The Moorings Care Limited

The Moorings Retirement Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
The Moorings Retirement Home is a residential care home providing personal care for up to 40 people aged 65 years and over including people living with dementia or a physical disability. At the time of the inspection there were 38 people living at the home.

The home is based over four floors. A passenger lift provides access to all upper floors. Most bedrooms had en-suite facilities and there is a variety of communal areas. Level access is available to an enclosed garden.

People's experience of using this service and what we found
The environment was warm and homely. We observed positive communication between staff, people and their relatives. People and their relatives all gave us positive feedback about the home and told us that staff were kind and caring.

Individual and environmental risks were managed appropriately. People had access to any necessary equipment where needed, which helped ensure people were safe from harm. Staff had received fire safety training and knew what to do in the event of a fire.

Appropriate recruitment procedures were in place to help ensure only suitable staff were employed. There were enough staff to support people's needs. Staff had received training and support to enable them to carry out their role safely. They received supervision to help develop their skills and support them in their role.

There were appropriate policies and systems in place to protect people from the risk of abuse and the management team and staff understood the signs to look for.

People were supported to take their medicines safely and as prescribed. They were able to access health and social care professionals if needed, received enough to eat and drink and were happy with the food provided.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's care plans contained detailed information about them and their care and support needs, to help staff deliver care that was individual to each person. The management team reviewed the care and support provided to people to make sure it continued to meet their needs.

Staff showed an understanding of equality and diversity. People were treated with dignity, and their privacy was respected. Activities had been developed in line with people's wishes and there were varied and

interesting options to promote people's health and well-being.

The management team (provider, registered manager, compliance manager and deputy manager) carried out regular checks on the quality and safety of the service and understood their regulatory responsibilities. People and their relatives said the management team were approachable and supportive. Staff were very positive about the management team and also told us they were supportive and approachable.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection (and update) The last rating for this service was requires improvement (published 9 January 2019).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good

The service was 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.

The Moorings Retirement Home

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was conducted by two inspectors.

Service and service type
The Moorings Retirement 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.

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
This inspection was unannounced.

What we did before the inspection
Before the inspection, we reviewed information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us.

We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection-
We spoke with six people living at the home and eight visitors. We observed care and support provided for people in communal areas and viewed the majority of the home. We spoke with
members of staff including a chef, eight care workers, the administrator, the activity lead, two housekeepers, the deputy manager, compliance manager, registered manager and the nominated individual [provider]. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We observed care and support provided in communal areas and spoke with two visiting healthcare professionals.

We reviewed a range of records including four people's care records and multiple medication records. We looked at staff files in relation to recruitment, training and staff supervision, as well as a variety of records relating to the management of the service, including audits, policies and procedures.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at additional information the provider sent us including training data and quality assurance records.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
● Appropriate systems were in place and followed to protect people from the risk of abuse.
● People and their relatives said they felt safe using the service. Comments from family members included: "I feel [my relative] is very safe. I'm not worried about her in any way whatsoever", "I never worry about him when I leave" and "I feel [my relative] is as safe as she can be".
● Staff had received safeguarding training and knew how to prevent, identify and report allegations of abuse. One staff member described the potential signs and forms of abuse and told us, "If I had concerns I'd go to the manager or the council if needed."
● When safeguarding concerns had been identified staff had acted promptly to ensure the person's safety. The registered manager understood their responsibilities and knew the actions they should take should people or staff raise a safeguarding concern to them.
● Records confirmed that all safeguarding concerns had been reported and investigated appropriately, in liaison with the local safeguarding team.

Assessing risk, safety monitoring and management
● Systems were in place to identify and manage risks within the service.
● However, we identified two unsecured external storage areas which both contained cleaning products which could present a risk to people who could access this area. We informed the registered manager about this and they took immediate action to have locks placed on these units.
● Risks to people's personal safety had been assessed and plans were in place to minimise them. These were linked to the individual person and covered areas such as their support needs, medication and health conditions. Risk assessments were comprehensive, and care plans provided staff with guidance about how to reduce risks for the person without restricting their rights and independence.
● Risks were managed in a way to ensure people were able to be as independent as possible and enjoy activities they liked doing. For example, a person had always enjoyed feeding the birds in the garden, they were able to do this independently however a fall resulted in them being unsteady on their feet and at greater risk of falls. Staff enabled the person to continue to feed the birds by assisting them into the garden.
● Staff were knowledgeable about the risks associated with people's needs and could tell us what action was needed to promote people's safety and ensure their needs were met.
● Equipment, such as hoists, were maintained according to a schedule. We saw staff using this equipment safely. In addition, gas and electrical appliances were checked and serviced regularly.
● Fire safety risks had been assessed by an external fire safety specialist and detection systems were

checked regularly by an external contractor. Personal emergency evacuation plans had been completed for each person, detailing action needed to support people to evacuate the building in an emergency. Staff knew what to do in the event of a fire.

Staffing and recruitment

● People were supported by consistent, permanent staff.

● Comments from family members about the staffing levels included: "There seems to be enough staff generally in the day", "There's more than enough staff on, they do a wonderful job", "If ever you need staff there's always someone around" and "I think there's enough staff, certainly in the morning".

● However, we received mixed views from staff about the staffing levels. While some thought they were adequate, others did not. For example, one staff member said, "Four [staff] in evenings is not enough. People get agitated, they've had their tea, they don't know what to do, they're unsettled and feel they have to get home to do something." Another staff member echoed this and said, this meant they did not have enough time "To be with [people] and spend time with them".

● Staffing levels were determined by the number of people using the service and the level of care they required. The registered manager monitored the staffing levels by observing care and speaking with people and staff to ensure that staffing levels remained sufficient. They explained that care staffing levels in the early evening had been increased and that the catering staff evening shift had also been extended to provide additional staff availability in the evening. Additionally, two care staff commenced their sleep-in shift at 8pm working to 11pm and then recommencing at 6am to supplement the night staff. This meant there were more staff available at this busy early morning time.

● We saw people were supported without being rushed. For example, at lunch time staff had enough time to encourage people to walk to the dining room for their meal. Where people were initially reluctant staff spent time talking with them and explaining what was going on.

● People were supported by consistent staff. Short term staff absences were covered by existing staff members or a member of the management team; this helped ensure continuity of care for people.

● There were clear recruitment procedures in place to help ensure staff were suitable for their role. These included checks of conduct where people had previously worked in health and social care and checks with the Disclosure and Barring Service (DBS). DBS checks help employers make safe recruitment decisions.

Using medicines safely

● Arrangements were in place for obtaining, storing, administering, recording and disposing of medicines safely. Immediate action was taken to introduce a new system to record the exact time some regular medicines were administered to ensure these were not given too close together.

● Systems were in place to ensure that when additional medicines such as antibiotics were prescribed these were obtained promptly meaning there were no delays in commencement of administration.

● Staff had been trained to administer medicines and had been assessed as competent to do so safely. This had been reassessed yearly using a formal approach.

● Medication administration records (MARs) confirmed people had received all their medicines as prescribed. Where additions or amendments had been made to MARs two staff had checked the accuracy of the handwritten changes.

● For people who were prescribed medicines to be administered on an 'as required' (PRN) basis, there was guidance to help staff understand when to give them and in what dose.

● There were effective systems in place to help ensure topical medicines were used as prescribed. The date creams had been opened was recorded, to help ensure they were not used beyond their 'use by' date.

● Weekly audits of medicines stock levels to identify any discrepancies with stock levels and records of administration were undertaken. There was also a monthly audit of medicines which helped ensure stock levels did not exceed those required.

● A family member said of the staff, "They do everything they can to coax [my relative] to take [her medicines]."

Preventing and controlling infection

● The home was clean, hygienic and well maintained. Housekeepers completed regular cleaning, in accordance with set schedules. One family member told us, "Everywhere is always clean and [my relative's] room is immaculate" and another said, "The laundry staff are nice and everywhere is clean".

● Staff had received infection control training. Personal protective equipment (PPE), including disposable gloves and aprons, were available to staff throughout the home. In addition, people who used hoists had individual slings allocated to reduce the risk of cross infection.

● Effective processes were followed in the laundry to reduce the risk of cross contamination.

● The service had been awarded five stars (the maximum) for food hygiene by the local food standards agency.

● Infection control audits were undertaken, and an annual infection control statement had been completed as required.

Learning lessons when things go wrong

● There was a system to record accidents and incidents. We viewed records and saw appropriate action had been taken as necessary.

● The registered manager was keen to develop and learn from events. All accidents or incidents were reviewed and where appropriate, such as following falls, with the local authority falls team. This enabled any trends or themes to be identified, so action could be taken to mitigate the risk and prevent reoccurrence. For example, an analysis of falls had shown these had often occurred in the early evening. The registered manager informed us this had led to an increase in staff during this time. Following which there had been a reduction in falls.

● A family member described the action staff took after their relative had a fall in their room. This included moving the person's bed and installing a movement sensor mat to alert staff when the person moved to an unsafe position meaning staff could respond promptly.

Good

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good.

This meant 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

- Comprehensive assessments were completed before people moved to the home. Care plans were then developed to include people's identified needs and the choices they had made about the care and support they wished to receive.
- Staff followed best practice guidance, which led to good outcomes for people. For example, they used recognised tools to assess the risk of malnutrition and the risk of skin breakdown. Each person had an oral care plan in place and staff supported people in accordance with the latest best practice guidance on oral care.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessments. Their diverse needs were detailed in their care plans, including gender preferences for staff support.
- Staff told us they were committed to ensuring people were treated as individuals.
- The service made appropriate use of technology to support people. An electronic system allowed people to call for assistance when needed and movement-activated alarms, linked to the system, were used to alert staff when people moved to unsafe positions. Care staff used hand held radio communication devices to enable them to keep in contact with each other.

Staff support: induction, training, skills and experience

- People received care from staff who had the necessary knowledge, skills and experience to perform their roles. Comments from people and their relatives included: "I believe they know [my relative] and how to look after her. Their priority is clearly the resident", "The care is very good", "There are some new staff, but most seem proficient and know how to sort things out" and "Staff seem to know what they're doing, especially [my relative's] keyworker".
- The provider had recently changed from computer-based training to classroom-based training for staff which they said better met staff's preferred learning style.
- Staff completed a range of training to meet people's needs, which was refreshed and updated from time to time. Staff were also supported to gain vocational qualifications relevant to their roles.
- New staff completed a programme of induction before being allowed to work on their own. This included a period of shadowing more experienced members of staff. Staff who were new to care were supported to complete training that followed the Care Certificate. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life.
- Senior staff completed regular observations of staff to assess their level of competence in key aspects of

the support they provided to people.
● Staff felt supported in their roles and received one-to-one sessions of supervision. These provided an opportunity for a supervisor to meet with staff, discuss their training needs, identify any concerns, and offer support. Yearly appraisals were also completed, to assess the performance of staff and any development needs.
● Comments from staff included: "I feel supported, I get supervisions every six months with [my line manager] and once a year with management. I do feel appreciated."

Supporting people to eat and drink enough to maintain a balanced diet
● People confirmed they were offered a choice of food and drink and were positive about the meals they received. Comments included: "The food always looks nice and the trolley brings snacks and drinks round", "[My relative] is eating very well and they know his favourite things" and "They seem quite nice meals".
● On the first day of inspection, the meal time experience for people in the dining room felt rushed and loud music playing may have contributed to people's agitation. We discussed this with the registered manager who assured us this was not normal practice and may have been due to the inspection causing staff to feel unsettled
● On the second day of the inspection the lunch meal time experience was more relaxed, and staff were seen to have time to support and encourage people where necessary.
● Each person had a nutritional assessment to identify their dietary needs and preferences.
● Where needed, people received appropriate support to eat and were encouraged to drink often. Should people be at risk of losing weight regular checks were maintained of their weight and if necessary action was taken, such as seeking the support of GP's and dieticians.
● Catering staff knew people's preferences and were able to describe and meet individual needs. Staff always had access to the kitchen meaning that people could receive snacks throughout the evening and night should they require these.

Adapting service, design, decoration to meet people's needs
● Adaptations had been made to the home to meet the needs of people living there; for example, a passenger lift connected the upper and lower floors of the building and corridors were well lit and sufficiently wide to accommodate wheelchairs.
● Corridors had handrails fitted in a contrasting colour to the walls, making them easier for people living with dementia to see. There was level access to a garden that people told us they enjoyed using in fine weather.
● People's rooms were personalised and reflected their interests and preferences. Some rooms had pictures of the person or their family outside the door to help people identify their own rooms.
● There was a range of communal areas available to people, including a dining area and lounges which allowed people the choice and freedom of where to spend their time. Toilets and bathrooms were well signed to make them easier for people to find.
● There was a rolling maintenance programme to help ensure the building remained fit for purpose.

Supporting people to live healthier lives, access healthcare services and support. Staff working with other agencies to provide consistent, effective, timely care
● People and relatives told us they were supported to access local healthcare services such as doctors or dentists. This was confirmed in care files viewed. A family member told us, "[My relative] got a chest infection a while back and they called the GP."
● People's health needs were recorded in their care plans and contained information from health care professionals. A health professional said that staff managed specific health needs well. They also told us they were consulted appropriately if staff had new concerns about people.

● Staff worked together to ensure that people received consistent, timely, coordinated, person-centred care and support. At the start of each shift staff received a comprehensive handover of all necessary information and could access care plans should they wish to confirm any information.
● If a person was admitted to hospital, staff ensured key information about the person was sent with them. This helped ensure the person's needs continued to be understood and met. Where possible, a member of staff would also accompany the person to hospital.

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.

● Where people did not have capacity to make decisions, MCA assessments had been completed such as for personal care and receiving medicines. These had included consultation with those close to the person and decisions had been made in the best interests of the person. These had been fully documented.
● Where people had capacity to make decisions, we saw they had signed their care plans to indicate their agreement with the proposed care and support.
● Staff were clear about the need to seek verbal consent from people before providing care or support. People's right to decline care was understood. Care staff said that should people decline care or medicines they would return a short while later to again offer assistance. Daily records of care showed if people declined care, such as a bath, their wishes were respected by staff.
● A family member told us, "One day it took staff half an hour to persuade one person to have a bath, but they did it."

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● Where necessary applications had been made to the relevant authority and nobody was being unlawfully deprived of their liberty. There were systems in place to ensure that renewal applications were submitted in a timely way prior to existing DoLS becoming out of date.
● One person told us, "I'm happy living here. I go out when I want."

Good

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their family members described staff as "friendly" and "caring". Comments from people included "I love it here", "Staff are kind, compassionate and patient", "Even the cleaners and kitchen staff are really friendly".
- Family members echoed these comments. One said, "[My relative] is always smiling and seems happy here", another told us "[My relative] seems happy he gets loads of attention. They [staff] are so good to him, they're really friendly and helpful to me."
- We observed positive interactions between people and staff. Staff supported people in a friendly, calm and patient way. They consistently treated people with respect and spoke about them in an affectionate, caring manner. For example, when a person was unable to mobilise, a staff member reassured them by bending down to their eye level and using touch appropriately.
- Staff spoke positively about people and demonstrated a good understanding of them as individuals. For example, they knew who liked to "Linger in the bath" and who preferred a "Quick dip".
- A staff member described how they gave people the time they needed and tried not to rush them. They said, "[Supporting one person] would take half an hour, but she would love the attention. They need to feel they are special still."
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessments. Staff gave examples of how they had recognised people's diverse needs and respected their individual lifestyle choices. Information boards in communal areas included a statement and nationally recognised inclusivity symbol that everyone would be treated equally regardless of race, gender, religion and sexuality.
- People were supported to follow their faith. Local clergy were invited to the home on a regular basis and the management team said leaders of any religion would be welcomed at the home.

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

- People and family members were given the opportunity to express their views, both on a one to one basis with staff and during residents' meetings. Comments from family members included: "We have meetings to talk about [my relative's] care, with her key worker", "They [staff] are very thorough and talk to me about [my relative's] care. They involve me in decisions and discuss if she needs vaccinations etc."
- Records confirmed that people, and where appropriate family members, were involved in meetings to discuss their views and make decisions about the care provided. A family member told us "Every few months

we go over the care plan with [my relative's] key worker, but we talk to them most days as we're in so often."

● Staff showed a good awareness of people's individual needs, preferences and interests. At lunch time a person arrived after other people had already commenced eating. A staff member welcomed them and said, "I've saved you a sausage roll as I know you love them." Care files included information about people's life histories, their preferences and what was important to them.

● Staff understood people's rights to make choices. We heard people being consulted throughout the inspection about where they wished to go and what they wished to do.

● People's views about the service were sought. Meetings were held with people and family members. Records of these meetings were kept and showed people were asked about changes to the service provided. Informally the management team would speak with people and visitors on a regular basis to ensure they were satisfied with the care being provided.

● Family members were welcomed at any time. One visitor said, "I can visit whenever I want." Staff ensured that family members, and others who were important to the person, were kept updated with any changes to the person's care or health needs. One relative said "They [staff] phone us if [my relative] is off colour."

Respecting and promoting people's privacy, dignity and independence

● Care was provided in a way that respected people's privacy and dignity. People were supported to be independent as far as possible.

● When asked if staff respected their privacy and dignity a person said, "Oh yes, always." A staff member said they "Would always keep people covered up as much as possible" when providing personal care. When staff prompted people to use the bathroom, they did so discretely and quietly so as not to embarrass the person.

● People had been asked if they had a gender preference regarding staff who might be providing personal care support. Respecting these choices helped ensure people's privacy and dignity, as they were cared for by staff they felt comfortable with.

● Staff encouraged people to be as independent as possible. Care files included information as to what people could do for themselves. One person told us they were able to go to the local town on their own.

● At lunch time we saw a range of crockery and cutlery was available to suit each person's individual needs meaning wherever possible people could eat without staff support.

● Care files and confidential information about people was stored securely and only accessible by authorised staff when needed. This demonstrated people's confidential information had been stored appropriately in accordance with legislation.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● People's needs were assessed prior to them moving to live at The Moorings. Information from the initial assessments was used to develop detailed care plans.

● Person-centred care was promoted. People's likes, dislikes and preferences were recorded in their care plans that were reviewed and updated, when needed.

● Staff understood people's needs, wishes and preferences. They described how people's needs were "Diverse" and how they took a person-centred approach to supporting people. One person told us, "The staff are great. They understand me. They let me do what I want." They added, "My keyworker is good. They keep my room clean and review my care plan. They just check I'm still happy and if I need anything."

● A family member told us, "They [staff] are very aware of [people's] needs; they notice if someone is trying to get up and go and support them straight away." Another family member said, "They know as much about [my relative] as me, all his little ways, his little moods. They know how to respond when he [becomes agitated] and he snaps out of it."

● People were empowered to make their own decisions and choices. For example, a family member told us, "If [my relative] is really tired and doesn't want to get up she stays in bed till ten and they offer her breakfast when she gets up."

● We heard people being offered choices throughout the inspection.

● Staff were responsive to people's changing needs. Technology was used to ensure people had assistance when needed. For example, a call bell system was in place so that people could request prompt support and equipment was available to inform staff if people at high risk of falls were moving about in their bedrooms.

● Staff worked together well to deliver timely and effective care to people. They received a verbal handover between each shift. This helped inform staff of any changes in people's needs. We observed a handover during the inspection and found staff were provided with clear and up to date information about changes in people's needs and actions to take.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People's individual communication needs had been explored and recorded so that staff had access to relevant information about how people should be supported. Care records identified what staff should do to

support the person to improve communication.
● A family member told us, "They [staff] seem to be able to make themselves understood and sometimes they use pen and paper."
● The registered manager told us that they could print text for people in larger print and also used picture cards to help people understand information. We saw these cards being used to help people make choices about what they would like to eat. Staff also had a range of 'flash cards' with words and pictures to help people understand what staff were saying. For example, if the person wanted food, a drink or to use the toilet.
● Staff described how individual needs were met through differing communication methods. For example, one person liked staff to write on a whiteboard and other people found flash cards of pictures and large print words helpful.
● One person's first language was not English, and we saw all the signs around the home were bi-lingual, to include a translation into this person's first language.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
● There was a range of activities available to people providing physical and mental stimulation. These included seated exercises, games, hand massage, sensory relaxation, music, singing. Each person had a social profile in their care plans detailing the type of activities they preferred to engage in. An in-house massage therapist was also available.
● A family member told us, "When [my relative's] husband visits, they have lunch together in her room, which is nice."
● People could visit the home at any time and were made welcome. A family member told us, "We are always made welcome and offered a cup of tea."
● Over the Christmas period, relatives of two people had been accommodated in an adjacent flat owned by the provider, so they could be with their loved ones on Christmas morning.
● A 'digital post' system had been set up, which one person used regularly. A family member would write an email to the home, which staff printed off in large print and put in an envelope for the person to open. We were told the person had a series of these in their room which they enjoyed reading often.
● Internet access via WIFI was available throughout the home meaning people could use this to keep in contact with family members who could not visit regularly.

Improving care quality in response to complaints or concerns
● The registered manager welcomed people's views about the service.
● People were given information about how to complain or make comments about the service and this information was also available in the entrance area. Comments forms encouraged visitors to provide positive or negative feedback.
● People and relatives told us they had not had reason to complain but knew how to if necessary. They said they would not hesitate to speak to the staff or the management team and were confident any issues would be resolved. A family member told us, "We feel they [staff] listen to us. For example, if we raise something, [the registered manager] answers it the next time we're in, so I know it's been passed on. I've never had to make complaints but I'm confident they would act."
● Should complaints be received, there was a process in place which would ensure these were recorded, fully investigated and a written response provided to the person who made the complaint. We viewed the records relating to a complaint which had been received in the year prior to this inspection. This had been comprehensively investigated and a written response had been provided to the complainant.

End of life care and support

● As they approached the end of their lives people received care which was compassionate and helped ensure any symptoms such as pain were managed.
● Some staff had undertaken end of life care training. Discussions with them showed that people were cared for with dignity and respect at the end of their lives. A senior staff member had arranged additional training at the hospice to provide them with greater knowledge and insight as to how to support people approaching the end of their life.
● This staff member was in the process of talking with individual people and relatives to ensure people's end of life wishes were captured within end of life care plans. This gave details of people's choices, including considerations to cultural and religious preferences.
● The management team told us that they worked closely with external healthcare professionals to respect people's wishes and provide them with the care they required to be pain free and appropriately cared for at the end of their life. They also described how they supported staff during these times.
● Visiting health care professionals confirmed they had no concerns in respect of how people were cared for towards the end of their lives.

Good

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● People and relatives were positive about the home. Comments included: "I can't speak highly enough of [the home]. People always look happy", "The management are very good and very helpful", "[My relative] is happy here, I can tell. I would definitely recommend it", "I would definitely recommend the home to others", "Everything seems well run, as far as I can see" and "I come six times a week and everything seems well organised. I couldn't be more pleased. It's very homely, the staff are lovely".

● The management team and staff demonstrated a good knowledge of person-centred care and promoted people or their family members being involved in the development of their care plans. People, their relatives and health professionals spoke positively about the management of the service and all told us they would recommend the home to others.

● Staff had a good understanding of people's needs and demonstrated a shared commitment to treating people in an individual, person-centred way.

● The provider had clear expectations that staff would provide high-quality care in a caring and compassionate way. From our observations and discussions with staff, it was clear they understood these values and were committed to meeting them consistently in their day to day work.

● The management team had sought support from external sources where necessary to ensure people received the care and support they required.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● Records showed that where necessary the management team had notified CQC of all incidents and occurrences as required. Records also showed incidents had been reported to the local authority safeguarding team and where appropriate to family members.

● The management team were aware of their responsibilities under the duty of candour, which requires providers to be open and transparent if people come to harm. They showed us examples of when this had been followed, both verbally and in writing, as required.

● The home's previous rating was displayed in the entrance lobby and on the home's website.

● Staff were open and transparent throughout the inspection. The management team were responsive to any suggestions for improvement.

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

● There was a clear management structure in place consisting of the provider's nominated individual, the compliance manager, the registered manager, the deputy manager and senior care workers.

● Staff understood their roles and were provided with clear guidance of what was expected of them. Staff communicated well between themselves, for example during handover meetings, to help ensure people's needs were met. Care staff commented that they all worked well as a team.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● The provider used a range of methods to seek feedback from people, including questionnaire surveys, residents' meetings and one-to-one conversations with people. A family member told us, "We've had surveys and they have a suggestion box we can use. And they have residents' meetings too."

● Individual service user guides had been created for each person to inform them about the home and how to use equipment, including their call bell. These were personalised and, in a format, suitable for everyone, including pictures where needed.

● A new 'blog' had been developed to keep family members up to date with events at the home.

● Most staff told us they felt engaged in the way the service was run and that morale was good. They said they enjoyed a good working relationship with their colleagues and felt they worked well as a team. Comments included: "We all get on well, there's never any major issues. Communication is good with all staff. Managers are approachable when you talk to them." "Staff do get on well and help each other."

Continuous learning and improving care

● The registered manager was keen to take action when required to improve the service. When we identified minor areas for improvement, such as ensuring locks were fitted to external storage areas or recording the exact time of administration of some regular medicines immediate action was taken by the registered manager. We identified that staff were not always following the provider's recording systems for food and drinks. The registered manager undertook to reinforce the need for this to care staff.

● There were quality assurance procedures in place. A compliance manager was in place and had developed formalised systems and audits which were completed regularly. Audits included, care plans, medicines, infection control and the environment. Where necessary action plans were developed to address any areas identified in audits.

● Additionally, the management team monitored the service people received by observing staff practice and approach, to ensure they worked safely and displayed a respectful attitude. This included providing some direct care when required.

● The management team were also members of a care provider's forum that shared best practice guidance and belonged to a network of homes that focused on local healthcare issues. The management team were up to date with relevant research.

Working in partnership with others

● The service worked in collaboration with all relevant agencies, including health and social care professionals. The management team was clear about who and how they could access support from should they require this. They demonstrated an open attitude to seeking support.

● Staff told us a group of pre-school children regularly visited the home to interact with people. Amongst other events, they took part in Halloween activities and we were told people enjoyed the children's excitement.

● The home hosted monthly 'dementia mornings' for people, relatives and the local community to attend. These helped those affected by dementia to understand the condition and enable them to better support

their loved ones.

● A staff member had taken on the role of an 'iCare ambassador'. Their role was to visit local schools and colleges to promote care work and encourage more young people to consider it as a career.

● Another staff member was working with occupational therapists to develop 'sensory profiles' for people to better understand the sensory needs of people living with dementia.

● External health professionals told us they were contacted appropriately by the home who followed suggested guidance and recommendations.