

Ashmere Nottinghamshire Limited

Sutton Court

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Sutton Court is a purpose-built care home providing accommodation for up to 59 people requiring nursing or personal care. At the time of our inspection, 51 people were living at the service. The accommodation was established over two floors. On the ground floor there was a small reception area, offices, a large dining area and a communal lounge. Additionally, there was one T.V lounge, one quiet lounge and one visitors lounge off the reception area, a kitchen, a large sun lounge used for community activities and a hydrotherapy suite with swimming pool. People also had access to a large courtyard garden. On the second floor there were bedrooms and a library / meeting room. Access between the floors was via a lift or staircase which were secured to prevent risk of injury from fall.

People's experience of using this service:

People felt safe and staff ensured that risks to their health and safety were reduced. We found that sufficient staff were deployed to safely meet people's needs. Staff had received training to ensure they had the knowledge to protect people from the risk of avoidable harm or abuse, whilst providing care.

People were protected from the risk of an acquired health infection. The service employed dedicated cleaning staff to ensure the environment was clean and had appropriate policies and procedures to monitor and reduce the risk.

Systems were in place to support people to take their medicines safely. Staff received relevant training and felt well supported. People were asked for their consent to their care and appropriate steps were taken to support people who lacked capacity to make decisions.

People were supported to eat and drink enough to maintain good health.

There were positive and caring relationships between people using the service and the staff who cared for them. Staff promoted people's right to make their own decisions about their care where possible and respected the choices they made. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were treated with dignity and respect by staff who understood the importance of this.

People received very person-centred and responsive care from staff who had an excellent understanding of their current support needs. Personalised care plans were in place, which provided detailed, up to date information about the care people required.

People knew how to make a complaint and there was a clear complaints procedure in place.

When people were at the end of their life the service had effective measures in place to support them and ensure their wishes and needs were met.

An open and transparent culture enabled people and staff to speak up if they wished to. The management team provided strong leadership and a clear direction to staff.

There were robust quality monitoring procedures in place. The management structure of the service was clear.

People's safety had been considered and risks had been reduced by the introduction of equipment or guidance.

Information was provided in a range of formats to support understanding. People were able to access spiritual support to meet their religious beliefs.

There was a registered manager at the home and the rating was displayed at the home and on their website. When required notifications had been completed to inform us of events and incidents, this helped us to monitor the action the provider had taken.

Rating at last inspection: Not previously rated under this registration

Why we inspected: This was the first inspection under this registration. inspection. At this inspection we found the service to be Good.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Sutton Court

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

Two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Sutton Court is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced

What we did:

We reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as abuse and accidents; and we sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with six people who used the service and four relatives to ask about their experience of the care provided. In addition, we spoke with three visiting health professionals.

We spoke with nine members of staff including the nominated individual, registered manager, senior carer

workers, care workers and the cook.

We reviewed a range of records. This included six people's care records and multiple medication records. We also looked at five staff files in relation to recruitment and supervision records along with records relating to the management of the home. We also reviewed a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- People and their relatives told us the service was safe. One person's relative said, "(Relative) is very safe here, they (staff) look after them." A second relative added, "My (relative) is safe."
 - The provider had a safeguarding policy in place. Safeguarding concerns had been reported and acted upon, involving all relevant professionals when appropriate.
 - Staff could explain what action to take to ensure people were safe and protected from harm and abuse.
- Assessing risk, safety monitoring and management
- Regular safety checks took place to help ensure the premises and equipment were safe.
 - Fire risk assessments were in place for staff to follow. Personal Emergency Evacuation Plans (PEEPs) were in place in people's care records to support people using the service in the event of a fire.
 - The service used an online care planning system called Person Centred Software (PCS) which enabled staff to update people's care needs in real time and have access to risk assessments at all times. The PCS system was accessed via a handset similar to a smart phone, that all staff carried with them throughout the shift.
 - Care plans contained detailed, relevant, assessments of risk to people and provided instructions to staff to reduce the likelihood of harm to people when being supported. For example, some people were at risk of injury due to falling from their bed. The person was given an adapted bed which lowered in height to reduce the risk of injury should they fall and sensor mats were in place to alert staff if the person got out of bed or experienced a fall. A visiting health professional told us, "They (staff) manage risk well and they are quick to ask for our input."
 - The provider had purchased a device known as a 'de-choker' designed to assist people should they have difficulty swallowing and breathing. All senior level staff were trained to use the de-choker and a defibrillator was available at another service based on the same site.

Staffing and recruitment

- Appropriate recruitment checks were conducted prior to staff starting work, to ensure they were suitable to work with vulnerable people. We saw that where concerns were identified the provider took appropriate steps to protect people's safety.
- There were enough staff on duty to support the needs of people and keep them safe. All the people using the service, their relatives and care staff told us they felt enough staff were deployed to meet their needs. A relative told us, "There is enough staff, I am always impressed by the staff numbers. I am amazed they can keep this number of staff.", Although a second added, "There is enough staff but they are overworked."
- Staff we spoke with told us, "There are busy days when we have lots of appointments that can take its toll sometimes. As a whole we are pretty good team we work together well to make sure everything gets done. So, all in yes, I do believe we've got enough staff."

Using medicines safely

- Staff completed medication training and competencies were completed by the registered manager. We identified deficiencies in the competency assessment used by the service and asked the registered manager to make improvements. We saw evidence following our inspection to confirm these were made.
- We observed staff administering people's medicines and saw medicines were stored, administered and recorded safely.
- People told us they were happy with the support they received to take their medicines. One person said, "They (staff) bring me my tablets." A relative added, "(Relative) gets their tablets on time."

Preventing and controlling infection

- The service had systems in place to manage the control and prevention of infection. People and their relatives told us the service was clean and they had no concerns regarding the spread of infection. One person said, "It's clean here, one of the best." A relative added, "Yes, it is definitely clean (here)." Our observations supported this.
- Staff were observed using good infection control and prevention practices, including handwashing and use of personal protective equipment (PPE) such as gloves and aprons. We saw that PPE was stored discreetly in closed decorative cupboards in corridors to help promote a homely environment and protect people's privacy and dignity.
- Dedicated cleaning staff were employed, and care staff assisted with cleaning when required.

Learning lessons when things go wrong

- The provider and registered manager had a system in place to monitor incidents and understood how to use these as learning opportunities to try and prevent future occurrences. We saw all accidents and incidents were recorded by staff on the PCS system and this data was then analysed daily, fortnightly and monthly.
- The service also recorded 'near misses' as well as incidents to further improve their risk monitoring. For example, incident records were completed for a person who stumbled on rising from their chair but did not fall and for a second person who spilt a drink on their legs but did not suffer injury. In each of these cases the registered manager implemented pre-emptive risk management which reduced the risk of injury to the person.
- Risk assessments and care plans were reviewed following incidents to prevent re-occurrence and any learning from these was shared with staff.

Is the service effective?

Our findings

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

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law. Staff working with other agencies to provide consistent, effective, timely care

- People received a comprehensive assessment of their needs prior to admission at Sutton Court and these were reviewed and updated daily using the PCS system. Care plans contained information about people's choices, likes and dislikes and preferences for how their care was delivered.
- The provider was awarded a contract by the local NHS trust to provide rehabilitation services for people leaving hospital called, 'Short Term Rehabilitation Scheme'. This allowed hospitals to free up beds for acute care and enabled people to receive rehabilitation and preparation for returning home in a less clinical, homelier environment.
- We sat in on a weekly meeting of the 'Transfer to Assessment' team meeting attended by the managing director, registered manager, a physiotherapist, occupational therapist, nurse and outreach worker. The meeting discussed people's current physical, social, financial and environmental needs. As well as planned care, upcoming appointments, homecare and equipment needs. These regular meetings had increased the ability of the local NHS and the service to respond quickly to people's changing needs and resulted in people starting rehabilitation sooner than previously.
- Feedback from health professionals involved in the project was very positive. Comments included, "This has really helped us with winter pressures." It's freed up 20 acute beds, it's good, a positive impact." "The ease of referral has greatly improved."
- The project had proved very successful. and the contract had been extended beyond the projected end date and expanded to include more people. The project was the only one of its kind in the area and was nominated for a national NHS innovation award
- Staff worked well with other agencies including, GP, district nurse, Dementia Outreach Team (DOT). Staff applied learning effectively in line with best practice, which led to excellent outcomes for people and supported a good quality of life. Visiting health professionals told us, "They (staff) look after people really well, they know their stuff."
- One person was admitted to the service from hospital requiring the use of a wheelchair. The person was able to access the rehabilitation physiotherapy at the service and received support from staff who received guidance from the physiotherapy team. As a result of this, the person was able to stand and transfer from their chair independently and had begun to take part in activities they previously enjoyed including gardening and painting.
- A care record we reviewed showed one person was discharged from hospital requiring the assistance of two people plus a mobility aid to help them stand and walk. We saw that one month following admission, the person was walking independently.

Staff skills, knowledge and experience

- Staff received a comprehensive induction and training programme and received regular support and supervision from senior staff. All staff had either achieved or were working towards the care certificate. A nationally recognised training qualification in care.
- A dedicated training manager was employed by the provider working across all locations at the service. The registered manager told us this role had greatly improved the quality of and access to training for staff. "The training manager just makes things so much easier for us to access training now. They'll even come in on a Saturday to make sure everyone gets the training."
- Staff told us they valued the training they received and felt it helped them to better meet people's needs. A staff member said, "I think there is plenty of training. As well as your mandatory there is always plenty of training offered. If I ask the manager there is always something extra we can do like dementia awareness." A person using the service added, "The staff are trained and skilled." Staff were competent, knowledgeable and skilled and carried out their roles effectively.
- The registered manager told us they aimed to empower staff to take responsibility of their personal and professional development. They told us, "Staff are encouraged to write their own personal development plan. I like to have feedback from the girls, it can't always be one sided, it can't just be me telling them what to do, I like to get some feedback."
- Staff we spoke with told us they received regular one to one supervision sessions and found these useful. Records we saw confirmed staff received regular supervision and an annual appraisal.

Supporting people to eat and drink enough with choice in a balanced diet

- People had access to snacks and drinks throughout the day. We saw that the kitchen staff made batches of jelly sweets each day to help people who struggled to drink enough fluids maintain healthy levels of hydration.
- We observed the lunchtime meal which was a calm, pleasant experience. However, we noted that some people were brought to their table in the dining room up to 50 minutes before the meal was served. We noted that due to the number of meals being served at one time, some people had finished their main course before others had received theirs. Whilst some people did not mind the wait and chose to sit down early, other people told us they did not always welcome the wait for their meal with one person stating, "It's a long time (waiting) for dinner." The provider had put measures in place to try and address this by introducing a riddle of the day and starters to occupy people whilst they waited for their main meal.
- When their meals were served, people told us they enjoyed the food and they had enough to help maintain a healthy diet and nutrition. One person told us, "The food is excellent. They (staff) assist me when I ask them (to)." A second person added, "The food is good."

- Catering staff were very knowledgeable about people's specific dietary requirements and food people preferred, these were discussed with care staff on a regular basis. For example, one person who required a pureed diet had their peas piped into an appetising pattern on their plate. We observed the chef telling a second person that they had prepared them carrots as they knew they did not like peas.
- People were asked if they required assistance or aprons for when they were eating their meal and staff waited for their consent before proceeding. This showed a respectful approach to supporting people with their meals.
- The service used different coloured plates to indicate people who required assistance to eat or where at risk of choking. We saw that plate guards were used to help people maintain their independence with eating.

Adapting service, design, decoration to meet people's needs

- People had a say in the decoration of their own rooms and communal spaces. People's rooms were well presented and individualised with personal belongings and furniture. Some of the rooms had recently been

redecorated to a very high standard. People living in these rooms told us they were very happy with the decoration.

- Clear signage was displayed throughout the home and people's rooms were clearly numbered to ensure they were easily identifiable.
- Some people at the service were living with a diagnosis of dementia. The service had implemented a number of measures, in partnership with the dementia outreach team, Kings Mill Hospital, Alzheimer's UK and people and their relatives to enable them to remain orientated to their surroundings and feel comfortable and safe.
- For example, some doors were decorated with large distinctive flower patterns and different coloured handles and letter boxes, to enable ease of identification.
- A series of rooms were designed to be 'dementia friendly'. This included clear signage for doors and furniture, good lighting, and identification for where different items such as clothes or toiletries were stored.
- We noted dressing gowns were hung at the end of corridors. The provider told us these were used by night staff over their uniforms, when responding to calls for assistance to help orientate people to time of day and help them get back to sleep.
- Each floor was level throughout, with a lift provided between the two for ease of access.
- People had access to open space outside the home which was well maintained. The service utilised a large courtyard garden area which was accessible to all people. The registered manager had identified that the flooring could become slippery in wet or cold weather and worked with the provider to install non-slip, frost resistant flooring which enabled all people to safely use the outside space.
- Additionally, the registered manager had identified that people were unable to fully take part in gardening activities as the flower beds were too low. A large, enclosed raised bed was constructed which allowed access for people with reduced mobility and those using wheelchairs. People told us they valued this resource very much.

Supporting people to live healthier lives, access healthcare services and support

- Where people required support from healthcare professionals this was arranged. The GP carried out regular visits for all people and attended when requested. We saw records of regular visits by and appointments for, district nurse, optician, chiropodist and falls team.

- People told us, "The doctor comes here (when you need to see them. I go to the eye hospital. The opticians do come here." The registered manager told us that two different opticians visited the service so people had a choice of which one to use.

Ensuring consent to care and treatment in line with law and guidance

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

- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- Staff displayed excellent knowledge of the MCA legislation and its application. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found that all conditions were being met and all restrictions were legally authorised.

- Where people did not have capacity to make decisions, they 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.

- Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- During our visit, we observed a warm, pleasant and relaxed atmosphere and observed positive, caring and friendly interactions between staff and people. One person said, "They (staff) are all helpful. Whatever I have asked for hasn't been too much trouble." A relative said, "I looked at four other care homes but chose this one because it was friendly, bright and efficient."
- People and their relatives spoke highly of staff; comments included, "I can't think about what I would change because they do an excellent job keeping everyone happy. I am grateful that things have been stable and not changed. They (staff) laugh and joke (with residents) together. I would rate it as 5 out of 5." "They (staff) are kind to me and I am not scared or frightened. The staff are well trained, and I never felt in any danger. They are quick when I press my buzzer."

- Conversations with staff demonstrated they enjoyed their work and knew the people they supported well.

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

- Staff supported people to make decisions about their care. We saw staff asking for consent from people before supporting them, they clearly explained to people what they wanted to do and why. For example, during meal times or assisting people with personal care.
- People's diverse needs were recorded in detail and staff we spoke with demonstrated a good knowledge of people's personalities and individual needs, and what was important to them.
- People had access to independent advocates who represent the interests of people who may find it difficult to be heard or speak out for themselves.
- Relatives were able to visit at any time and had access to quieter rooms for the visits. Comments included, "I visit regularly and always get a cup of tea", "we always feel welcome", and "there is always somewhere private to go to chat."

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy and dignity. One person said, "They (staff) treat me with respect and dignity and if I ask (for anything) they oblige, and we do share some jokes." A relative added, Mum always looks clean, tidy and washed."
- Staff protected people's privacy and dignity at all times, particularly when delivering personal care and support. Dignity and empathy training was included in the mandatory training for staff and a dignity champion was present on each shift.
- People were generally supported to maintain their independence as much as possible. We observed some incidences of staff encouraging and supporting people, we noted people were not always encouraged to be as independent as possible. One person told us, "Staff do encourage people to do things for themselves." A

relative added, "[Relation] has made good progress. They now use their walking frame and can go to the loo on their own." A further relative stated, "I wish staff would try to do more to help mum to be more independent."

- People's information was stored and managed securely which protected their confidentiality.

Is the service responsive?

Our findings

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

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care that was very personalised and responsive to their needs. The provider and staff were committed to supporting people to live their lives in a way that promoted their feelings of individuality, purpose and belonging. Staff displayed an excellent understanding of people's needs and wishes. For example, some staff requested and attended a three-week training course on understanding of and supporting people with dysphasia. Dysphasia is a medical condition where people have difficulty communicating verbally and are unable to find the right words or form sentences. This can often be as a result of a stroke or other cognitive impairment. The training helped staff understand people's needs and improved communication between them.

- The service had introduced a programme of meaningful activity and daily goals for all people. This included helping to put cutlery and napkins on tables or fetching the papers for other people from the local supermarket. The registered manager told us of one person who set their alarm earlier on the days of their allocated tasks to ensure they did not miss out. A second person was determined to complete their task of collecting the papers, despite torrential rain. Staff supported them to complete the task later in the day. It was clear that people valued and looked forward to these activities and felt it gave them a sense of purpose.

- The service had worked to develop excellent community involvement and used a number of innovative ways to promote this and included people using the service as much as possible.

- For example, people at the service painted rocks and attached messages to them with their name and contact details. Staff and visitors took these rocks and hid them around the local community and further afield. The finder of the rock contacted the service and received a prize which was chosen and shopped for by the person who painted the rock. Rocks had been found locally but also as far away as Whitby. We saw many photographs showing local children receiving their prize from people at the service. People told us they enjoyed this activity and took pride in the painting and seeing whose rock travelled the furthest.

- The service had the benefit of an indoor swimming pool and large family lounge, which were also hired out to local community groups. We saw that people enjoyed engaging with these groups when they visited and took particular pleasure from seeing the mother and baby swimming group.

- Children from a local primary school and nursery visited once per month. People valued these visits and enjoyed meeting the children. The service and school had set up a pen pal scheme for children and people

at the service to write to each other, which both groups valued and had helped to develop strong community and intergenerational links.

- The service worked with the schools to provide Christmas boxes from the children for people at the service who may not otherwise receive gifts. The service told the children about the person, their gender, personality and likes and dislikes and the children then chose gifts and created cards. These gifts were exchanged at a Christmas party held at the service. From this, strong bonds were formed between the school and service and particularly the children and people using the service. As a direct result of this a gardening club was established for the children.
- People at the service worked with children to guide them with gardening tips and advice. Regular competitions were held for gardening skills and largest flowers.
- The service ran a weekly luncheon club for up to 16 local people who were collected using the companies own bus. This helped to further promote community involvement in the service and reduce the isolation of people in the local community. Some of the people living at the service had first visited as members of the luncheon club and told us how these visits had helped them to settle into the service and feel at home.
- From this work the service and the people living there had clearly become a valued and integral part of the local community, strong personal and organisational bonds were formed. Isolation was reduced, and people's lives were greatly enhanced with a sense of meaningful purpose.
- The service was a member of the National Activity Providers Association (NAPA) and people had access to a wide range of meaningful and interesting activities throughout their day. The service employed a dedicated full-time activities coordinator whose work had been recognised by reaching the finals of the National Care Awards.
- One person told us, "I don't get fed up. They (staff) ask me what I want to do. I've done a course in water colour painting, I really enjoyed it. There are lots of activities like singers: we had the Rolls Royce Choir at Christmas." A second added, "The activities are singing, painting and chair exercises."
- The registered manager had implemented a system called 'My Three Wishes' whereby each person wrote down three things they would like to achieve or take part in which staff endeavoured to fulfil. One person had expressed a wish to visit Blackpool to eat fish and chips and dance at the Ballroom as they had done with their partner in the past. A group of people combined their wishes and were taken on a holiday together to Skegness. We saw photographs and records that showed these and other wishes had been fulfilled by the service.
- Staff supported people to maintain important relationships. For example, one-person was reluctant to attend a family wedding due to their support needs and the distance of travel involved. A staff member who had developed a close bond with the person, offered to come to work on their day off and take the person to the party. We saw that, with this support and encouragement, the person did attend the party. Photographs and feedback showed that the person enjoyed this and was very grateful to staff for their support.
- The management team understood the Accessible Information Standards (AIS). The AIS requires that provisions be made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way that they can understand.
- The service used a computerised care planning system Personal Care Software (PCS) which enabled care

needs to be recorded and updated in real time and helped ensure care was responsive to people's needs.

- For example, one person experienced weight loss due to their illness and need to have their weight recorded regularly to monitor the effectiveness of their treatment. The PCS system linked the latest weight to their nutritional assessment and automatically updated their risk assessment and treatment plan. The GP praised this work and stated it had helped with the person's support. From this the registered manager worked with the developer of the system to update this function for all people which greatly improved the responsiveness of care and treatment.

- A second person was admitted to the service after being unable to settle at other services. The person was unable to walk, had regular falls, was resistant to all care and chose to spend time in their room rather than engage with others. The registered manager implemented a detailed, personalised care plan and sourced a specialist physiotherapist to work with the person. During our inspection we observed this person engaging in activities, walking with a mobility aid and conversing with staff and other people. The registered manager told us, "(Person) is so much happier now. They are settled here and have been discharged from the physio."

- A further person became isolated due to their deteriorating health and refused to take part in activities or leave the service. Staff worked with the person and identified a family party as a goal to aim for. Records showed that, with support from staff and other health professionals, the person was able to attend the party. This gave the person further confidence and they now take part in social events and told us they were excited to attend an upcoming family event.

- Care plans were detailed, person centred and gave the reader an understanding of the person's needs both physically and spiritually. Information about the person's life history, important events and important people were included to ensure the reader understood the person and their needs fully.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise a complaint and had confidence that the registered manager would respond appropriately. One person said, "I have no complaints, I would talk to (registered manager) if I did." A relative added, "(Registered manager) is very approachable, I haven't had to make a complaint, but I know I could speak to her if I needed to."
- Staff we spoke with knew how to respond to complaints. They would report any complaints or concerns to the management. The provider's complaints policy was displayed prominently, and staff could describe their role in supporting people to raise a concern.
- We saw that any complaints received were investigated quickly and honestly and followed the provider's complaints policy. Any learning from the complaint was shared with the complainant and staff.

End of life care and support

- People were supported to make decisions about their preferences for end of life care, and staff supported people and relatives to develop care and treatment plans. Professionals were involved as appropriate.
- End of life (EOL) support was included amongst the mandatory training that all staff must complete.
- Where appropriate, staff had held discussions with people and their relatives regarding EOL care and these were recorded sensitively in care plans.
- Staff understood people's needs, were aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences.
- The service provided specialist equipment and medicines at short notice to ensure people were

comfortable and pain free.

- The service, management and staff were very compassionate and supported people's relatives and friends as well as staff, before and after a person passed away.

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People's support was planned and reviewed regularly. Support plans contained very detailed and up to date information on how a person should be supported, including consideration to their needs and wishes.
- There were clear monitoring systems to ensure the service was run well. Staff were aware of their roles and responsibilities and the registered manager fulfilled their role. Staff had plans in place to ensure they were kept motivated.
- The registered manager and provider were members of a quality monitoring group made up of local care service providers called 'Friends of Excellence.' The aim of the group was to share best practice to improve the quality of care for all services in the area.
- To ensure that people received care from a stable consistent staff team, staff were promoted within the service.
- Notifications were made in an accurate and timely manner. The service had an open and transparent culture. Where required, lessons were learned if errors had occurred. Staff took joint and individual responsibility for reflective learning from incidents and near misses and shared their learning with others.
- Staff were highly motivated by the provider and registered manager and showed pride in the care they gave to people at all the stages of their care.

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

- The provider and registered manager had created an open culture and developed very positive values within the service. Staff spoke positively about the management team and felt they were approachable and supportive. One staff member said, "There is an open door policy, I've had no issues going to them with any issues work or personal. They make sure you've got enough time off to be with your family they are very understanding about that." Another said, "The manager is very good, they make you feel valued and appreciated."
- Staff performance was monitored with regular meetings and individual supervisions. Staff told us they found these useful and informative. One staff member said, "We have bi-monthly supervisions, with a senior and then another one with the manager or deputy."
- Effective systems were in place to ensure the environment and all equipment used was safe and well maintained. We noted the provider carried out regular safety monitoring including fire safety checks,

legionella monitoring and gas and electrical safety checks.

- The provider and registered manager were passionate about providing responsive, effective person-centred care and this was reflected in every aspect of the service. We saw when accident or incident was recorded they were reviewed, and the learning shared.

Engaging and involving people using the service, the public and staff, working in partnership with others

- People and their relatives had the opportunity to give their feedback about their experiences of the service.

- The registered manager had introduced a system that enabled relatives to receive real time updates about their loved one's care called 'relative gateway'. Feedback from this was generally positive although some people requested different information be provided. The registered manager adapted the system to better meet people's needs and feedback was wholly positive.

- Regular relative and resident meetings were held, and a satisfaction survey carried out and feedback from these was overwhelmingly positive. One relative told us, "I had a survey/questionnaire about six months ago, but I didn't suggest any changes. I am always impressed (when I visit)." Further comments included, "Utmost respect to the staff team," and "I can't think about what I would change because they do an excellent job keeping everyone happy."

- Other health professionals, commissioners and the local authority gave positive feedback regarding partnership working with the service. Particularly around the 'Transfer to Assessment' rehabilitation project. One person told us, "The registered manager is always around, always says hello, seniors are very up on people's needs, they are very good."

Continuous learning and improving care

- Staff were confident to report and deal with any incidents or accidents which occurred and took personal ownership for sharing any learning or recommendations from these.

- Staff told us the registered manager had an open-door policy and welcomed staff discussion regarding issues or concerns. Staff received a handover at the beginning of each shift so they were continuously updated on people's current needs.