Mayflower Care Home (Northfleet) Limited

Mayflower 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?	Good

Summary of findings

Overall summary

Mayflower Care Centre is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Mayflower Care Centre is registered with CQC to provide care for up to 76 older people with nursing needs who are living with dementia. The service provides support to people who are elderly, frail, have palliative care needs and who have complex needs and challenging behaviours. The service is divided into five units. Diamond on the ground floor caters for up to 26 people who are frail. Sapphire and Opal units on the first floor provide care for up to 30 people. On the second floor Amethyst and Emerald units cater for up to 20 people with complex needs including behaviours that challenge themselves or others and mental health problems. There were 69 people living at the service at the time of the inspection.

The service was run by a registered manager who was present on both days of the inspection visit. 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.

At the last inspection on 10 and 11 July 2017, the service was rated overall as Requires Improvement. We found breaches of Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people did not always receive their medicines as prescribed and people's care records were not always accurate or assessable. The provider sent us an action plan on 11 October 2017 which stated that they would comply with the Health and Social Care Act 2008(Regulated Activities) Regulations 2014 by the end of November 2017.

At this inspection on 19 and 20 July 2018, we found that there had been improvements in the management of medicines and record keeping. Auditing processes were effective in identifying and addressing any medicines shortfalls. Staff continued to be trained and have their competency in giving medicines assessed to make sure people received their medicines as prescribed by their doctor to maintain their health. The electronic care planning system had been embedded. Staff accurately recorded information about people which could be easily accessed to give a clear overview of people's health and well-being.

People and their family members said people were well cared for and felt safe. Staff knew how to recognise any potential sign of abuse and felt confident to report them to help keep people safe.

To keep people safe, assessments of risks to their safety and welfare had been carried out by registered nurses and action taken to minimise their occurrence. Health and safety checks were effective in ensuring that the environment was safe and that equipment was in good working order. Accidents and incidents were monitored and appropriate action taken in a timely manner to evidence that lessons had been learned.

The provided operated an effective recruitment process. They continued to monitor staffing levels based on people's assessed needs to make sure there were sufficient staff on duty at all times.

People benefitted from a clean environment and staff knew what to do to minimise the spread of any infection.

People were supported to access health care services when needed. The provider worked in partnership with a range of healthcare professionals to ensure people received appropriate care and treatment. People had sufficient food and drink and were provided with choices at mealtimes.

Registered nurses were employed to provide the professional expertise required to respond to people's often complex care needs. A staff training and supervision programme was in place and staff felt well supported.

People were supported to have maximum choice and control of their lives in line with the principles of the Mental Capacity Act 2005. The provider had taken the necessary steps to ensure that people only received lawful care that was the least restrictive possible.

Staff were kind and caring and treated people with dignity and respect. Regular staff knew people well and had developed positive relationships with them.

People's needs were assessed and a plan of care had been developed which included their choices and preferences. Guidance was in place for staff to follow to meet people's needs.

Activity coordinators and champions offered a range of group and one to one activities to people which were meaningful and included people's hobbies and interests.

Information was given to people about how to raise any concerns they may have. Any issue raised had been investigated and steps taken to resolve the situation to people's satisfaction.

Everyone praised the management of the service. They said the team were approachable and a visible presence at the service. The views of people and their relatives and staff had been actively sought to develop the service. Effective arrangements were in place for the service to learn, improve and assure its sustainability. Strong partnerships had been developed with other agencies for the benefit of people who used the service.

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.

The management of medicines had improved to ensure that people received their medicines as prescribed by their doctor.

There were effective processes to recruit suitable staff. Staffing numbers were monitored to make sure there were sufficient available to meet people's needs.

Potential risks to people's health and welfare were assessed and plans were in place to manage the risks safely.

Staff knew how to identify abuse and the action to take to ensure people were safe.

Is the service effective?

Good

The service was effective.

People received support from skilled and knowledgeable staff who felt well supported.

Suitable arrangements had been made to obtain consent to support and treatment in line with legislation and guidance.

People had access to healthcare services when needed. People received sufficient food and drink which met their nutritional needs.

Is the service caring?

Good

The service was caring.

People's privacy, dignity and independence were promoted.

Staff communicated with people in a way they could understand and valued their contributions.

Staff showed concern for people's well-being in a caring and meaningful way and responded appropriately to their needs.

Is the service responsive?

Good

The service was responsive

People's needs were assessed and support plans gave guidance to staff about how to provide their care.

People were offered a range of meaningful activities.

There were arrangements to listen and respond to people's concerns and complaints to improve the quality of care.

Is the service well-led?

Good

The service was consistently well-led.

Improvements had been made to records to make sure they accurately reflected people's care and treatment and that they were easily accessible.

Systems and processes used to assess and monitor the service were effective in driving service improvement.

Staff felt valued and understood their responsibilities to ensure that people received support that met their needs and expectations.

The service worked in partnership with other agencies to promote the delivery of joined-up support.

Mayflower Care 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 checked 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 19 and 20 July 2017 and was unannounced. The inspection was carried out by two inspectors, a specialist nurse advisor and an expert by experience. An expert by experience is a person who has personal experience of using similar services or caring for family members.

Before the inspection we looked at previous inspection reports and notifications about important events that had taken place at the service. A notification is information about important events, which the provider is required to tell us about by law. We did not ask the provider to complete 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 spoke to seven people who lived at the service and five relatives. We joined some people for lunch and some people taking part in craft activity. We also used the Short Observation 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 spoke to the registered manager, deputy manager, operations manager, clinical lead, three nurses, two shift coordinator/trainee assistant practitioners, four care staff, two activity coordinators, in-house trainer, chef, housekeeper and a cleaner. We received feedback from a clinical nurse assessor from NHS commissioning and a hospice nurse who was also a trusted assessor. A trusted assessor is a professional who reassesses people admitted to hospital to see if they can move back to their care home.

During the inspection we viewed fourteen people's care plans; accident and incident logs; the recruitment records of the last five staff employed at the service; staff rota; staff training; administration and storage of medicines; complaints and compliments log; service user and staff meetings, health and safety and quality audits and the activity programme.

Good

Is the service safe?

Our findings

People and relatives said that they felt safe. One person told us, "I wasn't safe in my own home, but here I feel safe and secure". Relatives said that it gave them reassurance that their family member was in safe hands. One relative told us, "It's very comforting to know that my wife is in really good care"; another relative said, "I know she is being well looked after. I can go away for a few days and not feel anxious". Health care professionals said the service was safe. One health care professional told us, "Safety is something everyone here takes very seriously, for people, relatives, visitors and staff. Staff follow the right processes and know how to keep people safe". Another professional said, "People are safe and have freedom of movement around the home. This includes people who maybe at risk of falling as it is their right to be able to do so".

At the last inspection on 10 and 11 July 2017, we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure that systems in place for the administration and recording of medicines were safe so that people were given their medicines as directed by their doctor.

At this inspection on 19 and 20 July we found that improvements had been made to ensure people received their medicines safely. The frequency of medicines audits had been increased to highlight and address any shortfalls in a timely manner. The practice of using a topical cream chart to direct staff as to their application had been embedded and sustained by staff.

People and relatives told us they had confidence in the staff who supported them to take their medicines when they were needed. One person told us, "All my medicines are organised and that puts my mind at rest". Comments from relatives included, "His medicines are always well delivered on time"; and, "Now I can actually tell the time by when Mum gets her different medications!"

Medicines were kept secured and safely and stock was managed by trained staff. Controlled drugs (CD's) which are at higher risk of misuse and therefore need closer monitoring were stored securely and their destruction undertaken and recorded appropriately. The temperature of medicines rooms and fridges were recorded daily to ensure medicines were safe to use. Medication Administration Record (MAR) charts were appropriately completed and maintained. Protocols were in place for people who were prescribed their medicines to be given 'as required' (PRN) and these were understood and followed by staff. This made sure people received medicines when they were in pain or if their behaviour may cause harm to themselves or other people. Medicines were administered by registered nurses and trained staff who had been assessed as competent. Staff recorded when patches for pain relief were applied to people's skin and when they were rotated to ensure they were regularly moved to maintain people's skin.

Staff said they had received the training they required and demonstrated they knew what to do in the event of a medical emergency. The provider had policies about protecting people from the risk of service failure due to foreseeable emergencies so that their care could continue. There was an out of hours on call system, which enabled serious incidents affecting peoples care to be dealt with at any time should they arise.

People received support when they needed it on both days of the inspection. We saw there was always a minimum of one member of staff in each communal area throughout the service. lounge Staff said there were enough of them available to meet people's needs. The provider used a specialist tool to assess the staffing levels required and this was under regular review taking into consideration the level of falls, accidents and incidents. The registered manager demonstrated there had been a reduction in falls since staffing levels had increased at the last inspection visit. Staff rotas were planned in advance using an electronic system which made it easier to identify any shortfalls. The provider had established a regular team of agency staff so people received care and treatment from people who knew them well and had the necessary skills to support them.

The provider had a comprehensive safeguarding policy which set out the definitions of different types of abuse, staff's responsibilities and how to report any concerns. Staff had received training in safeguarding and had a comprehensive awareness and understanding of what they needed to do to make sure people were safe from harm and potential abuse. Staff had access to the contact details of the local authority who are the lead agency in safeguarding investigations. Staff knew how to "blow the whistle" which is where staff are protected if they report the poor practice of another person employed at the service, if they do so in good faith.

Appropriate checks were carried out to ensure that staff recruited to the service were suitable for their role. This included obtaining a person's work references, a full employment history, right to work in the UK, registered nurses qualifications and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Risks to people's safety had been assessed, monitored and managed so there was a balance between being supported to stay safe whilst respecting their freedom. Risk management plans included people at risk of falling, developing pressure ulcers and receiving adequate nutrition. For people at risk of developing pressure ulcers plans contained the specialist equipment they required, application of creams, how to care for the area during personal care and frequency of being repositioned. Staff demonstrated they understood who required this care and how to follow the guidance. They made a record of treatment provided to people such as when people were turned and when they checked the pressure of air mattresses. Any wounds were monitored by nursing staff, appropriate treatment provided and were healing well. This showed that staff were providing the necessary support for people to help keep their skin healthy and that there was a culture of diligent skin care.

The service specialised in providing support for people who may present behaviours that challenge themselves or others. A clinical lead nurse had been appointed to oversee this part of the service. They were involved in assessments and joint working with mental health professionals. A health care professional told us, "We work closely with the service and they are very passionate about taking people with complex behaviours. They do all they can to keep people safe and build relationships with them. If things do not go according to plan we are the first to know so we can get involved". Each person had a care plan which identified the nature of their behaviour, the potential triggers for the behaviour and guidance for staff on the appropriate action to take to minimise the occurrence. An incident report was completed of any occurrences and this was reviewed to identify if there were any patterns or trends. Staff demonstrated they knew how to follow guidance to keep people and themselves safe. For example, one staff member explained that one person had visual hallucinations and saw cans of fizzy drink on the floor. The staff member explained that rather than disputing this with the person they pretending to pick up a can and gave it to them and that this helped the person remain calm. The clinical lead said that staff who worked in this part of the service had been specifically chosen for their patience, understanding and calm manner and this was

evident during the inspection.

The provider carried out regular checks on the premises and equipment to ensure the service was safe for people and staff. This included the servicing of fire-fighting equipment, gas and electricity supply, and moving and handling equipment. Each person had a personal emergency evacuation plan (PEEP). These identified the individual support and/or equipment people needed to be evacuated in the event of a fire. To ensure staff knew what to do in the event of a fire, they undertook fire training and took part in fire drills. Half the staff team had attended fire marshal training which equips staff with the knowledge of what to do if a fire occurs, to use a fire extinguisher and to take the lead to ensure people and staff remain safe.

There were systems and processes to enable lessons to be learned and improvements made if things went wrong. This included the registered manager analysing accidents and incidents so that they could establish why they had occurred and what needed to be done to help prevent the same things from happening again. Relevant staff were involved in any investigations and themes had been identified and shared with the staff team to improve safety in all areas of the service.

Arrangements were in place to make sure the service was clean and people were protected from infections. Domestic staff were given a schedule and worked as a team to keep the service clean and free from unpleasant odours. Staff undertook training in infection control, were provided with personal protective equipment (PPE) and infection control audits were carried out to ensure correct procedure were followed. Staff used PPE during our inspection visit, were aware of how to deal with soiled laundry and how to dispose of equipment such as needles in the appropriate manner. All these actions helped to minimise the spread of any infection should it occur.

Good

Is the service effective?

Our findings

People and their relatives told us that any health issues were well monitored. They said the doctor was contacted when needed and this was done quickly if a person was feeling unwell. One person told us, "Whenever I need a doctor, I get one". One person had developed a rash on their arm and said their doctor had prescribed an antibiotic ointment. A staff member kept the person informed and told them that the ointment would be available to be applied the next day. This reassured the person who said, "The doctor will see me again to see how the ointment is working".

People's health needs were assessed and monitored and guidance was in place about how to do this effectively. Care plans gave written guidance about how to support people with all aspects of their health such as their mobility, continence and skin care. For people with a percutaneous endoscopic gastrostomy (PEG) their plan included the times and rate of the feed and how the person should be positioned. PEG is a tube that feeds directly into a person's stomach. We informed the registered manager of some additional information that would guide staff about how to recognise any concerns with the PEG site and this was acted on.

Care staff understood to report any changes in people's health to the nurse on duty and people's health was discussed at regular meetings with the nurses and shift leaders from each unit. A 'resident of the day' system operated whereby one person's care was reviewed and observations taken by nurses. Advice was sought and referrals made to other professionals such as the person's GP, hospice staff, speech and language therapist (SALT), mental health nurses and dietician. A health care professional told us that the service contacted them appropriately and acted on any advice. They told us, "They are very good at following things up for me".

The service understood the important of offering people regular opportunities to eat and drink. It was a hot day on both days of our inspection and people were offered drinks at regular intervals. Some people did not eat much at mealtimes and snacks were offered each morning and afternoon so they received an adequate diet. This included finger foods and fruit smoothies. For people at risk of dehydration or malnutrition a record was kept of the person's daily food and fluid intake and any increases or decreases in their weight. Staff knew which people were at risk of poor nutrition and who was at risk of choking and needed close supervision at mealtimes to keep them safe. Records gave clear instructions to staff about the type of diet people required including instructions for the consistency of food supplements. When there had been concerns about people losing weight, the service had appropriately responded. They had contacted their doctor to introduced food supplements and added a fortified diet with milky drinks to increase their nutrition. Referrals were also made to the dietician and to SALT in a timely manner to protect people from associated risks.

Most people and relatives gave positive feedback about the meals provided. One person told us "I enjoy my food". A relative told us, "The food here is excellent". Mealtimes were protected and a focal point where people who were able and wanted to could come together to share a meal. People were asked for their meal choices in advance and at mealtimes. If people forgot what meal they had asked for, staff gentled

reminded them so they knew what to expect. People in one dining room had to wait a long time to be served and started to become anxious. We were told this was because the food was not heated to the correct temperature but this information had not been given to people. The registered manager said they would look into the incident to make sure that in future any unexpected delays would be explained to people. Some people had limited concentration and staff gently coaxed and encouraged them to eat at the table. Finger foods were provided for people who liked to walk around to make sure they received adequate nutrition. Staff supported people who required assistance to eat and sat next to them to do so. For people who were asleep at lunchtime, their meal was plated and named and returned to the kitchen for when then awoke.

An external company provided all meals and the chef had a close working relationship with the registered manager to improve meal experiences for people. A trial of improving the appearance of pureed food had been introduced and due to its success was being rolled out throughout the service. This involved piping all pureed food so it was more appetising and included cakes and ice cream which had required experimentation to get right. Information about each person's dietary requirements such as if they required a soft diet, pureed food, diabetic diet, thickened fluids or if they had any allergies was on display in the kitchen to guide staff. The chef also knew people's individual likes and dislikes. There was a rolling seasonal menu including homemade soups, vegetarian options and cooked breakfasts.

The in-house trainer provided an induction for new staff to provide them with the skills and knowledge they required for their roles. This included how to support people living with dementia so that staff experienced visually what it was like to live with dementia. Staff training was refreshed on a regular basis in essential areas such as health and safety moving and handling to make sure that their knowledge was kept up to date. Staff demonstrated they were skilled in moving and handling techniques when transferring and moving people. The nursing team were supported through the revalidation process with the Nursing and Midwifery Council (NMC), through ongoing training opportunities such as in syringe drivers and wound care and by clinical meetings. A health care professional told us, "The manager wants everyone to be better educated and learn".

The provider had identified a difficulty in recruiting sufficient numbers of suitable nursing staff and was taking action to address this. A trainee assistant practitioner role had been introduced to upskill senior care staff with a pathway to commencing a nursing qualification. Currently, the service employed several agency nursing staff. These were consistent staff members and they said that they were treated as part of the team, involved in all relevant discussions and meetings with regards to people's care and treatment.

Staff felt well supported by their colleagues and the management team. Staff said there was good communication in the team and between staff with different roles. Since our last inspection key staff had been trained in how to effectively supervise people and a supervision programme was in place which included group and individual one to one meetings and observational checks on staff performance. Staff appraisals had also commenced for the whole staff team including care, nursing and ancillary staff. Supervision and appraisal are processes which offer support, assurances and learning to help staff development.

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 the best interests and as least restrictive as possible. Staff attended training on the principles of MCA during their induction and this was refreshed. Staff gained people's consent and explained how they were going to support people before giving them their

medicines, supporting them to eat or providing personal care. Mental capacity assessments had been undertaken and staff understood how to follow these to ensure decisions were made in people's best interests when they did not have the capacity to make such a decision.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Applications had been made for those people who may be restricted in their freedom and these were renewed within set timescales to ensure the service was acting lawfully.

The environment was bright and well-lit and some refurbishment and decoration had taken place in communal areas. The service was designed to cater for people with physical disabilities as equipment such as lifts, specialist baths and grab rails and handles were available. There had been a delay in introducing plans to make the environment more suitable for people living with dementia, but the registered manager confirmed that these plans were still in place and would be actioned. This included clearer signage, memory aids and destination points to help people orientate themselves. There was a garden to the rear of the service and work was about to commence to develop reminiscence garden.

Good

Is the service caring?

Our findings

Feedback was that staff were caring and concerned about people's well-being. Several people described that they felt "happy" living at the service. One person told us, "The people here are like my family". Another person explained that they had lost their bible when they moved to the service which was upsetting for them. They said that a staff member had given them a bible that this meant a lot to them. This person told us, "I will always remember that kindness". Relatives said that staff knew people well including their likes and individual preferences. One relative told us, "There is continuity of carers. The staff are all familiar faces to dad". Another relative said, "Staff all know my mum and how she likes to be moved". A health care professional remarked, "Staff are so so caring even though they are supporting people with difficult behaviours to manage. Staff have good relationships with people. They respond when people want a hug. People are well settled".

The provider had received several compliments from relatives about the caring nature of the service. Comments included, "Thank you for the care and the kindness you all gave to my dear friend"; "All the care you gave to my husband and the way you looked after him for me, I will never forget"; and "All your hard work and dedication that went towards making her stay feel like being a home. We will not forget all your kindness and love towards her we know it made her very happy.

Staff showed concern for people's well-being in a caring and meaningful way and responded to people's needs. They were able to promote positive outcomes for people if they became distressed. When this occurred care staff followed the guidance in the people's support plans so that they assisted them in the right way. Some people living with dementia spoke to staff about things that had happened in the past as though they were happening now. Staff were skilled at continuing these conversations with people and focusing on what was important from the person's point of view. When one person was not sure where they wanted to go a non-care member of staff took their hand and lead them to a communal area where care staff were present to assist them. It was evident this non-care staff knew the person well and had developed a positive relationship with them.

People were treated with dignity and their privacy was respected. Staff knocked and waited to be invited into people's rooms. Where people needed support with using a bathroom this was done discreetly. People were addressed respectfully by staff, using their preferred names. Attention was paid to people's appearance including their clothes and making sure their finger nails were trimmed or painted if this was their choice.

Staff listened to people and talked to them in an appropriate way so they could understand. They adjusted themselves so they were at the same level and maintained eye contact when speaking with people. Staff were purposeful and positive in their communication with people and gave people time to express their wants and needs. Staff used mirroring techniques to show they valued people's contributions. For example, when one person described something as, "This is lovely. This is gorgeous", a staff member repeated their words to reflect their feelings. Positive relationships had developed between people and staff. Staff knew people's preferences and personal histories and were therefore able to talk to them about things that were

important to them. When people saw staff they sought contact with them which showed that they valued these relationships.

People had been supported to express their views and be actively involved in making decisions about their support as far as possible. This included people being as independent as possible. Where people had had family and friends who could assist them to express their preferences they had been consulted. Information was available about lay and independent mental capacity advocates. Advocates are independent of the service. They can support people to express their needs and wishes and weight up and take decisions about the options available for people.

Arrangements had been made to ensure that private information was kept confidential and secure. Care staff had been given training and guidance about how to manage information in the right way so that it was only disclosed to people when necessary. Written records that contained private information were stored securely when not in use. Computer records were password protected so that they could only be accessed by authorised members of staff.

Good

Is the service responsive?

Our findings

People and their relatives said staff knew them well and usually responded in a timely manner when they asked them for assistance. People and their relatives were very positive about the range of activities on offer each day and that it included things that they enjoyed. One person told us, "There's always plenty to do here to keep us occupied". Comments from relatives included, "The home stimulates people to do activities"; and "There's always something going on".

A programme of structured activities was delivered by a team of dedicated activity staff. Members of the team met regularly to make sure activities on each unit met people's requirements. Activity coordinators were enthusiastic about their role and had several ideas to upskill the staff team to create more customised recreational opportunities for people. A record made of each activity including what was positive, what could be done differently and how it met people's sensory, emotional, intellectual or physical needs. People were able to be supported to attend the activity of their choice. This included group activities such as arts and crafts, exercises, cake making, quizzes, gardening and music. External sources of entertainment were also booked such as 'pets as therapy', singers and arts and craft organisations. During the inspection a cake baking sessions was taking place and a painting class led by an outside provider. People at these events were well supported by staff and their relatives so they gain maximum enjoyment form the experience. For people who preferred one to one activities a programme was in place to help ensure everyone benefitted from this.

Before people came to live at the service an assessment was made of their health, social and personal care needs including their mental well-being, mobility and nutrition. The service was also part of a pilot scheme whereby a trusted assessor undertook this assessment for people who were admitted to hospital from the service. Feedback from staff at the service and the trusted assessor was that this relationship worked well.

Arrangements were in place to ensure that people received effective and coordinated support when they were referred to or moved between services. A relative of a person who had recently transferred to the service from hospital said, "I can't fault the staff here. They work as part of a team. They worked alongside clinical professionals to make sure my relatives move from hospital to care was successful. A health care professional told us, "We have worked closely together with a number of patients who have moved to the service and with people who present a number of challenges.

People received personalised care that was responsive to their needs. A plan of care was developed with each person once they had moved to the service. These plans were completed in a timely manner to make sure staff had the guidance in place to support people effectively. Care plans were regularly reviewed to make sure they accurately reflected people's changing needs and wishes. Records showed that people received the assistance they needed as described in their care plans. The provider recognised that life histories were important in providing people with care which met their choices and preferences. Information was available to staff about people's past occupations, things that were important to them their likes and dislikes and how they liked to spend their time. For example, it had been recorded that one person loved tomato ketchup and that this should always be offered at mealtimes. For another person it had been

documented that they liked a coffee and a chat, but that they did not respond well to large groups of people.

Information was available in an accessible manner. The activity programme was on display at the service and clearly recorded in which part of the service each event would take place. Easy read copies of the mental capacity act, equality act and about moving to a care.

Care staff understood the importance of promoting equality and diversity. This included arrangements that could be made if people wished to meet their spiritual needs by religious observance. The registered manager recognised the importance of appropriately supporting people on an individual basis and with reference to their gender, ethnicity and sexuality.

The provider understood the importance of consulting people and their family members about a person's end of life wishes. They also understood that these conversations could be difficult and had invited a hospice nurse to talk to relatives about advance care plans (ACP). ACP's set out people's future decisions and choices about where and how they would like to spend their time at the end of their lives. Therefore, information about people's end of life wishes varied in detail from person to person, but there was a plan in place to further develop this area for the benefit of people who used the service.

People and relatives said they felt confident to speak up if they were unhappy or worried about any aspect care at the service. One person told us, "I feel I could complain if I need to", and another person said, "I know I can always go to someone for help". Relatives said that when they had raised a complaint or concern that they had been acted on. One relative said, "Any concerns or incidents are dealt with correctly and I have not had any issues". Another relative told us, "We were able to talk it all through, resolve the problems and we meet here to review things".

Information about how to make a complaint was available in reception. People could access the provider's full complaints policy on request. The complaints policy set out how a complaint would be investigated and the timescales for response. It also included the right for people to direct their concerns to the local government ombudsman if they were not satisfied with the way the service had handled their complaint. All complaints had been taken seriously, investigated and a record kept detailing all actions and progress of the complaint investigation.

Good

Is the service well-led?

Our findings

People and relatives knew the registered and deputy manager. One relative told us, "The staff and management are brilliant". Relatives explained that they could gain access to the service to see their family member via a secure system, without having to wait for a member of staff to open the door for them. They felt that this system was part of the culture of openness and transparency of day to day life at the service. Relatives found it reassuring that staff made clear records about their family member's day which they could access. One relative told us, "Everything is logged so I know what mum's day has been like whenever I visit".

Health care professionals feedback that the service was well led and strove to improve the service for the benefit of people and staff. One health care professional told us, "The manager and deputy manager really care about people and support each other well. The manager is very focused on making things better for people and staff. Another health care professional said, "The service is very proactive with any recommendations that I make. They let me know about things as soon as possible and are hot on alerting me on any safeguarding issues". The service had also received positive written feedback from an additional health care professional who was a regular visitor to the service. "Many of the residents have complex needs. Regular staff were observed to work very hard and to be very committed to the residents, often going above and beyond what would be expected of them".

At the last inspection on 10 and 11 July 2017, we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure that people's records in respect of their care and treatment were accurate and accessible.

At this inspection on 19 and 20 July we found that improvements had been made to record keeping so that they accurately reflected people's care and treatment and were available to staff when they were needed.

The electronic care planning system had been embedded at the service. Care staff were confident in recording information about all aspects of a person's care on a hand-held devise at the point of delivery. This gave a clear picture of the care that had been provided to each person, at what times and by which member of staff. Staff said this helped them to organise and prioritise how they supported people. Senior care staff and nurses accessed this information on a daily basis to ensure people's care needs were met such as ensuring people had received sufficient food and fluids and to identify any increases or decreases in their weight. They said the information gave them a good overview of people's changing needs and they were alerted to any tasks or checks that had not been completed so that they could be addressed. Care records were updated as changes occurred so that there was an accurate record of people's care and treatment.

The registered manager, deputy manager and clinical lead demonstrated their passion and commitment to their roles and were a visible presence at the service. They said they received effective support from the operations manager and they worked well together to identify and make changes to improve the service. The management team had an open-door policy and staff and relatives said they were approachable and consulted them throughout the inspection. The aims of the service as posted on the provider's website

were, "To offer residents the highest possible quality of life while providing them with an exceptional standard of residential, respite and nursing care". Staff demonstrated that they understood these principles and their roles and responsibilities. Nurses and shift coordinators in charge of each unit were confident and placed people at the heart of what they did.

A range of meetings were held to aid communication in the service and ensure people's needs were being met. These included daily meetings, head of department meetings, clinical meetings with nursing staff and general staff meetings. Staff said these meetings were useful as they could share information and gain advice and support. The provider also arranged meetings with registered managers from their services to share best practice. The chief executive officer attended these meetings periodically to ensure they had a good overview of the quality of care provided.

Staff felt able to blow the whistle and that any comments or suggestions they made would be listened to. . They were regularly consulted about their views and these were listened to and acted on. For example, changes had been made to shift patterns as a direct result of staff feedback. A pulse staff engagement survey in December 17 found that 64% of staff were proud to work for the service and 67% would recommend it as a place to work. A service engagement plan had been developed to identify further ways to engage staff. All staff spoken to during the inspection spoke positively and optimistically about changes and improvements. They were satisfied with the support they received and felt that things were moving forward for the benefit of them and people who used the service. Staff comments included, "It is like a family and working with mums and granddads here"; "The managers are fantastic and give me brilliant support"; and "I think the manager is a very good leader".

The service had schemes in place to drive improvement and reward staff for their initiative, care and going the 'extra mile'. Nominations were made by people, relatives, staff and visitors for a 'Rising Star' and 'Carer of the Month'. At the end of the year a prize and award evening was held to celebrate staff achievements. Awards were given in a range of areas and a prize to the staff member who had received most awards throughout the year. Staff awards were on display at the service for people, visitors and staff to view.

Relative meetings were held throughout the year and the dates were displayed in the reception area to gain the views of people at the service. Relatives said that at these meetings they could raise and discuss any issues. The views of relatives were also sought through an annual quality survey. Relatives were asked about aspects of the service such as the environment, activities, meals, staff and people's well-being. At the last survey in 2017 an overall score of 86% was achieved. Comments included, "The home care has greatly improved since the takeover. Mum' carer has worked so hard to engage her and to get her to eat. Mum seems much happier"; and, "It is so much better now that they have a new manager".

The provider worked in partnership with other agencies to enable people to receive 'joined-up' or integrated care. The service had been involved in a winter pressure project with the NHS to help reduce hospital admissions. They were also part of the trusted assessor pilot. Members of the management team met with professionals from local care homes and the NHS to share best practice. The clinical lead was due to present a case study of the care and support they had given one person to highlight the challenges and positives of accessing support for older people with mental health issues. Visiting health and social care professionals had been surveyed for their views on the environment, staff manner, responsiveness to raising issues and the cleanliness of the service. An overall response of 81% satisfaction with the service had been received. Links had also been formed with the local community. The service welcomed representatives from churches. Coffee and cake mornings were held to raise money for local charities.

The provider took a systematic approach programme to enable the service to learn, innovate and ensure its

sustainability. Quality checks were undertaken to make sure that the service was running smoothly. These checks included making sure that care was being consistently provided in the right way, medicines were being dispensed in accordance with doctors' instructions and staff had the knowledge and skills they needed. The operations manager undertook provider visits based on the CQC's key lines of enquiry. Where areas for development had been highlighted an action plan was in place and monitored to make sure that any shortfalls had been addressed.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The provider understood when to submit notifications to CQC in line with guidance. When CQC had requested reports and additional information, they had been provided in a detailed and timely manner.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating in the reception area and on their website.