White Lodge & St Helens

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Inspection report

15-17 Boscombe Spa Road
Bournemouth
Dorset
BH5 1AR

Tel: 01202395822
Website: www.carehome.uk.com

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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

This unannounced comprehensive inspection took place on 23 and 24 May 2018.

White Lodge and St Helens is registered to provide accommodation, care and support for up to 54 people. 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.

There was a registered manager employed at the service. 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.

Our previous inspection of the home, carried out in February 2017 identified some areas where improvements were required. These included staffing levels and quality assurance systems. At this inspection we found the provider had made a large number of improvements to ensure compliance with the regulations. These improvements included an increase in staffing levels, an increase in the amount and type of activities available for all people and they had implemented a range of quality assurance systems to ensure the shortfalls previously identified were addressed.

People told us they were well cared for and said they felt safe living at the home. Staff were aware of what constituted abuse and the actions they should take if they suspected abuse. Relevant checks were undertaken before new staff started working at the service which ensured they were safe to work with vulnerable adults.

Staff had the right skills and training to support people appropriately. Staff had completed or were in the process of completing The Care Certificate, which is a nationally recognised set of standards for health and social care workers.

People told us and records and observations showed us there were enough staff available on each shift to care for people safely and well. Staff felt well supported by the management team and received regular supervision sessions. Staff told us they worked well as a team, they told us, "We work like one big family. It works well."

Pre-admission assessments were completed prior to people moving into the home. People's risks were assessed and plans developed to ensure care was provided safely. Accidents and incidents were monitored to ensure any trends were identified to enable action to be taken to safeguard people.

Medicines were handled appropriately and stored securely. Improvements were made during the inspection to ensure people had their medicines administered safely. Medicine Administration Records (MAR) were

signed to indicate people's prescribed medicine had been given.

People were referred to health care professionals as required. If people needed additional equipment to help them mobilise and keep them safe and comfortable this was readily available.

The manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. These safeguards can only be used when there is no other way of supporting a person safely. Staff had an understanding of the Mental Capacity Act 2005 (2005) and how it applied to their work.

Staff ensured people's privacy and dignity was protected. People received personalised care from staff who were responsive to their needs and knew them well. Staff created a relaxed, friendly atmosphere which resulted in a calm, open and honest culture in the home.

People knew how to make a complaint and felt confident they would be listened to if they needed to raise concerns or queries. The provider sought feedback from people and changes were made if required.

People told us they felt the service was well led, with a clear management structure in place. Relatives told us they were always made to feel welcome at any time and felt fully involved and consulted in the care of their relative.

There were improved systems in place to drive the improvement of the safety and quality of 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. People were supported by sufficient, suitably experienced and qualified staff.

Medicines were managed safely and stored securely. People received their medicines as prescribed.

Staff demonstrated an understanding of the signs of abuse and neglect. They were aware of what action to take if they suspected abuse was taking place.

Is the service effective?

Good

The service was effective. Staff received on-going support from senior staff who had the appropriate knowledge and skills.

Induction and supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs.

Staff understood the requirements of the Mental Capacity Act 2005 (MCA) and how this applied to their daily work.

People had access to a range of healthcare professionals as appropriate.

Is the service caring?

Good

The service was caring. Care was provided with warmth and compassion by staff who treated people with respect and dignity.

Staff were aware of people's preferences and took an interest in people and their families to provide person centred care.

People and relatives told us that staff were kind, caring and compassionate.

Is the service responsive?

Good

The service was responsive. People had personalised plans which took account of their likes, dislikes and preferences.

Staff were responsive to people's changing needs.

People's views were sought. They felt they could raise a concern if required and were confident that these would be addressed promptly.

Is the service well-led?

Good

The service was well led. Staff felt well supported by the management team and felt comfortable to raise concerns if needed and felt confident they would be listened to.

Observations and feedback from people and staff showed us the service had a supportive, honest, open culture.

The provider had audits in place to monitor the quality of the service provided and kept up to date with changes in practice.

White Lodge & St Helens

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 23 and 24 May 2018 and was unannounced. On the first day the inspection team comprised of an inspector, an assistant inspector and a specialist nurse advisor. The second day of the inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. This included information about incidents the provider had notified us of and 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 also asked the local authority who commissions the service for their views on the care and service given by the home. We requested written feedback from a selection of health professionals and GPs who visited the home on a regular basis.

During the inspection we met with most of the people living at White Lodge and St Helens. We spoke with two of the owners, the registered manager, the deputy manager, five members of care staff, the chef, two visiting health professionals and three relatives.

We observed how people were supported and looked at five people's care, treatment and support records in depth. We reviewed the medication administration records and medicine systems. We also looked at records relating to the management of the service including staffing rota's, staff recruitment and training records, premises maintenance records, accident and incident information, policies and audits and staff and resident meeting minutes.

We used the Short Observational Framework for Inspection (SOFI). This is a way of observing care to help us understand the experience of people who could not talk with us. We also made general observations, including watching the delivery of care in communal areas.

Good

Is the service safe?

Our findings

People and their relatives told us they had no concerns regarding living at the home. People told us they felt well cared for and safe living at White Lodge and St Helens. When we asked one person if they felt safe living at White Lodge and St Helens they replied, "Yes, of course, very safe."

At the last inspection, completed in February 2017 we found some shortfalls in the amount of staff that the service had employed to care and support people. This meant staff were rushed and some staff delivered care and support in a less caring, task orientated way. After the last inspection the registered manager wrote to us and confirmed they had employed further staff on all shifts and had given consideration to the type of staff roles they required to improve outcomes for people living at the home. Throughout this inspection we observed there were enough staff on shift to ensure people received safe, individualised care that promoted and maintained their well being. All of the staff we spoke with confirmed there were enough staff available on each shift to allow them to care for people and meet their needs safely. We checked staff rotas which confirmed the levels of staff employed on each shift were at a safe level.

Overall, the provider had a process in place to ensure their recruitment procedures were safe. Before staff were employed at the home the required employment checks had been carried out to make sure staff were suitable for their role. These checks included, a photograph of the member of staff, proof of their identity, employment references, a health declaration, full employment history and a check with the Disclosure and Barring Service to make sure staff were suitable to work with people. For one person their employment history had a gap in their employment records. We discussed this with the registered manager who told us this person had been running their own business in that time. During the inspection they spoke with the staff member and obtained written confirmation from them covering their employment during that time.

Staff spoke knowledgably about the procedure for reporting allegations of potential abuse. They were aware of the provider's policy for safeguarding people, which included relevant contact details for the local authority. Training records confirmed staff had completed their safeguarding adults training courses and received refresher training when required. Up to date safeguarding information was clearly displayed for staff and people around the home.

There was a system in place to ensure people's risks were assessed and plans were in place to reduce these risks. The majority of care plans and risk assessments had been updated to reflect people's changing health needs. We reviewed, in depth, the care records of five people. This was so we could evaluate how people's care needs were assessed and care was planned and delivered.

People had their needs assessed for areas of risk such as mobility, malnutrition, moving and handling and pressure area care. The provider used an independent tool to assess people's risk of malnutrition. We checked five of these assessments and found they had been incorrectly completed. This meant these people were at risk of not being appropriately managed. We discussed our findings with the registered manager who took immediate action to rectify the errors and implemented a revised system that ensured people's risk of malnutrition was managed correctly.

Records showed if people's health was deteriorating the person was referred to a health care professional such as the district nursing team, occupational therapist or GP.

There were plans in place to ensure the safety of the premises, including regular servicing of equipment. There were up to date service certificates for electric portable appliance testing, gas safety, emergency lighting, fire alarms, fire extinguishers, call bell alarms and safety certificates for the lift and lifting equipment such as hoists. Records confirmed a full water system check including legionella testing had been completed and the premises were free from legionella. An up to date legionella certificate showed this to be the case. Legionella is a water borne bacteria that can be harmful to people's health.

The provider had made arrangements to deal with emergencies. Staff spoke knowledgeably and confidently regarding how they would react in the case of a fire. They told us their fire training had been delivered well and had been very effective. A practical fire training session was taking part in the home during our inspection. Staff told us and we observed people had their Personal Emergency Evacuation Plans (PEEPs) stored in their wardrobes. Staff knew people very well and explained how they would safely evacuate each person using the evacuation chairs and wheelchairs available to them. People's PEEPs were also located in an easily accessible area near the reception desk. This would ensure they could be collected quickly in an emergency.

Medicine management systems were in place and people received their medicines as prescribed. Three people required their medicines to be administered covertly in their food or drink either crushed or disguised in their meals. Records showed the person's GP had authorised this process, however there was not a record showing the pharmacist had advised the medicines were safe to be crushed or administered in food and/or drink. Some medicines are not suitable to be crushed or disguised in food or drink. This is because the process of crushing them or mixing them with other food or drink can prevent them working correctly. We discussed this with the registered manager who immediately contacted a pharmacist and ensured detailed records were held for each medicine that was administered covertly. The registered manager confirmed in the future they would ensure the service followed current guidance in relation to administering medicine to people.

The stock of medicines had been correctly recorded in the medicine book and temperatures of the medicine room were checked and recorded each day. People had their allergies recorded and guidance on the use of 'PRN' as required medicines was recorded. The majority of people were able to tell staff if they needed pain relief. If people were unable to verbalise their pain levels, staff used an independent pain management tool to advise them if people needed additional pain relief. There was a system of colour coded body maps in use to ensure people's prescribed creams would be applied correctly. However, some people did not have completed body maps in place. We brought this to the attention of the registered manager who stated they would ensure all people would have a completed cream body map in place as soon as possible.

Staff who administered medicines to people had received training in medication administration and received regular medicine competency checks. We checked the Medication Administration Records (MAR) which showed medicines had been signed for when given. There was a photograph at the front of each person's records to assist staff in correctly identifying people. MAR contained no unexplained gaps and staff had initialled each dose of medicine that was due, regular medicine audits had been completed.

Staff had access to personal protective equipment (PPE) such as gloves and aprons. We saw anti bacterial hand gels were readily available for all people to use throughout the premises. When we started the inspection we noticed some areas of the home had a strong unpleasant odour. We discussed this with the registered manager who told us they were in the process of rectifying this concern. We saw this topic had

been discussed in detail during recent staff meetings. The service had recently replaced all flooring throughout the home from carpets to laminate which ensured people could mobilise easily around the home and gave an easy clean environment to maintain. Staff told us they received infection control training and explained what infection control and prevention meant to them. Staff were able to explain how and when they wore their PPE, when they washed their hands and their appropriate use of clinical and waste bins for the different types of waste and laundry bags. We spoke with housekeeping staff who told us they were well supported in their role and received appropriate training to ensure the home was kept hygienically clean. We saw the service had an infection control audit system which ensured all areas of infection control would be checked and reviewed on a regular basis. We visited the laundry and saw all laundry was placed on a hot/boil wash to ensure bacteria would be killed and the risk of cross contamination reduced. The laundry was orderly and well maintained with a clear flow of dirty to clean items to ensure risks of cross contamination were reduced.

The registered manager was able to tell us how the management and staff team learnt and made improvements when things had gone wrong. Accidents and incidents were documented and reviewed each month by the registered manager. Summaries of analysis, outcome and risks identified were completed so that any trends would be highlighted and preventative action could be taken. We discussed a trend that had occurred and had been highlighted by the completion of these records. The registered manager told us how the system had highlighted people were at a high risk of falls in the communal dining area. To prevent falls occurring they had increased the amount of staff on shift and allocated specific staff to the communal areas. This had resulted in a significant decrease in the amount of falls people were experiencing in these areas.

Good

Is the service effective?

Our findings

Before people moved into White Lodge and St Helens they received a visit from the registered manager or owner who completed a detailed pre assessment of their health and care needs. These pre-assessments covered all areas of the care and support people would require and included, mobility, nutrition, skin integrity, daily activities and things that were important to the person such as favourite foods and what they enjoyed doing in the day. Each pre-assessment led to an individualised care plan for each person. Care plans identified risks to people such as weight management, mobility and falls and pressure care and gave clear guidance for staff to follow. For example, "Care staff to apply cream gently and smooth it in allowing time for it to soak in, do not rub vigorously" and "[person] will need care staff to help them dress as they may put their clothes on in the wrong order."

Overall, care plans were updated as people's needs changed and were reviewed each month. However, one person's care plan had not been updated to reflect their current health needs. Staff knew the person well and were able to tell us in detail how this person preferred their care to be delivered and what particular health risks they could be experience. We spoke with the registered manager about the inconsistencies we had seen in this person's care plan and they arranged for it to be updated immediately. They also informed the staff of our findings and explained the importance of ensuring people's care records were kept consistently up to date.

The service used technology to support people and maintain their health and wellbeing. We observed people had alarm mats placed near their beds so that staff would be aware if people were getting out of beds and could be near them to support them and prevent falls. People had access to call bells and knew how to use them. The registered manager told us about the forthcoming electronic care record system that would be introduced to the home in the next few weeks. They explained the system would provide a good level of support and guidance for all staff and would save staff time which would allow them to spend more time with people. We observed some people's fluid records had not been totalled up at the end of each day. This could mean it would be difficult for staff to know if people were at risk of dehydration. The registered manager told us they would raise this with staff at their next handover meeting. They said the new electronic system would automatically add up people's fluid totals which would ensure people's records were correct.

People received care and support from staff who had the appropriate training and skills to complete their job effectively. We reviewed the training schedule which showed staff received regular training in all the core subjects such as, medication, infection control, mental capacity and moving and handling. Additional training such as end of life care, managing challenging behaviour and breakaway techniques was also offered. Staff told us, "The training is really good and we are constantly offered refresher training. I have seen major improvements here over the last three years and the training really helps everyone."

Staff told us they received a structured induction when they started working at White Lodge and St Helens. Staff told us they felt welcomed and supported when they joined the staff team. They explained they worked alongside an experienced care worker until they felt confident to work on their own. Staff told us and records showed that they had monthly meetings with the management team during their induction to

discuss their progress and raise any areas that they felt they needed additional support with.

There was a system of regular supervision and review in place for staff. Staff were encouraged to develop within their role and many staff had been supported to complete their vocational qualifications in health and social care up to level five. Records showed and staff explained they had a supervision meeting every one to two months and an annual appraisal. They found the supervision process an effective way to discuss their role, put forward further development opportunities and raise any concerns or worries they may have. Staff told us they found the registered manager very supportive and approachable at any time. They said they could discuss any training needs and felt they were listened to and supported at all times.

We spent time talking with the chef. They knew the people who lived at White Lodge and St Helens well and could tell us what people particularly liked and disliked. If people needed their food fortifying they told us this was done with the addition of cream, butter and cheese. We spent time observing a lunchtime during the inspection. The dining area was laid out in a cheerful and attractive way with coloured tables and place mats. Tables had small vases of flowers placed on them and cheerful music was playing quietly in the background. There were staff available if people needed assistance with eating their meal. Some people were able to eat their meals independently but sometimes just needed a little assistance. This was given by staff in a caring way and people were not rushed to finish their meal. Staff checked they had eaten all they wanted before asking them if they wanted any more or a pudding.

Staff were aware of people's dietary needs and preferences and their food was prepared for them in a manner which was safe for them to eat. For example, if people needed their food to be cut into smaller pieces staff supported them with this or if they needed a 'soft' diet their food was mashed to ensure it was soft and safe for them to swallow. Cakes, biscuits and fruit were available throughout the day and we observed staff offering people hot or cold drinks and a variety of fruit juices. People told us they enjoyed their meals. One person said, "I did enjoy my dinner, it was very nice." One relative told us, "The food is fantastic, there is so much choice."

There were systems in place to monitor people's on-going health needs. We spoke to two visiting healthcare professionals who both expressed positive views on the service. One healthcare professional told us, "The staff are really on the ball here. They are really responsive and we always get appropriate referrals from them. The staff follow our guidance and they know the people here very, very well. There is always someone available to talk to us about the person we are visiting. We have no cause for concern at all."

People had access to a range of healthcare professionals based on their health and social care needs. Records showed people received care from community nurses, speech and language therapists, occupational therapists, opticians, GP's and chiropodists. If people needed to move between services, for example if they had to spend some time in hospital, they had a 'hospital passport, grab pack system'. This was a small pack of records that included all the up to date information people would need to maintain their health.

We observed people moving around the home. Those that needed support and assistance told us they were always supported whenever they needed support by staff who were kind and patient. For people with restricted mobility there was a lift that took them to each floor. Bathrooms and toilets had grab rails in place to assist people in maintaining their independence. People told us they could choose where they liked to spend their time and had the choice of sitting in the main lounge, the dining area, a choice of quiet rooms, their bedroom or in nice weather, outside in the small decking area. Bedrooms were personalised with their own furniture and bed linen and pictures and photographs.

The manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. These safeguards can only be used when there is no other way of supporting a person safely. The responsibility for applying to authorise a deprivation of liberty rested with the registered manager. A number of people who were living at White Lodge and St Helens had a DoLS in place and some of these included specific conditions placed on their DoLS. For example, to ensure the person was supported with regular visits to communal areas. There was a clear system in place to ensure DoLS and any conditions included within them were managed correctly.

The service followed the principles of The Mental Capacity Act 2005. The service made appropriate decisions about whether different aspects of people's care were carried out in their best interest where people lacked the ability to make specific decisions. People had completed Power of Attorney and consent forms in place to record their wishes and ensure their care and support was given in their best interest. Staff training records showed that staff undertook regular training and competency assessments in the Mental Capacity Act 2005. Staff demonstrated they had a good understanding of the Mental Capacity Act 2005 and issues concerning consent.

Good

Is the service caring?

Our findings

People and relatives we spoke with told us they were happy living in the home. They told us staff treated them with kindness, warmth and compassion. One person said, "Oh the staff are great here, always here for you to help when you need it."

Relatives spoke positively regarding the care and service their relative received at White Lodge and St Helens. One relative told us, "They have been absolutely fabulous…they know [person] very, very well. They have taken all my fears away and are providing excellent care." Another relative told us, "It's such a friendly, homely place to be. The staff are lovely and since [person] has been here they have totally blossomed, they are so happy. It's been simply brilliant. I feel [person] is in such good hands. It is complete peace of mind they are just fabulous."

We asked staff for their views on working at White Lodge and St Helens. One staff member replied, "I'm proud to work here, proud of what the company have done for me." Another staff member told us, "We do well with end of life care" and "I feel proud because to help someone makes you feel good. It's nice to see the smile on someone's face." Other comments from staff included, "I feel proud to think when I go home I've done everything to the best of my ability to help the residents feel at home" and "I think we look after people well, whatever happens the resident comes first."

We observed staff were cheerful, kind and treated people with patience and understanding. Staff interacted with people in a friendly and unrushed manner and were able to explain how people preferred their care to be given. Staff talked with people at their level or sat down next to them, before asking them for their views or making alternative suggestions, for example asking them where they would prefer to sit and whether they would like to listen to the radio or watch the television.

People or their relatives were involved in planning their care and lifestyle in the home. Records showed people's views and preferences for care had been sought and were respected. People's life histories, their important relationships, hobbies and previous life experiences were documented in their care plans. The records included detail about how people preferred to spend their day, their night time needs and what social activities and hobbies they enjoyed. This information was useful for staff to get to know the person well and provide activities they enjoyed.

The service had individual staff members as dignity and dementia champions who provided additional support and guidance for staff. The provider had a clear equality and diversity policy and staff told us they had completed equality and diversity training which they had found very useful. The service operated protective mealtimes to allow people to enjoy their meals in a relaxed atmosphere. People's wishes were respected and relatives asked if they would like to remain in the quiet lounge or eat with their relative separately around meal times to ensure everyone could enjoy their meal.

Relatives were able to make use of the quiet lounge and one relative told us they had used the room for their relative's birthday. They said they had been able to set the room out as they wished and had their family all

together for the birthday party meal, which everyone had really enjoyed.

Staff encouraged people in a friendly and supportive way. We asked people if staff respected their privacy and dignity, they all said they did, for example, people's bedroom doors were closed when they were being supported with their personal care needs. People saw visiting healthcare professionals in their own bedrooms, so their dignity was maintained and privacy respected. Staff knocked on people's doors before they entered and called people by their preferred names when speaking with them.

Good

Is the service responsive?

Our findings

We spoke with visiting health professionals who commented very positively on the care and support provided by White Lodge and St Helens. One health professional said, "The staff follow our instructions really well. They know everyone here so well, we have no concerns at all."

A relative told us, "I've learnt so much from the staff here. When I see how they treat [person] I'm so pleased, it's brilliant."

People received personalised care and support based on their individual preferences, likes and dislikes. Care plans covered a range of areas including; medicines, mobility, nutrition and mental capacity. The assessments showed people and their relatives had been included and involved in the process wherever possible. Care plans provided staff with guidance on how the person liked to receive their care and support whilst retaining as much of their independence as possible. Examples included, '[person] will need their food cut up for them. If peas in the meal they will need a spoon.' Another care plan stated, 'Enjoys the company of others and does not like to be alone for long periods of time as they may get upset and lonely. When in bed likes the door to be left open and the light on. Staff to give plenty of reassurance as [person] can get tearful.'

Care plans were reviewed each month or more frequently if people's care needs changed. Where care plans stated people needed specialist equipment such as pressure relieving cushions and mattresses, we saw these were in place and set at the correct setting for people's weight. People were weighed regularly depending on their health needs and records showed they were referred to their GP when required. Body maps were in place to record any bruising or injuries sustained by a person.

Staff were knowledgeable about people's needs and provided the support they required. They told us they had enough time to read and understand people's care plans during the day which allowed them to give them individualised care. One member of staff told us how they had discovered that one person used to enjoy drawing and crafting. This led to staff encouraging the person to take part in the craft sessions which they hadn't previously done. The person enjoyed the sessions which had resulted in them starting to draw and paint again and had improved their well being.

Call bells were available in all rooms and were in easy reach of the beds, people told us they knew how to use the call bell. A computer was available for people to use. This had adaptions to the keyboard to allow people who may have poor dexterity to use it easily. It also had a large keyboard mouse and large keyboard buttons to allow people with poor eyesight easier use. Staff told us that all the people living in the home had their own computer passwords and could use the computer for skype calls with their relatives and friends.

People's records included life histories and information that was important to them. This ensured staff got to know people well and could engage people in activities that were meaningful to them. Staff ensured people who spent a lot of time in their bedrooms were visited and included in any activities they wanted to join in with. There was a full schedule of daily activities throughout the day. Staff engaged with people and

supported them in activities of their choice. Activities covered a wide range of subjects and included visits from independent entertainers, musicians and the opportunity to take part in quizzes, puzzles and gentle exercises.

The provider had a clear complaints policy and process that explained how people could complain and what people could do if they were not satisfied with the response. We saw guidance on display in the home telling people how they could complain if they had any comments or concerns they wanted to raise. People told us they knew how to complain if they needed to. The service had received six complaints since the previous inspection. These had been followed up and any action taken in accordance with the providers complaint policy.

The provider had received a number of compliments on their service, comments included, "We'd like to say a huge thank you to you all for making Dad so welcome and feel so at home. It's been lovely to be able to spend stress free time with him and know he's safe."

The service was accredited for gold standards end of life care and advance planning had taken place with people to identify their end of life wishes and preferences. Staff told us they had specific symbols like a butterfly or flower that were discreetly placed on people's bedroom doors when they were nearing the end of their life to ensure staff were aware and could ensure people received appropriate care and support as per their wishes.

Good

Is the service well-led?

Our findings

At the last inspection we found shortfalls in the quality monitoring systems that were in place. At this inspection we saw a range of audits were completed to monitor the quality of service provided to ensure people's care needs were met. The registered manager had implemented an audit analysis tool which highlighted which audits were to be completed, the date due and any action resulting from them. The audits included, medication, creams, bed rails and mattresses, care plans, accidents and incidents, staff supervisions and appraisals, infection control, environment and DoLS. Where the audit had highlighted shortfalls, for example a person regularly falling, records showed action had been taken to address the concern such as increased staff support or amending the person's moving and handling support.

Following the last inspection the registered manager had moved their office from the basement of the building up onto the ground floor. They said this had been very beneficial and allowed them easier oversight of the day to day running of the home.

People and relatives told us they felt the service was well led with a clear management structure. One relative said, "It's been brilliant, they keep me informed all the time. I would say communication here is excellent. I can always talk to anyone and they know people so well." Relatives told us they felt involved in their relatives care and they could always speak to the registered manager or a management team member if they needed to.

People, relatives and staff described the culture of the home as, "Friendly, supportive, homely and caring". Staff told us communication within the home was good and they could approach anyone for help and advice. Handovers were detailed and completed at the start and end of each shift and staff were knowledgeable about people's changing health needs. This ensured staff were kept up to date with changes to people's care and support.

Staff spoke passionately about their roles and felt supported by the registered manager and were comfortable to raise any concerns they may have. Staff felt listened to and felt any concerns they may raise would be looked into and resolved.

There was a system used to obtain the views of people and their relatives. Regular resident, relative and staff meetings were held and action points and minutes recorded to show what topics had been discussed. Meeting minutes highlighted people's views were listened to and acted upon. The registered manager and owners of the service were regular attendees of the meetings and showed a keen interest in improving the home for the people and staff who worked there. Service satisfaction questionnaires were sent out to residents, relatives and visitors who visited the home. Any actions from these questionnaires were acted upon by the management team. We reviewed the returned questionnaires which reflected many positive comments. These included, "Exceptional care, all staff very approachable and available" and "Food ids excellent, varied menu and all well cooked, no cause for concern" and "Care is first rate. I'm so please she is safely with you."

The previous CQC report and rating was displayed in the communal area of the home as required by the regulations.

The manager understood their responsibilities to provide notifications to the Care Quality Commission (CQC) regarding significant events such as; serious injuries and deaths. The manager told us they kept updated about changes in practice via email correspondence sent out by the local authority and the Care Quality Commission. They had recently been approached to become part of a Dementia Referencing group which they were looking forward to. The registered manager told us , "I am proud of my staff and the achievements we have gained, such as accreditation for Dementia and Gold Standards Framework for end of life…we have a really good team that support each other. People's happiness is so important and we want to constantly improve and develop."