a real input and build a relationship up with that person." One person who was new to the home said. "They are getting to know me well." One staff member said, "I spend a lot of time sitting and talking to residents, whether I'm working on the floor or looking at their care plans. I think being person centred is important."

● People, their relatives and professionals, where appropriate, were involved in developing and reviewing care plans. One professional said, "If residents are able to actively participate they are given the opportunity, however, given that many have advanced dementia it is not always appropriate without causing distress, so this is managed case by case." Changes in people's health or care needs were quickly communicated and updated in their care plans and through daily handovers with staff. One relative told us, " They always notify us straight away."

● Staff were knowledgeable about individual people and how their health conditions might affect them. For example, a staff member told us about one person, "She is having a difficult time with her dementia, she sees things in her food, can become frustrated if she thinks you don't believe her. Staff know how to appease or divert her attention." This demonstrated staff knew how to support the person to reduce the distress caused by symptoms of their dementia.

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.

● The registered manager understood their responsibilities around AIS.

● People's communication needs were identified, recorded and highlighted if appropriate. For example, one person with a learning disability was identified as having specific communication needs and we observed staff communicating with the person, taking time and speaking in a way that the person understood. Staff understood how communication might impact the person's behaviour negatively. One staff member said, "If you don't say good morning first, it can escalate into her not wanting to eat, her feeling nobody loves her. Staff know her well and what the triggers might be."

● Everyone currently at the home was able to understand the options and verbalise their choice, the provider was aware that as people were living with dementia some people's communication needs may change over time. The provider was in the process of introducing electronic care planning to the service to further support people's communication needs through use of technology such as iPads.

Improving care quality in response to complaints or concerns

● The provider had a complaints policy in place. People and relatives knew how to make a complaint and told us that they would be comfortable to do so if necessary. One person said, "I don't feel the need to complain but I'd speak to the boss, she's on it." The complaints procedure was displayed in the home.

● We spoke to the registered manager about complaints in the previous 12 months and there had been none. Nevertheless, feedback was sought from people and their relatives regularly who told us they felt listened to. One person said, "I don't have anything to complain about but if I did I'd speak to the manager."

End of life care and support

● At the time of inspection one person was receiving end of life support. Staff received training in end of life care and the service received support from outside agencies to allow people to remain in their home.

● End of life care was considered as part of care planning but the registered manager told us that if a person's situation changed, conversations with people and relatives (where appropriate) would take place to understand their wishes for end of life care, including their preferences and funeral arrangements.
● People were able to die with dignity. Care staff knew which people had DNACPR's [or, Do Not Attempt Cardio Pulmonary Resuscitation] so that people's wishes were known and respected.

Requires Improvement

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

Continuous learning and improving care

● The registered manager carried out regular audits to ensure good quality care was maintained, but these were not always consistent in identifying issues. For example, inconsistencies in documentation in several areas had not been identified. Despite people's care plans being audited monthly to ensure they reflected people's current needs, some documentation relating to the Mental Capacity Act was not consistent or up to date. Similarly, some staff recruitment files had incomplete documentation, but this had not been identified until our inspection. Medication audits had not identified some practice was not compliant with the provider's own policy, or that guidance from a pharmacist had not been updated in a person's medication records, although the person was receiving their medication correctly. The registered manager responded immediately to these issues during the inspection process. While none of these documentation issues impacted negatively on people, it did not reflect best practice, and this is an area that required improvement to ensure robust quality assurance systems were effective.
● The registered manager understood the importance of continuous learning to improve the care people received. They had over 20 years' experience managing care and kept themselves up to date with changes in legislation and networked with others to learn and share good practice. The registered manager was responsive to issues identified during our inspection. Systems were in place to continuously learn and improve and there was a strong emphasis on team work and communication.

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

● Staff understood their roles and responsibilities and spoke highly of working for the service. Staff told us, "Everyone is willing to help each other. Morale is good."
● We saw evidence of staff competency checks being carried out and regular audits to help the provider and registered manager identify areas for improvement and any patterns or trends.
● The provider understood the regulatory responsibilities of their role and notified CQC appropriately, if there were any incidents.

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

● The registered manager had created an open and positive culture and staff knew people well. People and staff described the service as homely. Staff told us that the managers adopted a collaborative culture and led by example. One member of staff said, "The managers are very approachable, if they're not having a meeting, you'd think they were one of the carers. If something needs doing, they do it. They get their hands dirty."
● The registered manager continued to look for new ways to develop their knowledge of people and planned further training and engagement with experts to ensure staff understood each person's specific dementia diagnosis and what that meant for them to increase their independence and wellbeing. This including continuing a project "My life History" as a constructive way to formulate more person-centred activity planning.

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

● People and relatives were engaged and given opportunities to be involved in the service, through daily feedback with staff, care reviews and meetings. People told us they felt supported and listened to by the provider. The provider acted on people's feedback, for example one person's relative asked for a satellite dish to be installed to give the person access to their usual TV channels and this was done.
● The provider published a monthly newsletter which identified achievements, such as staff member of the month and resident of the week, as well as what the home had been doing and what they had planned. The provider also had a Facebook page, with residents and family's consent to post photos and updates of events. The provider planned to develop further engagement opportunities such as a residents committee to assist in the running of the home, with a resident as chair, to assist with tasks such as recruitment of staff and shopping.
● Regular meetings were also held with staff. Meetings showed that staff were able to provide feedback on which the provider acted. Staff told us they felt valued. One staff member said, "I feel supported by other members of staff, teamwork here is really good."

Working in partnership with others

● The registered manager and staff proactively worked in partnership with healthcare professionals to promote positive outcomes for people. Professionals we spoke to were complimentary about working with the home and told us the registered manager was helpful and proactive.
● One professional told us about a person with diabetes which was previously managed by insulin, though since being at the service has remained well controlled with medication and diet, and this was a positive health outcome for the person.
● The registered manager kept abreast of local and national changes in health and social care, the Care Quality Commission (CQC) and government initiatives.

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 regulation. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.
● Staff knew about whistleblowing and said they felt empowered to raise concerns if needed. One staff member said, "I'd raise it with management. Or as I have in previous roles [at other services], contact CQC."