C.N.V. Limited

Eversleigh Residential Care Home

Inspection report

13 Sunridge Avenue
Bromley
Kent
BR1 2PU

Tel: 02084642998

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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?	Good

Summary of findings

Overall summary

This inspection took place on the 12 July 2018 and was unannounced. Eversleigh Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing, or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Eversleigh Residential Care Home provides personal care support and accommodation for up to 30 older people, some of whom have physical or mental health needs and/ or live with dementia. At the time of our inspection there were 20 people using the service. There was a manager in post and they were in the process of registering with the CQC to become the registered manager for the service. 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 our last inspection of the service on 25 and 30 August 2017 the service was rated as Requires Improvement. This was because we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Medicines were not always managed, stored and administered safely and appropriately.

At this inspection we found the service had made the required improvements and demonstrated that they met the regulations and fundamental standards.

Medicines were now managed, administered and stored safely. Risks to people were assessed and managed safely by staff. People were protected from the risk of abuse, because staff were aware of the types of abuse and the action to take. There were systems in place to ensure people were protected from the risk of infection. Accidents and incidents were recorded and acted on appropriately. There were safe staff recruitment practices in place and appropriate numbers of staff were deployed to meet people's needs in a timely manner.

There were systems in place to ensure staff were inducted into the service appropriately. Staff received training, supervision and appraisals that enabled them to fulfil their roles effectively. 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 support this practice. Staff were aware of the importance of seeking consent and worked within the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. The home environment was suitably adapted to meet people's needs and equipment was available for people who required it. People's nutritional needs and preferences were met. People told us they had support to access to health and social care professionals when required.

People and their relatives told us staff treated them well and respected their privacy and dignity. People

were involved in making decisions about their care and had care plans which reflected their needs and preferences. There was a range of activities available to meet people's interests. The service worked in partnership to provided care and support to people at the end of their lives where possible. People's care plans were reviewed and monitored on a regular basis to ensure they were reflective of their current needs. People and their relatives were provided with information on how to make a complaint. The service worked with health and social care professionals to ensure people's needs were met. There were systems in place to monitor the quality of the service provided. People's views about the service were sought and considered. People, relatives and staff spoke positively of the care and support provided and the management and running of the home.

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's medicines were managed, stored and administered safely.

People were protected from the risk of abuse. Staff had received safeguarding training and were aware of the action to take if they had any concerns.

Risks to people were assessed and manage appropriately.

Staff were aware of the action to take to reduce the risk of infection.

Accidents and incidents were managed and monitored appropriately to reduce the risk of repeat occurrence.

There were sufficient staff deployed to meet people's needs in a timely manner.

The provider followed safe recruitment practices.

Is the service effective?

Good

The service was Effective

People's needs were assessed and documented.

Staff sought consent when offering people support. The provider complied with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) where people lacked the capacity to make decisions for themselves.

People's nutrition and hydration needs were met.

Staff were supported in their roles through training, supervision and appraisal of their performance.

People were supported to maintain good health and access a range of healthcare services when required.

Is the service caring?

Good

The service was Caring

People and their relatives told us they were treated with kindness and consideration by staff.

Staff treated people with dignity and respected their privacy.

People were involved in day to day decisions about their care and treatment.

The provider provided people with information about the service through a service user guide.

Is the service responsive?

Good

The service was Responsive

People received care and support which reflected their individual needs and preferences.

People's diverse needs were supported and respected. Staff were knowledgeable about people's needs with regards to any protected characteristics under the Equality Act 2010 and supported them appropriately.

There was a range of activities to support people's need for social stimulation.

People were supported to maintain relationships that were important to them.

The provider had a complaints policy and procedure in place and people knew how to make a complaint.

Staff worked in partnership to support people with appropriate care at the end of their lives where possible.

Is the service well-led?

Good

The service was Well-led

The home had a registered manager in post who was knowledgeable about their responsibilities under the Health and Social Care Act 2008.

The provider had systems in place for monitoring the quality and safety of the service which helped drive improvements.

People's views were sought through meetings, annual survey and comments and suggestions book.

People and staff spoke positively about the manager and the management of the home.

Staff were aware of their responsibilities and roles and told us they worked well as a team.

The home worked well with other professionals to ensure people received good quality care.

Eversleigh Residential 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 checked whether the provider was 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 inspection took place on 12 July 2018. The inspection was unannounced and carried out by one inspector, a specialist advisor who is a registered nurse 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. Prior to our inspection we reviewed the information we held about the service and provider. This included notifications received from the provider about deaths, accidents and safeguarding. A notification is information about important events that the provider is required to send us by law. We used information the provider sent us in the Provider Information Return. 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. We also contacted the local authority who commissions the service to obtain their views. We used this information to help inform our inspection planning.

During our inspection we spent time observing the support provided to people in communal areas. 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 also spoke with five people using the service, four visiting relatives and ten members of staff including the manager, deputy manager, senior care staff, care staff, kitchen, domestic and maintenance staff. We looked at six people's care plans and records, three staff records and records relating to the management of the service such as audits and policies and procedures. We also looked at areas of the building including communal areas and external grounds.

Good

Is the service safe?

Our findings

At our last inspection of the service on 25 and 30 August 2017 we found that medicines were not always managed, stored and administered safely and staff did not receive up to date medicines training and annual competency assessments to ensure they were competent to administer medicines safely. At this inspection we saw there were systems in place to ensure medicines were managed, stored and administered safely and staff had received up to date training. People and their relatives told us they received their medicines as prescribed by health care professionals. Comments included, "Yes, my loved one gets their medicines. He sees the doctor quite regularly", "Staff do my relatives medication when they need them", "Staff are good, I have been here when my loved one has their medicines", and, "I get my tablets regularly when I need them. Staff always give them to me."

Medicines were safely stored and managed. We found medicines and controlled drugs (CD) were locked in secure medicine trolleys and cupboards that were securely fixed to the wall and only authorised staff had access to them. Medicine trolleys were organised well and the CD register was completed correctly by staff. Medicines which required refrigeration were kept in a lockable refrigerator and temperatures were monitored to ensure medicines were safe to use. Medicine trolleys were stored on the ground floor and air temperatures were recorded by staff twice daily to ensure safe temperature ranges for medicines that were stored there. The manager told us that during the recent hot weather, medicine trolleys were kept locked in a room with a portable air conditioning unit to ensure medicines were within safe storage ranges as the service did not have a dedicated air-conditioned clinical room.

We looked at 10 people's medication administration records (MAR) which listed the medicines and doses along with space to record when doses had been given by staff. MAR charts we looked at had been completed timely and correctly by staff. We observed staff administered medicines to people in a timely and caring manner. Medicines were administered from individual plastic trays at appropriate times and as prescribed by health care professionals. Some people were prescribed pain relieving patches and we saw that instructions on their use were followed correctly by staff and body maps were completed to indicate where replacement patches were applied. Staff had access to online medicines reference guides which provided them with information such as side effects and contraindications of medicines.

Medicines were administered by senior staff who were appropriately trained and who had their competency assessed to ensure the safe management and administration of medicines. Staff administering medicines confirmed that they had received up to date medicines training and had competency assessments to ensure they were skilled and knowledgeable to manage and administer medicines safely. We spoke with the manager about the arrangements in place to manage medicine errors. They told us there had been one medicine error since our last inspection and records we looked at confirmed this. We saw that following the error the manager had conducted a full investigation and as a result further training and competency assessments for staff involved was implemented.

People and their relatives told us they felt safe within the home environment and with the staff that supported them. Comments included, "Oh yes, I'm on the top floor and feel very safe", "Yes, my mum wasn't

before but is now. It's a comfortable nice environment, homely", "Yes, staff look after her and keep an eye on her", "Very safe. I noticed the keypad door and there are plenty of staff. My relative wanders around so they check on them frequently and there is an alarmed mat so they know where my relative is", and, "Yes, I think she's safe. She's well looked after and kept clean. I'm quite happy with her care."

People were protected from the risk of abuse. There were policies and procedures in place for safeguarding adults from abuse and staff we spoke with demonstrated a clear understanding of how to safeguard people from abuse. They told us they would report any concerns they had to the manager and felt confident they would take appropriate actions. One member of staff said, "We are like a family here and know each other so well. If I had any concerns at all I would report them to the manager and I know they would be dealt with properly." The provider also had a whistle blowing procedure in place which staff confirmed they would use in the event they needed to report issues or concerns of poor practice. Training records confirmed that staff received training on safeguarding adults from abuse. Safeguarding records we looked at included local and regional safeguarding policies and procedures, contact information for local authorities to assist in managing any concerns, reporting forms and a safeguarding monitoring tool to ensure concerns are managed appropriately and to learn from any on-going safeguarding enquiries.

Accidents and incidents were recorded, managed, monitored and acted on appropriately. Records demonstrated that staff identified concerns, took prompt actions to address concerns and where required referred to health and social care professionals. The manager maintained an accident and incident monitoring tool which included information on accidents and incidents that had occurred, actions taken including referring to health care professionals and actions taken by staff to reduce the risk of recurrence. For example, where someone may have suffered from repeated falls, health care professionals such as the GP were referred to and where appropriate assistive technology such as sensor mats were purchased and in use. The provider had an accident and incident policy in place for staff to refer to and follow and we saw that notifications to the CQC and referrals to other professional bodies were sent as appropriate.

Risks to people were identified, assessed and managed to help keep them safe. Assessments were conducted to assess levels of risk to people's physical and mental well-being. Electronic and paper care plans contained up to date risk assessments which documented areas of risk to people, for example with nutrition and hydration, mobility and falls, personal care, dementia and positive behaviour support and medicines amongst others. Risk assessments included guidance for staff and the actions they should take to support people safely and promote their well-being. For example, we saw that where people were at risk due to their behaviours staff were provided with guidance to support people to manage their behaviour, for example, by using de-escalation techniques or preferred communication methods to help manage anxiety. Risk assessments were also completed where people were at risk of choking as a result of their physical health. Risk assessments and care plans documented Speech and Language Therapists (SALT) guidance on the use of fortified and thickened fluids to ensure safe nutrition and hydration and throughout our inspection we observed that staff followed this guidance.

There were arrangements in place to deal with foreseeable emergencies. Records confirmed that fire drills were carried out and fire alarm systems were tested regularly by maintenance staff. Staff we spoke with said they knew what to do in the event of a fire and confirmed there were regular fire alarms, drills and training conducted. People had individual emergency evacuation plans in place which highlighted the level of support they required to evacuate the building safely in the event of an emergency. There were also systems in place to manage gas safety, portable electrical appliances, general electrics and water safety. Equipment such as hoists, bed rails, wheelchairs, mobility aids, lifts and window restrictors were also serviced and checked regularly to ensure they were functioning correctly and safe for use. Staff told us a maintenance book was checked throughout the day and any recorded repairs were remedied promptly when required.

People and their relatives told us they felt the home environment was maintained appropriately and kept clean. Comments included, "They [staff] keep it clean", "They clean my room all the time, I think it's very nice", "Yes, the room smells nice and the home always appears clean", and, "Yes they do keep it well. It's always clean when I visit." There were systems and policies and procedures in place to protect people from the risk of infections and to ensure the home was safely maintained. Throughout our inspection we found the home to be warm, clean and free from any unpleasant odour. There was a team of domestic staff employed to ensure the home environment was cleaned on a daily basis, which we observed. Staff told us that personal protective equipment such as gloves and aprons for supporting people with personal care was always available. Hand wash and hand sanitizer was available in communal bathrooms and areas and was being used by staff to promote good infection control. Training records confirmed that staff had completed training on infection control and food hygiene and infection control audits were conducted on a monthly basis to reduce the risk of an outbreak.

Appropriate recruitment checks took place before staff started work. We looked at the recruitment records of three members of staff and found completed application forms that included their full employment history and explanations for any breaks in employment, two employment references, health declarations, proof of identification including a recent photograph and evidence that criminal record checks had been carried out. Where appropriated we saw that evidence regarding staff rights to work in the United Kingdom had also been obtained.

People and their relatives told us they felt there were enough staff deployed within the home to meet their needs. One person said, "Yes, there always seems to be plenty around." A relative commented, "I don't know what the staff ratio is but there always seems to be staff around. I can always find someone when I need them, it's not a problem." During our inspection we observed there were enough staff on duty to meet people's needs and requests in a timely manner. We looked at the staffing rota's which corresponded with the number of staff available on duty at each shift. The manager told us they had recently made some changes to staff working patterns which allowed staff alternate weekends off. Staff we spoke with told us this had made a positive difference to them. The manager also told us they only used agency staff when required a couple of times a month but this was due to be reduced as new night staff were starting employment.

Good

Is the service effective?

Our findings

People and their relatives told us they felt staff had the right skills and knowledge to support them appropriately. Comments included, "They [staff] do help me to wash. I do everything I can do and they come and do the rest", "Yes, they appear well trained. My relative hasn't got any major problems, the staff are friendly and quite consistent", "Staff are very caring. They have a very calming effect on my loved one, they have this way of calming her down", and, "They [staff] know what to do for me, they are very good."

Staff completed an induction when they started work and they received appropriate training to support them in their roles. They told us they also shadowed experienced staff as part of their induction which allowed them to become familiar with the home environment and people's needs. The manager told us that staff new to care would be required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. We saw a training matrix which confirmed that staff had completed training in areas such as safeguarding adults, infection control, moving and handling, health and safety, Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards (DoLS), first aid and food hygiene amongst others. Staff had also completed other training relevant to people's needs for example, dementia awareness and equality and diversity.

Staff received regular support, supervision and appraisals in line with the provider's policy. The manager showed us a supervision matrix in place which ensured that staff were provided with appropriate support on a regular basis. Staff we spoke with told us they felt supervision and appraisal sessions were beneficial to their development. One member of staff said, "I feel very much supported in my job, I love working here. I get regular supervisions and the manager is always available to speak to."

People and their relatives told us they thought the service was effective and met their needs. Assessments of people's care and support needs were carried out before they moved into the home to ensure staff and the home environment could meet their needs safely and appropriately. Pre- assessments detailed peoples' personal history to help develop care and support plans tailored to their needs. Assessments covered areas such as emergency contact information, 'this is me' life story, physical and mental health needs and methods of communication amongst others. Care plans documented the involvement from people and their relatives where appropriate and any health and social care professionals involved to ensure all individual needs were addressed. One relative commented, "Yes I remember when my loved one came here to live. Staff were very good and talked through everything with us. They still do now, we are very much involved."

The home environment was suitably adapted to meet people's needs. There were accessible toilets and bathrooms throughout the home and equipment was available for people who required it such as walking frames, wheel chairs, hand rails and lift access to all floors. People also had access to a rear paved and lawned garden which included a seating area and planted flowers.

Staff were aware of the importance of obtaining consent and told us they sought consent from people when

offering support and always respected their wishes. People confirmed this. One person said, "Yes staff always ask me before doing anything, they are quite considerate and thoughtful."

Staff demonstrated good knowledge of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) including people's right to make informed decisions independently but where necessary to act in someone's best interests. 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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. When people lacked capacity to make specific decisions for themselves, mental capacity assessments were conducted and decisions were made in their best interests, in line with the requirements of the MCA. Applications had been made to local authorities to deprive people of their liberty when this was assessed as required. Where these applications had been authorised, appropriate documentation was in place and kept under review and any conditions of authorisations were appropriately followed by staff.

Staff supported people to access health and social care professionals when required and monitored their health to ensure their wellbeing. People and their relatives told us they had access to health and social care professionals when required. Comments included, "Oh yes I get to see the doctor if I need to", "Opticians visit and my relative has new glasses, we also get a private audiologist to visit", and, "Staff are very good, if I'm not feeling very well they make sure I see the doctor." Records from visiting GP's and other health professionals were retained and documented in people's care plans so staff were aware of their presenting needs.

People's comments about the food on offer at the home were largely positive. Comments included, "I feed myself. They have an early supper here but I have mine several hours later as I have sandwiches. There is enough to eat and the helpings are generous", "Food seems fine, it's the sort of menus they've [relative] grown up with. They are always being offered tea and biscuits and snacks in-between meals", and, "My loved one really enjoys her meals. They have three good meals a day and cups of tea, biscuits and cake offered all the time."

The kitchen was clean and organised. The Food Standards Agency last visited the service in June 2016 and rated them as good. There were systems in place to manage risks in relation to people's nutritional and dietary needs. We spoke with the cook who showed us a notification board on display within the kitchen. This detailed people's individual dietary needs, for example, we saw that one person required a level five pureed diet and the speech and language therapist's guidance was displayed providing staff with information on how best to meet their nutritional needs. The cook knew people well and was able to tell us who had food allergies and who required dietary modifications such as soft textured foods, low calorie diets or cultural preferences. Care plans we looked at demonstrated that people received suitable foods and diets in line with their needs and wishes. The home used a frozen and pre-prepared meal service which operated on a four-weekly menu cycle.

People were offered menu choices and were asked on a daily basis what they would like to eat. There were picture cards of all menu choices available and used by staff to support people to make informed choices independently. Most people preferred to eat their meals in the dining room which overlooked the garden. During the lunchtime meal in the dining room people were free to come and go as they pleased and to eat

their meals where they wished, for example in their rooms or communal areas. The atmosphere in dining room was relaxed and there were enough staff to support people promptly when required. Staff communicated effectively with people about the choices on offer and used sample plates to support them in making their choice of meal. People also had a choice of drink to accompany their meal. Where required staff supported people with their meals on a one to one basis and people received their specialised diets where appropriate, for example soft or reduced sugar diets. People's independence at mealtimes was promoted through the use of adaptive cutlery.

Good

Is the service caring?

Our findings

People and their relatives told us staff were kind and caring. Comments included, "They [staff] are from stunningly good to good average", "Never had any problem with them [staff]", "Staff are lovely, they are everything kind. I only have to call or ring them and they come running", "Staff always seem nice and friendly and I've never seen them shout or be inpatient with anyone", "They [staff] are very kind to my loved one", and, "Staff will listen to me. If I have a problem I can usually find someone. They appreciate their residents and spend time chatting to my loved one."

Throughout the course of our inspection we observed staff treated people in a kind and caring manner. For example, one member of staff offered prompt support to one person who displayed signs of confusion and anxiety. They spoke to them gently, offering reassurance and gave them friendly encouragement as they walked together to a communal area where they sat with them and chatted for a while until they became settled. In another example we observed another member of staff assisting a visiting professional. They ensured the person they had come to treat had their privacy and dignity maintained by using privacy curtains when treatment was provided within a communal room. Interactions between staff and people were friendly and positively received. Staff were attentive to people's requests and were prompt to offer support when needed.

People and their relatives told us they were provided with information about the service when they moved into the home in the form of a 'residents guide' for their reference. One person said, "Yes, I had lots of information. It's kept in my care plan I think." A relative told us, "Yes we were given lots of information. It was like an information welcome pack. It told us everything we needed to know." We spoke with the manager who told us they gave people and their relatives a copy of the resident's guide when they moved into the home. This included information on the provider's statement of purpose, standard of care people can expect, the home's facilities and activities and the provider's complaints policy and procedure amongst other information in line with The Accessible Information Standard (AIS). The AIS aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need from health and care services. This includes making sure that people get information in accessible formats.

People and their relatives told us they had been consulted about their care and support needs and staff communicated with them effectively. Comments included, "Yes they [staff] keep us in the loop all the time", "Yes, staff always contact us, all the family", "Oh yes, they [staff] talk to me all the time and make sure I am happy", and, "They would know if I'm not happy but they do always check." Staff told us they involved people in planning and reviewing their care and sought to offer choices wherever possible when offering them support. One staff member said, "We always communicate with people and their family to make sure they are getting the support they want. It's important to know people are happy. People that are not able to communicate with us due to their ill health, we make sure we consult and communicate with their families." Care plans and records demonstrated that staff met with people and their relatives where appropriate, to discuss their care and support needs. Care plans also included information on individual communication methods to ensure staff communicated with people appropriately. We saw that paper care plans and

records were kept securely in staff offices when staff were not present and office doors were locked to maintain security and confidentiality.

Staff knew the people they supported well. They were familiar with their personalities, daily routines, preferences and were aware of people's life histories and families. The manager told us they discussed people's diverse needs with them prior to their admission into the home to ensure they could meet their needs. Care plans included information about people's cultural and spiritual requirements and staff told us they were committed to supporting people to meet their needs with regard to disability, race, religion, sexual orientation and gender. The manager told us they were in the process of developing the care planning tool further to ensure people's assessed diverse needs were fully documented. Spiritual support was available to people at the home through visits from local churches.

People and their relatives told us staff treated them with respect and maintained their dignity and privacy. One person said, "Staff are very kind. They always knock on my door when they visit to say hello and make sure I'm ok." A relative commented, "Staff are always very polite and approach my loved one kindly. They knock on the door and ask before entering my loved one's room." Throughout our inspection we observed staff spoke to people and their relatives in a respectful manner and staff knocked on people's doors before entering their rooms displaying signs of respect for their privacy.

Good

Is the service responsive?

Our findings

People and their relatives told us they received personalised care which met their individual needs and preferences. Comments included, "We were amazed how easily our loved one settled into the home. They [staff] are very accommodating", "I prefer lunch in my room. They bring my dinner to me hot and the pudding comes after so I'm not rushed and food is served hot", and, "I can get up when I want and go to bed when I want. Staff are good and they work around us rather than the other way around."

People's individual care and support needs were assessed and care plans were developed based on an assessment of their needs. Care plans contained information and guidance for staff on the support people required in a range of areas including their physical and mental health needs, hydration and nutrition, medicines, recreation and activities, night care, positive behavioural support, end of life care, dementia and mobility amongst others. We saw that where people were not able to be fully involved in the planning of their care, relatives and professionals, where appropriate, contributed to ensure people's needs and wishes were met. Care plans were reviewed on a regular basis to help ensure they remained up to date and reflective of people's current needs.

Care plans also detailed information about people's life histories, likes and dislikes, their interests, and preferences in the way they received their support. Staff we spoke with demonstrated how they worked to meet people's preferences. One member of staff said, "We are all very different and have different needs. We try to accommodate everyone's needs and wishes, for example some people like to wake early and others like to stay in bed longer. Some like to eat in their rooms and others like to sit with the others in the dining room. We work to make sure people's choices are met and they are happy." Daily records were kept by staff about people's day to day wellbeing to ensure that people's planned care met their needs.

We saw and records showed that staff worked well with other professionals to ensure people's needs and preferences were met. For example, care plans documented actions staff took as a result of visiting GP's, speech and language therapists, district nurses and local hospices to ensure people's end of life care needs were respected and met. Staff provided support to people at the end of their lives where possible and care plans included information about their end of life preferences where they had chosen to discuss this. We saw that some people had Do Not Attempt Resuscitation orders (DNARs) in place where they, or their relatives where appropriate, had agreed with a GP that this was in their best interests. People's choice of funeral arrangements were also documented to ensure their wishes were known and respected.

People's diverse needs were supported and respected. The home environment and equipment in place assisted in the promotion of people's independence. For example, pictorial signage was in place to aid orientation and wheelchairs and walking aids were available to support safer mobility. Staff were knowledgeable about people's needs with regards to any protected characteristics under the Equality Act 2010 and supported them appropriately. Staff had received equality and diversity training to assist them in meeting people's needs better.

People were supported to maintain relationships that were important to them and people and their

relatives told us they were welcome to visit the home when they wished. Comments included, "Oh yes, my family can come anytime", "Yes we can visit anytime day or night", "Always the first thing they [staff] say is hello and would you like a cup of tea. They made my loved one very welcome the first day they came here", "We come twice a week and take our relative out. We also use the garden if it's nice", and, "Yes, we can visit at any time. Staff are usually very quick to answer the door as well."

The service provided a range of activities for people to support their need for social interaction and stimulation. People told us they enjoyed the activities on offer. Comments included, "Oh yes we do have some fun. The carers are all very good", "We play some games and listen to music", and, "The staff do activities with us which is good. I like to get involved with most things." During our inspection we observed that activities were being carried out by care staff who appeared to be enjoying doing them. Staff told us that a new activities coordinator had been appointed but until they were in post staff were undertaking activities with people. We saw that care staff had high energy and enthusiasm levels and got people involved with planned activities such as ball games, seated exercises, quizzes and general social laughing and chatting. One member of staff told us, "I really enjoy doing activities with people and spending time with them. We have a sing and dance session most days which most people love, it's good to see them laughing and enjoying themselves."

People and their relatives told us they received a copy of the provider's complaints procedure when they moved into the home which provided them with guidance on what they could expect if they raised any concerns. This included details of timescales in which they could expect to receive a response as well as the process for escalating any unresolved complaints if needed. One person told us, "I have nothing to complain about but I know how to if I did." A relative said, "I have made a minor compliant before and they resolved it to my satisfaction which was good." Another person commented, "I am very happy with the service. If I had any problems I would tell the staff." There was a complaints policy and procedure in place and this was displayed within the home for people and visitors to refer to. Complaints records we looked at showed that when complaints were received these were responded to timely and appropriately in line with the provider's policy. There was a complaint's monitoring tool in place which enabled the manager to monitor complaints received and to share any learning with the staffing team.

Good

Is the service well-led?

Our findings

People and their relatives commented positively on the care and support they received and how the service was run. Comments included, "Feels homely, comfortable and safe", "Everything, I'm happy with everything", "All of them [staff] are very kind to all of the residents. They just have the right attitude", "Yes, I think it's well run. There is a new manager and they are nice", and, "They [staff] care well. They look after everybody very well from what I can see."

At the time of our inspection there was a long standing registered manager in post who was knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. However, the provider had also appointed a new home manager who was in post and responsible for the day to day management of the home. The manager told us they would be applying to the CQC to register as the registered manager for the service. We saw that notifications were submitted to the CQC as required and the manager who was an experienced home manager, demonstrated good knowledge of people's needs and the needs of the staffing team. During our inspection we observed that the manager made themselves visible within the home and spent time speaking with people and staff.

We noted that morale among staff appeared positive since the appointment of the new manager and staff told us the manager was approachable and supportive. Comments from staff included, "The manager listened to what we had to say and changed the staff rota allowing us to have some weekends off which made us all feel better and there is not so much sick leave now", "I love it here. I really enjoy my job and we do work together as a team", "I am happy here and the manager is very supportive", and, "The work has improved for us. People seem to be happier and we work together better, it's a nice environment." Comments from people and their relatives were also positive and included, "The manager is approachable. I had a problem last week and I approached them. They were very nice and resolved my problem", "Very approachable, they are able to blend with the residents, relatives and staff, there's no hierarchy", and, "The manager is fairly new. We had a meeting when she first arrived and she appeared approachable and very pleasant. When you do discuss anything with her she is very prompt and very nice."

Throughout our inspection we observed staff worked well as a team and communicated clearly offering support to each other where needed. We saw there were effective lines of communication within the home providing staff with the opportunity to meet and communicate daily. Staff told us they attended team meetings and shift handover meetings to ensure people's daily needs were met. We looked at the minutes for the senior care staff meeting held in March 2018 and noted discussed topics included areas such as night checks, medicines management, communication book and staff training amongst others. Meetings held for other disciplines within the home included care staff, kitchen staff, domestic and night staff. Staff told us and we saw that incidents and accidents and any health and safety issues were monitored and also discussed at daily handovers and team meetings to reduce the likelihood of reoccurrence.

There were systems in place to ensure the provider sought the views of people and their relatives through residents and relative's meetings, annual surveys and through the use of a comments and suggestions book located within the entrance hall. Comments from people and their relatives included, "Yes we had a meeting

recently. If residents have any complaints we can discuss them", "We discuss whatever comes up and if anything changed", and, "We had a relative's meeting recently. Someone made a couple of suggestions and they [management] said why didn't we think of that and it was put into action straight away, they are very keen to improve." We looked at the resident's meetings minutes held in June 2018. Items discussed included, food and menu choices, activities, laundry service, planned home environment improvements, success of the Royal tea party held and planned trips out to chosen places such as the coast. We also looked at the results of the resident and relatives survey conducted between the months of May and June 2018 which were largely positive. Results showed that 82 percent of respondents said they were either very happy or happy with the service received.

The provider recognised the importance of regularly monitoring the quality of the service and there were systems in place to ensure audits and checks were conducted. Records we looked at showed that audits were conducted in a range of areas including, infection control, accidents and incidents, environment and maintenance safety checks, medicines, care plans and records, staff records and training and kitchen and food checks amongst others. Records of actions taken to address any highlighted concerns, issues or planned improvements were documented and recorded as appropriate. For example, we saw that that the manager was in the process of implementing daily MARs audits to ensure consistency in staff practice.

We saw that the home worked in partnership with other professionals to ensure people received appropriate support to meet their needs. Records showed how the service engaged with other healthcare agencies and specialists such as visiting GP's and community psychiatric nurses from local community mental health teams to respond to people's care needs and to maintain their safety and welfare.