

Five Focal Point Limited

Beech Court Care Home

Inspection report

52 Church Lane
Selston
Nottingham
Nottinghamshire
NG16 6EW

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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?	Requires Improvement ●

Summary of findings

Overall summary

We inspected Beech Court Care Home on the 18 October 2018, the visit was unannounced. Beech Court Care 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. Beech Court Care Home is registered for 23 people in one adapted building. On the day of our inspection, 13 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.

At our last inspection the provider was found to be in breach of two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. During this inspection we found the provider had made improvements and was no longer in breach of these regulations.

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. However, one care plan we viewed lacked information and guidance on a specific area of care. Following our inspection, the registered manager sent us information to show how they had addressed this, and what measures were in place to prevent reoccurrence of this oversight. 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, and the provider had addressed concerns over adequate hand washing facilities that had been highlighted during the inspection.

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

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.

Although we saw there had been improvements in the quality monitoring at the service, further improvements were needed to continue to improve the quality of the service. The registered manager was visible and supportive towards people, their relatives and the staff who worked at the service. 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. One record lacked specific detail however this was addressed by the registered manager. 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. People were protected from the risks of cross infection, as the provider had addressed concerns over adequate hand washing facilities that had been highlighted during the inspection.

Is the service effective?

Good ●

The service was Effective.

People were supported by staff who received appropriate training and supervision. Their needs were assessed using nationally recognised assessment tools. The environment people lived in met their needs and adaptations 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?

The service was not always well led.

There were governance processes in place, which were used by the provider and registered manager to monitor the quality of the service. However, these processes required further improvement, as some areas identified during the inspection had not been highlighted by the audits in place.

There was an open and transparent culture in the service where people were listened to and staff were valued

Requires Improvement ●

Beech Court 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 18 October 2018 and was unannounced.

This inspection was carried out by two inspectors 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 there. The provider is required to send us this information as part of their registration. 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, three relatives and a visiting health professional. We also spoke with three members of care staff, a housekeeper, the quality and wellbeing manager and the registered manager. Following our inspection, we contacted a health professional who had been working with the service to support with staff training. We looked at the care records for five 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.

Is the service safe?

Our findings

People we spoke with told us they felt safe at the service. Some people said this was because there was always someone around, they were not alone. People were not worried or concerned by the behaviour of any other residents or members of staff. One person said, "They look after me well." Another person said, "I want to stay here, I feel safe." Relatives we spoke with also told us they had confidence in the staff to keep their relatives safe.

Staff were aware of their responsibilities in relation to recognising and reporting safeguarding issues. They could identify the types of abuse people who lived at the service could be exposed to. One member of staff said, "if I noticed anything I would go to the staff member in charge and I would record it in care doc's." Care doc's is the system used by the service to record all aspects of people's care at the service. The member of staff went on to say, "They (registered manager) would take it to the next level." The staff we spoke with were also aware of how to contact external agencies such as the CQC if they needed to. One member of staff said, "We have a folder with the contact details in, and I can also look on the internet."

All the staff we spoke with told us they had confidence that the registered manager would deal with safeguarding issues appropriately. Our records showed the registered manager had worked with the local safeguarding teams to address any issues of concern, and undertake appropriate investigations. We also saw the registered manager addressed areas of concern at staff meetings and at staff supervisions. This showed the registered manager worked in a collaborative way to reduce any safeguarding issues for the people in their care.

When we last visited the service, we saw people were not always supported to move from one place to another in a safe way, the equipment and techniques used was not always appropriate. During this inspection we saw these issues had been addressed. The provider had increased the training for staff and people's mobility needs had been appropriately assessed. During our inspection we saw staff had the skills to support people when using moving and handling equipment. The information in their care plans gave staff the guidance on what had been assessed as the most appropriate equipment for everyone, and we saw staff use the equipment with confidence and care, so people were moved safely.

Staff offered appropriate support for people when they mobilised around the service. For example, most people were using some type of mobility aid. We saw staff would walk alongside people with their aids, ensuring the resident was able to walk as safely as possible. Staff also helped people to sit and stand safely, assisting them as they manoeuvred around to get to an optimum position in a chair.

When we last visited the service, we found there was a lack of up to date assessments for the correct use of bed rails. Following that inspection, we recommended that the provider considered current guidance on the use of bed rails, and that bed rail risk assessments were reviewed regularly to ensure they are suitable for the people using them. At this inspection we found there were up to date risk assessments in place when bed rails were required to keep people safe.

The individual risks to people's safety had been assessed and measures introduced to reduce these risks. We spoke with a number of staff and all were knowledgeable about the individual risks to people in relation to their care. Throughout the day we saw people were supported by staff in line with the guidance in their care plans. Such as supporting people with nutrition or mobilising around the service.

However, we viewed the records for one person who was at risk of skin damage. The records did not clearly show what measures had been introduced, including how often the person required repositioning, or guidance on the equipment used, such as the settings the specialist mattress used to support the person should be set at. We were unable to find information in the person's records on the interventions staff told us they were undertaking. However, staff we spoke with told us they followed the guidance of the specialist nurses came to the service to support the person. Following the inspection, the registered manager sent us information to show how they had addressed this issue to ensure the person received safe care and treatment. They also provided information to show how they intended to monitor processes to prevent this oversight occurring again.

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 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 were supported by adequate numbers of appropriately trained staff. People and relatives told us that the home had a stable staff group. One relative we spoke with told us they thought the home had an adequate number of staff who attended appropriately to their family member's needs. They told us, "The staff work hard (to achieve this)."

The staff we spoke with told us they felt there was enough staff on each shift to support people. One member of staff said, "Yes there are enough staff to support people, they don't have to wait." We spoke with the registered manager who told us they spent time talking to people to ensure they were happy with the level of support they received. They told us the turnover of staff was low, and staff worked to provide continuity of care for people which gave people confidence in the staff caring for them. They felt this was important to people's wellbeing.

On the day of the inspection we saw staff were meeting the needs of people in their care. We observed there were adequate numbers of staff around throughout the day. People were not left unattended for long periods in the sitting rooms and we saw staff responding in a timely way to requests for help to the toilet or for a drink.

The registered manager used safe recruitment processes to ensure people were supported by fit and proper 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. 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.

Our observations of the administration of medicines showed staff practiced safely. We saw when people needed time specific medicines staff were aware of the need to administer these at the appropriate times. There was clear guidance for staff on people's preferences on the way they liked to take their medicines. People who needed medicines on an as required basis, such as medicines to relieve pain, had protocols in place to guide staff and ensure the medicines were given appropriately. However, one or two medicines that had recently been prescribed for use in this way had not had protocols completed. We discussed this with the registered manager who addressed this. We also found one hand written prescription that had not been signed and witnessed as correct. Although staff undertook a weekly audit that we saw addressed any issues, this issue had not been picked up on the audit by staff. We addressed this with the quality monitoring manager and the registered manager. 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.

When we last visited the service, we found a lack of effective hand washing facilities in people's rooms to ensure staff could provide care and reduce the risk of cross infection when providing personal care for people. Both ourselves and another external organisation highlighted this as a concern with the provider. Following that inspection, the provider implemented processes to address our concerns. However, at this inspection, while we saw the measures were in place, there was still a risk of cross infection that could be further mitigated. On the day of our visit the service underwent an infection prevention and control audit by an external organisation, who shared our concerns that the measures in place did not go far enough to mitigate the risk to people at the service. Following our inspection, the provider shared a copy of their action plan to address issues found at the external audit this included their response to the recommendations of the external team. This included information to show they had undertaken further measures to address our concerns in relation to hand washing at point of contact, and we are satisfied the measures in place will further reduced the risks of cross infection at the service.

Is the service effective?

Our findings

When we last visited the service, the provider was in breach of regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were not always provided with timely support to eat and drink well.

At this inspection we saw the staff team had made significant improvements to the way people's nutrition was managed. People we spoke with told us they got enough to eat and there was a choice of foods available to them. The staff we spoke with had a good knowledge of people's dietary needs. There was clear information about specialist diets, any food allergies people may have, people's nutritional support needs and their preferences. Staff could view this information in people's care plans and in a folder kept in the kitchen at the service. Where people had required the support of health professionals in relation to their diet, staff had made the appropriate referrals. For example, people who were prone to weight loss had been referred to their GP and were supported with fortified diet.

During our inspection we saw how staff provided appropriate support for people who required help when eating and drinking. The meal time experience for people was calm and well managed, and staff were well deployed to ensure people received timely support. This shows the provider was no longer in breach of this regulation as people's nutritional needs was well supported.

Assessments of people's care and support needs were in place. These assessments used nationally recognised and validated tools and assessed needs such as nutrition and mobility to ensure the risks to people's safety were addressed so measures could be put in place to support them.

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.

Staff we spoke with felt the training they received gave them the confidence to undertake their roles. They told us training was relevant to their role and equipped them with the skills that they needed to care for people living at the service. Staff told us the training was a mixture of face to face and practical training for areas such as moving and handling and the use of work books. The work books covered a range of subjects related to their roles such as pressure sore prevention and awareness, infection prevention and control or managing challenging behaviour. The quality and wellbeing manager for the service told us they would check through the work the staff had submitted and support them with their training. The training matrix we viewed showed the registered manager had an ongoing plan to ensure staff were kept up to date with their training needs.

The quality and wellbeing manager also told us about a course staff were undertaking in conjunction with the local authority called the 'Holistic Care Worker'. Staff we spoke with told us this course had been useful for them as it touched on several aspects of care and improved their confidence in dealing with concerns that arose, such as when and how to refer people to the appropriate health professionals. We received feedback from one health professional who was involved with the course who said, "The staff (at the service)

have engaged in the sessions and seem to be valuing being involved." The quality and wellbeing manager told us they felt this course had increased staff confidence and skills base and improved the care they gave people at the service.

The above shows the registered manager worked to provide people with a group of appropriately skilled staff to effectively support their needs.

People we spoke with told us they had access to appropriate health care when this was needed. They had access to their GP, chiropodist and other health professionals to meet their health needs. Relatives told us they were kept informed if there were any health concerns relating to their family member. One relative we spoke with told us their family member had suffered recurrent infections prior to coming to live at the service. They told us staff had managed the person's care so well that since being at the service the person had no more recurring infections.

Staff we spoke with were aware of people's different health needs and how to get them the most appropriate support when this was required. During our inspection we saw when one person was feeling acutely unwell, staff supported the person, ensuring they received their medicine and discussing their concerns with the person's GP so they received timely support.

During the inspection we spoke with a health professional who visited the service, they were happy with the way staff responded to information and guidance given. They said, "(Communication is) very good I usually communicate with the senior carer and the staff are quite responsive to the instructions that are given." This along with the information we saw in people's care plans showed people's health needs were well managed by the service.

People had a document in their care plans that had the necessary information required should people need to move between services. Such as a hospital admission. The document contained information about the people's medical history, care needs, allergies, next of kin, GP and national health service (NHS) number. This would ensure health professionals supporting a person had the necessary basic information to provide effective care for them.

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 and there was regular servicing of essential equipment. We saw the service needed 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.

People we spoke with told us when providing care, staff asked them if they were happy to receive care before they provided it. We saw when staff provided care they always gave a clear explanation to people so they could make a choice as to whether they wanted to receive the care. Staff we spoke with showed an understanding of the MCA. One member of staff told us it was in place to protect people's right to make their own decisions. The staff we spoke with were aware of the need to provide support for people who lacked the mental capacity to make their own decisions. We saw this support documented in people's care records.

Individualised decision specific mental capacity assessments had been undertaken when people lacked capacity, to identify the least restrictive options available to support people's care needs.

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). When we last visited the service we found some DoLS authorisations had expired. At this inspection we saw there were measures in place to regularly monitor these DoLS authorisations so they remained legally valid. 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.

Is the service caring?

Our findings

People we spoke with told us that the care given them in the home was good. They felt comfortable with the staff who provided care for them. One person said, "They look after me well, they all make a fuss of me." A relative we spoke with told us they were happy with the way staff responded to their relative. They said, "[Name] is happy here, I've asked them."

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. Staff we spoke with were aware of people's preferences in relation to their care. They could give examples of the different routines people preferred. One staff member told us about one person who liked to go to bed later in the evening as they enjoyed watching TV. The member of staff said "[Name] always likes to wait for the night staff to help them to bed." They told us staff were led by people's choices in relation to their daily care needs. People could get up when they wanted, eat their meals when they wanted and sit where they wanted. They told us they had got to know people's routines and worked to accommodate those needs.

People's views and preferences on how they wished to receive care were recorded in their care plans. People we spoke with also gave us examples of how their individual choices were met by staff. One person told us they were afraid of the dark, but felt safe at night because staff left their door ajar, so they were not in complete darkness.

During our visit we witnessed some warm and cheerful interactions between staff people and their relatives. There was some cheerful banter with people as staff went around the care home. One member of staff took the time to admire one person's jewellery, commenting that it went well with their outfit, and they knew the person enjoyed wearing matching accessories. Another member of staff, sitting with a person at lunch time, was chatting to them about the person's recent birthday party. The member of staff knew about the resident's family, mentioning people by name. The above information showed the staff treated people with kindness and respect and worked to ensure their choices in relation to their care were met.

People were given the opportunity to give their views on their care plans, some people told us they preferred their relatives to support them with this. One relative told us they had detailed discussions with staff before their family member was admitted to the service, and staff kept them up to date and involved in their family member's changing needs. The relative felt they could discuss anything with staff and they would help find a solution. They told us their family member was happy in the care home and staff were always accommodating.

No one at the service was receiving the service of an Advocate at the time of our visit. However, the registered manager provided information for people on the availability of advocacy services should they require this support. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them.

People's cultural needs were supported by the staff at the service. One relative told us they had been

working with the registered manager to ensure their family member's cultural needs were being met. They told us although their family member ate and enjoyed the food provided at the service, the registered manager was working with them to introduce different foods the person also enjoyed. This showed the registered manager worked to treat people who lived at the service equally and support the diverse needs of all the people who lived at the service.

People told us they were supported by staff who were respectful and worked to maintain their privacy and dignity. One relative we spoke with confirmed that their family member was treated with dignity and respect. They told us staff had discussed how they were always careful to keep their relation covered as far as possible during bathing, as this was something the person found challenging, as they did not enjoy staff providing this aspect of care. The relative told us they had worked with their family member and staff and they felt staff had dealt with the issue sensitively.

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 discreetly and respectfully. It was clear staff understood their responsibilities in relation to people's dignity and independence.

Is the service responsive?

Our findings

People were provided with individualised person-centred care from staff who knew their needs. The care plans we viewed had detailed information to guide staff to provide the most appropriate care for people. For example, one person's care plan gave staff detailed information on their changing nutritional needs. Staff told us the person had been losing weight, and we saw this had been highlighted in the person's care plan. There was information to show appropriate referrals had been made to the relevant health professionals, and the guidance on how to support the person was clearly documented in their care plan. Staff we spoke with could tell us how they supported the person to stabilise their weight, and on the day of our visit we saw the person receiving this individualised support. People's care plans also noted when people required glasses, hearing aids or mobility aids. We saw these aids were in place for the people who required them.

Relatives we spoke with told us staff had a good knowledge of the needs of different people at the service. One relative told us they had been involved in detailed discussions about their family member's needs. They told us they were happy with the way staff had worked to use the information they had provided to give appropriate care for the person. This had included their nutritional needs, personal care and health needs. The relative told us their family member's health and wellbeing had improved since they had come to the service.

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 was a communication book and regular staff handovers. We viewed the handover sheets and saw information such as changes in care needs, or referrals to health professionals were documented. Staff told us they could access these regularly so they could keep up to date with the needs of the people they supported.

The registered manager was working to meet the accessible information standard. This standard expects providers to have assessed and met people's communication needs, relating to a person's disability, impairment or sensory loss. We saw communication support plans provided staff with information about people's communication and sensory needs to support their communication. For some people who had hearing loss this meant ensuring subtitles were displayed on the television. There were also pictorial signs to direct people to the bathroom or toilet.

One relative told us their family member's first language was not English, and over the last few months they sometimes reverted to their first language. We spoke with the registered manager to see how staff were supporting the person. They told us they were in the process of ensuring staff had key words in the person's first language to support them. They were also considering an application on their mobile phones that would translate words for staff to ensure the person was supported. This showed the registered manager was working to ensure information was provided for people in a way they understood.

We also witnessed staff supporting people who were at times confused. They successfully supported people using strategies recorded in the individuals care plans. Our discussions with staff also showed knowledge of people's needs and preferences, and the information in the care plans reflected the support people were

given.

People were supported to take part in a range of social activities at the service. This included a regular exercise class each week and a relaxation session, plus games and sing along sessions. A group of people were supported to attend a weekly crafts club in the community. People told us they joined in the different activities available when they wanted, and made their own choices on what they wanted to take part in. One person told us they enjoyed watching a television programme each day, and staff made sure they could watch it. Another person told us they enjoyed the word games the staff played with them regularly. This shows people were supported to engage in social activities to prevent isolation.

People and relatives we spoke with told us they knew who to speak to if they had any issues with their care. Relatives told us that the registered manager responded well to their concerns or requests about care of their family members. One person told us they would talk to their family if they were worried. They also told us they could talk to the registered manager who they felt would be helpful and work to resolve any problems.

One relative told us they had seen the complaints procedure in the entrance hall, but had not taken much notice of it as the registered manager would resolve any issues they had. They went on to say they had found the registered manager very helpful and they were confident they would be able to raise any problems with her.

Staff we spoke with were aware of their responsibilities in relation to dealing with concerns and complaints. One member of staff said, "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 procedures 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.

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, where they had been happy to provide this information. The registered manager told us staff worked to support people and their families at the appropriate time. They told us staff who had built up relationships with people and their families would alter shifts to provide care and support so people were not alone during this sensitive time. The registered manager told us they had a strong relationship with the community nurses and they worked together to ensure people had a dignified and pain free death.

Is the service well-led?

Our findings

When we last visited the service, we found the provider was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As the lack of robust monitoring of the service had led to a lack of oversight of the care people received. This had resulted in people not always being supported appropriately.

At this inspection we found there had been some improvements made to the auditing processes and this had led to improvements in the care people at the service received, and the provider was no longer in breach of this regulation. For example, the oversight and monitoring of DoLS authorisations, staff training and supervision. However there were still further improvements in the quality monitoring processes to be made.

For example, the lack of monitoring of the information contained in risk assessments had led to a continued lack of guidance for staff on the management of pressure relieving care for one person. This included the management of pressure relieving equipment and the lack of repositioning charts that should have been in place to ensure staff were supporting a person safely. There was also there was a lack of analysis of falls each month. This analysis could establish if there were any identifiable trends that the management team could work to reduce.

The infection control audit undertaken by an external agency also highlighted some areas of cleanliness that could be improved, and this had not been picked up by the environmental audits the service undertook. Following our inspection, the registered manager sent us information to show they had put in further measures to improve these issues. This shows while the service required some improvement the management team continued to work toward improving the quality of the service for people in their care.

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 told us they could approach the registered manager about any issues they had and she would work with them to address them. People told us the manager was a visible presence in the home. One person said, "She is lovely, she is very approachable. We see her around she's not always in her office, she seems to have a good relationship with people." Relatives we spoke with were also happy with the open

approach the registered manager took when dealing with them. One relative told us their family member's needs were well met at the care home and they found the manager helpful. A visiting health professional also told us, "The manager is always around and very approachable."

Staff we spoke with told us they felt supported by the registered manager and the management team. They told us they received regular supervision from the registered manager. Staff felt this was beneficial to them as they could discuss any concerns they had and highlight any areas they needed support with. One member of staff told us they had gained more confidence since working at the service because of the support they had received from their colleagues and the management team. The records we viewed show issues discussed included individuals training needs and performance.

The registered manager told us they felt supported by the senior management team and could discuss issues with them and get the support they needed to assist them in their role. On the day of our visit we spoke with the nominated individual, and the issues we raised with them were received well. Following our visit, the information we received from the registered manager showed the team had worked together to address area highlighted and further improve the quality of the service.

People, relatives and staff views were considered and people felt they were listened to. There were relative and resident meetings and we saw there was a regular newsletter about different events at the service. One relative we spoke with said, "They definitely let you know if there are any changes and we can have our say. I think it's a nice home, I think they do their best." Staff we spoke with told us there were staff meetings and they were able to 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 they had suggested people were offered more fruit and special drinks throughout the day when snacks were offered. On the day of our visit we saw fruit was offered to people throughout the day this showed the registered manager listened and acted on suggestions to improve the quality of the service for people.

People were supported by a management team who worked with external agencies to improve the care they received. The holistic care worker project is an example of this collaborative working. We received feedback on the management team's involvement in the project from a health professional involved with the project. They wrote, "Since joining the programme the managers have been actively engaged in the planning and processes and have proactively supported and encouraged staff to take part and get competencies signed off." This shows the management team's commitment to developing the service they provide for people.