Gospel Standard Bethesda Fund

Brighton and Hove Bethesda Home

Inspection report

5 Hove Park Gardens
Old Shoreham Road
Hove
East Sussex
BN3 6HN

Tel: 01273735735

Date of inspection visit:
12 October 2023
16 October 2023

Date of publication:
09 November 2023

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
Brighton & Hove Bethesda Home is a residential care home providing personal care to up to 22 people. The service provides support to older people with age related frailties and people living with dementia. At the time of our inspection there were 12 people using the service. A condition of residency is people are members of the Gospel Standard Churches, or they regularly attend their chapels.

People's experience of using this service and what we found
People told us they felt safe and happy at the service and were comfortable to speak with staff or management if they had any worries or concerns. A person told us, "Yes I do feel safe because of the staff and the residents, I like all of them." Staff received safeguarding training and understood how to prevent and report allegations of abuse. Staff told us they were confident the registered manager would act on any disclosures.

People received medicines from trained and competent staff. The service was clean, and staff practised good infection control to help protect people from the risk of infectious diseases. A relative told us, "The home is lovely and clean." Our observations confirmed this.

People's health risks were assessed and managed safely. Where people required equipment to move and position, staff followed care plans to ensure they were supported safely. Detailed guidance was in place for staff to follow, for example, where people required catheter care.

People were supported by enough staff who were trained to meet their needs. Staff were consistent and knew people well. A person told us, "The staff are very good, they are very kind to me." A relative said, "Staff are pretty good. They know what they are doing."

People were treated with dignity and respect. We observed kind interactions throughout the inspection. Staff spoke with people respectfully, addressing them by their preferred name. A person told us, "Staff are good at making sure I have privacy and if my family visit they give us space too."

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. We observed, staff frequently asking for consent before supporting people whilst respecting their autonomy. A person said, "I cannot find fault in anything. I am treated well, the way anyone would want to be treated."

People and where required, their relatives were involved in planning their care, this included life stories so staff could understand people. Care was reviewed regularly and updated when people's needs changed. Staff engaged with visiting health and social care professionals to achieve good outcomes for people. A visiting healthcare professional told us, "I am completely confident staff follow our instructions, we put a

care plan in for carers."

People, their relatives and staff told us they we able to make suggestions and raise concerns if needed. A person said, "I haven't had cause to complain but I would feel able to voice my opinions and I feel my concerns would be listened to and dealt with accordingly."

People and their relatives were invited to contribute towards the running of the service, their views were listened to. Staff and management kept relatives up to date with changes to their loved ones, relatives told us they could approach the registered manager at any time.

Quality assurance processes were effective in identifying areas for improvement, shortfalls were addressed at the time or shortly following audits. Management listened to staff feedback, for example, housekeeping staff requested a new format for the cleaning schedule, this was completed following an audit. The provider was in the process of updating audit forms and policies for staff to follow, this was being completed at the time of our inspection, the staggered approach of introducing the documents ensured no disruption to the running of the service.

Staff and the management team worked with health and social care professionals to improve people's care and well-being. Staff spoke of a good working relationship with external agencies and visiting professionals spoke highly of the service. Comments included, "[Registered manager] is absolutely lovely, a good leader, they listen to their staff and community. The residents are fully engaged in decisions, it is seen as their (people's) home, [registered manager] is excellent." And, "They contact us for support if people are acutely unwell. It's very much about partnership working."

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for the service under the previous provider was good, (published 14 September 2017).

Why we inspected
This is the first inspection for this newly registered service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Brighton and Hove Bethesda 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was undertaken by an inspector, a further inspector conducted telephone calls to people's relatives for their feedback.

Service and service type
Brighton & Hove Bethesda Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Brighton & Hove Bethesda Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service. We sought feedback from Healthwatch, Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 6 people who used the service and 5 relatives of people who use the service about their experience of the care provided. We approached 5 health and social care professionals for their feedback and spoke with 10 members of staff including the registered manager, the deputy manager, the office manager, care workers, kitchen staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 6 people's care records and multiple medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

Good

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

● Processes were in place to safeguard people from the risk of abuse. People told us they could freely speak with the registered manager or staff if they were worried about anything. A person told us, "Oh yes, I feel safe because everybody is so kind, I can ask for anything and I get it. I have everything I need. In fact, I am fortunate to be here."

● Staff received safeguarding training and were knowledgeable about what constituted abuse and the action they would take if they suspected people were at risk of harm. Staff knew who to report concerns to, both internally and externally if required. A staff member said, "I would go to [registered manager]. Outside of the company I could tell CQC or the council safeguarding team."

● The registered manager demonstrated their knowledge of safeguarding. Where required, safeguarding incidents had been identified and appropriate referrals had been made to the local authority.

Assessing risk, safety monitoring and management

● Risks were managed safely. People were involved in their risk assessments and were supported to take positive risks. For example, a person wished to manage their own medicines, this was risk assessed to ensure their wishes were respected and their medicines were stored and self-administered safely.

● Where people required equipment to support them, risks were assessed and managed safely. For example, care plans guided staff on how to support people with catheter care, plans were detailed to minimise the risk of complications, and when staff should contact professionals for advice.

●People had personal emergency evacuation plans (PEEPs), which highlighted the level assistance they required in an emergency on a red, amber, green system. Staff placed coloured circles on people's bedroom doors which corresponded with their assessed risk so emergency services could clearly identify the level of assistance needed.

● Regular checks of the premises were completed and overseen by the maintenance and management team. The checks included fire safety, legionnaires and electrical safety. Equipment was stored and serviced appropriately, risk assessments were in place for people who required equipment to safely move and position.

Staffing and recruitment

● There were enough staff to meet people's needs. The registered manager determined staffing levels using a dependency tool in conjunction with feedback from people and staff. We observed staff were available to respond quickly to people's requests and staff had opportunities to spend time with people. When people used their call bells to request support, they were answered promptly.

● People and staff told us they felt the service was well staffed, a person said, "I press the button and somebody turns up, they come quite quickly." A staff member told us, "I think we have enough, we are not

under strain. I do occasional nights and there are enough at night." There was a high staff retention rate at the service, on the occasion of staff absences, the registered manager would provide support to people to ensure continuity of care.

● Staff were recruited safely. References and Disclosure and Barring Service (DBS) checks were obtained prior to employment. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Prospective new staff were offered opportunities to spend time in the service prior to a formal engagement. The registered manager told us this was to ensure they were right for the service and for people to give feedback on the candidates.

Using medicines safely

● People were administered their medicines safely by trained and competent staff. We observed, and people told us they received their medicines at the right time. A person said, "I have eye drops 3 times a day, they are here like clockwork."

● Staff completed training and had their competencies assessed before being permitted to administer medicines to people. People had personalised medicine profiles which specified their preferred way of taking medicines, we observed staff administering medicines in accordance the profiles.

● Staff were guided by protocols to enable them to identify when people needed their 'when required' (PRN) medicines. Outcomes of the effectiveness of PRN medicines were not always recorded, however, people were able to tell staff if they required further doses. We fed this back to the registered manager who said they would speak with staff.

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections. The housekeeping team followed a schedule to ensure the service was kept clean.

● We were assured that the provider was supporting people living at the service to minimise the spread of infection.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was responding effectively to risks and signs of infection.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

● People were able to welcome their visitors into the service when they wished and went out with their friends and family.

Learning lessons when things go wrong

● The registered manager was keen for the service to learn and make improvements. Staff knew when and how to report accidents or incidents which resulted in appropriate action being taken.

● Lessons were learned and shared when things went wrong. For example, during an emergency evacuation practice, staff noticed people's mattresses for those cared for in bed did not fit through doorways. The management team sourced narrow mattresses to be used in the event of an evacuation. This was clearly identified in the fire risk assessments and people's PEEPs.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People's needs were assessed before they moved into the service. The preadmission assessments included people's health conditions, wishes, spiritual preferences and lifestyle choices. Pre-assessments were carried out with people and their families where appropriate. A person told us, "Before I came in [registered manager] came over and we went through a questionnaire, I decided if I had to go in anywhere I'd rather it was here."
- Many people residing at the service had previous experience of visiting their own friends and family who were currently or had previously lived there. A condition of residency is people were members of the Gospel Standard Churches, or they regularly attended their chapels. A person told us, "I know lots of people here from my faith, lots of us went to the same church."
- The service used evidence based assessment tools to identify people's care needs. For example, the Waterlow tool in relation to skin care, and the Malnutrition Universal Screening Tool (MUST) to determine people's nutritional needs. The assessment tools were regularly reviewed to establish if there were any changes to people's needs.

Staff support: induction, training, skills and experience

- Staff received a variety of training opportunities and had the knowledge, skills and experience to support people effectively. Staff completed training through a blend of classroom based and on-line courses.
- Further learning opportunities were available for staff who wished to develop their skills. The registered manager arranged for additional training which helped staff to broaden their understanding and communication techniques when supporting people living with dementia. A staff member told us, "Nothing can be improved in my eyes, there are ongoing improvements as we go along. If there is a change in needs we get training. We had some extensive training in dementia which really helped us staff develop different approaches."
- Staff received regular supervisions. Staff told us supervisions were supportive and relevant to their role. Staff said they were able to approach the registered manager any time and did not have to wait for a supervision for support or request additional training.
- New staff completed the Care Certificate, the Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. Staff spent time shadow training with experienced staff members to get to know people and the service before working on their own.

Supporting people to eat and drink enough to maintain a balanced diet

● People were supported to eat and drink according to their wishes and preferences. Menus were designed with people, taking account of their wishes and feedback. People spoke highly of the food, comments included, "I do like it here, I like the food today we had chicken pie and it was lovely." A relative said, "Food always looks and smells nice, we get offered some too."
● Staff supported people who required assistance to eat and drink in a dignified way. People were asked their meal choices daily and any dietary needs were considered. The catering staff understood people's dietary requirements. A person told us, "I have a funny stomach so have to be careful. They do alternatives if I ask."
● People had control over their mealtime experience and chose to eat meals in the dining room, or their bedrooms. Menus were provided on the tables in the dining room and to people's bedrooms allowing time to make decisions.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People had access to healthcare agencies, including routine professional involvement, such as, opticians and dentists. The management team had arranged for clinics to be held in the service so all people could access services. Where external appointments were required, staff supported people to make and attend appointments as needed. A person told us, "I am going to the hospital, staff made my appointment for me, they are on the ball."
● Staff worked closely with the local GP surgery; the surgery's practice nurse undertook weekly ward rounds. The registered manager gave examples of how partnership working resulted in quick health intervention for people when their needs changed. For example, a person experienced a decline in health, with physiotherapy and staff support, the person's health had greatly improved. A visiting health care professional told us, "They (staff) always contact me in a good time, they ask me when I am there if I am happy to see an extra person. They are vigilant and caring; we don't get this in every home."
● Staff responded to people's changing needs. A person told us, "Any problems they do call the doctors and nurses. I did have some poor health; they were very responsive in getting me some professional help." A staff member commented, "We work really well with other teams, we are lucky to have a good relationship with the DNs (district nurses) and the local surgery. We just have to pick up the phone and they'll pop in or give advice; they know our residents well too which really helps."
● People were supported to attend appointments, such as, chiropody and audiology. People were involved in the decisions and care plans clearly detailed ongoing support people required.

Adapting service, design, decoration to meet people's needs
● The service was adapted, designed and decorated to meet people's needs. The registered manager had enlisted the support of the local InReach team (a team from the local authority who specialise in supporting people to live well with dementia). Their professional advice had been listened to; people and staff decorated the hallways to help the service feel more homely and inviting. The hallways had been sectioned off and designed in differing themes with points of interests for reminiscing, including a woodland theme and a sea theme. This helped people's orientation and independence to move around the service.
● As part of the project, staff and management redesigned the lounge and dining room to create a more inclusive, family feel. Chairs and tables had been arranged so people were able to face each other and spend time together. People were involved in choosing the colour schemes and flooring.
● The garden had been designed with consideration to people's ease of access, a patio had been built to enable people in wheelchairs to use the garden.
● People were encouraged to personalise their bedrooms; some had brought furniture from their previous homes. People displayed their personal photographs, paintings, and ornaments on the wall. A person told us, "I like my room, I brought my furniture from home, the artwork on the wall is from my daughter."

Appropriate equipment was available for people when needed, for example, specialist beds, hoists, and commodes.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● MCA assessments had been carried out in relation to people's care needs. Where people lacked mental capacity to make their own decisions, best interest decisions were made with people, their relatives and professionals. The management team checked lasting power of attorney (LPA) documents to ensure relatives had the legal right to make decisions for people.
● DoLS applications were made appropriately, the service had assessed people's mental capacity and made applications in people's best interests. Where restrictions were required in people's best interests, people were restricted in the least possible way.
● Staff had received MCA training and demonstrated their knowledge by involving people in decision making. People told us they were always asked for consent by staff, a person commented, "I feel like they treat me well, they always ask if I am happy for them to give me a wash, or to have my legs creamed, that sort of thing. They don't do anything without my permission."

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 were supported by kind and caring staff who respected their human rights. Due to high staff retention, staff knew people they supported well. Some staff members shared the same values as the people they supported. A staff member told us, "Being a Christian and coming here for work is perfect, I'm doing a job not just for the money, the important thing is building relationships with the residents when they first come in knowing their likes and dislikes. If they (people) get to a stage where communication becomes an issue we know what they would want."
- People, their relatives and visiting health and social care professionals spoke highly of the staff. Comments included, "Things are very good here. They (staff) are friendly, they're helpful, they have become like family. My family live away and I rely on staff for friendship." A visiting healthcare professional said, "I think it's a lovely home, if my mother needed a home I would love her to be there, they are just so caring for the residents."
- People were involved in their care and support and were encouraged to make changes when they wished. A person told us, "We give our opinions, they check if we are happy with our care, I have made some changes over the years and the carers were agreeable and do everything the way I want it done."

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

- People were supported to express their views. Where people were cared for in bed, staff ensured they had information to make decisions, for example, people had an in room menu and the chef would visit to take their food order.
- We observed positive interactions between people and staff throughout the inspection. The atmosphere was calm yet busy. Where people requested assistance they were supported by staff in a caring manner who gave choices, for example, where they wished to spend time and what they wanted to eat and drink.
- Where people were unable to communicate their views about their care and support, their relatives contributed towards care planning. Staff told us they also would watch carefully to make sure people appeared comfortable and responded well to the support offered.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff consistently spoke to and about people in a respectful way, this was further commented on by a visiting healthcare professional. They told us, "It helps they are such a stable staff group. They are not complacent; they have beautiful language the way they speak about the residents." We observed staff knocking on people's bedroom doors and obtaining permission before entering. Staff stopped to chat with people in passing and spoke about personal topics of interest to the person.

● Staff knew people's abilities but said they would always check with the person what level of assistance they would like. People living at the service had varying needs, staff respected what people could do for themselves. A person said, "The staff don't overdo anything for me, they check to see what I can do for myself and help me when I request help. They are good to give privacy. They ask my consent but I have my little routines which they know about."

● People were enabled to maintain their autonomy. People were supported to do as much for themselves as they could. For example, some people were able to apply cream to areas of their body and would ask staff to assist them for harder to reach areas. Staff respected this.

● People's confidentiality was maintained in line with data protection. Care plans records were secured and were only accessible to staff, people, and where applicable, their relatives.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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 care plans detailed person-centred information to guide staff on how they wished to be supported. Details contained in a 'who I am' document included who and what was important to people and gave a comprehensive overview for staff to ensure their needs were met. A staff member said, "Everything we do is for the residents, anything they ask, their wish is our command. Each person has their own way of having things done to help them, could be as small as how they like their bed made, we make sure it's perfect for them."

● People's care was regularly reviewed with them. People contributed and were able to give their views to remain in control of their day to day support. Where appropriate, relatives were invited to participate in care planning. Staff became people's 'key workers' to understand people in depth and support all aspects of health, emotional and social care needs. A person told us, "Everybody is so kind, I have [staff name] my keyworker, she doesn't forget anything."

● Personalised care was planned around people's needs. For example, a person living with dementia had a diary where staff wrote important events for them, such as, health appointments, hairdressing, and family visits. This enabled the person to remain independent in some aspects of their life. Sunshine books were also completed for some people, the books included photographs of various activities they had participated in. This aided discussions and reminiscence with their family members and staff.

● Staff had a clear understanding of what person-centred care meant. We observed staff speaking and interacting with people differently to suit their preferred manner. Some people preferred to be addressed by their title and surname, others preferred their Christian or nickname to be used, staff respected this verbally and within care records.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

● People's communication needs were assessed and detailed in their care plans. Staff understood each person's preferred method of communication and communication needs. Care plans directed staff to ensure communication aids were available to people, such as, glasses and hearing aids.

● Where people lived with reduced sight, staff supported them to read documents aloud when required. Some people had magnifying glasses to help them read small print, people had access to the hearing loop

to help with hearing loss.
● The registered manager described how the service met the Accessible Information Standards. All documents were available in larger print formats and were printed on yellow paper to aid the reader. Pictorial menus were displayed to support people to make choices.

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
● People experienced meaningful activities, which were important to them and supported their well-being. People were members of the Gospel Standard Churches and prior to living at the service they regularly attend their local chapels. People continued to practise their faith and were able to attend regular readings, services, and visits from Ministers. Where people were cared for in bed, an audible relay system played the services into hallways and people's bedrooms so they could participate. Some services were live streamed directly from the chapels, people were able to listen to them. People also received personal visits from Ministers of the church.
● Many people living at the service had known each other from churches and were able to maintain friendships within the service. A home support group from the Gospel Standard Churches regularly visited people, the members of the group had known people from when they attended their local churches, some of which were out of county. The home support group set up coffee mornings, knitting groups and craft sessions.
● Further activities were planned, staff spent time with people individually, depending on people's preferences. Events such as, the King's coronation, barbecues and visiting farm animals had taken place. There was a library in the garden, people could attend the library when they wished, for those who were unable to physically go to the library, a member of staff would retrieve their chosen books.
● People were encouraged to maintain relationships with their loved ones and received visits in the service. An adapted car was available to family members to use should they wish to take their loved ones out. Relatives described how they were made welcome when they visited.

Improving care quality in response to complaints or concerns
● People and their relatives felt comfortable to raise complaints and told us they had confidence any concerns would be promptly dealt with. A person told us, "I did once make a complain once, I was satisfied with the outcome." A relative said, "I would just speak to [registered manager], I'm sure there is a process but I haven't needed it."
● The registered manager carried out reviews of complaints and concerns. They responded to complaints and concerns appropriately and learned from investigations. Learning was shared with the staff team to prevent reoccurrences.
●The provider's complaints policy set out what the complainant should expect should they wish to make a complaint and the timescale of responses.

End of life care and support
● People were supported in a kind and dignified way when at the end of their lives. People, and where appropriate, their relatives contributed towards end of life care planning. Care plans included what was important to the person whilst receiving palliative care, such as, any faith based verses or hymns they may wish to hear. People's wishes for their funeral arrangements were also documented.
● We observed staff supporting people in a respectful way. Staff support was extended to people's family members who were offered an overnight room and meals when staying with their loved ones. Staff ensured people were not left alone at the end of their lives and contacted district nurses to support people with medicines to ensure people remained comfortable and as pain free as possible.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The registered manager promoted a positive and inclusive culture. People, their relatives and staff were involved in changes and improvements to the service. A staff member said told us, "I can go all the time go to management, everybody has input and within reason, [registered manager] takes on board all suggestion." People told us they could approach the registered manager for anything, which made people feel in control of their care.
- People were involved in the running of the service through resident meetings, feedback surveys and management spending time with them informally to gain their views. Feedback was acted upon, for example, people had requested different items on the menu and a change to mealtimes. People's suggestions were listened to, we observed mealtimes at a time to suit people and their requests were reiterated during staff meetings.
- Feedback questionnaires were distributed to people, their relatives, staff and visiting professionals. There had not been any negative points for the management to address, however, the management team told us they addressed feedback on an ad-hoc basis, any comments made would be actioned at the time.

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

- The registered manager was clear about their role and responsibilities. The registered manager and most staff had worked at the service for a substantial period of time, they told us they were aware not to be complacent and continued to ensure they kept up to date with best practice, regulation, and legislation. The registered manager was supported by a wider management team in the service and managers from the provider's head office. The nominated individual regularly visited the service and external consultants were engaged to promote ongoing compliance with regulation.
- Staff attended regular meetings, those who were unable to attend were given opportunities to contribute to the agenda and were provided minutes of the meetings. Staff told us meetings were informative and helpful. Various topics in respect of the service were discussed and staff were able to voice their opinions. Senior management attended meetings to update staff on changes to the wider industry and what that meant to the service.
- The registered manager was positively regarded by people, their relatives and staff. Comments included, [Registered manager] is really great, but all the staff are. [Registered manager] is always available, walking around and is good at keeping us updated." And, "I can talk to [registered manager] about anything. They

are so open and easy to talk to."
● The registered manager was passionate about their role and promoting the ethos of the service, they said, "I think I have a lovely home, staff that care and the residents are at the centre of it, they come first always. I think we should treat them like we would our own relatives."
● The registered manager demonstrated a full awareness of the duty of candour. They told us, "The duty of candour is to be open and transparent." The nominated individual added, "We understand to not sit on information and hide it." At the time of our inspection, there had been no incidents for the registered manager to consider under the duty of candour. The registered manger understood their duty to notify CQC of important events in the service, which had been done appropriately.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The registered manager involved people, staff and the public in the running of the service. Where people were unable to attend meetings, the registered manager would visit them so they could add to the agenda and receive minutes afterwards. A person told us, "We have meetings in the lounge and sometimes the dining room. We have an agenda and can add what we want to it. I think the home is very well run with the manager and undermanager."
● People living at the service each had a link with a member of the home support group, group members were from the specific churches where people had attended prior to moving into the service. People were enabled to speak with their linked group member if they wished to make additional suggestions or if they did not wish to speak with staff or management. This ensured people always had a voice and somebody to speak with.
● People's relatives were kept informed of changes and events in the service through the monthly newsletter which was distributed. Relatives were able to access the 'relatives gateway', this was part of the electronic care planning system which allowed relatives to keep up to date with their loved one's needs. The registered manager ensured access was only granted with people's consent.

Continuous learning and improving care; Working in partnership with others
● The registered manager and staff continually learned to improve people's experiences of care. The registered manager attended meetings with other managers of the provider's services. The registered manager told us they shared mutual advice and support. Where lessons had been learned in other services, the registered manager applied the lessons to the service to ensure good care. Staff meeting minutes contained learning from the other service.
● Quality assurance processes were in place and were being carried out frequently. The provider had recognised the need for improved quality auditing forms and policies and procedures. New policies were being rolled out to staff to read and sign to acknowledge their understanding. This was carried out with a staggered approach to not overwhelm the staff, policies were prioritised, such as, the safeguarding policy.
● The registered manager was keen to continually develop and improve care for people. A visiting health care professional had approached the service to pilot enhanced dementia strategies. This had been embraced by staff and management, after the pilot the registered manager continued to engage with the team for continuing staff learning and to ensure best practices remained.
● We received positive feedback from all visiting health and social care professionals we spoke with. Comments included, "I think it's a wonderful home. The staff are lovely, they have been there a long which speaks for itself. They always welcome me; the care is second to none." And, "They contact us appropriately and in a timely manner with any concerns. The residents always appear well cared for supported. Residents appear content with care received and staff appear happy in their work."
● The registered manager and senior management team kept their knowledge up to date by receiving information from agencies such as, the local authority, CQC and skills for care. The nominated individual

attended CQC provider forums and other support networks, their learning was shared and cascaded to the registered manager and staff.