Bhandal Care Group (BSB Care) Ltd

St Paul's 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

We inspected St Paul's Nursing Home on the 8 October 2018, the visit was unannounced. St Paul's Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. St Paul's Nursing Home is registered for 22 people in one adapted building. On the day of our inspection, 17 people were living at the service.

There was a registered manager in post who was available throughout the inspection. 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.

People at the service were protected from the risk of abuse, as the staff were aware of their responsibilities in relation to keeping people safe. There were established procedures and protocols in place to guide staff should they suspect abuse, and the registered manager dealt with any safeguarding incidences thoroughly. The registered manager had processes in place to ensure learning from safeguarding incidents took place to reduce the risk of reoccurrence.

The risks to people's safety were assessed, and measures to reduce risks were in place to protect people from harm. There were enough staff to meet the needs of the people at the service and the registered manager regularly reviewed staffing levels to ensure sufficient staff were available to support people. Safe recruitment practices were in place.

Overall, the management of people's medicines was safe. However we found some minor concerns, following our inspection, the registered manager sent us information to show how they had addressed this. People were protected from the risks of cross infection, as staff undertook safe practices in relation to infection prevention.

People's needs were assessed using nationally recognised assessment tools and staff supporting people received adequate training to guide them in their roles.

Overall, people's nutritional needs were well managed and people received diets appropriate to their needs. People's health needs were supported by staff who worked with the relevant health professionals to manage this. People lived in an environment that met their needs.

Staff sought consent from people before caring for them and they understood and followed the principles of the Mental Capacity Act, 2005 (MCA). 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.

People were supported by a caring group of staff who listened to their views and ensured their choices and preferences were met. People received person centred individualised care. They were treated with dignity and respect, and staff supported their independence.

People were supported to join in with several social activities provided by the service. Their concerns and complaints were dealt with in line with the providers complaints policy.

People were supported at the end of their life by staff who were aware of their preferences, and their needs and wishes were respected.

The service was well led, the registered manager was visible and supportive towards people, their relatives and the staff who worked at the service. There were effective quality assurance systems in place to monitor performance and quality of care. The registered manager responded positively to changes and used information to improve the service and care people received.

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.

People were kept safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents. The risks to people's safety were regularly assessed and measures were in place to reduce risks and promote people's independence. There was enough staff on duty each day to meet people's needs. There were some issues with safe management of medicines which was addressed by the registered manager following the inspection, and people lived in a clean and hygienic service.

Is the service effective?

Good

The service was Effective.

People's needs were assessed using nationally recognised assessment tools, and they were supported by staff who received appropriate training and supervision. The environment people lived in met their needs and adaptions were made where required. People made decisions in relation to their care and support and where they needed support to make decisions, their rights were protected under the Mental Capacity Act 2005. They were supported to maintain their nutrition and their health was monitored and responded to appropriately.

Is the service caring?

Good

The service was Caring.

People were supported by staff who were kind and caring, and showed a good knowledge of their preferences and choices. They and their relatives were supported to be involved with the development of their care. People had access to advocacy information should they require this, and staff respected people's rights to privacy and treated them with dignity.

Is the service responsive?

Good

The service was responsive.

People received individualised care and had access to a range of social activities, they had access to information in a format which met their needs. Where appropriate, people's wishes for end of life care were discussed and plans of care were in place. People and their relatives were supported to raise issues or complaints, and staff knew how to deal with concerns and complaints.

Is the service well-led?

Good

The service was well led.

There was an open and transparent culture in the service where people were listened to and staff were valued. There were governance processes in place, which were used by the provider and registered manager to monitor the quality of the service.

St Paul's 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 comprehensive inspection took place on 8 October 2018 and was unannounced.

This inspection was carried out by one inspector, one assistant inspector and an expert by experience. An expert by experience is a person who has experience of using this type of service or has a relative who has used this type of service.

Prior to our inspection we looked at information we held about the service. This included statutory notifications the registered manager sent us. These are notifications about significant events that happen in the service that affect the people who live at there. The provider is required to send us this information as part of their registration. Before the inspection the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what they do well and improvements they plan to make We used information the provider sent us in PIR to plan the inspection.
We looked at the information from previous inspections we had undertaken and spoke with key stakeholders, such as the local authority who commission services at the home to gain their views on the way the service is run.

During our inspection we spoke with seven people and three relatives. We also spoke with two members of care staff, a housekeeper, a cook, the administrator, the deputy manager and the registered manager. Following our inspection, we contacted a health professional who regularly visits the service and we spoke with the provider. We looked at the care records for three people and a selection of medicine records. We also looked at a range of service records and quality audits to help us establish how the service was monitored. We also reviewed five staff files to review recruitment processes.

Good

Is the service safe?

Our findings

People who lived at the home felt safe. The relatives and people we spoke with told us they had confidence in the staff to keep people safe. One person said, "I feel safer now than I have for a long time, I was at home before I came here, and I wouldn't want to go back now. There is always someone around and they make sure that my buzzer is close by me so that they come and help me when I need them." One relative told us they felt the staff kept their family member safe, they said, "They (staff) are really on the ball."

Staff were aware of their responsibilities in relation to recognising and reporting safeguarding issues. Staff could identify the types of abuse people who lived at the service could be exposed to. They told us they would feel comfortable reporting any issues to the registered manager and they felt she would act on their concerns. We saw there was information on how to report any safeguarding concerns on the notice board in the entrance. One member of staff said they would report any safeguarding issue to the senior member of staff on duty and they said they were also aware of how to contact external agencies such as the CQC if they needed to.

We saw the registered manager had dealt with any safeguarding concerns appropriately. They had undertaken investigations and when necessary put in measures to reduce further risks to people's safety. We also saw they had worked to ensure information about any safeguarding risks was cascaded to staff, this was to ensure lessons were learnt to prevent reoccurrence of incidents. They and the staff we spoke with told us they did this via daily handovers and supervisions.

The individual risks to people's safety had been assessed and measures had been introduced to reduce these risks. We saw the aids identified in people's care plans were available to them when they required them. One person said, "I need to walk with my frame and they (staff) always make sure it is close by so that I can get about."

The care plans we viewed contained appropriate risk assessments that gave staff the information they required to safely support the people in their care. For example, one person had a health condition that meant their ability to mobilise fluctuated. Their care plan noted staff should assess the person each day and use information on the different equipment the person required depending on their level of mobility at the time. Staff we spoke were aware of the way the person's needs changed and how they should support them.

We spoke with staff and all were knowledgeable about the individual risks to people in relation to their care. We saw staff were confident and competent when supporting people to move. They used the appropriate hoists and other moving and handling equipment safely, and the people who were supported looked relaxed. One relative who visited the service regularly, confirmed our observations. They said, "My relative needs to be hoisted and they don't really like it, but the staff constantly work with them to reassure them to reduce any level of distress they may have."

People were protected against the risks of fire as there were regular fire safety checks on the environment, and staff were aware of their roles in supporting people should there be a fire at the service. People had the

necessary information on the support they required in personal evacuation profiles (PEEP) that were kept in a fire safety folder in the entrance, and individually in their care plans.

The above showed the staff at the service worked to actively reduce the risks to people's safety.

People and relatives told us that the home had a stable staff group and there was enough staff to meet the needs of the people at the service. People told us that call bells were responded to promptly by staff and they felt staff gave them time when they provided any care.
One person said, "There is always enough staff here to support me and they always do so in a quiet and considerate way." Another person said, "If I need someone the buzzer is always close by, and if I use it they (staff) are with me within five minutes. If they can't come straight away, due to caring for someone else, they always come and tell me." A further person said, "Even at night, they just seem to be with you straight away; usually within five minutes."

The staff we spoke with told us they felt there was enough staff on each shift to support the people who lived at the service. The service employed registered nurses, and one member of staff told us they had for a period had to rely on agency staff for some night shifts, but they said they and their colleagues did do extra to cover shifts when needed. The registered manager told us they used one agency to supply nurses and as a result there were three regular agency staff undertaking shifts. The registered manager felt this had provided continuity for people, they told us they had recently been successful in appointing a further registered nurse that would give the service a full complement of registered nurses.

The provider told us in the PIR that they used a dependency tool to continually monitor staff levels. This was to ensure the numbers of staff reflected the needs of the people at the service. On the day of our inspection we saw this documentation had been used to support the registered manager manage staff levels. The above information shows the service provided safe levels of staff to meet the needs of the people who lived at the service.

The registered manager used safe recruitment processes to ensure people were supported by suitable staff. We saw staff records contained evidence of appropriate references with any gaps in employment explained. The registered manager used the Disclosure and Barring Service (DBS) checks for potential staff members. The DBS helps employers make safer employment decisions, as any criminal convictions will be highlighted through this check.

People's medicines were managed safely. People told us they were happy with the way their medicines were managed by staff. One person said, "Last night for example, I was a bit up skittled, I don't know why, and they were with me straight away, made me a cup of tea and brought me painkillers." The person went on to say, "It's not just the tablets, it's my ointments, they are very good at helping me to put those on too." A relative we spoke with told us, "I am often here when the staff bring my relative's tablets, and I see how they support her to take them. They administer painkillers and monitor how well they are working."

Staff were provided with training in the safe handling of medicines. One staff member told us of the training they had undertaken to keep up dated with different aspects of the safe handling of medicines. This included training on managing devices that administered continuous measured dose of medicines for people when required.

Our observations of the administration of medicines showed staff practiced safely. When people needed time specific medicines staff were aware of the need to administer these at the appropriate times. People who needed medicines on a as required basis, such as medicines to relieve pain, had protocols in place to

guide staff and ensure the medicines were given appropriately. Some medicines should be used within a specific time frame once opened, and we found some bottles of medicines had not been dated when opened. We highlighted the issue to the registered manager who told us they felt this was an oversight, and said they would address with staff administering medicines. Following our inspection, the manager sent us information to show how she had addressed this to prevent future errors. This showed the registered manager was responsive in ensuring the safe management of medicines for people in their care.

People's views on the cleanliness of the service were positive. One person said, "They do a lot of cleaning. Every day they come into my room and wipe the surfaces down, empty the bins, vacuum, and clean the en suite."

Staff we spoke with understood their role in reducing the risks of cross infection. The provider told us in the PIR that the service had a several staff who acted as link staff for a number of areas of practice. The registered nurse told us they were the link person for infection prevention and control, and attended the local authority infection control link person's meetings. They told us they found the meetings useful and had been able to bring back updates for staff on managing the risks of cross infection. We saw there was information displayed for staff on infection prevention and control at the service. We witnessed staff wearing personal protective clothing for personal care, and when handling food and drink. Staff were able to discuss the appropriate practices in relation to cleaning, managing laundry, the use of personal protective equipment (PPE) and effective hand washing techniques. Throughout the service we saw posters on hand washing techniques and supplies of PPE. This shows the service followed good infection prevention practices to maintain people's safety.

Good

Is the service effective?

Our findings

People's needs were assessed using nationally recognised tools to ensure their needs were met. For example, we saw a nationally recognised scoring tool was used to guide staff when assessing people's risk of skin damage. This tool highlights any issues that could affect the possibility of skin break down, such as underlying health conditions or mobility. People who required specific pressure relieving aids had these in place, and we saw that staff had followed the guidance from the assessment tools to prevent skin damage.

People we spoke with told us they felt staff had the knowledge and skills to provide them with the care they needed. Relatives told us staff were confident and competent when providing care for people. One relative said, "The staff are very skilled, and they often pick up on things that I wouldn't have thought of."

Staff we spoke with felt the training they received gave them the confidence to undertake their roles. They told us the training was relevant to their role, and equipped them with the skills they needed to care for people living at the service. For example, a registered nurse told us they had led a training session on oral hygiene with the care staff after receiving up dates from the local authority infection prevention and control meeting. They told us they tried to make use of any training they received to provide staff with up to date knowledge related to their roles.

Staff also received specialist training in dementia care. We witnessed staff communicating with people who lived with dementia. When supporting people to make choices staff used clear and simple words, they kept sentences short and gave people time to process the information. This showed staff had used the knowledge gained from their training in their practice to provide effective care for people they supported.

Staff we spoke with told us they were supported with regular supervision and they found the support useful. Staff felt the supervision helped them identify any concerns they had and highlighted any support they may need to assist them in their role.

Induction procedures ensured that staff were trained in all the key areas such as infection control, first aid and moving and handling. We saw further guidance new staff received to support them to understand different aspects of their roles. Staff were given an induction sheet that went through areas such as management procedures, fire safety and health and safety processes. The registered manager also told us new staff were supported with a mentor when they first started at the service and worked a number of shifts where they shadowed more experienced staff shifts to assist them while they get to know the resident's needs.

This showed staff received effective training to equip them with the knowledge and skills to support the people in their care.

People's nutritional needs were met. People told us that food at the home was good, they had a choice of meals and they got enough to eat and drink. One person said, "The food is good. We choose our lunch the day before and have two options; there is usually something I like, but you can always ask for something

else." One relative we spoke with said, "I sometimes have meals with my relative and they are very good." Another relative told us, "When my relative first came in they were hardly eating anything, but the staff have supported them and now on a good day my relative is eating all of their meal, they have gained weight, which says something."

Staff we spoke with had knowledge of the different dietary needs of the people they supported. People's weights were monitored regularly and any significant unplanned changes in their weights were acted upon. When necessary people were referred to the most appropriate health professional. A relative said, "Recently my relative has struggled to manage solid food and the staff were onto it straight away. They have handled the situation and now provide her with softer food. My relative has put weight on since she has been here, which is good."

However, one person had been assessed as being at risk of choking. The Speech and Language therapy team (SALT) had provided advice about modifications to the person's food and fluid to reduce the risk. However, during our inspection we saw this advice was not being followed. Staff told us this was because the person chose not to follow professional advice. The staff team had made some changes to the diet recommended by SALT but this had not been documented in their care plan and SALT had not been consulted about this. We discussed this with the registered manager who said they would consult with SALT about this. Following our inspection, the registered manager provided us with an updated care plan and they had referred the person back to the SALT team for further advice on how to support the person.

During our inspection we observed mealtimes and saw staff provided people with the most appropriate level of support. People were offered choices and if they did not like what was on the menu, alternatives were provided for them. We saw there was hot and cold drinks available for people throughout the day. This showed people's nutritional needs were met by the staff supporting them.

People told us their health needs were well managed by the service. One person told us, "The doctor pops in regularly to see the people that need to be seen on that day. If I need to see the doctor the staff will just ring the surgery, and the doctor will come and see me or, if I am up to it the staff will take me over. They really are very good, and I know that they would get me help if I need it." People told us they had access to an optician and chiropodist who would come to the service to provide care for them.

Staff we spoke with told us they were able to consult people's GP and they also had the support of the care home nursing team. These are a group of nurse practitioners working for the local CCG who work to support care homes in the area. The registered manager told us the team came in on a regular basis, both they and the registered nurse we spoke with told us they worked to build good relationships with the care home nursing team. Following our inspection, we spoke with a member of the care home team, who told us the care home was one of the best they went into. They said the staff were responsive and quick to raise concerns to them so people received timely care in relation to their health. This showed the service worked to manage people's health needs effectively.

People were supported to maintain a healthy lifestyle, and people told us they were supported to undertake exercise both in the service and by keeping mobile in the community. The care home offered healthy snacks and a balanced nutritional diet for people.

The environment people lived in was adapted to meet their needs. The provider employed a maintenance person to undertake any maintenance and ongoing repair work at the service. We saw the service was in need of some redecoration and there was an ongoing refurbishing programme in place at the service. This meant people were living in a safe well-maintained environment which met their needs.

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. We checked whether the service was working within the principles of the MCA. We found they were.

Where required, people had mental capacity assessments in their files. These were decision specific for each area of their care. For example, people had one capacity assessment for their medication and a separate one for their personal care. This shows that staff understood people may lack the capacity to make decisions about one area of their life, such as managing their medication, but may still be able to make decisions about what to wear or what time to get up and go to bed.

People told us that staff always checked if they were happy for them to provide care before they assisted them. During the visit, we saw staff discussing things with people before providing care. The staff we spoke with told us they always assumed people could make their own decisions about how they wanted their care given. They told us they knew how to approach people to support them make their own decisions about their care. We saw examples of staff re-phrasing sentences when they thought people had not understood them, they gave them time to respond before trying again. Staff checked with people they had understood and gained permission before carrying out care.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Several people at the service had a DoLS authorisation in place, and where there were conditions set by the DoLS team these were being met by the provider.

Good

Is the service caring?

Our findings

Without exception, people we spoke with told us that the care they received in the home was good. One person said, "It is a big decision to decide to come into a home, but I am very happy and contended here. The staff know me really well, they rub my back, give me a hug, ask me if I am okay all the time and if there is anything I need." Another person said, "The staff are very caring, they always help me. They come straight away whenever I ask for anything."
A further person told us, "If I wanted something that would give me that extra bit of comfort the staff would arrange it for me."

Relatives we spoke with were also happy with the attitude of staff towards their relations and themselves. One relative said, "The staff are very buoyant and optimistic, and provide constant reassurance when providing care. My relative responds to their cheerfulness." Another relative said, "When I visit, all of the residents seem happy here and there seems to be a really good atmosphere." Relatives told us they were made to feel welcome when they visited the service and some told us they sometimes joined their family member for meals at the service which added enjoyment to their visit.

Staff we spoke with told us they enjoyed working at the service, and there was a caring culture among staff. They felt this was led by the registered manager who spent time talking to people and relatives each day. During our visit we saw the registered manager, who is also a registered nurse, undertook direct care duties, such as administering medicines. They took this opportunity to chat with people. We saw she spent time chatting to one person who had been admitted to the service for a short period of time. The registered manager took the time to listen to the person and ensure they had everything they needed.

The registered manager also told us staff at the service went the extra mile for the people they supported sometimes undertaking errands for people in their own time. We saw one member of staff had come into the service on their day off to style one person's hair, as they were attending a significant event on that day. This showed the staff at the service worked to ensure people were supported in an empathetic and caring way.

People told us staff knew their needs very well, and their views and preferences on how they wished to receive care were recorded in their care plans. One person told us, "When I came in they (staff) sat with me and talked about what I needed and we agreed how they would care for me. They just seem to know and understand." Relatives we spoke with told us they had been able to support their family members to get the care they wanted. One relative said, "They (staff) have discussions with me about my relative's care. I am involved, and I understand the care they give."

We saw people's preferred routines were recorded and people we spoke with could give us examples of how their preferences were met. One person told us told us, "They do little things such as the shred-less marmalade they got just for me."

Staff we spoke with were aware of, and listened to people's views on their care. We saw they gave people

choices when supporting them, such as asking where people wanted to sit when escorting them to lunch. Discussing preferences at mealtimes and ensuring people were provided with their choices. This showed the staff considered and listened to people's views on how they wanted they care delivered.

The service provided information for people on the availability of advocacy services should they have required this support. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them.

People told us they were supported by staff who were respectful and worked to maintain their privacy and dignity. One person said, "The staff are very aware of confidentiality and you would never hear them talking about another resident." Another person said, "The staff treat you with respect, which is very important." A further person said, "When the staff come into my room to support me to wash and dress, they are very respectful. They also close the curtains and put a sign on the door. The staff always knock before they come into my room." A relative we spoke with said, "My relative is a very private person and the staff talk to them in the right way, they reassure and assure them."

People told us that staff encouraged them to be as independent as they could be. One person said, "The staff give me the chance to choose how I want to do things all of the time, it is wonderful. I want to keep independent and to walk with my stick, and the staff help me to do that as they walk with me to make sure I am safe; that also reassures me." Another person said, "Little things are done, that are so important. The staff leave a commode at the side of my bed at night, so that I can get out of bed and use the toilet independently." A further person said, "I really don't need much support and I am quite independent. The staff just seem to understand how much help I need."

During our visit we saw that people were well presented and appeared clean. There were examples of staff dealing with aspects of people's care discretely and respectfully. It was clear staff understood their responsibilities in relation to people's dignity and independence.

Good

Is the service responsive?

Our findings

People were provided with individualised person-centred care from staff who knew their needs. One person we spoke with said, "I notice that when new residents come in they (staff) soon seem to work out their needs and how to care for them really quickly." A relative we spoke with said, "As my relative hasn't been here long they are still working out her likes and dislikes, but they are getting it right."

The care plans we viewed had detailed information to guide staff provide the most appropriate care for people. There was information on the support people required for different aspects of their care, such as personal care, communication mobility and nutrition. For example, one person struggled to verbalise their needs and required hearing aids. The person's care plan gave clear information on how staff should support the person, such as, ensuring they had the hearing aids in place, sitting in front of the person and speaking clearly. The care plan noted staff should listen and give the person time to answer. During our inspection we saw staff were following the guidelines in the care plan with a positive effect for the person.

The majority of the care plans we viewed had information for staff on symptoms of underlying health conditions. For example, one person had a long term degenerative condition and displayed some physical symptoms as a result of their illness. We saw there was information for staff in the person's care plan to give them an understanding of the symptoms. However, there was a lack of information for one person who suffered from an condition that meant they had seizures. We discussed this with the registered manager who explained that staff recorded all seizures on the person's observation chart in their room, including time and symptoms. But they accepted that further information in the person's care plan would be useful for staff. Following our inspection, they sent us information to show this had been added to the care plan.

Staff told us they could access the care plans on a regular basis and the communication regarding any changes to people's care needs was good. They told us there were regular staff handovers. Our discussions with staff showed they had a good knowledge of people's individual needs, and provided people with person centred care.

We looked at how the provider met their duties under the Accessible Information Standard. The Accessible Information Standard ensures that all people, regardless of impairment or disability, have equal access to information about their care and support. People at the service told us they were happy with the way information was provided for them. No one we spoke with required information in a different format and people were happy with the way staff communicated with them. We saw communication support plans provided staff with information about people's communication and sensory needs to support their communication. We noted that staff understood the importance of promoting equality and diversity. This included arrangements that had been made for people to meet their spiritual needs. One person said, "The local Vicar pops in regularly and supports things such as the Harvest Festival." Staff also told us people were supported to attend religious services and celebrate important days in relation to their cultural needs. Where people preferred a specific gender of staff to support them, this was recorded in their care plans and staff told us they were able to provide this.

People were supported to take part in a range of social activities. People told us there was a good choice of activities to take part in for example quizzes and exercise groups. One person told us, "In the better weather we go out in our wheelchairs around the village." Another person told us they were supported to go to local clubs in the village. People told us they were supported to join in activities. One person said, "There is something going on every day and there is a monthly programme which details the activities. I do join in, but I also like to stay my room and listen to music and watch television. The staff understand that."

Relatives we spoke with, told us they saw people engaging in different activities when they visited, one relative said, "I often come in and the residents tell me they have been for a walk around the village." This showed the service worked to stimulate people in their care and reduce isolation.

People and relatives, we spoke with told us they knew who to speak with if they had any issues with their care. People and relatives told us that the registered manager responded well to their concerns or requests about care. One person said, "If I had a problem I would just say something to the manager, but I really have not had anything to worry about since I came to live here." Another person said, "I did once speak to the manager about something, and it was sorted straight away. The issue was addressed, and things improved." A relative we spoke with told us, "I haven't had to raise any concerns, and if I have thought of something (of concern) and speak to the manager she is usually already aware and doing something about it."

Staff we spoke with were aware of their responsibilities in relation to dealing with concerns and complaints. One member of staff said, "(I would) record and report any concerns to the manager, but try to resolve straightaway if I can." Where complaints had been received the company's complaints procedure had been followed by the registered manager to ensure any issues were resolved.

The company's complaints policy was displayed in the entrance of the service. The above information shows the staff at the service were responsive to people's concerns and complaints.

People's end of life care was managed according to their wishes and staff worked with people at the appropriate time to support them make their wishes known. People's care plans contained information on their advanced wishes. The service had worked to achieve the Gold Standard Framework award in end of life care, which is a nationally recognised award. One example of the work the service undertook to achieve the award was the production of information for people and relatives on what to expect at the end stages of people's lives. For example, how their pain would be managed, nutrition, and what to expect during the last hours of life. There was also information specifically for relatives on the grieving process, and what support was available, also how to register a death and contacts should relatives need legal advice. We saw the service asked for feedback from relatives on their experience of the end of life care provided for their family member and themselves. The questionnaire was designed to gather feedback on how they could continue to improve the care they gave to people and their relatives. One comment noted that the registered manager and deputy manager's support had been "invaluable" for that family. This showed the service's commitment to ensuring people experience a peaceful and pain free death.

Good

Is the service well-led?

Our findings

It is a legal requirement for the service to have a registered manager in post, and on the day of our inspection the registered manager was available. The service is also required by law to send us notifications about significant events at the service. A notification is information about important events, which the provider is required to send us by law, such as serious injuries and allegations of abuse. The registered manager had fulfilled their responsibilities in relation to this obligation.

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

The registered manager was well known to both the relatives and people who lived at the service. People and relatives felt the registered manager listened to them and acted on issues raised, in an open and transparent way. We were told by people that she was both a visible and approachable presence in the home. One person said, "Everything my family has ever wanted for me, the manager has made sure is done." Another person said, "I can talk to the manager about anything. In fact I can talk to anyone in the home, I trust them all." A relative said, "The general attitude and support by the senior management is exemplary."

Staff we spoke with told us the registered manager provided strong leadership at the service and was approachable and accessible. One staff member said, "(Registered manager) is lovely, friendly, puts you at ease. All the residents love her. She's open and easy to talk to." Another member of staff said of the registered manager, "I think she's lovely, we all know she's there for us. I think she trusts and respects the staff, and gets that back." Staff told us they felt able to raise any issues or concerns to the management team and they would deal with issues confidentially and fairly.

The registered manager told us they had worked with staff to ensure they were made aware of any issues of concern in the service. They told us they worked shifts as the registered nurse on duty at different times throughout the week, including nights so they had a good understanding of how each shift was run. Where they had found concerns they had worked with different staff groups to address the concerns, and strengthen the staff group so people received a high standard of care. This show there was an open positive culture at the service that benefited the people who lived there.

The registered manager and provider undertook a range of quality audits to monitor the service provided for people. We saw the provider's quarterly audits focused on a number of aspects of the service, such as feedback from people, staff behaviours, and the environment. However, the registered manager recognised they had not been undertaking some audits as robustly as they could and said improvement in this area would have a positive effect on the service. For example, they had not been undertaking regular environmental audits, and had been highlighting issues of concern to the maintenance person on an ad hoc basis. The registered manager told us they were in the process of starting these audits with the maintenance person, and following our inspection sent us copies of the audit template and a completed audit and action

plan. Further audits related to areas such as falls were regularly undertaken with analysis to identify trends and ensure actions to reduce risks to people were undertaken. The provider also held quarterly home manager's meetings. These meetings were to support the managers of the homes the provider owned, to share ideas and work to improve the quality of care throughout the group of homes. This showed the registered manager and provider continued to work to improve the quality of care provided for people.

People, relatives and staff views were considered and people felt they were listened to. There were residents and relative's meetings and we saw people and their relatives were asked for their feedback on the activities offered at the service. Staff we spoke with told us there were also staff meetings and they could air their views and discuss the changes in the service. Staff told us their ideas and views were listened to by the registered manager. One member of staff told us the registered manager "really wants to make a difference" to the lives of the people who lived at the service. Throughout the inspection we saw evidence of the registered manager's commitment to improving the quality of the service for the people who lived there.