

H Plus Care Ltd

Larchfield House

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service: Larchfield House provides purpose-built accommodation and personal care with nursing to 75 people in four separate units, known as communities. The home provides a service to older people and people living with dementia. At the time of our inspection there were 74 people using the service.

People's experience of using this service: The service met characteristics of Good in all areas. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines. The service ensured care plans with regards to medicines were up-to-date and accurate. Staff were recruited safely and there were enough staff rostered and deployed to meet people's needs safely. The service completed checks and remedial work to ensure the environment was safe.

Care planning documentation identified people's diverse needs, preferences and choices. The service responded to people's changing needs and involved relatives and other professionals where relevant. Complaints were investigated, outcomes shared and apologies issued to people when things went wrong. Where people were at the end of life, their wishes were identified and respected by staff.

The registered manager understood their duty to be open and transparent and notified other agencies of events and issued apologies where relevant. The service had quality assurance processes to measure, document, improve and evaluate the quality of care. The registered manager provided strong leadership to a motivated staff team who felt valued.

The home had undergone refurbishment and replaced flooring and created a café which improved the environment and social opportunities for people using the service. Staff received appropriate training and support to ensure they could carry out 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 supported this practice.

Staff demonstrated compassion and respected people's preferences and decisions. People and their relatives were valued and involved in people's care and the development of the service.

Rating at last inspection: At the last inspection the service was rated Requires Improvement (21 March 2018). Following the last inspection, we met with the provider and asked them to complete an action plan to show what they would do and by when to improve the key questions Safe, Responsive and Well-led to at least Good. At this inspection we found these key questions had improved to Good.

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

Follow up: We will continue to monitor the service to ensure that people receive safe, high quality care.

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

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.

Larchfield House

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by two inspectors and one expert by experience on the first day and one inspector on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Larchfield House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home accommodates up to 75 people across four separate units, known as communities, each of which has separate adapted facilities.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was unannounced on 26 March 2019. We informed the registered manager we would return on 28 March 2019.

What we did: Our inspection was informed by evidence we already held about the service including notifications we received about significant events. We checked for feedback we received from members of the public, local authorities, records held by Companies House and the Information Commissioner's Office (ICO). We did not ask the provider to update their Provider Information Return for this inspection. This is information providers must send us to give us key information about the service, what it does well and improvements they plan to make.

We spoke with seven people who use the service and ten relatives. We observed staff supporting people at lunch time in the dementia suite and in the main dining room. We observed staff interactions with people

throughout our visit and during structured activities. We spoke with the registered manager, two care workers, three team leaders, four nurses, the chef, the governance, clinical services, wellbeing and administration managers. We spoke with two healthcare practitioners and a commissioner and received email feedback from the safeguarding local authority, quality monitoring team and the clinical commissioning group (CCG).

We reviewed parts of twelve people's care records including care plans, risk assessments and medicines administration records and other records about the management of the service. After our inspection, we asked the registered manager to send us further documents which we received promptly and reviewed as part of our inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

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

At the last inspection (21 March 2018), we asked the provider to take action to make improvements to people's care records to ensure they were accurate and that medicines received by staff were processed correctly. These actions have been completed and the provider is no longer in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

Using medicines safely

- Medicines systems were organised and people receiving their medicines when they should. There were suitable facilities for the secure storage of medicines and homely remedies were listed and approved by the GP. Nurses were responsible for administering medicines to people and received medicines training and regular competency assessments.
- The clinical services manager was responsible for over-seeing that actions identified in a pharmacy audit (27 February 2019) were completed by nurses on each unit. Progress was made and the clinical services manager referred to relevant national guidance from the Royal Pharmaceutical Society and CQC as part of the review of actions. We have reported further on this in the Well-led key question.
- Records confirmed people received their medicines in accordance with prescription directions. We saw that one person consistently refused their medicines. The service reviewed this with the GP and were in the process of assessing whether covert administration was in the person's best interest with all involved in the person's care.
- Care planning documentation for a new admission to the service accurately listed the person's medicines which was cross-referenced with the medicines administration record (MAR).

Systems and processes to safeguard people from the risk of abuse

- The service followed safe systems and practices to safeguard people from abuse. The provider's safeguarding policy was in line with current legislation and we saw internal and external safeguarding contact details were accessible to all staff.
- People using the service and their relatives told us they felt safe with comments such as, "[The service is] very safe... Call bell always within reach and [my family member] has a sensor mat on floor just in case they fall out of bed", "[The service] seem to take every precaution they can" and "Very [safe]... not ever uncomfortable. Would definitely raise a concern if necessary."
- Staff were able to identify signs of abuse and how to report concerns. A care worker told us that "physical and emotional" abuse were possible risks and if they had a concern they would, "Straight away inform the nurse in charge."
- People had call bells within reach in their rooms and people who were not able to operate their call bell and received regular wellbeing checks. We observed that care workers responded promptly when call bells were activated.

Assessing risk, safety monitoring and management

- The service had up-to-date risk assessments which addressed people's specific needs including mobility and the prevention of falls, personal risk and behaviour, skin integrity, eating and drinking.
- Risk assessments identified and documented hazards, the likelihood and severity of risks and safe measures to mitigate risk. For example, diabetes risk assessments included prevention strategies and warning signs of symptoms.
- Safe measures were proportionate and followed the least restrictive principle which meant that people's safety was balanced with their rights and wishes. For example, alternatives were sought to bed rails such as low-profile bed and crash mats wherever possible.
- There were up-to-date compliance certificates for gas, electric, lifting operations and lifting equipment regulations (LOLER) compliance for equipment such as lifts and hoists. Legionella checks were in place including regular flushing of outlets every two days. The provider had replaced all the pipework (and reinstated shower facilities) to resolve previous Legionella presence and had since received three clear test results, which meant people were not at risk.
- There was an up-to-date fire procedure, risk assessment and personal emergency evacuation plans (PEEP) for every person using the service. We saw a completed action plan which addressed remedial work identified from the fire assessment in a timely manner. For example, we observed that bins and loose combustible waste were moved back from one of the escape routes and ceilings had been restored with reinstated compartmentation (to reduce the spread of fire).

Staffing and recruitment

- Safe and robust recruitment procedures were used when people were employed. Information such as photographic identity, right to work in the UK, two references and Disclosure and Barring Service (DBS) checks were sought before new staff commenced working for the service. Agency profiles and background checks met requirements and induction documentation were consistently completed and signed by senior staff.
- People and their relatives told us that staffing was sufficient with comments such as, "[I] see the same people on a regular basis...know all their names", "Don't get many agency staff [at the home]" and "Staff are all very good...yes never have a problem locating someone." Two relatives fed-back that staff seemed to be more stretched with different staff at the weekends. A nurse told us, "If required [the registered manager] will provide extra staff" and a care worker told us there were now "more staff on the floor" to meet people's needs and said it, "Benefits residents having staff who know them."
- During our visit we observed staff interacted with people and did not appear to be rushed or task orientated. The service used a dependency tool which calculated staffing hours to meet people's needs. We saw that people received one to one support in addition to background staff ratios where this was an assessed need. The rota and deployment of staff took account of staff experience and skills was regularly reviewed and adapted to optimise this. All nurse posts were recruited to and the provider booked regular agency staff to cover absences, which optimised continuity of care.
- A staff member told us, "One nurse is okay for the daily tasks" but felt there was insufficient time to review and update care plans. We reviewed this with the governance manager who stated they expected a high standard of information in care plans and staff were provided with supernumerary hours to complete responsibilities.

Preventing and controlling infection

- The service had infection control procedures and cleaning schedules to monitor, prevent, detect and control the spread of infections. For example, there was a cleaning rota for the deep clean of equipment such as wheelchairs, hoists and standing frames.
- Where required, people's care plans included specific infection control strategies and monitoring of infection from the GP.

- There was a housekeeping manager and three infection control champions who staff could report concerns to, to be escalated and acted upon. We observed the service to be clean and hygienic. However, we noted a slight offensive odour in one part of a corridor of a unit which the clinical service lead said they would investigate.
- Staff had access to appropriate personal protective equipment (PPE), hand wash and infection control facilities. The registered manager told us that PPE dispensers were fitted in accessible places to prevent contamination through the practice of staff keeping gloves in their pockets.
- Staff received infection control and food hygiene training and we observed kitchen staff and care workers handling food hygienically during lunch time. The service received 5/5 rating from the relevant food authority's inspection, dated 5 April 2018.

Learning lessons when things go wrong

- The service reported and recorded safety incidents and we saw evidence that lessons were learnt and improvements made. Medicine errors were discussed with staff in a team meeting in March 2019 and vigilance of medicines procedures were added to staff appraisals as an objective.
- Staff reported incidents electronically which included relevant factual information. Root cause analysis was applied and actions were identified and followed-up by the clinical services and governance managers. We saw people's care plans were updated in response to incidents where relevant to avoid reoccurrence. The incident report form did not include an option to confirm that people's care plan or risk assessment had been reviewed. The clinical and governance leads told us they would review this to provide an audit trail of actions.
- The service categorised and reviewed incidents monthly and the governance lead completed thematic analysis for falls, people's weight and infections. For example, the service identified falls in January 2019 occurred during late afternoon. This led to a review of sensor and crash mats and an increase of safety checks upon people who were identified as high risk of falls. The February and March 2019 reviews indicated there was a reduction in falls. Analysis included a link to increased infections in January 2019 as a contributing factor to falls. The service documented that they reviewed the increased levels of infection in January 2019 with the GP who said there were no concerns and the service identified early warning signs to support timely treatment in nearly all cases.
- We noted that comparative data analysis over time for incidents was not reported on, which could potentially evidence wider trends and used to inform and develop policies and procedures. The registered manager took this on board and showed us an example of how they could develop this during our visit.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed.

When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. □

Ensuring consent to care and treatment in line with law and guidance

- Staff we spoke with demonstrated sound understanding of the MCA and DoLS and described how they sought people's permission and enabled choice.
- Some people required continuous supervision and control to meet their needs and their freedom of movement was restricted by keypad entry/exit systems on each unit. We observed staff provided one to one support which enabled people to access other areas of the home. The MCA and DoLS require providers to submit applications to a 'supervisory body' for authority to restrict people's liberty in this way. The provider's applications under the DoLS had been authorised and we saw outcomes and any requirements of DoLS were communicated to staff who needed to know.
- Mental capacity assessments and best interest decisions were documented in accordance with the code of practice. Lasting power of attorney (LPA) records for health and welfare were verified and held with people's records in line with requirements.

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

- The service gathered as much information as possible about people's needs and preferences, before a new care package commenced. The service understood its duty in line with the Equality Act 2010 to identify and meet people's needs associated with protected characteristics, such as religion and sexual orientation.
- People's skin integrity was assessed using the 'Waterlow' pressure ulcer prevention tool. We observed the provider's documented care and treatment plan for a new admission regarding a hospital acquired pressure ulcer. Improvement was demonstrated over a six-week period and we were told the person was now able to mobilise. The clinical services manager demonstrated expertise regarding wound care management and passion for improving people's comfort and quality of life.
- People's weight was monitored monthly in line with national guidance to indicate nutritional risks and tracked any weight gain or loss over time. We saw referrals to dietitians where there were concerns and advice and recommendations were noted in care records.

Staff support: induction, training, skills and experience

- People were supported by staff who had ongoing training. Training was in place to meet people's specific needs such as dementia awareness, sepsis detection, wound care management and diabetes awareness.
- New staff received induction training which followed the care certificate standards and managers assessed and documented staff competencies.
- A care worker told us they were doing an 'assistant practitioner' course with the provider's support. The clinical services manager was their mentor and they had regular meetings.
- The service supervision matrix for 2018 showed that most staff received four one to one or group supervisions per year. However, we noted that some staff had not received regular supervision. For example, three staff were last supervised in July 2018. We were provided with the supervision and appraisal plan for 2019 which showed some planned dates and specific timeframes for one to one supervisions and appraisal reviews to improve the regularity of performance review and feedback. Staff we spoke with said they felt supported by their line managers.

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

- People's eating and drinking needs were assessed and documented. A simple, colour coded 'all day menu' chart was shared with the chef which documented people's specific needs such as allergies, required textures and preferences.
- Hydration stations were provided in each unit and the service monitored and recorded people's nutritional and fluid intake. We saw that staff provided people with their preferred drinks regularly throughout our visit.
- We observed lunch being served on two different units. Although there were enough staff we noticed some people waited unreasonable times to be served due to a lack of staff co-ordination. Interaction from staff ranged from effective involvement and explanation to people, to no communication at all. For example, one staff member physically supported a person to eat but did not explain what the meal was and did not verbally prompt and prepare the person for the next spoon of food. We observed another member of staff physically supported a person to drink without any verbal cues or warnings. We fed this back to the registered manager who took immediate appropriate action to improve people's dining experiences.

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

- The service completed daily handover meetings including every department manager and unit nurse. These included updates about people's health and changes in need and agreed actions, maintenance issues and remedial work and housekeeping duties in respect of preventing infection control. This meant managers had a shared, holistic understanding of priorities to meet people's needs.
- A range of professionals were involved in assessing, planning, implementing and evaluating people's care and treatment such as specialist diabetes nurse, tissue viability nurse and speech and language therapist (SALT). We saw that GPs made regular visits to the home and the community mental health nurse was involved in meeting a person's needs.
- One person told us, "[Staff] are very aware of my health needs" and another person said, "Doctor comes in to check my pacemaker." We saw healthcare referrals, regular medical appointments and outcomes were recorded in people's care records.
- The service implemented the NHS 'red bag' (containing the person's relevant information, their medication and personal items) scheme to improve communication and a smoother handover between the service and the hospital.

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

- Dementia friendly colour schemes and furniture were used to promote visual attention, and signage for bedrooms, toilet facilities and bathrooms were used to help orientate people. There were large clocks indicating the day and date in communal areas. We discussed with the registered manager that additional

visual aids could be beneficial for people with varying abilities, who agreed this would be reviewed as part of the service's dementia strategy. We were made aware that one person had this type of visual aid their bedroom to reduce confusion.

- We noted that electronic monitors (used to provide people and staff with information such as activities and events) were not mounted low enough to be within people's eyeline and worked on a time loop which may not be as accessible as static information, particularly for people with dementia. The registered manager said they would consider other methods but felt the monitors met most people's needs and was concerned that conventional notice boards would not be tolerated and taken down by some people.

- People's private rooms appeared well maintained and were personalised. There were comfortable communal areas which were arranged to meet both social needs as well as quiet spaces for people to access alone or with visitors.

- Flooring was replaced throughout the service to improve hygiene and comfort. The entrance to the service had been refurbished and now included a café, designed to be welcoming and supportive to relatives visiting their family members. We observed this was well utilised by people and visitors throughout our visit.

- There were accessible courtyards with suitable furniture, planting and points of interest. We observed staff supported people to access these spaces throughout our visit. The service planned to landscape the garden to improve accessibility and enjoyment.

Is the service caring?

Our findings

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

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

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

- We received consistent positive feedback from people and relatives about how staff treated them; "[Staff] are extremely kind and caring at all times", "[Staff] go out of their way to be kind... sometimes they don't understand each other but they are very caring", "[Staff] treat him with great kindness and compassion... make him smile and treat him with respect" and "They take care of the relatives as well as the residents... have a family room if you want to have a special meal or event." One relative described staff as, "Kind, caring, helpful, cheerful, vigilant and patient."
- Staff spoke to us about people with respect, empathy and due regard to people's diverse backgrounds. One staff member told us, "I treat people how I would like to be treated... It's important to take time and listen, be patient and build-up trust."
- We observed that staff were vigilant of people's needs and were attentive. Staff were seen at various times to engage warmly with people on an opportunity led basis and with positive regard. We observed that people responded well to nurses and care workers.

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

- People's care planning documentation included preferred methods of communication and staff strategies to help involve people in their care. For example, one strategy instructed staff to approach the person for the side due to their visual impairment. During our inspection we observed staff to position themselves appropriately when they communicated with people.
- We were told staff were matched with people according to shared language and we observed care workers spoke to people in their preferred first language of Punjabi.
- We saw that a newer staff member was talking through a person's 'all about me' pictorial file with them. We were told this was part of the agreed strategy for staff to get to know the person, to encourage interaction and to build a rapport. The person appeared comfortable and engaged with the staff member.
- A relative told us "I couldn't be happier with the attention [family member] gets... [name of nurse] always tells us" of any changes regarding the person's care and wellbeing.
- One person acted as 'resident expert' for their medicines. We saw the person was involved in the ordering and receipt of their medicines to ensure they had enough stock and did not over-order to avoid waste. This demonstrated the service embraced opportunities to involve and empower people to make decisions.

Respecting and promoting people's privacy, dignity and independence

- The service trained 'dignity champions' whose role it was to promote the provider's dignity policy within the service. One of the champions referred to national best practice guidance, 'the 10-dignity do's and don'ts' and how this was applied in practice. For example, they asked people how they preferred to be addressed and whether they would like their bedroom doors open or shut when in bed.

- People's emotional needs and support strategies associated with diagnosed anxiety and/or mental health conditions were identified and well-understood by staff. We observed staff responded to a person who was in distress in a way which upheld their privacy and dignity.
- People and relatives told us they felt their privacy was respected with comments such as, "They keep doors closed and help me do what I am able to do for myself", "[Staff] keep doors closed" and "[Family member] always has a male to take him to the toilet and help him shower" which was in line with the person's wishes.
- Confidential information about people who used the service and staff was protected. We found the service complied with the relevant legislative requirements for record keeping. Filing cabinets were kept locked and keys were held on authorised staffs' person. There was a secure log-in and password protected system to access people's records online.
- Care plans included people's abilities and the level of staff support needed for all aspects of day to day living. This included the level of encouragement people needed to promote engagement and interaction to avoid social isolation. A person told us, "Whatever I can do for myself, [the service] don't interfere."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

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

At the last inspection (21 March 2018), we asked the provider to take action to make improvements to systems to ensure that complaints were always thoroughly investigated. At this inspection all actions have been completed and the provider is no longer in breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's needs assessments included comprehensive information about their background, preferences and interests. People and relatives told us care plans were regularly reviewed with comments such as, "[My family member's] plan is reviewed regularly. Any issues are dealt with straight away", "We were all involved with [family member's] plan. It is updated regularly" and "They have a blog which is brilliant because it is kept up to date so if I can't get in I know what [family member] has done and how [family member] is."
- Staff spoke knowledgeably about people's needs, interests and what was important to them. For example, staff understood how important a person's routine was to them and followed step-by-step support strategies which were documented in the person's care plans to ensure all staff followed a consistent approach. We were told this resulted in a reduction of the person's anxiety and they now had more positive relationships with staff members.
- The service introduced an electronic quiz about each person's needs, preferences and history, which staff were required to complete when they updated people's daily care records to ensure their knowledge was refreshed and current.
- All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. There are five steps to AIS: identify; record; flag; share; and meet. The service had taken steps to meet the AIS requirements. People's communication and sensory needs were assessed, recorded and shared with relevant others. There were specific details in people's care plans about their abilities, needs and preferred methods of communication.
- The service provided group activities for one hour in the morning and one hour in the afternoon. At other times activity workers supported people on a one to one basis at meal times and with individual's interests. We were told group activities were based on feedback from people and included music sessions (tailored to people with dementia), gentle exercise, 'let's make sandwiches', friendship groups. We observed a sensory session in progress which was well attended and staff supported people to engage according to their ability.

Improving care quality in response to complaints or concerns

- The service provided clear guidance and contact details for how to make a complaint. Literature about how to complain was in the service newsletter, statement of purpose and was displayed in communal areas.

- The complaints procedure was in line with regulations and we saw that complaints were responded to promptly and investigated. Letters from the registered manager to people and relatives contained an explanation of events, actions taken as a result of the incident, professional involvement (such as intervention by a tissue viability nurse) and an apology.
- The service kept a log of compliments from people and their relatives and monitored feedback via carehomes.org.uk where the home received consistent 'good' and 'excellent' ratings. We saw this was fed-back to staff in team meetings.

End of life care and support

- When people were at the end of their life care plans identified their preferences and the service co-ordinated palliative care in the care home where this was the person's wish.
- We observed that a person who was receiving end of life care appeared comfortable. A relative told us they were checked "Every half hour or more" and that staff "always look in." One care plan we reviewed for 'Death and dying' was very detailed. It included family involvement and the person's wishes for the last stages of life and funeral arrangements. The care plan referred to a 'do not attempt cardiopulmonary resuscitation' (DNACPR) order, which the consultant had discussed with two family members. The GP had prescribed anticipatory medicines to "Manage and alleviate (the person's) pain, secretions and any agitation."
- During our visit we observed the clinical services manager prioritise the co-ordination of palliative care and anticipatory medicines for an individual who was discharged from hospital at the end of their life.
- All staff attended end of life care training and there was a provider policy and procedure in place containing relevant information. Staff demonstrated that they felt prepared and understood how to support people at the end of their life. A nurse told us they had participated in end of life care training which included "how to administer medication, how to make the person comfortable and how to support the family."

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

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

At the last inspection (21 March 2018), we asked the provider to take action to make improvements to systems to check for accuracy of records, managerial oversight of lessons learnt from incidents and analysis to drive improvements. In addition, at the last inspection the provider did not issue apologies to people using the service when things went wrong. Neither did the service comply with its condition of registration and failed to achieve all of the improvements it stated would be made by 31 August 2017. At this inspection all actions have been completed and the provider is no longer in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance or Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Duty of candour.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager demonstrated high standards and expectations to ensure people's care needs were met and that the home's culture was open and transparent. They understood their duty of candour; notifiable events were reported and apologies were issued where required.
- People and relatives provided positive feed-back about the management of the service, "The management have been incredibly helpful and everyone gets on very well", "Can't find any fault...everyone works well together", "Very good. They listen" and "Very approachable...have had meetings with [registered manager] ...good leadership."
- We received positive feed-back from commissioners that the leadership and culture of the service had improved and there was a general sense of confidence in the registered manager and the quality of care provided.
- Staff told us they felt well supported with comments such as, "Very good management here... [the registered manager] is approachable. His door is open always", "Recent management have made things easier. Everything is put in place", "[staff are] able to progress here" and "[The registered manager] is consistent, has a vision a plan and takes it forward. Very focused and knows the residents... visible on communities and to relatives. They have done an amazing amount to bring the service to a realistic standard. Nurses and staff are on board with engagement. Staff are working together."

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

- The registered manager had close oversight of the service. They reviewed monthly incidents analysis, regularly updated the service business continuity plans and risk register for all aspects of care, documentation, health and safety, staffing and the environment, and demonstrated progress against identified areas for development.

- We found the provider's pharmacy audit action plan did not have a clear timeframe to be achieved. Initially, the clinical service manager was not aware of the progress of all actions and did not have a contemporaneous record which documented progress. We followed-up some of the actions which confirmed these were not consistently applied. This was rectified and documentation was available to us during the second day of our visit. The registered manager and clinical services manager told us this would be documented with a clear timeline in future.
- There was a clear service structure and roles were defined and understood by staff. Staff told us that the clinical service manager was "hands on" and they demonstrated detailed knowledge of people's health and emotional wellbeing needs. The clinical governance manager was knowledgeable of regulatory requirements and used effective systems to ensure compliance. For example, regular audits of care planning documentation were completed and identified actions were followed-up.
- Nurses we spoke with demonstrated pride in their roles and took their responsibility to support and develop their team's skills seriously. One nurse said, "I lead the team with clear expectations. I am vigilant in monitoring staff performance and offer teaching and then supervision...staff turnover has been positive, staff who have stayed are willing to learn and change."
- The service reviewed their business contingency plan regarding recruitment and the supply of medicines and goods in relation to the government's guidance about a potential 'no deal' EU Exit. We saw that information was displayed about the "EU Settlement Scheme" for EU nationals in line with the government's draft "Withdrawal" agreement.

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

- The service held regular meeting for people and their relatives to provide them with information about the service and to seek their feedback. Meeting minutes dated September 2018 showed that the service acted upon suggestions about the 'relatives' gateway' (electronic person-centred records and updates about family member's health and wellbeing).
- Relatives suggested they would like to nominate staff for 'employee of the month'. This was adopted by the service and there was a comments box in the reception area for this purpose and any other comments about the service.
- The service sent annual surveys to people and relatives. Results were analysed and outcomes fed-into service strategies and published in the service newsletter. We viewed August 2018 survey results which were largely positive but identified that some people were not sure about how to make a complaint or submit a compliment. This was acted upon and as well as the various paper and on-line literature available, staff were directed to remind relatives verbally.

Continuous learning and improving care

- The registered manager described how they developed key staff to ensure succession planning within the service. For example, four trainee nurses were supported to undertake their nursing qualifications at university and the registered manager mentored department managers to develop their management and leadership skills.
- The service was keen to develop and kept abreast of best practice to meet people's needs. For example, the clinical governance manager regularly accessed online legal information to review mental capacity case law and resources and as a result felt prepared for planned changes to Deprivation of Liberty Safeguards (DoLS) legislation. The service subscribed to a dementia organisation and was in the process of arranging for them to visit during an open day, to seek feedback about best practice.
- The service had an 'innovation plan' for in progress and future projects. This included the upgrade of electronic devices from mobiles to iPads to help people access their care records more easily and to access pictorial information to choose meal options according to the person's needs. The service also planned to join a health and social care accreditation scheme to be independently evaluated against recognised

standards and drive continues improvement.

- We found the service to be open and responsive to our feedback. For example, in response to our observations about some of the meal time staff support the clinical governance manager showed us planned meal-time evaluations of staff practice and a 'dignified dining workshop' to be held on the 5 April 2019, to include experiential learning and self-reflection worksheets.

Working in partnership with others

- The clinical services manager attended hospital discharge meetings and worked closely with co-ordinators to ensure discharge summaries included information necessary for smooth transitions.
- The wellbeing manager was relatively new in post and had started to build community links to meet people's needs. They had arranged through their contact with a football team for nursery children to visit the home, who engaged with people through arts and crafts activities. Volunteers from the Duke of Edinburgh Award scheme visited the home at weekends to provide activities and support the service with projects.
- The service had links with Church of England and Catholic leaders who visited individuals and provided group prayers, readings and hymns. The service had yet to make links with other religious denominations including Islam. The wellbeing manager said they would ensure these community links were prioritised to meet people's diverse needs.
- A healthcare professional told us the service was working proactively with pharmacies and GP surgeries to improve co-ordination of people's medicines and avoid reoccurrence of errors, in response to two pharmacy errors. The service received support and acted upon advice from the medicines optimisations team to promote good outcomes for people.