Bupa Care Homes (ANS) Limited

Fountains Lodge Care Home

Inspection report

13-17 London Road
Southborough
Tunbridge Wells
Kent
TN4 0RJ

Tel: 01892682290
Website: www.bupa.co.uk/care-services/care-homes/fountains-lodge-nursing-and-residential-home-tunbridge-wells

Date of inspection visit:
19 June 2019
20 June 2019

Date of publication:
16 July 2019

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

About the service:
Fountains Lodge Care Home is a residential care home with nursing for 74 older people and younger adults who have physical adaptive needs or who live with dementia. It can also accommodate people who have sensory adaptive needs.

At the time of this inspection there were 65 people were living in the service.

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

People's experience of using the service:
People and their relatives were positive about the service. A person said, "I'm quite settled here now. I have my own room and the staff are fine with me." Another person said, "I've no complaints as this place has lived up to what I expected." A relative said, "I'm very happy knowing my family member lives In Fountains Lodge because quite simply she couldn't get better and we're lucky to have such a good service so local to us."

People were safeguarded from the risk of abuse.

People received safe care and treatment in line with national guidance from nurses and care staff who had the knowledge and skills they needed.

There were enough nurses and care staff on duty and safe recruitment practices were in place.

People were supported to use medicines safely.

Lessons had been learned when things had gone wrong.

Good standards of hygiene were maintained to prevent and control the risk of infection.

People had been helped to receive medical attention when necessary.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The accommodation was well maintained and provided people with a comfortable setting in which to receive care.

Nurses and care staff were courteous and polite.

People's privacy was respected and confidential information was handled in the right way.

People received person-centred care including having information presented to them in an accessible way.

People were supported to pursue their hobbies and interests.

There were robust arrangements to manage complaints.

People were treated with compassion at the end of their lives so they had a pain-free death.

Quality checks were completed to ensure the service was running in the right way.

People had been consulted about the development of the service.

Good team work was promoted and regulatory requirements had been met.

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

Follow up:
We will continue to monitor intelligence we receive about the service until we return to visit in line with our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-Led findings below.

Fountains Lodge Care Home

Detailed findings

Background to this inspection

The inspection:
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the registered persons were 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.

We visited the service on 19 June 2019 and 20 June 2019.

Inspection team:
The inspection was completed by an inspector, a specialist professional advisor and an expert by experience. The specialist professional advisor was a nurse. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service.

Service and service type:
Fountains Lodge Care Home is a care home that provides accommodation, nursing and personal care for 74 older people and younger adults who have physical adaptive needs or who live with dementia. It can also accommodate people who have sensory adaptive needs.

People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

There was a registered manager in post. 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.

Notice of inspection:
This inspection was unannounced.

What we did:
We used information the registered persons sent us in their Provider Information Return. This is information we require registered persons 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 reviewed other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection in March 2018. These are events that happened in the service that the registered persons are required to tell us about.

We invited feedback from the commissioning bodies who contributed to purchasing some of the care provided by the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes. This information helps support our inspections.

We spoke with 21 people living in the service using sign-assisted language when necessary. We also spoke with six relatives.

We spoke with five care staff, a senior member of care staff, a unit manager, two nurses, two housekeepers and two activities coordinators.

We also spoke with the maintenance manager and the finance administrator. In addition, we met with the registered manager and the regional director. The regional director was a nurse. The registered manager reported to the regional director.

We reviewed documents and records that described how care had been planned, delivered and evaluated for 10 people.

We examined documents and records relating to how the service was run including health and safety, the management of medicines and staff training and recruitment. We also looked at documents relating to learning lessons when things had gone wrong, obtaining consent and the management of complaints.

We reviewed the systems and processes used by the registered persons to assess, monitor and evaluate the service.

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 cannot talk with us.

After the inspection visit we spoke by telephone with a further four relatives.

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 remains as Good.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:
• People were safeguarded from situations in which they may be at risk of experiencing abuse. Nurses and care staff had received training and guidance. They knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk.
• A person said, "I feel safe. You know you get a feeling inside, it is probably because there are a lot of people around who make sure I don't come to any harm." A relative said, "I have no concerns at all about my family member being safe. You only have to be here a few minutes and you can see how kind the staff are."
• The registered manager and regional support manager had an audit tool that was used to list any concerns raised with them. They used the tool to ensure there was a detailed account of the action they had taken including notifying the local safeguarding authority and the Care Quality Commission.

Assessing risk, safety monitoring and management:
• Risks to people's health and safety had been identified, assessed, monitored and managed so they were supported to stay safe while their freedom was respected. An example of this was people being provided with special air mattresses. This was necessary because they had become less mobile and needed to spend more time resting in bed. These mattresses reduce pressure on a person's skin and make it less likely they will develop pressure ulcers.
• People received safe care. This included people who needed extra help due to having reduced mobility. We saw two care staff using a hoist in the correct way to help a person change position. Nurses and care staff supported people in the right way to keep their skin healthy. This included making sure that pressure relieving mattresses were correctly inflated, helping people to regularly change position and if necessary applying creams and protective dressings. Nurses and care staff also assisted people in the right way to promote their continence. We observed nurses regularly changing catheter bags, using the correct catheter bags and carefully checking that people had not developed a urinary infection. A person said. "I get all the help I need from getting up in the morning to going to bed. And the staff are nice about it and don't begrudge helping me."
• People had been helped to avoid preventable accidents. Hot water was temperature-controlled to reduce the risk of scalds. There were no radiators as the service had under-floor heating. Windows were fitted with safety latches to prevent them opening too wide so they could be used safely.
• The service was equipped with a modern fire safety system. This was designed to enable a fire to be quickly detected and contained so people could be moved to safety. The fire safety system was being regularly checked to make sure it remained in good working order. Nurses and care staff had been given guidance and knew how to quickly move people to a safe place in the event of the fire alarm sounding.

Using medicines safely:
• People were helped to safely use medicines in line with national guidelines. There were suitable systems for ordering, storing, dispensing and disposing of medicines. The clinical services manager was responsible for the management of medicines in the service. The clinical services manager was a nurse who supervised all aspects of the nursing care provided in the service and who reported to the registered manager.
• There were robust arrangements to order medicines from the pharmacist. This involved the clinical services manager checking the medicines held in stock for each person. This enabled them to identify if any items were running low so they could be re-ordered in plenty of time for a new supply to be delivered to the service.
• Medicines were stored correctly in clean and secure treatment rooms. The treatment rooms were air conditioned so medicines were kept at the right temperature. Medicines that required cool storage were kept in special refrigerators.
• Nurses and senior care staff had received training and had been assessed by the clinical services manager to be competent to safely support people to take medicines. There were guidelines for nurses and senior care staff to follow about when and how each person needed to be offered the medicines that had been prescribed for them. Nurses and senior care staff followed these guidelines and helped people to take medicines in a safe way. A person said, "The staff give me my tablets every day and they check I've taken them."
• There were additional guidelines for nurses and senior care staff to follow when dispensing variable-dose medicines. These are medicines that a doctor had said can be used when necessary. An example of this was medicines used to assist a person when they became upset and needed extra help to be reassured.
• The registered manager had sought advice from a healthcare professional when a person had experienced difficulties swallowing tablets. Nurses and senior care staff were following the guidance they had received and were assisting the person to mix tablets in yoghurt so they were easier to swallow.
• Nurses and senior care staff completed an accurate record of each occasion on which they assisted a person to use medicines.
• The registered manager had regularly audited the systems and processes used to order, store, dispense and administer medicines. This was to check that medicines were consistently being managed in the right way.

Staffing and recruitment:
• Sufficient nurses and care staff were routinely on duty to provide people with the assistance they needed. We saw people promptly being assisted to undertake a range of everyday activities. This included using the bathroom, going to and from their bedroom and spending time in the garden. A person said, "All I can say is that when I use my call bell the staff come pretty much straight away and I get the help I need. At night they come around to check me which makes me feel safe."
• Safe recruitment and selection procedures were in place. Applicants were required to provide a full account of previous jobs they had done. This was so the registered manager could identify what assurances needed to be obtained about applicants' previous good conduct.
• References from past employers had been obtained as had disclosures from the Disclosure and Barring Service. These disclosures establish if an applicant has a relevant criminal conviction or has been included on a barring list due to professional misconduct. All these checks helped to ensure that only trustworthy and suitable people were employed to work in the service.
• Additional annual checks were completed to ensure that nurses remained registered with their professional body. This was to ensure they were authorised to complete clinical nursing procedures.

Preventing and controlling infection:
• There were suitable measures to prevent and control infection. There was written guidance for nurses and care staff to follow to reduce the risk of infection. They had received training about the importance of good

hygiene and knew how to put this into practice. A relative said, "This place is spotless, that's the only way to describe it. Everything, where ever you look is clean. I've even noticed in the visitors' toilet the taps have been polished until the sparkle. I can't get them that clean in my own home."
• Nurses and care staff had been provided with uniforms and we saw that all members of staff were neatly dressed.
• Nurses and care staff had been provided with antibacterial soap. We saw them regularly washing their hands. They also wore disposable gloves and aprons when providing people with close personal support.
• There was an adequate supply of cleaning materials. Fixtures, fittings and furnishings were clean. In addition, mattresses, bed linen, towels and face clothes were clean. This was also the case for tablecloths, drinking glasses and cutlery.
• The registered manager had completed regular and detailed audits to ensure that suitable standards of hygiene were maintained in the service.

Learning lessons when things go wrong:
• The registered manager and regional director used an audit tool to analyse accidents, near misses and other incidents. This was so that lessons could be learned and improvements made. The audit tool contained information about what had happened and the causes so that trends and patterns could be seen. An example was the audit tool identifying the locations and times of day when people had fallen so the reasons for this could be identified.
• When things had gone wrong suitable action had been taken to reduce the likelihood of the same thing happening again. This included consulting with a person's relatives and requesting assistance from healthcare professionals. An example was nurses arranging for a person to see their doctor if they appeared to have become unsteady on their feet due to being unwell. Another example was the registered manager seeking advice from an occupational therapist when it appeared likely that a person needed to use a different walking frame that better met their changing needs.

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 Requires Improvement. At this inspection this key question has improved to Good.

This meant that people's outcomes were consistently good and people's feedback confirmed this.

Staff support: induction, training, skills and experience:
• At the inspection in March 2019 we found that nurses and care staff had not been provided with all the guidance they needed. This was because nurses and care staff had not received robust supervision from a senior colleague to review their performance and to progress their professional development. We recommended that the registered manager consult national guidance about how to provide nurses and care staff with the right supervision.
• At this inspection in June 2019 nurses and care staff had regularly met with the registered manager, clinical services manager or with a senior colleague to review their performance. Nurses and care staff told us their supervision meetings were more detailed than before. A new part of the meetings involved each member of staff's supervisor observing their professional practice and giving feedback about how well it enabled people's needs for care to be met.
• New nurses and care staff had received introductory training before they provided people with care. Care staff had completed training that was equivalent with the Care Certificate. This is a nationally recognised system to ensure that new care staff know how to care for people in the right way.
• New nurses and care staff had also completed a number of 'shadow shifts' to observe and learn from a more experienced colleague.
• Care staff had received refresher training to keep their knowledge and skills up to date. The subjects covered included how to safely assist people who experienced reduced mobility, promoting people's continence and emergency first aid. Nurses had completed additional training in how to manage healthcare conditions such as epilepsy, diabetes and pressure ulcers. Both nurses and care staff had received training in how to support people who lived with dementia.
• Nurses knew how to care for the people in the right way. Examples of this were nurses knowing how to correctly use medical instruments such as syringes and special dressings. Examples relating to care staff included them knowing how to support people to maintain good personal and oral hygiene, use hearing aids correctly and put shoes and slippers on securely. A relative said, "I am absolutely confident about the nurses and care staff knowing what they're doing. I've seen them caring for my family member and other residents and they're fine."
• Both nurses and care staff had been given training and guidance and knew how to support people if they became distressed and placed themselves and/or other people at risk of harm. An example of this was a person who became anxious because they could not recall when their daughter was next due to visit them. A member of care staff recognised that the person needed reassurance. They gently reminded the person that their daughter worked during the week and usually visited the service at the weekend. They also offered

to help the person call their daughter by telephone if they wanted to speak to her before the next visit. This action reassured the person who said she was happy to wait until the weekend to speak with her daughter.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
• The registered manager and/or clinical services manager met each person before they moved into the service. This was to establish the care a person wished to receive and to ensure the service had the necessary equipment and resources to safely meet their needs. The assessments considered if people needed to use special equipment such as fixed and mobile hoists and easy-access baths. The assessments also noted if a person needed to use a low-rise bed. These beds are positioned close to the floor so there is less risk of a person falling and injuring themselves. In addition, the assessments identified if a person had a healthcare condition requiring the use of items such as special dressings and catheters.
• The assessment process was also designed to establish what provision needed to be made to respect people's protected characteristics under the Equality Act 2010. An example of this was respecting a person's cultural or ethnic heritage by enabling them to choose the gender of nurses and care staff who provided their close personal care.

Supporting people to eat and drink enough with choice in a balanced diet:
• People were helped to eat and drink enough. Kitchen staff prepared a range of meals that gave people the opportunity to have a balanced diet. People had been consulted about the meals they wanted to have. A person said, "I think the food is very good but I don't have a very good appetite. They try very hard to tempt and encourage me." A relative said, "I think the meals are excellent and nicely presented. The dining tables are neatly laid and this makes meal times a pleasant experience."
• People who needed help to eat and drink enough were assisted in the right way. We saw nurses and care staff sitting beside people at lunchtime gently encouraging them to eat and drink. An example of this was a person who had restricted vision being helped by a member of care staff who explained what meal they had chosen. The member of staff then gently guided the person's hand so they could choose which part of their meal they wanted to eat first.
• People's weights were being monitored and nurses had liaised with doctors and dietitians when they had concern that a person might not be eating enough. When necessary people were being offered food supplements to help maintain their weight.
• Nurses had also contacted speech and language therapists when people were at risk of choking. This had been done to establish if a person's food needed to be prepared in a particular way. Nurses and care staff were following the advice they had been given. This included some people having their food blended and drinks thickened so that they were easier to swallow.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support:
• Nurses and care staff supported people to receive coordinated care when they used or moved between different services. An example of this was nurses liaising with hospital staff when a person was due to be admitted to hospital. They had passed on important information about the person's healthcare needs so their hospital treatment could be provided in an effective way.
• Nurses and senior care staff had also promptly arranged for people to see their doctor if they became unwell. They had also ensured that people had consultations with other healthcare professionals including dentists and opticians.

Ensuring consent to care and treatment in line with law and guidance:
•The Mental Capacity Act 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to

make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
• People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes and some hospitals this is usually through the Act's application procedures called the Deprivation of Liberty Safeguards (DoLS).
• We checked whether the service was working within the principles of the Act and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
• People had been supported to make everyday decisions for themselves whenever possible. Examples of this were people being asked about what drinks they wanted to have and when they wanted to be assisted to rest in their bedroom.
• When people lacked mental capacity the registered manager had ensured that decisions were made in each person's best interests. This included consulting with relatives and healthcare professionals when a significant decision needed to be made about the care provided. An example of this was the registered manager liaising with a person's relatives when it was necessary for bed rails to be fitted to reduce the risk of the person rolling onto the floor. Another example was the registered manager consulting with a person's relatives and healthcare professionals after they had declined to take medicines that were necessary to maintain their health. This had enabled the service to introduce alternative arrangements that helped to ensure the person reliably benefited from the medicines in question.
• A relative said, "The staff keep in touch with me all the time and so I know how things are going. My relative has dementia and simply can't make decisions about their care. The staff ask me if there's a change needed in the care they provide. They explain the reasons for it, involve my family member's doctor and we make decisions jointly about what's best for my family member." Another relative said, "The staff always involve me and don't just do things off their own bat."
• The registered manager had made the necessary applications to obtain authorisations when a person lacked mental capacity and was being deprived of their liberty. There were arrangements to ensure that any conditions placed on authorisations were implemented. These measures helped to ensure that people only received care that respected their legal rights.

Adapting service, design, decoration to meet people's needs.
• The accommodation was designed and adapted to meet people's needs and expectations. There was a passenger lift that gave step-free access to all parts of the accommodation.
• The corridors and doors were wide. There were bannister rails, toilet frames and grab rails to help people get around their home safely.
• There was enough communal space and each person occupied a large bedroom that had a private bathroom.
• The accommodation was well decorated, light and airy. There was a fresh atmosphere throughout the accommodation.
• The garden was well maintained and had level paths. There was a patio area with seating. A person said, "The accommodation is very good isn't it. Although it's a big place it feels homely."

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that people were supported and treated with dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question remains as Good.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:
• People were positive about the care they received. A person smiled, walked up to and held the hand of a member of care staff when we used sign-assisted language to ask them about their care. Another person said, "I am always treated with dignity and respect. The carers are kind and are never impatient in anyway. They never rush me. They ask can they come in and help me. We always have a chat."
• A relative said, "I just can't fault them as the staff are kindness itself."

Respecting and promoting people's privacy, dignity and independence:
• People's privacy, dignity and independence were respected and promoted. Nurses and care staff recognised the importance of not intruding into people's private space. People could use their bedroom in private whenever they wished. When providing close care nurses and care staff closed the door and covered up people as much as possible to ensure their dignity was maintained.
• People had been assisted to wear clean clothes of their own choice. A person said, "The staff help me choose my clothes every day as they know I like to colour-match so I look neat. They joke about me trying on most of my wardrobe some days. They're good fun the staff here and nothing's too much trouble for them."
• Nurses and care staff assisted people to use everyday objects in the right way. An example of this was an occasion on which a person who lived with dementia attempted to use a plate as a cup. This resulted in some of their tea being spilt and making the cake they had just been served rather soggy. A passing member of care staff noticed what had happened and gently suggested that the person drink their tea from the cup. They also fetched a new plate and served the person a fresh piece of cake..
• Nurses and care staff were consistently courteous, polite and helpful. They addressed people using their chosen names and always gave people the time they needed to reply.
• Communal bathrooms and toilets had a working lock on the door.
• Nurses and care staff recognised the importance of providing care in ways that promoted equality and diversity. They had received training and guidance in respecting the choices people made about their identities and lifestyles. This included people who chose to follow a vegetarian diet. It also included people who had been supported to meet their spiritual needs by attending religious ceremonies held in the service.

Supporting people to express their views and be involved in making decisions about their care:
• People had been supported to express their views and be actively involved in making decisions about their support as far as possible. An example of this was a member of care staff showing a person two different handbags they often liked to use. This was so the person could decide which handbag to have with them

when they went to the dining room for lunch. A person said, "It's up to me how I spend my day and the staff say they're there to help me not to take over."
• All the people had family, friends, solicitors or care managers (social workers) who could support them to express their preferences. In addition, the registered manager had developed links with local lay advocacy resources. Lay advocates are people who are independent of the service and who can support people to weigh up information, make decisions and communicate their wishes.
• Private information was kept confidential. Nurses and care staff had been provided with training and guidance about the importance of managing confidential information in the right way. The registered manager asked to see our inspector's identification badge before disclosing sensitive information to us.
• Nurses and care staff only discussed people's individual support needs in a discreet way that was unlikely to be overheard by anyone else. A relative said, "I've noticed the staff are very tactful and in all the times I've been here I've never heard them talking between themselves about someone's care such that it could be overheard."
• Written records that contained private information were stored securely when not in use. Computer records were password protected so that they could only be accessed by authorised members of staff.
• Nurses and care staff knew about the importance of not using public social media platforms when speaking about their work.

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 Requires Improvement. At this inspection this key question has improved to Good.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and giving them choice and control:
• At the inspection in March 2019 we found that the service did not fully meet the Accessible Information Standard that was introduced on 1 August 2016. This requires all providers of NHS care and publicly-funded adult social care to make suitable arrangements to support people who have information or communication needs relating to physical and/or sensory adaptive needs. At the last inspection in March 2019 each person had an individual care plan describing the nursing and personal care they needed. However, little had been done to present information in care plans in a user-friendly way using an easy-read style with pictures and graphics. People who live with dementia or who have sensory adaptive needs often find it helpful to have information presented to them in this way. At the last inspection we also found that the menus displayed in the dining rooms were written in small print and so were difficult to read. This was also the case with the service's complaints procedure. We recommended that the registered manager consult national guidance about how to provide nurses and care staff with the right supervision.
• At this inspection in June 2019 people's care plans had been developed to make them more person-centred with some key information being presented in a user-friendly way. In addition, we saw nurses and care staff using innovative ways of engaging people in reviewing and agreeing to the assistance they received. An example of this was a member of care staff showing a person who lived with dementia their walking frame and a wheelchair when the person was about to leave their bedroom to go into the lounge. They did this because the person was tired and the member of staff was not sure if they wanted to walk or be assisted by using a wheelchair. After some thought the person chose to walk. They used the walking frame and were accompanied by the member of care staff who walked at their side. A person said, "The staff have asked me now and then if I'm still happy with my care and do I want anything else. The answer is always that I am happy and don't need anything else."
• Improvements had also been made to the way menus presented information. These used pictures to show the dishes that were available at each meal time. Also, we saw care staff showing people plated meals so they could better appreciate the choices available to them.
• The complaints procedure had also been developed. It was available in large print . There was also provision for it to be presented in video-format, different languages and braille.
• People and relatives told us that they were satisfied with the nursing and personal care provided in the service. A relative said, "I can see from how my family member is in themselves that they get a lot of help. I'd soon know if they weren't getting enough care." A relative said, "I can see the care is very good. My family member is always neatly dressed, their hair and nails are done and they look well in themselves."
• People received personalised care that was responsive to their needs. We saw people being supported to

move about their home and use the bathroom. Call bells were quickly answered. Nurses and care staff regularly called on people who were resting in their bedroom. They did this to make sure they were comfortable and had everything they needed.
• People had been supported to keep in touch with their families. With each person's agreement nurses and senior care staff telephoned family members to let them know about any important developments in the care being provided. Family members told us they were always welcomed by the registered manager, nurses and care staff when they called to the service.
• People spent their day as they wished. People were free to relax in their bedroom if they wanted. They were also supported to pursue their hobbies and interests. There were two activities coordinators who invited people to participate in a number of small group activities. These included gentle exercises, baking, crafts and gardening. The activities coordinators also provided people with individual support to enjoy activities such as reading the newspaper, puzzles and nail care. There were also entertainers who called to the service to play music and to support people to enjoy singing. A person said, "You don't have to join if you don't want to but there's something going on most days. I love the pat dog in particular."

Improving the quality of care in response to people's concerns and complaints:
• People and their relatives had been given a copy of the service's complaints procedure. The procedure reassured people about their right to make a complaint and explained how complaints would be investigated. A relative pointed to the open door leading to the registered manager's office and said,"I've never had to make a complaint. It's not like that here. Look over there that door's always open, I've never seen it closed in all the times I've been here and that's a lot. The manager is always around and she's always willing to listen and be helpful. That's the best complaints procedure you can have."
• Most of the people living in the service did not have mental capacity and/or had special communication needs. Nurses and care staff recognised this meant people might not be able to speak about any concerns they may have. Consequently, they looked out for indirect signs that a person was dissatisfied with their care. These signs included a person declining to accept care or becoming anxious during its provision. Nurses and care staff said that when this occurred they discussed the matter with the registered manager. This was so that any necessary further enquiries could be made.
• There was a procedure for the registered manager to follow when managing complaints. This required the registered manager to clarify what had gone wrong and what the complainant wanted to be done about it. It also required the regional director to monitor and approve all actions taken to resolve a complaint. The registered director told us that no complaint would be considered as closed until the complainant was satisfied with the conclusions reached and solutions offered.
• Records showed that the registered persons had two formal complaints in the 12 months preceding our inspection visit. We noted that suitable steps had been taken to resolve each of them.

End of life care and support:
• There were suitable arrangements to care for people at the end of their life to have a comfortable, dignified and pain-free death.
• In consultation with relatives and healthcare professionals people nearing the end of their life were asked how they wished to be supported. The registered manager was aware of the need to carefully approach this subject so that the person was not unnecessarily upset.
• There were arrangements for the service to hold 'anticipatory medicines'. This is so that medicines are available for nurses to quickly dispense in line with a doctor's instructions if a person needs pain relief.

Good

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care, supported learning and innovation and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good.

The service was consistently managed and well-led. Leaders and the culture they created had promoted high-quality, person centred care.

Continuous learning and improving care:
• At the inspection in March 2018 we found that more robust arrangements needed to be made to regularly review the number of nurses and care staff on duty. This was so the number of nurses and care staff on duty could quickly be increased if people's needs changed so they needed additional assistance. We recommended that the registered manager consult national guidance about how to establish the number of nurses and care staff who needed to be deployed in the service.
• At this inspection in June 2019 more robust arrangements had been made by the registered manager and regional director to establish how many nurses and care staff needed to be on duty. They had used an updated tool prepared by the registered provider to show how many nurses and care staff needed to be on duty. When doing this they had considered each person's needs for care and how the amount of assistance needed varied at different times of day and night. They had also taken into account whether two nurses and/or care staff were needed to assist people who lived with reduced mobility and who needed to be assisted to transfer by using a hoist. In addition, they had taken into account other factors. These included the size and layout of the building and the time it took for staff to move about the accommodation. They also included an analysis of the times taken to respond to call bells and the receipt of feedback from nurses and care staff. All this information had helped the registered manager and regional director to more accurately establish how many nurses and care staff needed to be deployed to reliably provide care that met people's need and expectations.
• Other quality checks were also being completed to monitor and evaluate the service. These included the detailed and well-recorded checks already described in this inspection report concerning the management of medicines, learning lessons from incidents, infection control and health and safety.
• In addition to these checks, nurses and the regional director had audited each person's nursing and personal care records. This was to ensure that people had consistently received safe care.
• The registered provider's quality improvement team regularly called to the service to complete independent audits. These audits were detailed, well recorded and robust.
• People and their relatives considered the service to be well run. A person said, "I suppose it must be well run. This is a big place and it must take a lot of organising to get the right care and everything else right." Another person said, "It runs like clockwork." A relative said, "It plainly is a well-run service and in my opinion has always been so. It must be a challenge to find staff but they manage and the care is excellent."

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

characteristics:
• People and their relatives had been offered the opportunity to comment on their experience of using the service. There were regular residents' and relatives' meetings at which people had been invited to suggest improvements to the service. People and their relatives had also been invited to complete questionnaires to give feedback about the service. The service subscribed to a social media platform that can be used by anyone to submit anonymous feedback of their experience of using the service.
• Records of the residents' and relatives' meetings and analysis of the questionnaires showed that people were consistently positive in their assessment of the service. Also, action had promptly been taken when improvements had been suggested. An example of this was new armchairs being provided in lounges. A relative said, "I think that the staff and the manager do genuinely want feedback so they can improve the service. They take it seriously and it's not just a token exercise because they have to do it."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:
• Nurses and care staff had been supported to understand their responsibilities to meet regulatory requirements. They had been provided with written policies and procedures to help them to consistently provide people with the right assistance. This included updated information from the Department of Health about the correct use of use of equipment, medical devices and medicines.
• There was a senior member of staff on call during out of office hours to give advice and assistance to support staff.
• Nurses and care staff had been invited to attend regular staff meetings to further develop their ability to work together as a team. Records showed that at recent meetings they had discussed important subjects such as each person's changing needs for care.
• Nurses and care staff said there was an explicit 'no tolerance approach' to any member of staff who did not treat people in the right way. Nurses and care staff were confident they could speak to the registered manager or regional director if they had any concerns about people not receiving safe care. The registered provider also had a national 'Speak Up' internet service. This could be accessed by any member of staff if they had concerns that they did not want to raise with local managers. Nurses and care staff also knew how to contact external bodies such as the local safeguarding authority and the Care Quality Commission.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:
• The registered manager and regional director had established a culture in the service that recognised the importance of providing people with person-centred care. A relative said, "There's no 'us and them' with the staff, I can visit whenever I want without an appointment and I think the culture is that the staff have nothing to hide."
• The registered manager and regional director understood the duty of candour requirement to be honest with people and their representatives when things had not gone well. They had consulted guidance published by the Care Quality Commission. There was a system to identify incidents to which the duty of candour applied so that people with an interest in the service and outside bodies could reliably be given the information they needed.
• It is a legal requirement that a service's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered persons had conspicuously displayed their rating both in the service and on their website.
• Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. The registered manager had submitted notifications to Care Quality Commission in an appropriate and timely manner in line with our guidelines.

Working in partnership with others:
• The service worked in partnership with other agencies to enable people to receive 'joined-up' support. The registered manager subscribed to a number of professional publications relating to best-practice initiatives in providing people with nursing and personal care.
• An example of this was the registered manager and regional director knowing about important changes being made to strengthen the provision made to ensure people only receive support that is lawful and the least restrictive possible. This had enabled the registered manager and regional director to anticipate the changes and ensure that the service was ready to implement them. Another example was the service participating in a university-based research project to identify new ways of engaging and promoting the independence of people who live with dementia.