Chanctonbury Health Care Ltd

The Queensmead Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The Queensmead Residential Care Home provides care and support for up to 36 older people. At the time of this inspection 23 people were living at the service.

The service is purpose built and provides accommodation and facilities over three floors. The needs of people varied, some people were mainly independent, some had low physical and health needs and others had dementia and memory loss. The service provided respite care for people wanting short stays in a care home.

People's experience of using this service and what we found
Quality systems had not been fully established and imbedded into daily practice to support quality care and record keeping in all areas. Some records were not complete or accurate this included care records. They did not support or record the care and support provided. The lack of accurate and contemporaneous records was identified as an area that needed improvement.

Staffing arrangements were safe and ensured people's needs were met in a timely way. Staff had received training and regular updates on safeguarding people. They understood how to respond to any suspicion or allegation of abuse or discrimination. Staff were recruited safely. People's medicines were handled safely. There were suitable arrangements in place to assess and respond to any risk to people. The service was clean and there was a plan to redecorate and maintain the building.

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.

People received personalised care that was delivered by staff who had a good understanding of their needs and how they should be met. People had access to health professionals to promote their health and social well-being.

There was a commitment to staff training and development. Staff received a varied training programme that ensured they had suitable skills to care for people. Staff were supported and had the opportunity to develop new skills. People's dietary needs were assessed and known by staff. The food provided met people's needs and preferences.

People and their relatives were treated with kindness and compassion. People were encouraged and supported to maintain their independence. People's privacy and dignity was protected, and people said they were 'well looked after'. One relative told us, "I would come here, I know they would look after me."

Complaints were listened to and resolved in a timely way with people satisfied with outcomes. People had choice and control over the activities they wanted to participate in each day. Staff ensured people were not

isolated even if they liked to spend time in their room.

The registered manager knew people and staff well and promoted an open culture where people and staff felt they could share their views. They understood their responsibilities and were passionate and committed to delivering a high standard of care to each individual person in the service.

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

Rating at last inspection
The last rating for this service was Good (published 10 July 2017).

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

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

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

The Queensmead Residential 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector.

Service and service type
The Queensmead Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this

report. We used all this information to plan our inspection.

During the inspection
We spoke with six people who used the service, two visiting professionals, including a GP, and two relatives, about their experience of the care provided. We spoke with eight members of staff including the registered manager, three care workers, chef, training manager and activities co-ordinator. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records, and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality audits, training and supervision were reviewed.

After the inspection
We continued to clarify information with the registered manager to validate evidence found. We looked at quality reports and notes of meetings held in the service. We spoke with a further two relatives and a specialist nurse.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Staffing and recruitment

● People and relatives told us they felt safe as staff were always around to respond to their needs. One person said, "Staff always come when I ring the bell, it's good to know they are there." They then demonstrated staff response by ringing the bell. Staff attended quickly to attend to their request for support. A relative told us, "I feel my mum is really safe here I feel the responsibility of caring and looking after her has been lifted and I can relax a bit. I feel blessed to have found this home I cannot fault it."

● Staff told us they had enough time to look after people safely. Records confirmed a consistent number of staff was provided throughout the day and night.

● A safe and thorough recruitment procedure was followed. All potential staff completed an application form and attended an interview. Checks were completed on all staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Systems and processes to safeguard people from the risk of abuse

● People were kept safe from the risk of abuse because staff understood the risks and potential for abuse. Staff had received training on safeguarding, this included recognising any signs of abuse or discrimination and how to respond.

● There were clear safeguarding procedures and relevant contact details were available for staff to use. Staff knew who to contact and understood this could include the police. One staff member described a safeguarding raised and how this was followed up with local authority.

● The registered manager had worked closely with the local authority to safeguard people living in the service. Information was shared with staff to ensure safeguarding plans were followed.

Using medicines safely

●The management of medicines was safe. One staff member had been allocated the responsibility to order and check medicines. Staff who gave medicines had received training and had their competency to do so assessed. This competency was reviewed on a regular basis.

● Practice observed confirmed staff followed best practice guidelines. For example, dealing with one person's medicines at a time, ensuring records were signed after the medicine had been taken, and time specific medicines were given at the correct time.

● Medicines were administered in an individual way to ensure effectiveness and that medicines were not overused. For example, some people had been prescribed 'as required' (PRN) medicines. People took these

medicines only if they needed them. There were individual guidelines for staff to follow to ensure they were only given when needed and in a consistent way.
● Medicines were stored safely and securely. There was a locked medicines room and people had a secure storage facility in their own room if they kept their own medicines.
● Medicine audit and checks were completed routinely, and any issues identified were followed up with relevant staff. Issues identified around the application of topical creams has been recorded under the well-led section of this report.

Assessing risk, safety monitoring and management
● Risks to people's safety and care were assessed and responded to. For example, risks associated to people's skin and the possibility of falls were routinely assessed. Information on the risk was then used to reduce the risk and to provide the safest care possible. This included moving people, using equipment to reduce pressure on the skin and therefore reduce the risk of skin damage.
● Any risks identified were monitored and reviewed. For example, staff monitored the condition of people's skin closely. They reported any changes including any reddening of the skin to senior staff and the registered manager. The district nurses were contacted as needed for advice on the correct management of this risk.
● Risks associated with the safety of the environment, and equipment were managed appropriately. A maintenance person worked in the service and was available for general maintenance and to respond to issues raised by people and staff.
● Health and safety checks were routinely completed and included the safety of utilities and any equipment used in the service. Contingency and emergency procedures were available to staff and a member of the management team was available at any time for advice. The security of the service was maintained. All visitors entered a reception area and signed a visitor's book before entering the service.
● Fire safety arrangements were reviewed and updated. A fire risk assessment had been completed, and routine fire checks and training had been undertaken. People's ability to evacuate the building in the event of a fire had been considered and each person had a personal emergency evacuation plan (PEEP). An emergency bag was available at the front entrance and contained relevant emergency information.

Preventing and controlling infection
● A housekeeping team worked in the service each day and it was clean and hygienic. People were protected from the risks associated with cross infection. All staff completed training on infection control and food hygiene. ● Staff followed infection control procedures. For example, they used gloves and aprons when providing personal care. Hand hygiene was given a high priority, hand washing, and sanitizers were available throughout the service. Visitors were encouraged to sanitize their hands as they entered the service.
● There was a designated infection control champion who had completed additional training for this role. Infection control audits were completed and used to improve practice. For example, improved cleaning of commodes to ensure they were cleaned after each use. Action plans to implement this were discussed at team meetings.

Learning lessons when things go wrong
● The registered manager ensured lessons were learnt from any accident and incident in the service. She encouraged staff to report anything to her without fear of blame. Staff understood the importance of reporting and recording any accident or incident promptly and accurately.
● All accidents and incidents were reviewed and analysed to ensure appropriate action was taken. This included reporting to other organisations if required and ensuring incidents were managed correctly and in a consistent way.
● Where necessary the registered manager completed a root cause analysis to identify where practice could

be improved and to avoid a re-occurrence. For example, a medicine error was fully investigated. This resulted in further support and training being provided to a staff member to ensure safe procedures were always followed.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

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

- People had their needs fully assessed before admission to the service, this included an understanding of people's choices and wishes. In this way the registered manager could be assured that people's specific health and well-being needs could be met after admission. For example, if people had any dressings staff liaised with the district nurse to ensure suitable care was maintained.
- The admission procedure ensured suitable admissions to the service. It took account of specific care needs of people, staff skills and the dependency of people already living in the service. A visiting GP told us, "The balance of residents living here, and the admission criteria allows for good care."
- If people's needs changed the registered manager reviewed the suitability of the placement. For example, if people's behaviours become more challenging, or they need more complex care including nursing care, assessments took place to identify a more suitable place for them to live. When necessary this was undertaken in a considerate way and included relevant professionals, the person concerned or their representative.

Staff support: induction, training, skills and experience

- People received care from staff who were suitably trained and supported, and had their skills assessed and monitored by experienced staff.
- People were satisfied with the care and support provided and said, "The staff are great they know what they are doing." Relatives had confidence in the staff and their abilities. One said, "Staff are skilled and provide a high standard of care. They always consider her needs and promote her independence."
- There was a dedicated training manager who was responsible for overseeing the training programme. New staff were inducted and had undertaken competency assessments before providing care. These were based on the 'Care Certificate' which provides a framework to ensures staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.
- There was a rolling programme of essential training for all staff and additional training was provided to develop staff and ensure changing and specific care needs of people were responded to effectively. For example, the training manager used a dementia game to facilitate staff to discuss relationships in dementia enabling a deeper understanding.
- Training was tailored to the needs of people and to the staff. The training manager recognised that staff learnt in different ways and provided a varied training programme that took this into account. She was committed to ensuring staff were facilitated to learn. For example, policies and procedures were also

available in different languages for staff whose first language was not English.
● There was a culture of learning and staff were committed to developing skills and competencies. They told us they enjoyed the training provided. A visiting specialist nurse told us, "Staff are keen to learn from us, they are engaging with us and excited about good practice being shared with them."
● Staff said they felt well supported. Supervision sessions were provided along with an annual appraisal. One staff member told us, "I feel very well supported by my colleagues and manager. There is a real team spirit here, such comradeship."

Supporting people to eat and drink enough to maintain a balanced diet
● People's nutritional needs were assessed, monitored and responded to. The nutritional assessments were shared with the catering staff. The chef demonstrated a good understanding of people's needs. For example, some people had modified diets to reduce the risk of choking. There was a record of each person's dietary needs and preferences displayed in the kitchen for staff to reference.
● There was mixed feedback from people about the food provided. One person said, "The food is not great it is bland." After lunch people told us they had enjoyed their meal. The chef was keen to receive feedback and to continually improve the provision. Meals were served by the chef and kitchen staff, in this way they received direct feedback and responded to individual requests. Recent feedback on the breakfast had resulted in the chef changing the provision to include extra cooked options.
● Most people had their meals in the dining room which was attractive and meal times were a social event. Staff chatted with people as they supported them. Those people who preferred to eat in their own rooms had individual support as needed. For example, one person needed support to eat and drink. Staff were seen to assist them in a considerate way asking them what they would like to eat next or if the wanted a drink. They were patient and did not rush, ensuring they had eaten and drunk as much as they wanted.
● People were given choices and chose their meals the day before. However, there was flexibility for people who changed their choice on the day. Menus were displayed in the dining room and we saw people were able to have alternatives which were responded to. For example, the evening meal included choice of sandwiches, other snacks and two soup choices.

Adapting service, design, decoration to meet people's needs
● The building had been purpose built and was designed to meet the needs of people living with physical disabilities. There was level access to all areas and adapted bathrooms and showers were provided. Wide corridors with hand rails allowed people to mobilise as they wanted and to use mobility equipment if needed.
● A maintenance and refurbishment programme was in place. This had taken into account people's needs. For example, the lighting was being upgraded to ensure all areas of the service had suitable lighting for older people, and therefore reduce the risk of falls.
● Staff took account of people's disabilities and ensured rooms were suitable and appropriate to people's individual needs. For example, one relative told us, "Staff changed her room around to her preference and also to accommodate her wheelchair, so she can move around safely."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People were supported to maintain good health and to receive on-going healthcare and support from other agencies in an effective way. Staff were vigilant and responded to any changes in people's health and wellbeing. For example, one relative told us, "Staff noted that she was having a problem eating, they ensured she was referred to the correct professional. She now has to have a pureed diet."
● Staff maintained effective links with GPs, and other health and social care professionals. This promoted a multi-disciplinary approach to care which people benefited from. For example, staff were currently working

with the local surgery on a new system of ordering medicines. This had improved the availability of medicines, quick replacement and reduced waste.
● Relatives were confident with the way staff responded to people's healthcare needs. One told us, "They take her to GP for appointments and then they liaise with me as mum would want. They know exactly what was discussed so mum is clear on the suggested plan for care change of medicine etc."
● Visiting professionals were confident staff followed any advice or guidance give. A visiting GP told us, "Communication between us is very good. All staff know the patients, and everything is passed on to other staff as needed."

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● Staff understood the importance of gaining consent and giving people the time and information to make their own choices. Staff had completed training on the MCA and DoLS.
● Where people were unable to make their own decisions about specific care and treatment, decisions had been made on their behalf in their best interest. For example, when bedrails had been used and covert medicine given. Bedrails are used to stop people falling out of bed and covert medicines are those that are hidden from people. The decision had been recorded along with who had been involved in the decision-making process. Although attempts to support the person to decide for themselves had been made these had not been clearly recorded. The registered manager provided this documentation on the second day of the inspection and the lack of records is reflected under the well led section of this report.
● DoLS applications had been submitted for people who did not have capacity and were under constant supervision by staff. Copies of the applications and authorisations were held within peoples care documentation and staff knew and understood who was subject to a DoLS authorisation.
● The registered manager kept a log of all applications and authorisations. In this way they monitored each DOLs status and ensured new applications were made before they expired.

Good

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with kindness compassion and understanding. People told us, "Staff are a good lot, they sort out everything for you" and "We are very well looked after, the girls are great and so kind." Relatives were complimentary about staff and how they treated people and them. One said, "I feel staff treat us as family members. They supported and empathized with me through some difficult times when I needed support." Another relative said, "We love it here, staff are lovely."
- The SOFI and general observations showed interactions between staff and people were caring and positive, with conversations being friendly and reassuring. Staff demonstrated a genuine interest in people and a commitment to supporting their well-being. One relative told us, "Staff have a wonderful relationship with her. They know she loves babies, and one of the staff brought a child in to see her. It made her day. The staff took a picture of them together and gave it to her. She has it in her room."
- Peoples' equality and diversity was respected. Staff talked about treating people equally and promoting people's individuality. Staff supported people to dress as they wanted and continue to take an interest in their appearance. We heard staff talking to people positively about their hair and clothing. One said, "I like that, that looks lovely."
- People were encouraged to make and maintain personal relationships that were important to them. Visitors were warmly received and told us, "They go over and above to keep you informed and involved. You can visit or ring at any time, they are always willing to pass on a message." Friendships between people were supported appropriately. For example, seating arrangements were flexible to allow friends to sit and chat or eat in small groups.

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

- Staff were constantly checking with people what they wanted and how they wanted care and support provided. For example, staff asked where people wanted to have their meals. Some people preferred to spend time on their own and this decision was respected. One person said, "I want to stay in my room. It's just what I want to do." One relative told us, "She likes being on her own, staff often drop in on her for a chat. They make a fuss of her and include her in everything even if she does not want to attend. She had a lovely birthday."
- Staff took time to listen to people and to gain their views on how care was to be delivered. One relative told us, "Staff address their conversations to her not to me when I am with her. They respect what she is saying and listen to her." People were asked daily how they wanted to receive personal care. Showers and

baths were offered, and preferences responded to. For example, one person enjoyed a daily foot soak.
● A visiting professional confirmed staff supported people's decisions on care and support and acted as 'advocates'. They described how one person who was very ill wanted to get outside for some fresh air. "Staff took her down to the town. It was difficult, but they did it for them as it was important to them."

Respecting and promoting people's privacy, dignity and independence
● Staff treated people with respect and protected their privacy and dignity. People's bedrooms were people's own personal area and private to them with staff only entering with permission. Privacy signs were used on the doors to prevent any disturbance when people were receiving care or had chosen not to be disturbed.
● Staff understood that the provision of personal care was intimate and could be embarrassing they re-assured people with a friendly approach and ensured privacy was promoted with closed curtains and doors. People had also been asked if they had a preference on the gender of staff providing personal care. This preference was recorded and responded to.
● Staff encouraged people to be as independent as possible. They supported them to attend to their own personal hygiene whenever possible and to be as mobile as possible. One relative told us, "They promote her independence. They are always considerate and patient with her never rush her and encourage her to be mobile at her own pace. They allow her the time to do things at her own pace."
● Staff understood the importance of confidentiality and knew not to share personal information. All private information was stored securely in an office that had restricted access to staff only. This ensured access to information on written records and the computer was restricted appropriately.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

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

- People received care and support that met their individual needs and reflected their choices and preferences. People and relatives told us staff knew how to look after them and supported them in an individual way. One person said, "They know me, and what I need." One relative said, "I feel that we are both listened to so staff know what care is needed."
- Staff knew people well and a had an in-depth knowledge and understanding of people, their needs and personalities. A visiting health care professional told us, "The staff know people really well. When you ask staff about people they know all the answers they do not need to refer to records they know, and they are always accurate."
- Staff had regular contact with each other and shared information both verbally and in writing. For example, daily handovers were completed at the beginning of each shift and we saw staff referring to the senior care staff and the registered manager during the inspection visit. This included sharing information on people's skin condition and experience of pain which was then responded to appropriately. A relative told us, "The staff do anything they need to, and messages are passed on to relevant staff. I know they use a communication book to do this."
- People needs were assessed and plans of care were developed to guide staff in how to support people. However, the care documentation did not always reflect clearly and accurately the care and support provided. This did not impact on people's care and is discussed further under the well-led section of this report. The registered manager had recognised the care documentation was often generic and needed to reflect a person-centred approach to care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were routinely assessed. When any needs were identified these were documented and responded to. For example, if people had poor hearing and used hearing aids, staff were aware and checked they were being used and working.
- Staff used techniques and equipment to promote communication. For example, they were patient with people giving them time to express themselves and using gestures to support communication. One person

used a wipe board to communicate in writing, and staff ensured this was available and used.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● People's social and recreational needs were recognised as an important part of their lives. People and their relatives told us people were 'busy' and 'well entertained' and spent their time as they wanted to. A person said, "I like going to the sing alongs." One relative told us, "Activities have included a lovely Christmas and summer fair that she enjoyed. She is always involved if she wants." Another relative said, "There is always something going on. Its good because it keeps their brains active."

● There was dedicated activity staff working in the service. There was a full activities programme that was varied to suite people's individual needs. For example, a daily newspaper 'sparkle' was delivered to each person. This had interesting facts and quizzes that people enjoyed reading and completing individually or with staff. A music entertainer also attended the service on one of the inspection days. We saw people singing along and tapping their feet with enjoyment.

● Some people preferred to spend time on their own in their rooms. Staff ensured they were not isolated and spent time with them throughout the day. The activities person confirmed, "I visit each person every day wherever they are." A relative said, "She likes her own room, but staff are always coming to see her."

● Staff understood the importance of friendship and contact with families and welcomed them whenever they attended. Relatives told us, "I can come when I like, staff are always friendly and pleased to see you." One relative explained how supportive staff had been to them on a personal matter which had enabled them to maintain supportive visits to their relative. They said, "They were great, supported me when I was falling apart."

Improving care quality in response to complaints or concerns

● People and their relatives were confident that any of their concerns would be listened to and responded to effectively. One relative told us, "I raised a concern with the manager in the past. It was dealt with immediately. It is good to know any concern would be followed up appropriately and addressed." Another relative said, "Any niggles are addressed quickly and with good humour and understanding."

● There were systems to record and respond to complaints this followed a clear complaints procedure that was shared with people and their representatives. The registered manager was proactive in finding resolutions and using information to improve the service. For example, feedback on staff approach was followed up within staff supervision.

● Complaint records confirmed complaints raised were dealt with thoroughly. A recent investigation was concluded with a letter to the complainant. The complainant responded confirming their satisfaction with the way the complaint had been dealt with.

End of life care and support

● When people needed end of life care, they received care that was dignified, took account of their wishes and supported their comfort. One relative told us the end of life care had been 'wonderful'. "I cannot fault the care. They all look after her so well. She has very fragile skin and has been in bed for a long time but has no sores."

● All staff had received training on end of life care. The training co-ordinator explained how the service was developing staff skills around end of life care and support. This included the development of end of life champions, and further training that will include skills on talking about death and dying.

● Relatives and friends were supported with compassion through this difficult time. For example, the service had recently joined 'Johns campaign'. This ensures the service can provide comfortable overnight facilities for loved ones who wish to stay with people who are dying.

● Staff worked closely with other health care professionals to provide the best care for people. A visiting

specialist nurse told us, "The staff work with us to plan the care for people at the end of their life. Staff are very caring and want to do their very best."

Requires Improvement

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was not always consistent. Leadership did not always support the delivery of high-quality, person-centred care.

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

- A new manager was appointed in February 2018 and was registered with the CQC in July 2018. She had previously worked as the deputy manager in the service. She had a good understanding of her role and responsibilities. However, quality systems had not been fully established and imbedded into daily practice to support quality care and record keeping in all areas. This was identified as an area that needed improvement.
- We found a number or records that were not complete or accurate. For example, records relating to the administration of topical creams did not clearly record what cream had been applied and when. People's individual care plans did not clearly reflect the care and support provided by staff. They were generic and did not demonstrate a person-centred approach to care. For example, one care plan recorded a diet that would not have been suitable for this person to eat. Some records relating to best interest meetings were not complete.
- The lack of accurate and contemporaneous records was identified as an area that needed improvement. The registered manager recognised this need and internal quality audits had highlighted the need for improved records to support the care and support provided,
- Other quality systems were in place and were used effectively to improve the service. For example, a monthly quality report was completed by the provider. This assessed the service against the legal requirements and quality indicators. For example, frequency of staff supervision and appraisal was raised. This had been actioned by the registered manager who had recently completed staff appraisals.
- There was a clear management structure with the registered manager supported by senior care staff (team leaders). Each department had an identified lead who reported to the registered manager.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- The registered manager promoted a warm positive and inclusive culture in the service. She was visible around the service and maintained a regular and positive contact with staff, people and relatives. One relative told us, "When the manager was appointed she sought me out as a relative to ask, how are we doing, is everything ok for you and your relative."
- People, relatives and visiting professionals were positive about the registered manager and the

management of the service. One person said, "Lovely manager." A visiting professional said, "The manager is very welcoming and approachable. She leans over backwards to accommodate you. Her approach is about what she can do to support you and the residents to ensure the best care is given."

● Staff were confident with management arrangements including the registered manager and senior care staff. They talked about a strong team spirit and the opportunity to influence changes as they were listened to. They also felt they were valued with the registered manager demonstrating genuine concern about their well-being. One staff member said, "I love it here, there's a good team and communication, we have laughter and staff are happy here." Another staff member told us, "The manager and team leaders are approachable. They trust us and accept what we are saying. The manager supports you with any personal issues too."

● Communication systems were established, and the registered manager ensured she was available with an 'open door policy'. Staff from all departments were seen to communicate regularly and in a positive way to facilitate person centred care. For example, one staff member had noted a change in one person's skin condition. Records confirmed that this had been discussed with senior staff shortly after being noted.

● A management meeting held twice a week ensured information was shared effectively through the whole team including catering, maintenance, housekeeping, activity and care staff. This promoted a team approach to person centred care. For example, new admissions were discussed, each member at the meeting were updated on any specific needs that were required. This included dietary and environmental needs.

●The registered manager was fully aware of her responsibilities including those under duty of candour. She submitted relevant statutory notifications to the CQC promptly.

● The registered manager acted in an open, honest and transparent way. This was demonstrated through the management of complaints and safeguardings. For example, complaints were recorded and investigated. Investigations were shared with the complainant along with an apology and actions taken to resolve the complaint.

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

● The registered manager took positive steps to gain the views of people, representatives and staff. She was aware that views were shared in different ways and gave different opportunities for this to be completed. For example, staff meetings were held in small and larger groups, this allowed views to be raised with the support of colleagues. Staff told us they felt comfortable and able to speak to the registered manager at any time.

● Records confirmed staff views were important to the registered manager and she valued them for their contribution. For example, staff meetings were opened by thanking staff and raising positive feedback. They also included feedback from staff. For example, one staff member raised concerns about using a computer system. The registered manager reassured staff confirming additional support for those that needed it. This ensured equal access throughout the workforce.

● People and their representatives were encouraged to feedback views and requests within surveys, meetings and informal conversations. These were used to gather feedback and suggestions on improvement. For example, a relative raised the issue of lighting outside of the service. This was actioned quickly with extra lighting provided.

Working in partnership with others; continuous learning and improving care;

● The registered manager was positive when discussing the areas for further improvement identified at the inspection. Immediate action was taken and included improved record keeping for person centred care. She was committed to developing the service to ensure quality care.

● The registered manager kept up to date with changes in best practice guidelines and was proactive in

supporting its implementation. For example, the registered manager had volunteered to pilot a new electronic medicine prescription system with the local GP surgery.

● The registered manager and staff had professional links with social and health care professionals and promoted effective working relationships. One professional told us, "They work well with us, communication between us is very good."