Anchor Trust

Canterbury House

Inspection report

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Date of inspection visit:
08 August 2018

Date of publication:
27 September 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

We carried out this unannounced comprehensive inspection on 8 August 2018.

Canterbury House is a care home for up to 63 adults. People who are older are the primary users of this service. There is a separate living unit called Turner on the lower ground floor that accommodates people living with dementia. This has two courtyard garden areas that are accessible and safe. This is a large purpose-built care home that also has a swimming pool and several private suits on the top floor. Gardens and seating areas are available for use by everyone.

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. This service does not provide nursing care.

The service had a manager who had applied to become registered. They were present throughout the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The last comprehensive inspection was completed on 6 July 2017. We gave a rating of requires improvement and there was a breach in regulation relating to safeguarding people from abuse. At this inspection we found that matters were greatly improved and the service is rated good. Therefore, the provider was no longer in breach of any regulations.

The provider Anchor, through its management structure and the appointment of a new manager have made improvements to this service. We found that our concerns had been responded to and resolved. Staff knew how to use their safeguarding training and ensure people were protected. Complaints were taken seriously and used to drive developments and change. People were listened to and suggestions made implemented. We found a more settled and inclusive service that staff were proud to belong to.

People who lived at the service told us that managers and staff were available to them. Staffing was suitable. There were enough staff who were appropriately trained, but equally important staff were kind and caring. We saw and heard of several examples of staff attentiveness to people and their needs. People and staff felt valued.

There had been developments with the environment and opportunities for people living with dementia. This was work ongoing with more training being rolled out, even on the day of our visit.

People had access to suitable healthcare with initiatives of new ways to monitor the most vulnerable people being implemented with regular multidisciplinary meetings. People were provided with good quality food

that they liked and people were well hydrated. Staff were mindful and used their imitative to encourage people to remember to drink.

People were involved and consulted with all aspects of their care and support. Families were positive about their experiences and the care given to their family member.

The service was monitored by the provider to help ensure its ongoing quality and safety. The provider's governance framework, helped monitor the management and leadership of the service, as well as the ongoing quality and safety of the care support people were receiving.

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 had detailed care plans, which included an assessment of risk. These contained sufficient detail to inform staff of risk factors and action they should take.

People were supported by trained staff who knew what action to take if they suspected abuse was taking place.

There were enough staff to support people. Safe recruitment systems were in place.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff had received training and supervision to carry out their roles.

Consent to care and treatment was sought in line with legislation and guidance. Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and put this into practice.

Staff protected people from the risk of poor nutrition and dehydration.

People had their health needs met and were referred to healthcare professionals promptly when needed.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff who knew them well.

People were involved in all aspects of their care and in their care plans.

People were treated with dignity and respect by staff who communicated well.

People were encouraged to express their views and to make choices.

Is the service responsive?

Good

The service was responsive.

Support was flexible and responded to individual needs and enabled them to access activities of their choosing.

Regularly reviewed care plans provided detailed information to staff on people's care needs and how they wished to be supported.

The manager logged complaints and responded to them in a personalised way.

Is the service well-led?

Good

The service was well led.

The provider had quality monitoring processes to promote the safety and quality of the service.

People who used the service and their relatives were asked for their views to develop the service further.

There was an open, positive and supportive culture at the service.

Staff felt well supported.

Canterbury House

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a routine unannounced inspection. It took place on 8 August 2018 to gather the required evidence.

The inspection was carried out by two inspectors, and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had used this type of service previously as a relative.

Prior to the inspection we looked at other information we held about the service such as statutory notifications and previous reports. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During this inspection we met and spent time with ten people who lived at the service. Some of the people living at the service had complex needs but could communicate and tell us about their experience of being supported by the staff team. We spoke with three relatives, a visitor and a health professional. We looked around the premises and interviewed the manager and six members of staff throughout the day. Following our inspection, we were sent information requested on the day.

We looked at records relating to people's care and the running of the home. These included seven care and support plans and records relating to medication administration. We also looked at how the provider ensured the quality monitoring of the service. This included staff recruitment and training, feedback, audits and maintenance records.

Good

Is the service safe?

Our findings

At our last comprehensive inspection on 6 July 2017 we rated safe as requires improvement and there was a breach in regulation relating to safeguarding people from abuse. At this inspection we found that matters were greatly improved and have now rated Safe as good. Therefore, the provider was no longer in breach of this regulation.

People using the service, relatives and staff understood what safe meant and were encouraged to raise concerns if necessary. One person said, "I feel very safe here, the carers look after me very well and there's always someone here if I need something." We asked a person what they would do if they were concerned or worried about anything. They said, "I might speak to the manager, he's very good, but actually, I could speak to any of the regular carers because they're all very helpful."

Systems were in place to ensure up to date safeguarding information was effectively communicated to staff. Staff told us they were trained and understood their responsibilities in relation to safeguarding and were familiar with the provider's and local safeguarding authority's policies.

One of the team leaders told us they had completed training in safeguarding and added, "There's really good communication between us all here. If I have any safeguarding concerns about anyone I report it to the manager and sometimes other staff report things to me." This member of staff confirmed that they could and would also report any incidents directly to the local safeguarding team if necessary. Staff we spoke with gave us examples of what constituted a safeguarding concern, such as unexplained bruises or other injuries, medication errors, altercations between people, people's personal property or money going missing and disregard for people's emotional wellbeing. We were confident that staff would raise concerns and use the whistle blowing systems in place if needed.

Risks to people using the service were assessed and their safety was monitored and managed, with minimal restrictions on their freedom. This helped ensure people were supported to stay safe, whilst having their freedom respected.

For example, we saw one person walking independently from the lounge and out into the garden. We observed a member of care staff cheerfully remind this person not to forget their walking sticks, to which the person responded with a laugh, "Oh yes, of course, thank you. I'd forget my head if it wasn't screwed on!" The person picked up their sticks and continued out to the garden. We asked a person if they felt safe when equipment was used. They said "Although I'm in a wheelchair, they don't need to use the hoist, they use a stand thing then turn me round, it seems very safe. Who knows what would happen if I fell but I've never been worried or scared using it."

People's care records contained individual assessments of risk, in respect of people's daily lives. The assessments we saw included, mobility and falls prevention, the use of bed-rails, nutrition and hydration, skin integrity and the risk of acquiring pressure ulcers, personal care and social activities.

We saw that where a risk had been identified, it was explained clearly what the risk was and what needed to be done to mitigate it. For example, one person who remained in bed full time required regular support to be repositioned, to reduce the risk of acquiring pressure ulcers. We saw records to show that this was being done every two hours, as required. Another person was at risk of falling if they did not have their walking sticks, or they did not have their shoes or slippers on properly. We saw that staff were vigilant in observing these factors when the person was walking around the home and were prompt with their reminders or support for the person.

A further person had recently acquired a pressure ulcer but had initially refused any care or treatment for this. However, we saw that staff had worked closely with the person and their family member, resulting in the person's agreement to regular treatment by the district nurse. At the time of our inspection, we saw it recorded that the pressure ulcer had healed.

Where people's behaviours may be challenging, staff demonstrated a good understanding of how to support people safely and appropriately and within agreed and legal guidelines.

We saw that some people had emotional and psychological care plans in place, which included 'positive behaviour management plans'. These contained information regarding people's distressed behaviour, how it was expressed, the possible causes or triggers and what action should be taken to help reassure the person. We noted an example for one person, where staff followed the positive behaviour plan and the person successfully responded to distraction techniques and reassurance. This meant that the person had not needed to take their prescribed 'as and when' (PRN) medicine unnecessarily.

People using the service were actively involved in discussions and making decisions regarding how any identified or potential risks to their safety were managed. This meant that people could continue to make choices and have control over their lives.

The records we saw, with information relating to people's safety, were up to date, accurate, securely stored and available to relevant staff. This meant that staff were able to follow guidance to help ensure people were consistently supported safely.

The service ensured there were sufficient numbers of suitable staff to meet people's needs and support them to stay safe. Staff were also appropriately deployed within the service so that people received consistent support from competent staff who acted in accordance with safety systems, processes and practices.

We asked a person if staff responded quickly to the bell system. The person pressed the pendant button they had round their neck and said, "We'll see, shall we?" In less than a minute, a staff member came and asked what the person needed. They explained why they'd pressed the call button. The staff member was quite relaxed about it and took the opportunity to offer both the person and us a drink which we accepted.

A senior member of staff told us that there were usually sufficient staff on duty to support people and undertake essential tasks such as administering medicines and providing one-to-one support to people as needed.

A member of care staff told us, "Of course, there's always times when staff call in sick, these things happen, but it's not very often then I would say we are short staffed. I think we all pull together well as a team, so I think we manage those situations well." The staff we spoke with told us that the manager was also very 'hands on' and always willing to help out when needed.

The manager told us that they were currently in the process of recruiting additional staff. They also explained how they would continue to monitor the staffing levels, particularly as the numbers of people living in the home increased. We examined recruitment records and found that a process was followed to recruit appropriate staff for the role they were employed.

The service ensured proper and safe use of medicines by following current professional guidance and engaging with professionals in people's medicine reviews. The service had appropriate facilities to ensure the safe storage of medicines. Staff also adhered to robust procedures for ordering, disposing, administering and recording medicines for people in the service. All the records we looked at were accurate, complete and up to date, with no errors or omissions noted.

We observed the team leader administering the lunchtime medicines for people who lived in the main house. We noted that they took a lockable medicines trolley around to each person and safely dispensed the medicines individually and as the prescriber intended. We heard the team leader speak to people, using their preferred names, and explain what the medicines were for. For example, one person needed paracetamol and an anti-inflammatory gel to help with their knee pain. This person asked what it was and, "Why so often?" To which the team leader explained clearly what the gel and the tablets were for and that they needed to be taken three times a day. We heard this person respond, "That's fine; thank you darling".

We noted for another person that they liked to be given a glass of water and then the tablets put in their hand, which they liked to take one at a time. We were told people were given their medication and watched to make sure they took it. One person said, "I think they know I'll take them but they watch anyway." We asked if they knew what their medicines were for and they said, "Oh yes, of course I do." Another person said, "I have medicine five times a day and they've never missed."

Risks for people were fully assessed and we saw that staff followed clear protocols with regard to medicines that were prescribed to be given on a PRN (as and when) basis. Assessments, guidance and protocols were also in place for controlled medicines as well as those that were prescribed to control people's behaviour or given covertly (disguised).

Staff told us that, where possible, people could also manage and administer their own medicines. In these instances, we were told that appropriate risk assessments would be completed with the person. This would help ensure the ongoing health, safety and welfare for that person, as well as others using the service. We were therefore satisfied that the service managed and administered people's medicines in line with the Mental Capacity Act and respected people's human rights.

People using the service were helped to stay safe and well because the service followed effective procedures for the prevention and control of infection. We found the home to be clean and hygienic throughout and the housekeeper told us they had cleaning schedules in place that were checked and audited regularly. There were sufficient hand washing facilities in the service and we observed staff regularly washing their hands during the course of their duties.

The service had effective systems in place to ensure lessons were learned and improvements were made in the event that things went wrong. Examples were seen and actions taken such as additional training and support for staff. This clearly set standards for them to achieve and group supervisions took place so that staff could learn for the events.

Good

Is the service effective?

Our findings

At the last inspection on 6 July 2017 we rated effective as good and it continues to be good.

People's needs and choices were assessed in a way that ensured each person had their individual holistic needs met effectively and without discrimination. The staff team demonstrated that they understood people's individual needs, likes, dislikes, and preferences. Staff also told us that there was sufficient guidance in people's care plans to ensure they knew what support each person required.

We saw that staff had instant access to a summary of concise information regarding people's specific needs, by way of an information board in the medication room. We noted that this was kept up to date by one of the senior members of staff. The information we saw included people who had 'do not attempt cardiopulmonary resuscitation' (DNACPR) instructions in place, who and when people required transdermal (pain relief) patches, specific dietary requirements, people who were prescribed warfarin and people's weekly weights.

The service ensured that all staff had the skills, knowledge and experience to deliver effective care and support. A senior member of staff told us that new staff completed a comprehensive induction and said that all staff received regular support, supervision and appraisals.

This member of staff told us that staff's competency in their work was also checked and monitored by way of regular observations and mentoring by other appropriately experienced or qualified staff, such as a senior or the manager.

Staff told us they completed essential training that was relevant to their roles, as well as training in subjects that were 'service or person specific'. One member of care staff told us they had completed training in areas such as health and safety, moving and handling, safeguarding, mental capacity, deprivation of liberty and dementia awareness. On the day of our inspection we noted that a training session on dementia awareness was being held for team leaders in the home.

During the senior staff's daily update meeting, we heard the manager say that they had seen some improvement to the completion of training by staff. The manager was able to share with us how they monitored and ensured staff were appropriately trained for their role.

People using the service were supported to have sufficient amounts to eat and drink and maintain a balanced diet. We saw that staff were vigilant in helping people to make sure they drank plenty of fluids, particularly in the hot weather. In addition to hearing staff encouraging people verbally, we also saw a note placed beside a person's armchair in their room which read, "Dear [Name], please remember to drink plenty, especially when it's very hot. Thank you, love from [staff name] xxx." Two members of staff told us how much the person had appreciated this and that it had definitely helped, as the person was drinking more frequently now.

In the lounge during the morning, we heard a member of staff ask a person if they would like a drink, to which they replied, "Ooh, do you know, I would love a cup of tea." To which the member of staff responded, "Of course, I'll get you one now." We noted that a cup of tea and a biscuit were brought to the person within a few minutes, which the person clearly enjoyed.

People told us they enjoyed their meals and said they always had enough to eat and drink. Two people we spoke with said they had discussions with staff about the menus and could choose what they wanted. We asked one person what they were having for lunch that day and they replied, "I can't remember exactly now but I know it'll be lovely. There's always a choice as well, so I know I'll enjoy what I have." Another person said, "The food here is excellent, really tasty, better than a hotel. This morning I had pancakes for breakfast because the cook knows I like them, the choice is good and the dining room's lovely."

A number of people chose to eat their meals in their rooms and, those we spoke with, all made positive comments such as, "It's lovely thank you." And, "Perfect; couldn't be better." Staff demonstrated good knowledge and understanding of people's individual dietary requirements, including cultural and religious needs. We saw that these individual needs were respected and accommodated appropriately. Staff also followed individual guidance with regard to supporting people who had difficulties with eating and drinking or required a thickened, pureed or special diet.

We observed that mealtimes were relaxed and not rushed and there were sufficient staff to support and attend to people's requirements as needed. For example, we saw two people who had one-to-one support with their meals in their rooms. We noted that both people were eating and drinking well and looked relaxed and comfortable with the support they were receiving.

Risks regarding people's intake of food and drink were also identified, assessed, monitored and managed effectively. Appropriate input and guidance was consistently sought from dietary and nutritional specialists to help ensure people remained healthy and well. For example, one person we met was at very high risk of malnutrition, as they had a very poor appetite. We saw that this person was regularly provided with high calorific food, drinks and supplements, as well as receiving encouragement from care staff. We also saw regular input from the dietetics department and regular reviews of the person's weight.

The service worked well with other professionals and organisations who were also involved in providing people with care and support, such as day services, medical and healthcare services. Relevant information was shared appropriately with these other professionals and organisations, to help ensure people using this service consistently received effective care, support and treatment.

For example, a senior member of staff told us that the home had a very close working relationship with the local medical practice. We were told how the Nurse Practitioner came to the home every Monday and completed a full review and assessment of people living in the home. In addition, the district nurses attended regularly, to attend to people who required clinical support with health aspects such as diabetes or dressing changes. The GP also responded promptly, as and when required.

Multidisciplinary meetings were held regularly in the home. These meetings included input and information sharing between staff and healthcare professionals such as a physiotherapist, an occupational therapist, the nurse practitioner, the community psychiatric nurse and representatives from the local authority.

We were satisfied that people were supported to maintain good health and have access to healthcare services. We saw that prompt referrals were made to the relevant healthcare service when people's health needs changed. One person told us, "We were given a form to fill in about dental requirements recently." A

relative said, "If my relative has a hospital appointment they always send a carer, even if we can go, which helps."

People were supported to understand the health care, medicines and treatment options that were available to them. In addition, we saw that each person's care plan contained detailed information on their individual healthcare history and support needs. It was evident that a wide range of healthcare professionals were regularly involved to support people in maintaining good health such as, district nurses, mental health nurses, GPs, dieticians and speech and language therapists. Routine appointments were also scheduled with other professionals such as opticians, chiropodists, audiologists and dentists.

We spoke with a visiting physiotherapist who told us that the senior carers were particularly, "On board and engaged." The physiotherapist said that it was a very positive factor that the senior carers were also present when people's assessments were being completed.

The premises were safe and accessible and people could choose whether they wished to spend their time in the communal areas or a quiet area alone or with visitors.

People said they were involved in discussions regarding the layout and décor in the home. The manager told us that any changes to the environment were discussed with people beforehand and action plans were implemented to minimise any potential distress. We saw that people's bedrooms were furnished and decorated in accordance with their individual choices. We asked a person if they liked their room. They beamed and said, "I think it's lovely, it's just how I want it and it's really cosy and comfortable." There were lots of personal items and photographs. We noticed a decorated coat hanger and asked about it. The person said, "Do you know (named a staff member), she does the laundry, and bought me those as a gift, she's lovely you know, we really get on well." A different person also told us, "I am so lucky, I have a wonderful view out over the countryside, and I feel very comfortable and settled here."

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 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 are 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 were being met.

The service ensured that consent to care and treatment was always sought in line with current legislation and guidance and staff demonstrated a good understanding of the MCA and DoLS.

We saw that staff understood the importance of helping people to make their own choices regarding the care and support they received. Throughout this inspection we observed staff obtaining people's consent before providing support to them. We heard staff members knock on a door and ask permission to enter and, during the lunch service there were many examples of members of staff checking with the person they were serving before doing anything, such as clearing a plate or refilling a glass.

Where a person's mental capacity was in question, we saw that capacity assessments were recorded and reviewed regularly. For some people, who had variable capacity or capacity which fluctuated, information was clearly recorded to explain which decisions people could make by themselves and which they need assistance with.

Best interest decisions were carried out, when necessary, in line with the MCA. Where necessary, appropriate referrals had also been made to the local authority in order to obtain permission to deprive people of their liberty in their best interests. We noted that the applications were based on individual assessments and that considerations had been made for the least restrictive options to be applied.

For example, we saw that one person, who lacked capacity, had a DoLS authorisation in place and a best interest decision had been made. This was due to the person having extended periods of time where they would refuse to eat or drink orally. As a result, there were occasions when this person would need to be given food and fluids via an enteral tube feeding system. However, we saw it recorded that this person would decide daily whether they wanted to eat or drink. Therefore, staff followed the agreed guidance and consistently offered the person three standard meals per day, as well as encouraging snacks that the person enjoyed.

Good

Is the service caring?

Our findings

At the last inspection on 6 July 2017 we rated caring as good and it continues to be good.

People told us that staff were caring and consistently treated them with kindness, compassion, empathy and respect. People said they felt they mattered and that staff listened to them. One person told us, "Nothing is too much trouble, they are so kind and friendly." People also told us that staff responded quickly to their needs.

For example, one person who lived in the home experienced frequent episodes of anxiety and distress but we observed that staff were consistently aware of this person's emotional wellbeing. Staff were quick to pick up on and respond to signs that the person was starting to feel anxious and provided prompt empathy and reassurance.

Staff demonstrated that they knew people and their histories well and regularly engaged in meaningful conversations and interactions with the people they were supporting. This was particularly evident during our observations of people receiving one-to-one support and during the lunchtime meal. For example, we heard staff using people's preferred names and having two way discussions regarding subjects of interest to the person being supported. Such as, the daily news, what was going on in the garden, recent events and activities or a person's favourite television programme.

People were supported to express their views and be actively involved, as much as possible, in making decisions about their care, support and treatment. People told us they were involved in planning the care and support they received and could make choices and decisions and maintain their independence as much as possible. Relatives where appropriate, were involved and consulted. One relative told us, "They are very good at keeping us informed. If anything changes, they tell us." Another relative said, "They respond quickly to situations too, [relative] was getting up at night so they put a pressure mat by her bed so they know if she does again, they let us know what was happening and what they'd done."

One person told us how they lived in one of the suites in the home and said, "It's lovely, I really feel at home there. I still like to socialise and I like to join my friend here in the lounge and other people at mealtimes in the dining room." This person also told us, "The one thing I do like here is that they [staff] don't just assume and do everything for you. They always ask before doing anything and they respect what I say. It's important that I keep what independence I do have for as long as possible. Yes, they [staff] help me to do that."

We saw that staff were discreet when supporting people with their personal care and respected people's privacy and dignity. For example, we saw a member of staff standing outside the bedroom door of a person they had been supporting with their lunch. The member of staff quietly explained that the person liked to have a few minutes in private after their meal and that the person would call out to let the member of staff know when they could re-enter the room. A different person told us, "I decide when to get up and when to go to bed and I choose how I live here really."

People's relatives and friends were welcome to visit without restrictions. One relative told us, "I think staff here are very caring. A few weeks ago I stayed later than I should have because [relative] wasn't very well so I sat with her. When I needed to go, a member of the night staff came and sat with her and were very good with her." People were enabled to use technology to keep in touch with people who mattered by using lap tops and tablets. One person told us, "I use my smart phone; it's really good for keeping in touch."

Good

Is the service responsive?

Our findings

At our last comprehensive inspection on 6 July 2017 we rated responsive as requires improvement because there was not enough stimulation for people living with dementia and complaints received were not always used as a tool to develop the service. At this inspection we found that matters were greatly improved.

The manager told us how all staff were involved in delivering activities and that staff understood that creating and spending quality time with people was equally as important as attending organised events. People's views were respected and we were assured that people were encouraged and supported to follow their individual interests, hobbies and activities.

For example, we saw it noted in one person's care plan that they enjoyed reading the daily paper and talking to people in passing. We observed this person doing as described during the course of this inspection. We saw another person cheerfully folding towels at the table in the lounge. This person told us that doing tasks such as these were important to them and said, "I like to do my bit and I like to think I can still be of some use and help out a bit."

During the morning we saw that many people were asked if they would like to spend some time sitting out in the garden with a drink, to which most said they would. We saw that staff supported people outside and helped ensure they had access to plenty of fluids, as well as being shaded from the direct sun. We saw people chatting cheerfully with each other as well as staff.

After lunch we observed several people choosing to watch a film in the cinema room, which they clearly enjoyed. People residing in the Turner unit on the lower ground floor, which is specifically designed for people living with dementia, had positive input through the day. Some people were outside in the good weather, some people took the opportunity to meet relatives. Others were provided with activities as they chose such as quoits and doing puzzles. The environment was more stimulating with equipment accessible and changes of décor. A memory tree had been painted on a wall for people to attach photographs and a post box and London red bus stop provided interest.

People spoke of access to their community. A relative told us that they and a carer had taken their relative out on transport for their birthday. A different relative said, "They took [relatives] out to a local pub for lunch the other week." We met a regular visitor that represented the local church. They told us, "I've been coming here for years, the curate from our church comes here once a month and we have a service in the cinema room, and it's quite well attended." Other people were supported to attend different churches of their faith.

People received personalised care that was responsive to their needs. People were also supported and encouraged to actively contribute to their assessments and care planning. For example, a care plan clearly stated that one person did not want any male carers giving personal care. Staff were aware and ensured a female always attended to the person. Care plans were personalised and described the holistic care and support each person required, together with details of their strengths and aspirations. Information also explained how people could be supported to maintain their independence and what could help ensure they

consistently had a good quality of life.

People's health, care and support needs were regularly assessed and reviewed, with any updates and changes recorded clearly and accurately. For example, we saw that one person had received a lot of input from the GP and the nurse practitioner regarding their declining health. Reviews of the person's medicines had been carried out, together with reviews for staff on how best to support the person.

Care and support was provided promptly when people needed it, with staff responding to people's requests without undue delay. We also noted that when one person's call bell in their room was activated, staff responded to this within two minutes.

People's individual communication needs were identified and met appropriately. For example, we noted that one person was unable to communicate verbally or use their hands to indicate or sign their wishes. However, we saw that staff were aware of the person's facial expressions and took note of these when engaging with the person and responding to their needs.

People were reassured by knowing that any pain or symptoms they experienced would be regularly assessed and managed as the end of their life approached. Advice and input from palliative care professionals was consistently sought and people were provided promptly with appropriate support, equipment and medicines. This helped ensure they were comfortable, dignified and pain free at the end of their lives. The service also offered care, support and reassurance to people's families and friends before and after their loved one died.

Staff confirmed that they had received training in end of life care. Documentation in people's files showed that advanced care planning was thought about. Where people had expressed a wish not to be resuscitated there was also a mechanism to review this. Records were well kept, appropriately completed and accessible to staff.

People we spoke with told us they knew how to raise any concerns or complaints and that they were listened to and responded to appropriately. There was a policy and procedure in place that staff could tell us about.

One person told us, "Everything is perfectly good thank you. I don't have any complaints at all." A different person told us, "I am sure it wouldn't matter which member of staff I spoke to, if I was unhappy about something, I am sure it would be treated seriously." We were also given examples where the service had listened to feedback and acted. One person said, "I can't think of anything," then they tapped the tea cup they had in their hand and said "Oh yes, tea cups and saucers were really quite heavy and some of us found them too much so we asked if they could be changed. They listened and have changed them."

We examined the records kept by managers about complains received. We found that these followed the procedures in place, people received information and an outcome along with an apology. Events were used to develop staff and the service when matters did not go according to plan. People could express concerns freely and were satisfied with the outcomes.

Good

Is the service well-led?

Our findings

At our last comprehensive inspection on 6 July 2017 we rated well led as requires improvement because there were gaps in management oversight that led to the service not responding in a timely and effective way to incidents such as complaints and staffing difficulties. At this inspection we found that matters were greatly improved.

A new manager was in post and we had received their application to become registered. People were clear that the culture within the service had developed and was more inclusive and responsive to any matters brought to the managers attention. Two members of staff told us that the manager was excellent and said that he was very 'hands on'. Staff also confirmed that the manager was visible, approachable and had an open door policy.

One member of staff told us, "Absolutely, I would recommend this home. I'd be happy to live here myself." Another member of staff said, "Yes, I would definitely be happy for any of my family to live here, in fact I don't think I'd want them to go anywhere else."

We received regular information from the new manager of updates, developments and plans for the service. Statutory notifications and other information received showed us that the manager understood their registration requirements. The manager had responded to concerns that came to their attention and was able to tell us outcomes and positive actions taken to develop the service.

We saw that daily update meetings were held between staff representatives from each area of the home. We observed the meeting that took place during our inspection and saw that there was attendance from the manager, team leaders, the administrator, the chef, the maintenance person and the housekeeper. These meetings gave staff in the home the opportunity to share information and raise any concerns if necessary. Any issues or concerns were noted by all in attendance and appropriate action taken promptly.

People told us they knew there was a new manager in post and were complimentary. One person told us, "I think he's a real positive influence and, if it's possible, my already high opinion has gone up even more." Another person said, "I think he cares, he walks about every day, he smiles and asks how you are and he's approachable." A different person said, "[Name of manager] is friendly and likes to get involved, he's going to help me with my physio later on." We asked if they were happy with that and they said "Oh absolutely."

People were regularly consulted about their views on the running of the service. Regular residents meeting had been held with minutes available to read. Annual surveys were sent out to people who used the service and others involved with the service.

There were systems in place to monitor the effectiveness of the service. Staff had regular access to supervision and team meetings with managers and received regular feedback on their performance and the service as a whole. Staff training was monitored to ensure staff did not get behind on updating their skills. We were informed that the whole service was at 94% compliance with training completed. There were six

dementia champions working within the service. They were supported to specialise in dementia and pass their knowledge on to staff to continually improve care within this area.

There were regular audits in place of health and safety to ensure people lived in a safe and secure environment free from hazards. Hot water was restricted to prevent scalding, water systems were regularly flushed to prevent Legionella and window restrictors were checked to ensure people could not fall from heights. Managers had oversight of all the safety checks that regularly took place. Regular medicines audits were in place to ensure medicines were managed safely. Measures and systems in place were varied and related to the areas of care and support to people at the service. This gave us confidence that the service was measuring and evaluating their activities to ensure it was as safe as it could be.

The manager worked with other organisations to ensure people received a consistent service that met their individual needs. This included those who commissioned the service, safeguarding and other professionals involved in people's care. The regular multi-disciplinary meeting that had health professionals such as GP, District Nurses, Physiotherapists, Community Psychiatric Nurse and representatives of the local authority ensured peoples care was kept under review and that people received services relevant to their needs.