

Gemini Care Limited

Winchley Home

Inspection report

Rectory Lane
West Winch
Kings Lynn
Norfolk
PE33 0NR

Date of inspection visit:
11 September 2018

Date of publication:
04 October 2018

Tel: 01553841582

Website: www.geminihome.co.uk

Ratings

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

Summary of findings

Overall summary

This inspection took place on 11 September 2018 and was unannounced.

Winchley Home was last inspected on 19 April 2017 and was rated as Requires Improvement. At that inspection, we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions Safe, Effective, Caring, Responsive and Well Led to at least Good.

Winchley 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. Winchley Home provides personal care for up to 41 people. At the time of our inspection, there were 35 people living there. Winchley Home provides personal care to people living with a range of health conditions, including people living with dementia.

At this inspection we found improvements had been made in all the areas identified at the previous inspection. This meant the service had met all the outstanding legal requirements from the last inspection and is now rated as Good.

There was a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff knew how to keep people safe from abuse. Staff were confident that if they had any concerns they would be addressed quickly by the registered manager. Risks to people had been assessed and regularly reviewed. Actions had been taken to mitigate these where necessary. Checks had been made on the environment to ensure the service was safe. Equipment to support people with their mobility, such as hoists had been checked to ensure they were fit for purpose and safe for people. The management of people's medicines was safe and robust and people received these as the prescriber intended. People were protected from the risks associated with cross infection and the premises were clean and odour free.

There were enough staff to ensure people were safe and had their needs met in a timely way. Staff had the skills and knowledge to carry out their roles and were supported by a system of induction, relevant training, one-to-one supervision and appraisals.

Staff understood their responsibilities under MCA, people's capacity had been assessed and when required best interest's meetings had been held and recorded.

People told us that they enjoyed the food. People had a choice of meals and were supported to maintain a

healthy diet in line with their choices, preferences and any healthcare needs. People's health was assessed and monitored. Staff took prompt action when they noticed any changes or decline in health. Staff worked closely with health professionals and followed guidance given to them to ensure people received safe and effective care.

Staff encouraged people to make decisions about their day-to-day care and remain as independent as possible. People's dignity and privacy was maintained by staff. People told us staff were kind and caring. Staff maintained people's dignity and encouraged choice. Staff supported people to maintain friendships and relationships. People's friends and family could visit when they wanted with no restriction to this.

There was a programme of meaningful activities available for people to enjoy. Care records were personalised detailed how people wished to be supported. They provided clear information to enable staff to provide appropriate and effective care and support. Risks were clearly identified and included guidance for staff on the actions they should take to minimise any risk of harm.

Information about how to complain was displayed in the service. People and relatives knew how to complain and were confident that any concerns they had would be listened to and acted on. People and their relatives were asked their opinions of the service and these were acted on. Staff meetings were held regularly and their feedback valued. Staff told us that they felt supported by the registered manager and that the service was a good place to work.

Audits were in place to monitor the quality of the service people received. The registered manager reviewed the recorded accident and incidents. These were analysed to identify any patterns or trends and plans were put in place to reduce the risk of them happening again in the future. Improvements to the detail and quality of these had led to an increase of good quality care provided to people. A service improvement plan had been developed and the implementation of this was advanced. A programme of investment and modernisation was underway which had enhanced the facilities available for people to use and enjoy. The provider was actively engaged with the service, people living at Winchley home, and staff working there knew them well.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

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

Improvements had been made in the assessment and monitoring of risks to people. There was clear guidance for staff to follow to reduce the risk. Accidents and incidents were recorded and action was taken to reduce the risk of a reoccurrence.

Staff had attended safeguarding training and had a clear understanding of abuse, how to protect people and who to report to if they had any concerns.

Medicines were managed safely and people received these as the prescriber intended.

Is the service effective?

Good ●

The service was effective

People were supported to access healthcare support. People's individual needs were met by the adaptations made at the home.

Staff had the relevant skills and knowledge to deliver care and support to people they supported. Training was provided regularly.

People were supported to eat and drink enough to maintain a balanced diet.

Is the service caring?

Good ●

The service was caring

Staff provided the support people wanted, by respecting their choices and enabling people to make decisions about their care. Staff were kind and caring to people.

People's dignity was protected and staff offered assistance discretely when it was needed. Staff supported people in a way that promoted their independence.

People were supported to maintain relationships with their family and friends.

Is the service responsive?

The service was responsive

People received personalised care and were included in decisions about their care and support. Care plans detailed the information that staff needed to support people and identified their preferences.

People enjoyed a wide range of activities which included members of the local community.

A complaints policy and procedure was in place and available to people. Feedback from people was sought and their views were listened to and acted upon.

Good ●

Is the service well-led?

The service was well-led.

The registered manager had implemented widespread improvements which had driven up the quality of the provision of care. People living at the home and staff working there had found there to be significant improvements.

People, relatives and staff were asked their views on the service provided.

There was an open and transparent culture. The registered manager was well regarded by people, relatives and staff.

Notifications had been submitted to the Care Quality Commission in line with guidance.

Good ●

Winchley Home

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 11 September 2018 and was carried out by two inspectors, and an expert by experience. An expert by experience is someone who has experience of using or supporting someone who uses this type of service.

Before our inspection, we looked at information we held about the service including notifications. A notification is information about important events, which the provider is required to tell us about by law.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted professionals from the local authority who had regular contact with the service to find out their experiences of working with the service.

During the inspection, we spoke with three people living in the service and five relatives. We spoke to staff including the registered manager, a senior carer, a carer, the activities co-ordinator and a cook. As well as speaking to staff employed to work at the service, we also spoke with the providers managing director, who had been providing support to and carrying out checks of the quality of the service, and two visiting community professionals.

We also observed the interactions between staff and people living at the home. We looked at three people's care records, quality assurance surveys completed by staff and people who used the service, staff meeting minutes and medication administration records and audits. We checked records in relation to the management of the service such as health and safety audits and staff recruitment and training records.

Is the service safe?

Our findings

At our previous comprehensive inspection on 19 April 2017, we found shortfalls in the provision of good and safe care. The provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This breach related to safe care and treatment of people and the management of risks relating to this. We rated this key question as 'requires improvement'. At this inspection, we found that improvements had been made and the provider is no longer in breach of this regulation. We have rated the key question of "Is the service safe" as Good.

People and their relatives told us that they felt safe living at Winchley Home. One person told us, "I feel safe and very comfortable living here." Another person said, "Yes, I feel safe and content living here, and the staff are very caring I find."

People's risks were assessed and these were managed to reduce the level of risk where possible. This included people's risks of falling, poor eating and drinking and developing pressure areas. One person told us, "They [staff] always stand by me when I get up, just in case." People who were identified as being at risk of skin breakdown or falls had detailed documentation in place to guide staff in supporting them to manage their condition and help mitigate this. Staff we spoke with had in depth knowledge about the details of these risks, and what they needed to do when providing support to people.

Staff had a good understanding of risks to people and took actions to reduce these, for example ensuring people had access to their walking frames when required. The service used a paper based records system to store and input information about the care people needed, and their well-being. We saw this information was updated regularly, and reviews took place following an incident or a change in a person's needs. Significant incidents such as a fall, or an injury were entered onto a monitoring and overview chart by the registered manager. This helped them review whether there had been an increase in incidents or whether a pattern was emerging that could indicate any changes. Actions were taken to mitigate these when identified. This meant that we were confident that there were systems in place to manage people's risks.

We saw that risks associated with the premises were well managed. There were fire and personal emergency evacuation plans in place for each person living in the service to make sure they were assisted safely whenever there was a need to evacuate the premises. Records of fire safety checks, water temperatures, refrigerator and food temperature checks had been completed. This helped ensure that the service was a safe place to live, visit and work in.

The registered manager had reported any incidents of alleged abuse to the local authority safeguarding team, and had notified the Care Quality Commission (CQC). Staff we spoke with knew how to keep people safe and were aware of their roles and responsibilities in reporting any concerns or incidents. They told us this could be to their manager or to external safeguarding agencies such as the police or the local safeguarding authority. Staff had undertaken training in the safeguarding of adults, and could tell us how to recognise indicators of abuse. Minutes of staff meetings showed that safeguarding of people was

discussed as a regular agenda item. We were therefore satisfied that the provider had systems in place to help protect people from the risk of abuse.

Staff only commenced working in the service when all the required recruitment checks had been satisfactorily completed. Staff we spoke with told us that their recruitment had been dealt with effectively and that they had supplied all requested recruitment documents. These documents included completing an application form, a criminal records check and references. A review of the personnel records showed all checks were completed before staff commenced working in the service. This meant that only staff that were checked as being suitable were employed to work at the service.

People and their relatives that we spoke with told us they felt that there were enough staff to meet their needs. We saw that requests for assistance from people, either verbally or by using a call bell, were responded to in a timely way. People said that this made them feel safe. One person told us, "Oh the staff are very quick when I call them." A relative we spoke to told us, "There always appears to be plenty of staff." They went on to tell us that staff had the time to stop and chat with their relative. The registered manager told us that the service was fully staffed. Gaps in the care staff rota due to annual leave or ill health were covered by the service's own staff. The staff rota records we checked confirmed that the assessed levels of staffing were provided on all occasions.

Staff told us that they had received training relating to safety systems and practices. For example, evacuating the building in the event of an emergency such as a fire. Staff were confident that they knew what to do, and that their competency to do this was checked regularly during drills.

Relatives told us their family members received their medicines on time and could take them how they wanted to. One person said, "The medicines trolley always seems to be out on time, and the staff doing it seems quite focussed." We observed staff did not rush people to take their medicines, and explained to them what they were before administering. Staff had access to up to date guidance on the safe management of medicines including the registered provider's policy and procedure. Medicines were administered only by staff who had completed the relevant training and checks on their competency. The rooms where medicines were stored were clean, well-organised and well ventilated. Records showed the temperature of the rooms and medicines refrigerators had been monitored daily to ensure they were within the required range so that medicines remained effective. Safe systems were in place for the ordering, receipt, disposal and administration of medication and records showed these were correctly followed.

Each person had a medicines administration record (MAR) listing each item of their prescribed medicines and instructions for use. MARs were accompanied by a personal profile which displayed a recent photograph of the person along with details of any allergies and any special instructions for administering medicines. MARs were signed to show when a person had taken their medicines and identifiable codes were used where a person had not taken their medicine, for example if they refused or were in hospital. A body map was in place for people who were prescribed topical creams and pain relief patches. These clearly identified the area on the body where the medicine was to be applied. Details of these and times of use were recorded onto the persons MAR.

Some people were prescribed medicines to be given 'as and when required', (PRN), for example for pain or anxiety. Protocols were in place for the use of PRN medicines and they provided guidance for staff on the reason for giving it, the dose to be given and minimum intervals between doses. The use of PRN medicines was clearly recorded and kept under review.

We checked the process for preventing the spread of infection in the service. Staff were aware of infection

control procedures and had access to personal protective equipment to reduce the risk of cross contamination and the spread of infection. Training records showed staff had received training in infection control. The service was odour free, clean and pleasant. Sluice rooms were kept locked when not in use and staff wore personal protective equipment (PPE) such as aprons and gloves when supporting people with personal care.

There were systems in place for recording, reporting and monitoring any incidents and accidents taking place. The registered manager carried out audits of accidents and incidents in the service to assess if actions could be taken to prevent future occurrences.

Is the service effective?

Our findings

At our previous comprehensive inspection on 19 April 2017, we found that improvements needed to be made to ensure adherence to the Mental Capacity Act 2005 (MCA). We rated this key question as 'requires improvement'. At this inspection, we found that improvements had been made and have rated this key question as 'Good'.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA.

All staff we spoke with demonstrated they understood the MCA and worked within its' principles when providing people with care. They could describe to us how people's capacity was assessed, and the process for making decisions in people's best interests where they lacked the capacity to do so. We noted that where required, people had a decision specific mental capacity assessment and where any issues had been identified a best interests meeting had been held. This was to ensure that any decisions made about a person's care, was done so by the appropriate people, and was to the benefit of the person. The registered manager understood when an application for a DoLS authorisation should be made and how to submit one. This ensured that people were not unlawfully restricted.

People living at the service told us that staff asked them for permission before providing them with support. Our observations confirmed this. For example, when people needed support to eat a meal, staff checked with them first if they were happy to be supported by them. Staff confirmed they asked for people's consent before providing care, explaining the reasons behind this and giving people enough time to think about their decision before acting. This demonstrated to us that staff understood the need for people to agree to the support they offered.

People's needs and choices were assessed prior to moving into the service. This helped ensure people's needs and expectations could be met. Staff were knowledgeable about the people living at the service and had the skills to meet their needs. Where a change in the assessed need had taken place, the registered manager and staff ensure that a reassessment was undertaken. We saw that where an increased need or change needed in the way existing support was delivered, this was then implemented. Records showed how and when this change was made, so that this was identifiable for staff, and community professionals involved with the person. People and their relatives told us they were confident that staff knew people well

and understood how to support them.

People did not feel they had been subject to any discrimination, for example on the grounds of their gender, race, sexuality or age. The registered manager told us that staff undertook training in recognising diversity and that the services assessment process identified where people had protected characteristics under the Equality Act.

People and their relatives told us that they felt staff were well trained and knew how to support people. All staff we spoke with told us they received regular training and records we saw confirmed this. Recently recruited staff shadowed staff that were more experienced so that they could confidently carry out care tasks. There was an induction programme in place, which included completion of the care certificate. The care certificate is a nationally recognised qualification for staff new to working in care. We saw that training sessions had been arranged for staff to update their skills. Examples of training included; manual handling, infection control, safeguarding adults, fire safety and health and safety. Identification of their training needs and the provision of effective training meant that staff remained knowledgeable and skilled in the areas they required for their work. Some senior staff had undertaken additional specialist training to become a 'Dementia coach'. This qualification enabled them to develop enhanced knowledge and skills in the care and support of people living with Dementia, and develop other staffs' skills and knowledge. Staff's competency to perform their role had also been checked. Staff told us that they had regular supervision and an annual appraisal. They said that these sessions were supportive and helpful in developing their skills.

People told us that they enjoyed the food and that they had a choice of meal. One person we spoke with said, "The food here is alright, I like the fish and chips on a Friday, and the burgers are pretty good too." Another person said, "I'm on a diabetic diet and they are always very careful with what I eat, never had any problems at all." People were assisted with eating their meal by staff where required and suitable equipment was available to aid this, such as plate guards and adapted cutlery. Some people required foods of a specific texture, and that could be eaten easily without the use of cutlery. This was provided and staff knew which people required this. We saw that staff asked people where they would like to sit, and point out where people's friends and dining companions were sitting. This meant that people were able to enjoy the social occasion of the meal and enjoy conversation. People who needed support to eat their meal were supported discreetly. Staff gave people time to eat at their own pace, and chatted to them during the meal.

Weekly menus were planned and rotated every four weeks. The daily menu was displayed on a menu chalk board on tables. People could choose where they wished to eat; some ate in their rooms, others in the dining areas. The registered manager had recently undertaken an audit of people's experience at mealtimes. Following this, they had made changes to the condiments provided and place settings, and introduced new and improved photographs of meal options. We observed lunch and saw that the dining tables were set with place settings and condiments. The meals looked appetising, and all meals were prepared daily from fresh ingredients. We saw that staff ensured people's preferences were catered for, for example we saw the cook come out of the kitchen to ask a person who wanted eggs for breakfast, whether they wanted them fried, poached or scrambled. We observed that refreshments and snacks were offered throughout the day. These consisted of hot and cold drinks and a variety of cakes and biscuits. One person told us, "There are drinks and biscuits in the morning and the afternoon. If I want anything else I just ask."

People's eating and drinking support needs had been assessed. We spoke with the cook who told us that they worked closely with care staff to implement any changes required to a person's diet. We saw that they kept detailed records of specific individual needs, and that all catering staff could access this when needed. People's dietary needs were monitored, and nutritional assessments were completed, reviewed and people's monthly weight records recorded. The registered manager told us that, if any concerns were

identified, advice from the person's GP and a dietician were sought where necessary. We looked at daily records of people's care that confirmed this, which demonstrated that staff monitored and ensured people's dietary needs were met. Staff ensured that people were supported to drink enough to remain healthy and we saw that people were offered drinks frequently.

People using the service and their relatives confirmed that health care from health professionals, such as the GP or dentist could be accessed as and when required. One person told us, "I have seen a nurse when I needed one, and I do know who my GP is and where the surgery is." Records showed people were registered with a GP and received care and support from other professionals, such as the district nursing team, as necessary. People and their relatives told us that the registered manager and staff kept them up to date about any health issues. We spoke with a visiting healthcare professional who told us that they found staff to be welcoming, organised and knowledgeable about the people they supported.

The design, layout and decoration of the service met people's individual needs. Toilets and bathrooms were clearly marked to encourage independent use and to help people who might have difficulties orientating around the premises. There were also handrails fitted to corridor walls to aid people to walk safely which were to be painted in a contrasting colour during the refurbishments that were underway. This refurbishment also included a new beauty salon which was accessible for people with limited mobility, and more communal areas. These included a 1950's themed diner, a garden themed room with multi-sensory lighting and decoration, and a relaxation room with soft furniture and calming décor. These improvements had been well received by people who told us they enjoyed using them.

Is the service caring?

Our findings

At our previous comprehensive inspection on 19 April 2017, we found that people living at Winchley Home were treated with dignity and respect by staff who were kind and caring. At this inspection, we found that these expected standards had been maintained, and the rating for this key question remains Good.

People we spoke with all told us they felt well cared for and that staff were kind and caring. One person told us, "The staff all seem very friendly and help me a lot." Another person told us, "They [staff] are all nice here, always friendly and if I need to get a message to my family, they will do it for me." A relative told us, "I think the staff here are very understanding and cope well with the demands of what must be an exacting job." They went on to tell us that the registered manager and staff had listened to them about their experience of supporting their relative at home, and that they had been, "Very happy to take suggestions on board."

Throughout our inspection, we saw positive interactions between the staff and the people using the service. Staff responded to people in a calm and reassuring manner. People told us that they felt comfortable asking for support because staff always responded to them so positively. We saw that people's requests for support were quickly responded to. One person told us, "Staff are always asking if I'm okay, they are very caring, and I only have to pull the cord, and someone comes quite quickly." Staff asked people how they could help in a polite respectful manner and reassured them that nothing was too much trouble. We observed that staff approached people in a warm and friendly manner, greeting people and asking them how they were. One person told us, "Lots of my family and friends come and visit, there is always a warm welcome from everyone here."

We saw that some people had been involved in the planning of their care. For example, people's preferences about their likes or dislikes were included in care plans. One person said to us, "I make my own mind up when it's time to get up." Another person told us, "I have my breakfast when I want, this morning I had it later." Where people were not able to participate in those conversations, we could see that their relatives had been asked on their behalf. Relatives of people we spoke with told us that they had been encouraged to be involved in reviews of their family members care and support. They confirmed that staff were very good at keeping them updated on their relative's health and care and support needs. One relative told us, "My wife has been here for over five years. Everything is positive as far as I am concerned, and when I visit, which is often, they always update me on her condition."

Staff described how they supported people to maintain their independence and knew about people's individual preferences. We observed during the lunchtime meal that staff encouraged people to be independent with gentle prompts and reminders. We observed staff interactions with people and found they spoke to people and supported them in a warm, kind and dignified manner. Staff engaged meaningfully with people. For example, they participated and helped with an activity in a communal lounge, encouraging people to join in and enjoy themselves. We saw that people interacted with each other, smiling and laughing.

Staff knocked on people's bedroom and bathroom doors and waited for a reply before entering. Relatives

that we spoke with were very positive about the care their family member received. We observed staff treating people with respect and being discreet in relation to their personal care needs. People were appropriately dressed, assisted, and prompted with any personal care they needed in private. Staff positively engaged with people throughout the day and enquired whether they had everything they needed.

People were able to see their visitors when they liked. One person told us, "Lots of my family and friends come and visit, there is always a warm welcome from everyone here." Another person said, "I have a fair number of friends who drop in, family too. My visitors always get a cup of tea and chat with the staff."

Is the service responsive?

Our findings

At our previous comprehensive inspection on 19 April 2017, we found that not all people living at Winchley home received care that met their needs or reflected their preferences. Improvements needed to be made to the provision of activities and how people could exercise choice and control in their lives. We rated this key question as 'requires improvement'. At this inspection, we found that improvements had been made and have rated this key question as 'Good'.

People and their relatives said the planned activities in the service had improved, were varied and enjoyable. People were supported to take part in interests that were important to them throughout the day. One person told us that since moving into the home, they had been supported to set up their own green house and gardening area in the grounds. They said, "I'm a bit of a gardener and I go outside a lot here and do some gardening. I've planted a lot this year. They know I like it and they have helped me to do a lot." A relative told us, "There are often things going on here to keep people active, such as ball games, in fact it's got a bit more active since Mum has been here."

We observed that people were free to use the communal areas and could spend time in their bedroom if they wished. People told us that they were free to choose whether they wanted to be involved in activities or not. The registered manager and staff team had implemented a new programme of activities since our last inspection. This included large events for which families and people living in the local area were invited, and smaller lower key events solely for the enjoyment of people living at the home. The registered manager had adopted a feedback process at each of these events, which they then reviewed to ascertain if it was popular or if any changes needed to be made. The feedback that we reviewed was generally very positive. We saw that a recent dementia awareness celebration had been enjoyed by people, their relatives, and several visiting children. The ethos of this event was to encourage the local community to visit the home, gain an understanding of the experience for people living with dementia, and to break down barriers and misconceptions.

The registered manager told us that they had implemented a team approach to providing activities. They felt that rather than one staff member be responsible for this, more ideas and increased creativity would come from a wider view. This they said had brought more ideas and approaches. They produced a calendar of events so that people would know about forthcoming events. We saw these displayed around the service.

People told us that an initial assessment of their care and support needs was carried out prior to them coming to live at the service. This ensured as much as possible, that the service had identified what the person needed, and planned how to meet these needs. People said that they felt they were treated as individuals. Relatives we spoke to were positive about how their family members needs were assessed and met.

Since our last inspection in April 2017, the registered manager had implemented a new format of care plan, using an established system that had been trialled and endorsed by commissioning local authorities. They told us that this had led to an improvement in the quality of information obtained and used to plan people's

care. The care records that we viewed were sufficiently detailed to instruct staff and contained person-centred information. 'Person centred' means care which is based around the needs of the individual. Examples included assistance with mobility, personal care, day and night time routines, nutrition and pressure area care. Care plans included information about people's preferences, including how they wanted to be addressed and what was important to them. Also included was the person's family history, life history and medical history. This helped staff to get to know the person and provide individualised care which was responsive to the person's needs. Guidelines were in place for staff regarding assisting and prompting people with their personal care needs along with details of people's daily routines. Daily records showed that people made choices about their care to ensure that their care and support needs were met. We saw that people were receiving the care and support which was right for them and specific to their assessed needs. For example, in relation to any weight loss, or their skin integrity. Plans were in place for staff to fully meet these needs.

The complaints policy was displayed on a notice board in the entrance area to the service, a copy of this was given to people and their relatives when they moved into the service. The policy included timescales and the response they should expect. For example, it described how their complaint would be acknowledged and what would happen next. People we spoke with told us that the registered manager and staff at the service dealt with any concerns they had raised to their satisfaction. Relatives we spoke with confirmed that if they had ever needed to raise an issue or a concern the staff and the registered manager always promptly dealt with it.

At the time of our inspection, no one living at the home was receiving end of life care. However, the service had provided this on several occasions, and had in place arrangements should people require this type of care. The registered manager maintained a professional relationship with a local hospice provision who provided them with training, resources and support. Emergency health care plans were documented in people's care files. Where a person or their relatives and other professionals had judged it was in the best interests for a person not to be resuscitated the necessary documents were in place and up to date. People had been asked about the care they wanted at the end of their life and we saw this was documented in their care plans.

Is the service well-led?

Our findings

At our previous comprehensive inspection on 19 April 2017, we found that systems to monitor and ensure the quality of the service were not effective. Records of people care had not been updated and did not accurately reflect the care they had received. This meant the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 and we had rated this key question as 'Requires improvement'. At this inspection, we found that improvements had been made and the service was no longer in breach of this regulation. We have now rated this key question as 'Good'.

The service had a manager that was registered with the Care Quality Commission (CQC). They had implemented the provider's systems to monitor and mitigate the risks relating to the health and welfare of people. They had worked at the service for over 20 years, and were well regarded by people, their relatives and staff. Since our last inspection, they had worked with the provider, and the local authority quality assurance team, to review and improve the systems used to monitor the quality of care provided. They had implemented a new series of audits, that took place frequently. Audits were carried out both weekly and monthly in areas such as medicines, care plans, health and safety, infection control, fire safety, and equipment. The results of these were analysed and discussed with the provider. We could see that this information had been the driver of a service development plan. During our inspection we could see that significant changes had already been made in line with this, and that plans to address the remain changes were under way. This included changes and refurbishment of the premises, as well as how people who used the service and their relatives were engaged with.

The provider's managing director visited the service regularly to assess the quality of care. Their role was to visit the service to review all aspects of the care provision, and identify any areas for improvement. This included supporting the registered manager, conducting spot checks and completing audits of the quality of provision. They also spent time talking to staff and people living at the service. On the day of our inspection visit, they were also at the service, and we observed that people they were talking to recognised and were familiar with them. We found that this oversight had been effective at improving the quality of care that people received.

People and their relatives told us that they felt that the service was well managed. One person living at the service told us, "The manager always asks if I am Okay, or if there is anything I need and checks that I am well looked after." A relative told us, "The manager here seems very on the ball with [relative] needs and making sure all the staff are familiar with them. [Relative] needs so much input and management at the moment and I know it couldn't be achieved without the leadership of [registered manager]."

Staff told us that the registered manager was supportive and approachable. Staff we spoke with said that morale was good and they worked well as a team. The registered manager was visible at the service. People and their relatives knew the registered manager by name. They had an 'open door' policy, people and relatives were comfortable to go into the office and chat about anything that was of concern to them. We saw that some people living at the home visited the registered manager daily in their office for a cup of tea and a chat.

Staff recorded accidents and incidents within the service. Each event had been analysed and measures were in place to reduce the risk of re-occurrence, this helped to ensure the wellbeing of each person. The registered manager reviewed this information to look for any trends or patterns, for example, what time of day the event happened or if it took place in a particular location. We saw that incidents and accidents had been recorded and followed up with appropriate agencies or individuals, for example the falls team. If required, the registered manager had notified the CQC.

Regular staff meetings were held to give staff an opportunity to raise any issues with the service. Staff told us that the registered manager listened and acted on what they said. Records showed that all aspects of the service were discussed at the meetings. Staff told us that communication was good and they worked well as a team to ensure that people received the care they needed. Our observations and discussions with people, staff, and relatives, showed that there was an open and positive culture between people, staff and the registered manager.

Staff told us they had been provided with information about whistleblowing. Whistleblowing is a way in which staff can raise any concerns to the management or recognised bodies, such as the CQC. All the staff we spoke with were confident if they raised a concern it would be investigated appropriately by the manager in line with the provider's procedure.

The registered manager understood their responsibilities in recording and notifying incidents to the local authority and the CQC. All services that provide health and social care to people are required to inform CQC of events that happen in the service so we can check appropriate action was taken. The registered manager notified CQC in line with guidance.

It is a legal requirement of all services that have been inspected by CQC and awarded a rating, to display the rating at the premises and on the service's website, if they have one. Ratings must be displayed legibly and conspicuously to enable the public and people who use the service to see them. We saw that the previously awarded rating was displayed.