St. Michael's Homes Limited

Dudbrook Hall

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

The inspection took place on 29 November 2017and was unannounced.

Dudbrook Hall 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. Dudbrook Hall is registered to provide accommodation and personal care to up to 43 people in one building, across two floors. At the time of our inspection there were 42 people living at the service some of whom were living with dementia.

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

Risks to people had been assessed with guidance in place for staff to manage risk. Staff showed a good awareness of risks to people and knew what to do to keep people safe. Staff had received training in how to safeguard people from abuse and knew the signs to look for and how to report any concerns.

Medicines were managed safely by staff who had been trained and assessed as competent to administer medicines. Good infection control practices were observed and the service was clean and free from odours.

Staff had been recruited safely. There were sufficient staff deployed to safely meet people's needs and preferences.

The service provided excellent support to staff to ensure they had the skills and experience to support people effectively. Good quality training and supervision was in place to monitor staff competence and support staff to develop professionally.

The registered manager was enthusiastic and innovative which resulted in improved outcomes for people who used the service.

People were supported to have enough to eat and drink which met their health needs and preferences. The service supported people to access a range of healthcare professionals to maintain their health and wellbeing.

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 were kind and caring, listened to people and provided them with care and support the way they wanted it. People's independence was supported and encouraged. Staff treated people with dignity and

respect and people's privacy was respected. Visitors were made welcome at the service which helped people maintain important relationships.

The service treated people as individuals and provided care and support that met their needs and wishes. Staff knew people well and respected people's routines and preferences.

Activities and events were organised which reflected peoples choices and interests. People were asked for their opinion and this used to provide opportunities for meaningful engagement.

People were supported to express their wishes regarding end of life care and these were documented and respected.

There were systems and processes in place to respond to complaints. We saw complaints were investigated thoroughly and were well managed to achieve resolution.

The management team and provider showed a commitment to providing good quality care and seeking ways to continuously improve the service.

The positive values of kindness, empathy, respect and person-centredness were shared by staff and management and were put into practice.

Staff felt well supported by the manager and provider and appreciated their hands-on approach which created a strong sense of teamwork.

People, relatives and staff were all included in the running of the service. Their opinion was actively sought and acted upon to drive improvements.

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.

Risks to people were well managed.

Medicines were managed safely.

There were sufficient staff who had been safely recruited to meet people's needs and preferences.

The service was clean and free from odours with good infection control practices in place.

Is the service effective?

Good

The service was effective.

Staff were supported to be competent in their job role.

People were assisted to have enough to eat and drink which met their health needs and preferences.

Staff understood the importance of gaining consent and helped people to make choices.

The service helped people to maintain their health and wellbeing.

Is the service caring?

Good

The service was caring.

Staff were kind and patient and listened to people.

People felt included in decisions about their care and support.

People's privacy and dignity was respected.

Independence was supported and encouraged.

Is the service responsive?

Good

The service was responsive.

People received care and support that was tailored to meet each individual's needs

Staff knew people well and respected their routines and preferences.

Meaningful activities were organised that reflected peoples interests.

Complaints were dealt with appropriately and to people's satisfaction.

People received good quality, compassionate end of life care.

Is the service well-led?

Good

The service was well led.

The management team were supportive and accessible and lead by example.

All staff displayed positive values and a commitment to providing good quality care.

Quality assurance mechanisms were in place to ensure robust oversight of the service.

People, relatives, staff and stakeholders were included in the running of the service.

Dudbrook Hall

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 inspection took place on 29 November 2017 and was unannounced. It was undertaken by two inspectors and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed all the information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events, which the provider is required to send us by law. We also reviewed information received from relatives of people who used the service and information shared with us by the safeguarding and quality improvement teams of the local authority.

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.

Over the course of our inspection visits we spoke with the registered manager and 12 staff including the chef and trainer. We also spoke with eight people who used the service, two relatives, and three visitors including healthcare professionals. We reviewed various documents including four people's care records, two staff files and other relevant documentation such as training records, quality audits and minutes of meetings.

Good

Is the service safe?

Our findings

At our previous inspection we found the system for recording risks to people was disjointed which made it difficult to find the relevant information required to ensure people were safe. At this inspection we found that significant improvements had been made in how risks were recorded and monitored. Staff had received additional training and support to ensure that recording practices were consistent across the whole of the service.

We found that risk assessments were of good quality and tailored to meet individual need. Each assessment had associated actions which provided staff with detailed guidance on how to support people in accordance with their expressed preferences whilst minimising the risk of harm. Staff showed a good awareness of risks to people and how to manage them. One staff member told us, "[Named person] is not good with motor skills so needs help holding cutlery, they are also at risk of choking so we always sit with them at mealtimes."

When we last inspected in August 2016 we found improvements were required in managing medicines safely. People's medicine administration records (MAR) had not always been signed and the stock count of people's medicines was not always correct. These errors meant that we could not be sure that people had received their medicines as prescribed. At this inspection we found the necessary improvements had been made and medicines were stored, administered and disposed of in a safe and appropriate way. Loose boxed medicines were now counted each day before staff finished their shift. We checked 14 boxes of loose medicines and found the stock count recorded was correct. People's MAR displayed a recent photograph of them so staff could check they were giving the medicine to the right person. There were protocols in place for PRN (as needed) medicines which provided guidance to staff regarding when to give the medicines and in what dosage. There were secure facilities kept at the right temperature to store medicines that required specific storage including controlled drugs.

Only staff who had received training and had been assessed as competent administered medicines. We observed a member of staff giving medicines which were securely stored and administered from a locked trolley. The staff member was polite and patient when supporting people to take their medicines and observed good infection control practices including wearing gloves and dispensing medicines from a cup or spoon.

At the last inspection we found improvements were required in terms of infection control procedures and cleanliness within some areas of the home. At this inspection we found the required improvements had been made. Staff had received training in infection control applied good practice such as the wearing of gloves and aprons. The home was clean and free of odours and the carpet in the large living room had been replaced to promote a clean and hygienic environment. There was a robust cleaning schedule in place and we saw that the necessary, daily, weekly and monthly cleaning tasks had all been completed including regular deep cleans of floors, bedrooms and bathrooms.

People told us there were sufficient staff employed who responded promptly to requests for assistance and

this helped them to feel safe. One person told us, "I feel safe, you know someone is looking after you; we have a buzzer in our rooms and you don't wait long; they come fairly quickly." We saw that people had pendant alarms or call bells within reach to call for assistance if needed. If people called for assistance we saw that staff responded in a timely manner. Staff also confirmed there were enough staff employed to meet people's needs. One staff member said, "We have enough staff and we have time to spend with people which is nice."

Staff had been recruited safely. All of the relevant checks had been completed including taking up satisfactory references and obtaining a full employment history. The provider had also undertaken a Disclosure and Barring Service (DBS) check on all staff before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

Staff had completed training which provided them with the knowledge and skills to recognise the signs of abuse. Staff understood their responsibility to report any concerns to senior staff and if necessary to the relevant external agencies. One staff member told us, "If I thought things weren't getting sorted I would contact the local authority or CQC." The service had a whistle-blowing policy which provides guidance for staff on how to report concerns about another staff member in the workplace. All of the staff we spoke with had read the whistle-blowing policy and told us they would feel confident to whistle-blow if necessary.

There were suitable arrangements in place to manage and maintain the premises and equipment. We saw that health and safety and maintenance checks were recorded and any necessary action taken to keep people safe. Fire safety checks, risk assessments and drills had been regularly undertaken and colour coded stickers were placed on people's doors which highlighted people's support needs in the event of an evacuation. In addition, people had emergency evacuation plans in place which were held centrally and provided more detailed guidance to staff on how to safely evacuate people from the building.

The registered manager knew people very well and was able to demonstrate that they had robust oversight over the safety of people living at the service. They used the electronic care plan system to run daily reports which highlighted if a person had fallen. This information was added to a safety calendar which provided them with a quick visual aid of people identified at risk. Accidents and incidents were also recorded electronically. The information was analysed and shared with the provider. Discussions then took place between the registered manager and provider to ensure that appropriate preventative measures were put in place to minimise future risk of harm. Incidents of pressure ulcers were also recorded and preventative actions taken. We observed that people had pressure relieving equipment in place such as air mattresses, pressure cushions or foam boots to protect their skin. Staff were aware of pressure risks to people and we saw that people received support from staff with regular repositioning to minimise the risk of pressure ulcers.

We saw lessons had been learned and improvements made where required. For example, the registered manager had become concerned that people were being assisted to get up and dressed too early, which was not necessarily their choice. They therefore put in place night checks to monitor how night-staff were managing to support people in accordance with their needs and preferences. As a result of the night checks extra staff were put in place to support night staff to provide a more person-centred approach.

Good

Is the service effective?

Our findings

At our previous inspection we found that the mealtime experience for people could be improved upon. People waited a long time for their meals and did not always have access to adequate support to help them with eating and drinking. People with dementia ate their meals in a small lounge and the environment was hot, stuffy and crowded which contributed to increased anxiety and restlessness.

During this inspection we observed that some improvements had been made. Whilst the environment in the small lounge was still crowded the provider had worked hard to create a nicer atmosphere. The room was decorated nicely for Christmas and the radio was playing quietly in the background. A new giant screen had been installed on one wall which played rolling pictures of natural scenery which brought the outdoors in. This represented good practice as research has shown that when connected with nature, people can feel more emotionally content and this has the potential to increase their life span. Many of the people in this room had dementia and at times some showed signs of agitation or distress. However, we saw that staff and the registered manager who had come to assist with lunch were all very gentle and patient and provided an excellent level of support to people, working very well together as a cohesive team. We saw staff continuously prompt and encourage people to eat as much as they could. One member of staff who was supporting a person to eat suggested a swap with a colleague stating, "[Person] is not eating for me but might for you." We saw that the person then ate all of their meal. However, we did note that whilst people were verbally offered a choice of meal, staff did not show people the plates of food. This may have helped some people living with dementia make an informed choice about what they would like to eat.

We found that people were served their food more promptly than previously and received one to one assistance with eating and drinking if required. However, we did note that trays that were being taken to people in their rooms were not covered which meant food could get cold. Feedback from people reported that food was sometimes cold. One person said, "It's cold more often than not." Aside from the temperature of their meal, people were positive about their lunch. One person said, "Food is good, I eat as much as I can and if I have not eaten much they ask me if there is anything else I would like; they ask are there any favourite foods you want and they will give them to you in the next day or so." Another person said, "It's very nice, enjoyed it and ate it all."

Of particular note, was the commitment the provider demonstrated towards improving the environment for people which would have a positive impact on the mealtime experience. Work had started on building a large orangery at the front of the property which would serve as a dining room and additional sitting room. We saw that people and relatives had been consulted with regard to the building and had been provided with copies of the plans.

We spoke with the registered manager about people sometimes receiving cold meals. They advised us that lids were available for all trays and gave us assurances these would be used consistently in the future.

We saw that the service thoroughly assessed people's needs, considering all aspects to build up a complete picture of the person. This helped staff to understand how to support people effectively. For example, one

person's care plan recorded, "I have a dry sense of humour, some people may take it as grumpy but it is just my sense of humour, I like a laugh same as the next person." People told us that staff had the necessary skills and experience to support them effectively. One person said, "The staff all know what they are doing."

An excellent feature of the service was the quality of staff induction and training programme. When new staff joined the service they received a comprehensive six day classroom based induction. The induction covered all elements of the Care Certificate which represents best practice in preparing staff to work in the care sector. New staff then shadowed more experienced workers for at least two weeks to prepare them for the role. A shadowing checklist was completed to make sure all aspects of the role were covered. This included observations of staff practice to check their competence. New staff were also given time to read people's care records. In this way staff got to know people and their needs before providing care and support unsupervised.

Once in service, staff received ongoing training tailored to meet the particular needs of people who used the service. The service employed their own in-house trainer who was 'petals' trained which is a teacher training qualification. The trainer delivered the majority of courses to staff face to face including manual handling, infection control, safeguarding and medication. They also provided annual refresher training and completed regular observations of staff practice. Specialist training was organised externally in health and safety and dementia. This ensured staff had the skills and knowledge required to meet people's needs effectively.

Supervision and appraisals were arranged for staff to support them in their role and identify any learning and development needs. Supervision took place every two to three months and was described by staff as a positive two-way process. Supervision records showed that poor practice was challenged and staff were offered additional support and training to help improve their performance.

An outstanding feature of the service was its commitment to innovation. Through the enthusiasm and research of the registered manager we saw how technology and equipment was being used to enhance the care and support provided and promote people's independence. For example, light up illuminous footprints and toilets had been installed in some bedrooms to light people's way at night when they wanted to get out of bed and use the toilet. This meant that people did not have to call for assistance which promoted their independence whilst at the same time reducing their risk of falling. We also saw that the service had signed up to the 'PROSPER' project, an initiative aimed at improving health and wellbeing of people living in care homes. We saw that the impact of 'Prosper' was positive as staff were enthusiastic about putting what they were learning into practice. One staff member who had just attended the first course told us they had learned a lot about sepsis and other issues. They said, "I am now more aware of the symptoms to look for."

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that the service was working in accordance with MCA legislation and appropriate MCA assessments had been completed and best interest decisions had been made in consultation with people's representatives. Where appropriate applications for authorisations for DoLS had been submitted and this was recorded on people's electronic care records.

Staff had received training in the MCA and understood the importance of gaining consent. We saw that staff supported people to make decisions and choose what they wanted to do. For example, during lunch we heard staff asking people, "Where would you like to sit today." And, "Would you like orange juice or blackcurrant?" We asked staff how they helped people make decisions. One staff member told us, "I would show people options and make suggestions but not force people as it's their choice."

The service supported people to maintain their health and wellbeing. Where people were identified at risk of dehydration or malnutrition, food and fluid charts were kept which recorded what people ate or drank. This meant the service could identify if people needed additional support, for example, referrals to the dietician or GP for prescriptions of food supplements. Staff who had been chosen as 'Prosper Champions' had completed a hydration workshop. One champion told us that they had learned about games they could use to encourage fluid intake and had already discussed these ideas with the activities co-ordinator. They were also scheduled to present what they had learned to the rest of the staff team to improve knowledge across the whole of the service.

The service had a designated member of staff who was the lead for health and kept a folder which tracked people's health visits. They were able to demonstrate a very good knowledge of people and how they monitored their specific health needs to ensure they received appropriate treatment and input from healthcare professionals. Staff also recorded professional visits including any treatment or guidance provided in people's electronic care plans. This ensured that all staff had the most up to date and relevant information about people's health needs. We saw that people had received input as required from professionals such as the GP, district nurse, optician and chiropodist. People confirmed they received support to help them stay healthy. One person told us, "If I want to see the doctor I tell the senior I want one they enter it on the board and the doctor comes to see me; I also see the chiropodist and the optician regularly." Another person said, "I have been saying recently I feel I am getting worse; they offer me the doctor and if I'm worried they note it down and the doctor always comes."

Good

Is the service caring?

Our findings

Throughout the inspection we observed that care staff took a kind and caring approach and were attentive to people's needs. We saw a staff member walk past a person and stop to ask, "Do you want a cardigan, it's not that warm." On another occasion we saw a person coughed, the care staff noticed and asked, "Would you like one of your favourite sweets?" They returned with the sweets and told us, "[Person] loves those mint sweets and their liquorice ones too."

People told us that staff were kind and caring and they felt well looked after. One person said, "Staff are absolutely brilliant, kind and always talk with you; they don't put you down, they are friendly and they do look after us." Another said, "The girls are all very good; they are natural with me and give me enough time."

The positive values of kindness and caring were demonstrated by all staff working at the service. We observed a new member of the domestic team chatting in a warm and friendly way with a person in their room, they asked, "Shall I water your plants for you?" A person told us, "My cleaner is very lovely she is working but she still talks to me; she is so friendly and she gave me a box of chocolates for my birthday two weeks ago." Another said, "They [staff] are very nice, they help me to the toilet, they give me enough time; the cleaners are very nice too."

The service promoted an empathetic approach amongst its staff team by arranging for care staff to spend time as a resident to find out what it felt like. Afterwards staff were asked to write a reflective piece of work describing the experience and share this with the staff team. The feedback was used to make positive changes for people. For example, one staff member told us, "I did this for a couple of hours; I really liked it and afterwards made a suggestion for swivelling the TV around so that it could be watched by people who actually wanted to watch it." They also told us, "The residents liked it as they said we would know how it felt."

People were supported by a longstanding and stable staff team. This meant staff knew people very well including their routines and preferences. People told us they received care and support the way they liked it. One person said, "They always make sure my bath is at my temperature; it is just me and the carer, I have it three times a week and it's lovely, never rushed; they put a place mat in the bath so that you cannot slip; I do enjoy my bath."

Care records showed that the service was committed to maximising the involvement of people in decisions about their care. One person's records stated 'If there are important issues to be discussed with [person] it would be better to discuss them in the afternoon after lunch as [person] always appears to be more alert at this time.' Our observations and feedback we received from people showed that the commitment to listen to and involve people was shared by staff. One person told us, "The staff are brilliant and really attentive; we were talking the other day about things we missed and I said Marmite and two days later it was on the table; they bend over backwards to help you; they are really kind." Another person said, "Staff do listen to me and most are really friendly and very attentive, they always ask our opinion."

Staff understood the importance of communicating with people in ways that met their specific needs. Some staff had completed a sensory workshop as part of PROSPER. One staff member told us, "I did the sensory test, it made me more aware of being in front of [named person] who is blind and not beside or behind; we make sure they know we are there and they feel safe and we tell them what we are going to do."

The service provided people with information about advocacy services and we saw that where people required the support of an advocate to help them express their wishes and needs this had been arranged. We spoke with a visiting advocate who reported that the registered manager had been very open and welcoming, was happy to answer questions and shared information appropriately.

Staff were polite and respectful towards people and were mindful of their dignity and privacy. We observed staff knock on doors before entering and call people by their preferred names. On one person's door we saw a sign which stated; 'Please do not disturb [named person] through the night.' We asked staff how they protected people's dignity when providing personal care. One staff member told us, "We make sure people are not crowded, only one member of staff supporting where possible to cut down on any embarrassment; we make sure we get to know people and we put them at ease."

The service supported to be as independent through the use of equipment such as the illuminated footprints and through the encouragement and motivation provided by staff. We observed a staff member helping a person eat. They said to the person, "Here you are, here's your spoon, do you want to try and do it." Staff we spoke with understood the importance of promoting independence. One staff member told us, "[Person] has a full body wash twice a day; we encourage them to do it themselves as it helps them to feel in control."

Visitors were made welcome at the service which supported people to maintain relationships that were important to them. Good communication practices meant that relatives were made aware of activities and events and were invited to join in so they could spend quality time with their family members.

Good

Is the service responsive?

Our findings

When people joined the service their strengths and abilities were assessed and a care plan was designed to reflect their needs. People and their representatives were included in the process to ensure that the service was aware of people's routines, life story, likes and dislikes, hobbies and interests so that the care provided could be 'person-centred'. Person-centred care means care tailored to meet each individual's needs and preferences.

Staff had been designated as 'key workers' for specific people. This role involved building a special relationship with the person, ensuring their room and clothes were tidy and ordered and that they had the things that they needed, for example, toiletries. Keyworkers were also the link to people's relatives to keep them up to date with any changes. People we spoke to knew who their keyworkers were which evidenced this was meaningful role. Keyworkers were also responsible for reviewing information held in people's care plans.

The staff we spoke to demonstrated a very good awareness of the people's care and support needs and were able to describe how they delivered a person-centred approach to people. For example, one staff member told us, "[Named person] hates noise, they are very softly spoken so we get up close when we speak to them; they like to get up at around 8am and go to bed around 8pm." The information the staff member told us exactly matched what was recorded in the person's care records. This demonstrated that people's care plans were up to date and provided an accurate description of people's care and support needs.

People told us their routines and preferences were known and upheld by staff. Comments included, "They help me get my hair done once week; I could go to the lounge but it does not appeal to me; it is my choice to stay here; I get my nails done in my room." And, "They never wake me, if I am asleep they go away and come back later."

The service employed an activities staff member who was held in high regard by people and their relatives. The activities staff took a person-centred approach when planning activities, seeking people's opinions of what they would like to do. This meant that people were supported to engage in a range of activities and interests that were meaningful to them. One person told us, "At residents meetings they ask us to give our assessment and most of what we say is done; we have a men's group now and we can discuss what happened in the war." We saw that the service was committed to supporting people's interests in the fullest sense. For example, where it had been noted that the men had enjoyed discussing the war, the service organised a day trip out to Duxford War Museum.

The noticeboard in the foyer displayed lots of information for people on upcoming events and activities. We saw the service organised weekly events such as a cheese and wine evening, a drinks night and a gentleman's club. On the day of inspection a singer visited the service in the afternoon. This event was extremely well attended with 33 people watching and participating. We observed that this was a sustained and enjoyable entertainment event with many of the staff joining in, dancing and holding hands with people. Some people had musical instruments to join in and there was lots of laughter and a few tears as

songs brought back memories for people. Staff were extremely enthusiastic and empathetic throughout. Feedback on the activity included; "It was fantastic." And, "Been really great," And, "Was great, everybody partying."

Links with the local community including local churches, meant that people's social and spiritual needs were met. A visitor from the catholic church society told us, "There are eight of us who visit, I bring my dog, someone else plays chess and we go round and talk to the residents, they seem to enjoy us coming."

Good communication practices were in place with lots of information displayed throughout the home for people and relatives sharing news, updates and upcoming events. Suggestion boxes were in place so that people and relatives could share their views and opinions. We were advised that the service emailed or posted information about activities to people's relatives so that they could join in if they chose. The activities co-ordinator told us, "For Christmas I am getting together a staff choir and the residents will join in and we have some family members too; we've got uniforms and calling ourselves the Dudbrook Nutcrackers." The service produced a comprehensive monthly newsletter which shared photos and stories and updates about the service, including the plans and progress of building work for the new orangery.

The service had a statement of purpose and a service user guide including their complaints policy which was on display so that people were aware of their rights and knew how to make a complaint. We were advised by the registered manager that they had produced an audio version of these documents to support people with a sensory loss to have access to the same information as other people.

People told us they knew how to make a complaint and were satisfied with how their concerns had been dealt with. One person told us, "They have done all they can to keep me happy here." And, "If you have anything to complain about they will look into it." We saw that the registered manager had systems and processes in place to manage complaints. Any concerns raised were logged and investigated and the manager took appropriate action such as taking statements from staff and meeting with people and their families. We saw an example where a person had complained about missing clothing. The service responded positively to resolve the issue by reimbursing the person for the cost of replacement items. Lessons were learned from this when the investigation showed the labels had fallen off so new labels were ordered for people's clothing to prevent a re-occurrence.

People were supported to express their wishes for their end of life care which were documented and respected. If required, people had 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) forms in place which had been discussed with people or their representatives. We saw the DNARCPR's had been recently reviewed to ensure they were still appropriate. We found that the service demonstrated good practice principles with regard to end of life care. Three members of staff had been designated as end of life champions having received specialist training from the local hospice. We looked at people's care records and saw that the service had supported people to have their end of life needs met in accordance with their wishes. Where required, people had end of life care plans in place which demonstrated a commitment not only to the needs of the person but their family. For example, one person's end of life care plan instructed staff, "It's important to give the family quality time with [named person], offer them drinks and snacks and make them feel welcome." End of life care plans included information about people's preferences and what would help them to feel comfortable and relaxed. We saw the plans were 'live documents' which were amended to reflect people's changing needs. We looked at the daily notes for people receiving end of life care and saw they had received compassionate care, for example, they were provided with mouth care, were regularly assessed for pain, received appropriate levels of fluid and nutrition and had pressure relieving equipment in place to keep them comfortable and prevent skin breakdown.

Good

Is the service well-led?

Our findings

There was a registered manager in post who understood their registration requirements including notifying us of any significant events to help us monitor how the service keeps people safe.

The registered manager had worked at the service for many years and had forged good working relationships with external agencies and professionals to ensure good outcomes for people. They attended monthly meetings with the GP, district nurse and mental health team to discuss particular people and seek advice and guidance. Feedback from professionals was positive. Comments included; "The manager is very open and welcoming." And, "They [manager] have a good management style; professional and take time to answer any questions."

The registered manager was well supported by a deputy manager and a longstanding staff team. We saw that the provider, registered manager and senior members of staff all lead by example, demonstrating enthusiasm, dedication and a commitment to providing a quality service. We found they were a good role model to staff, rolling up their sleeves and working alongside staff to provide care and support. We observed the management team demonstrated positive values such as kindness, respect and treating people as individuals. We saw that these values were embraced and put into practice by all staff working at the service. These values were expressed by one member of staff as, "The safety and happiness of people comes first; plus openness and welcoming people so they feel confident to talk to us."

Staff enjoyed working at Dudbrook Hall and consequently staff retention was very good. This meant that people benefitted from being supported by a stable and consistent workforce. One staff member told us, "It's a really nice place to work, everyone works as a team and I really enjoy coming to work; the residents are our extended family." We saw evidence of a strong and cohesive staff and management team with respect shown on both sides. One staff member summed it up as, "We treat everyone the same, it is hard work but at the end of the shift staff are still jolly, talking about the next day."

Staff thought highly of the management team and felt well supported. One staff member told us, "We have got a good relationship with management and can discuss anything, all are approachable and willing to help; they listen to us and see our view; they are open and don't take sides; I feel comfortable with them and they all muck in. If we are short [registered manager] will start breakfasts, [deputy manager] gets residents up and [team leader] makes beds; they all come in before their start time, they are not like normal managers, we are all like a big family." This level of support by management was confirmed by another member of staff who said, "On days when we are short staffed things might take a bit longer but we all pull together with management all getting stuck in."

The provider ensured sustainability of the service through valuing and supporting staff. They also demonstrated a strong commitment to providing good quality staff training and development and the introduction of innovative projects, all of which contributed to the quality of the service people received. In addition, the provider was receptive to feedback to drive improvements. This was evidenced through their considerable investment in extending the building to address our concerns voiced during our previous

inspection.

The registered manager and provider were clear about their roles and responsibilities and we saw evidence of robust oversight of the service at management and provider level. Quality assurance systems were in place to monitor the safety and effectiveness of the service. We saw that a range of audits were completed such as infection control, health and safety, care plan and medicine audits. Where issues were identified, the appropriate action was taken. For example, where medicine errors had been identified through the auditing process, a meeting with the senior members of staff was organised and good practice principles were reinforced.

People, relatives, staff and other stakeholders were all included in the running of the service and their feedback was requested via an annual satisfaction survey. We saw that the provider listened to what people had to say and responded positively so that any necessary improvements could be made. For example, in the 2017 staff survey we saw that staff had asked for more slings. The provider responded by purchasing two more.

Aside from annual surveys, regular meetings were organised where people, relatives and staff were invited to give their opinions on the service. Minutes were taken at each meeting and an action plan generated. The action plan clearly identified who was responsible for the action and when it should be completed. The service demonstrated transparency and a listening attitude by displaying minutes of meetings publicly on the noticeboard which included any comments from the registered manager highlighted in red in response to any of the issues raised.