M & J Care Homes Limited

Lyme Bay View Residential Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Lyme Bay View Residential Home is a care home providing personal care to a maximum of 30 older people. They provide care and support for frail older people and those people living with dementia. It does not provide nursing care. The home is a detached house near the town of Seaton in the coastal area of East Devon. There were 25 people living at the service during this inspection.

Lyme Bay View Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

We carried out this comprehensive inspection on 6 and 11 July 2018.

We carried out a comprehensive inspection of this service in June 2017 and rated the service as requires improvement. This was because people were not always protected against hazards such as falls, malnutrition, slips and trips and fire. There were not always safe systems in place to assess risks both to individuals and to the environment. Fire doors had been held open and would not have closed in the event of a fire.

We found improvements had been made at this inspection. For example, flooring which could cause a trip hazard had been replaced. Fire safety had improved. At this inspection all fire doors were closed. People's nutritional status was monitored and where concerns were identified action had been taken to address these. However, at this inspection we found improvements were required in relation to staff recruitment, staffing levels and deployment and the provider's quality assurance arrangements.

The service has been rated as requires improvement for a third consecutive time. The Care Quality Commission will be monitoring improvements within the service.

There was a registered manager in post, who had been on planned leave prior to the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Recruitment procedures did not ensure all appropriate checks were obtained before staff started working with vulnerable people. Staff were not always effectively deployed or available in communal areas to ensure people's needs were met in a timely way. We have recommended the provider keep staffing levels and the deployment of staff at the service under review. The provider's quality monitoring arrangements had not identified these shortfalls. Following the inspection, the provider confirmed they had successfully recruited a kitchen assistant, meaning care staff could spend more time with people using the service.

People using the service and their relatives said they felt safe at the service. Comments included, "I am definitely. For one thing, they make sure the doors are locked for safety" and "I feel safe, I have no worries." A relative said, "From what I've seen it is incredibly safe. I've not seen anything I would think that's not safe, they do it properly."

People were protected from the risk of abuse. Staff had received safeguarding training, although some were due refresher training. They were aware of how to recognise and report safeguarding concerns. They were confident they could raise any concerns with the registered manager or provider.

Risks to people's health and wellbeing were identified and plans were in place to mitigate risks without infringing on people's liberty. The registered manager monitored incidents and accidents to make sure the care provided was safe. Where necessary action was taken to reduce risks. People's medicines were safely managed and they received their medicines as prescribed. Emergency plans were in place to guide staff and emergency responders should an emergency happened. For example, a fire. Equipment and the premises were checked and serviced regularly to ensure safety.

People benefitted from a variety of meals to suit their tastes and promote their health and wellbeing. Menus considered people's likes, dislikes and dietary needs. Staff supported people to access health care services such as their GP and community nurse, as well as specialist professionals such as speech and language therapists or dementia specialist.

Staff supported people to make their own decisions and to have as much control over their daily lives as possible. Where people did not have capacity to consent to their care and treatment this was assessed. Where people had their liberty restricted an application for a Deprivation of Liberty Safeguards (DoLS) had been made to the local authority. Staff demonstrated an understanding of the rights of people irrespective of their age or disability.

Staff were supported to carry out their role through a programme of induction, supervision, and training. Refresher training was due and planned for. We have made a recommendation in relation to the on-going delivery of staff refresher training to ensure all staff have the skills and knowledge to deliver effective care and support.

People said staff were kind and caring. Staff treated people with respect and in a friendly manner and ensure their dignity and privacy was maintained. People were encouraged to be as independent as possible.

People received personalised care that was responsive to their needs. Care plans reflected people's needs and preferences. An activities person was employed for 18 hours per week. Activities provided were based on the needs and preferences of people. The provider had recognised activities could be improved and they were advertising for another part time activity person.

The provider had a complaints procedure and people and their relatives felt confident that any concerns would be dealt with. No complaints were raised during this inspection. The complaint records showed one complaint had been received by the service since the last inspection. This had been fully investigated and a full response was made to the complainant.

The service was well led by the registered manager; their assistant and the provider. Although we identified areas where action needed to be taken, these were being addressed.

People, relatives and staff were able to contribute to decision making in the home and described the management of the service as approachable and responsive. There were a number of audits and quality assurance checks regarding the safety and quality of the services, including seeking the views of people who lived at the home. Feedback from people using the service showed they would welcome more regular 'residents' meetings'.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service were not safe.

Recruitment procedures did not ensure all appropriate checks were obtained before staff started working with vulnerable people.

Staff were not always effectively deployed or available in communal areas to ensure people's needs were met in a timely way.

People were safeguarded from abuse and risks to their health and wellbeing had been identified and mitigated.

Medicines were managed safely.

The service was clean and systems were in place to protect people from avoidable infections.

Is the service effective?

Good

The service was effective.

Staff worked within the principles of the Mental Capacity Act which promoted people's rights.

People's needs and preferences were discussed and assessed prior to admission to ensure the service was suitable for them.

Staff were supported to carry out their role through a programme of induction, supervision, and training. We have recommended the on-going delivery of staff refresher training to ensure all staff have the skills and knowledge to deliver effective care and support.

People were supported with their nutrition and enjoyed a varied diet.

People's health was monitored and staff ensured people had access to external healthcare professionals when they needed it.

The planned refurbishments to the environment will benefit

people living at the service.

Is the service caring?

Good

The service was caring.

People were supported by caring and respectful staff.

People were encouraged to be as independent as possible.

People's families and friends were able to visit at any time and were made welcome.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and their care and support needs were reviewed on a continuous basis.

People had access to activities and people were protected from social isolation.

People were encouraged to voice their concerns or complaints. Complaints were acted upon.

Is the service well-led?

Requires Improvement

Some aspects of the service were not always well led.

The registered provider had systems in place to monitor the service but had failed to identify shortfalls found during this inspection.

People and their relatives were positive about the management of the service. The registered manager provided good leadership and the staff team worked well together and understand their roles and responsibilities.

There were systems in place to gain feedback from people to improve the service. However, people would welcome regular 'residents' meetings' to provide informal and regular feedback.

Lyme Bay View Residential Home

Detailed findings

Background to this inspection

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

This inspection took place on 6 and 11 July 2018; the first day was unannounced. The inspection was carried out by one inspector and an expert by experience on the first day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the Provider Information Return (PIR). We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

Some people living using the service were living with dementia or illnesses that limited their ability to communicate and tell us about their experience of living there. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not speak with us and share their experience fully.

During the inspection we spoke with seven people using the service, three relatives, the registered manager, registered provider, the assistant to the manager and six care staff and ancillary staff. We reviewed four care files; three staff recruitment files and training and supervision records; audits and policies held at the service. We looked around the premises.

Following the inspection, we contacted local community health and social care professionals for their feedback. We received feedback from three.

Requires Improvement

Is the service safe?

Our findings

At the last inspection this key question was rated requires improvement. This was because people were not always protected against hazards such as malnutrition, slips and trips and fire. There were not always safe systems in place to assess risks both to individuals and to ensure the environment was safe. For example, flooring on the ground floor outside of the kitchen was in a very poor state of repair and posed a potential trip risk. This had been addressed by the provider and new flooring had been laid in this area.

Some fire safety risks were not being managed. For example, some fire doors were held open which meant they would not close effectively in the event of a fire. We also identified one fire door had a key lock to access, however the barrel of the lock was worn making it difficult to open. The service had been visited by the fire service following the last inspection who had agreed this fire exit was superfluous. The provider was planning to replace the fire escape stairs from the first floor by September 2018. People's nutritional status was monitored and where concerns were identified action had been taken to address these.

Although the provider had addressed the issues found at the last inspection, we found improvements were required to ensure the service was safe.

The provider did not consistently carry out the necessary recruitment checks before staff commenced employment. One staff's recruitment process had been completed by the registered manager and all the necessary information had been obtained prior to staff starting work. However, two other staff recruitment records, completed by another member of staff, did not have full employment histories, or satisfactory references from previous employers. One had an incomplete application form, which had very little information about their training or experience. Two staff members had started work at the service before their criminal record checks were completed with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable staff from working with people. The provider had not completed a risk assessment or put measures in place to assess the safety and minimise the risk to people of staff commencing employment without these checks.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014.

Staff were not always readily available to monitor and assist people in the communal areas. People using the service thought staff were busy and had little time to chat or support socialising. Comments included, "The staff are fabulous but are rushing everywhere…"; "Staff have no time to stop…" and "staff have too much to do…" However, people said staff responded quickly when they required help. Staff said people's dependency levels had increased however staffing had not. Comments included, "It is very busy. We don't have time for one to one with people. If we had four on the floor it would be easier…" and "People's needs have changed, they need more help and support. We can't rush people. We are told to monitor the lounge every hour but it is difficult…"

The registered provider explained they used a staffing tool to help determine staffing levels. There were four

care staff on duty from 7am until 7pm including a senior on duty for each shift. However, one care staff was allocated to assist with kitchen duties, for example preparing breakfast, washing up after lunch and supper and preparing and serving supper. This meant three staff were working on the floor. Staff were also responsible for doing the laundry. The staffing tool used by the provider did not take these additional duties into account.

Although some people were independent, 10 people using the service required the support of two staff for safe moving and handling and some aspects of personal care. This meant staff were busy assisting people and as a result, there was a lack of staff presence in communal areas. On one occasion a person needed to use the toilet but could not remember where it was, so they were wandering in the corridor. We alerted staff that the person required assistance. On another occasion a person who required assistance to mobilise got up from chair unsteadily and was at risk of falling. Again, we alerted staff that their help was required. The provider had recognised that people's needs had changed. On the second day of the inspection they confirmed they would be advertising for a kitchen assistant to work from 8am until 3pm. This would enable care staff to spend more time with people and provide more of a presence in the communal areas. Following the inspection, the provider confirmed that a kitchen assistant had been employed for seven hours a day six days a week. On the day the kitchen assistant was not working, existing staff or agency staff covered to ensure there were four staff always working on the floor. We recommend the provider keep staffing levels and the deployment of staff at the service under review.

The registered manager explained they had been actively recruiting to fill vacant staff positions but in the meantime the service used regular agency staff to cover any shortfalls. Agency staff were given detailed printed information about people's needs and preferences, which helped to promote continuity of care. The registered manager and the manager's assistant also worked on the floor when necessary to cover any shortfalls or at busy times of the day.

People said they felt safe at the service. Comments included, "They look after me well…I feel safe with them (staff)…"; "I feel safe, you don't have to think about anything…" and "Very safe, there is always a secure environment' 'They are all very accommodating…" A relative commented, "From what I've seen incredibly safe. They use the hoist, there are two there generally' I've not seen anything I would think that's not safe, they do it properly." Professionals also confirmed they found the service to be safe. One said, "I have no concerns about practice. Everyone is smiling and content when I visit…"

People were protected from the risk of abuse and avoidable harm. Staff had received training in relation to safeguarding adults and understood their responsibility to report any concerns to the registered manager or provider. They were confident these would be listen to and acted on. Staff were aware they could report any concerns to the Care Quality Commission (CQC) but not all staff were aware of the safeguarding role of the local authority. Refresher training in relation to safeguarding was due and was being overseen by the registered manager. The registered manager and provider were aware of their responsibility to report safeguarding concern to the local authority team and the CQC. Professionals confirmed they had not witnessed any practice of concern. No safeguarding concerns had been reported since the last inspection.

Risks to people's health and wellbeing had been identified. For example, risks associated with poor skin integrity, poor nutrition, falls, moving and handling and diabetes. Measures had been put in place to reduce potential harm to people. This meant staff had the guidance they needed to help people to remain safe. Where necessary equipment was in place to reduce risk to people. For example, pressure relieving mattresses were set appropriately and sensor alarms where used to alert staff where people may be at risk of falls.

People's medicines were safely managed. Staff responsible for the ordering, receipt, disposal and administration of medicines had received training to do so. Policies were in place to guide staff in relation to medicine management. Medicines were stored safely, securely, and at appropriate temperatures. There were suitable arrangements for the storage and recording medicines which required additional safe storage. Records showed people received their medicines as prescribed. The supplying pharmacist had completed a comprehensive audit of medicines in March 2018 and found good standards had been achieved.

Accidents and incidents were reported and reviewed by the registered manager and provider to identify ways to reduce risks as much as possible. Records showed action was taken to explore why accidents happened. Referrals were made where necessary to the GP in order to review medicines. In some cases, where infection was thought to be a contributor, specimens were obtained and sent for analysis.

The premises were safely managed. Checks and maintenance were undertaken on the gas, electrical and fire systems as well as equipment such as hoists to ensure they remained safe. Hot water temperatures were controlled and monitored to reduce the risk of scalding. Windows checked on the first floor had been restricted to reduce the risk of falls. Personal Emergency Evacuation Plans (PEEP) were in place for each person. This provided staff and emergency services staff with information about each person's mobility needs and what to do for each person in case of an emergency evacuation of the service. This showed the service had plans and procedures in place to safely deal with emergencies.

The service was clean and odour free. Staff had received infection control training and we saw overall that good infection control practice was in use, for example the use of protective equipment, such as gloves and aprons. The laundry was secure and equipped with washing machines and driers. The Food Standards Agency had awarded the service a rating of 'three' in 2017. The registered manager explained another inspection was due and improvements had been made to ensure the kitchen was clean and essential paper work was up to date.

Several people required the use of a hoist for safe moving and handling, however people did not have their own sling to minimise possible infection cross contamination. By the second day of the inspection the provider was in the process of ordering new slings to ensure people had their own sling.

Good

Is the service effective?

Our findings

This key question was rated good at the last inspection. We found the rating had been maintained at this inspection.

People expressed their confident in the staff team's knowledge and experience and thought they were well trained. One person said, "I think so. I've never been left in the lurch…" A relative explained, "Incredibly so. I'm really impressed with the way they seem to handle it. I'm pleasantly surprised'. A professional commented, "Staff are very helpful and informative…"

Staff were trained and supervised to provide care and support to people who used the service. The registered manager used a training matrix to monitor staff training and ensure any refresher training was planned. The provider's training policy required some core training to be refreshed every 12 months. Since returning from planned leave the registered manager had recognised some staff were overdue training in relation to infection control; moving and handling and health and safety. Some staff also required medicines management up-dates and fire safety training. Some of the refresher sessions were already booked. For example, fire safety and moving and handling were booked for August 2018 and infection control was due in July 2018. The minutes of the staff meeting in June 2018 showed staff were reminded to complete refresher training as soon as possible. We recommend the on-going delivery of staff refresher training to ensure all staff have the skills and knowledge to deliver effective care and support.

Staff had received training in relation to people's health conditions. For example, dementia care; visual impairment awareness; diabetes awareness; falls prevention and end of life care.

Staff received one to one supervision every three months and bi-annual appraisals. The registered manager used a format of supervision which enable staff to explore any work issues. For example, any barriers or areas for development, as well as any areas for improvements at the service. Staff said they felt supported by the registered manager and able to discuss any concerns during their one to one time.

New staff completed an induction when they started work at the service. This included working through an induction checklist which included the use of equipment, care of people and systems and safety at the service. The induction also required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working alone. The 'Care Certificate' induction programme was used for new staff who had no formal care qualifications. The Care Certificate was introduced in April 2015 as national training in best practice for care staff.

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

People confirmed their wishes and choices were respected. People said they had choices about their care and daily routines. People said staff sought their agreement before providing care. This included support regarding what time they got up in the morning; where they spent their time, and what activities they participated with. Throughout the inspection we observed staff consulting with people, offering choices and responding to people's decisions.

Some staff had received training and showed an understanding of the MCA. Addition training was planned for staff where refresher training was due. Staff were aware of their responsibilities in relation to obtaining consent from people when delivering care and support. Staff understood that people's capacity to make decisions could vary depending on the decision to be made. One gave the example of a person being able to decide what they ate and how they spent their day but said they would need support with more complex decisions about health care treatments.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Appropriate applications for DoLS had been made to the local authority for the majority of people living at the service. This was because people required continuous staff support and supervision to ensure their safety.

The registered manager assessed and discussed people's care and support needs with them (or their family if appropriate) prior to their admission to the service. Where possible additional information was sought from other professionals, such as social workers or health professionals. One professional said, "The manager will do assessments and joint visits with us…they have been brilliant responding to requests for respite especially where there has been an urgent need…"

Anyone thinking of moving to the service on a permanent basis was encouraged to visit so they could see if the service would be suitable for them. If this was not possible, family members or friends visited the service on their behalf. A full assessment of their needs was completed which was used to develop a plan of care, which included information about a person's background, history and preferences.

Staff demonstrated a good knowledge of people's needs and were able to tell us how they cared for each individual to ensure they received effective care and support. People's health needs had been assessed and were being monitored. People had access to a variety of healthcare services and professionals according to their specific needs. For example, people attended hospital appointments when needed and they had seen the dentist; chiropodist; specialist nurses and speech and language therapists (SALT). SALT provide treatment and support for people who have difficulties with communication, or with eating, drinking and swallowing. Where recommendations had been made, these were incorporated into care records and staff followed instructions. For example, we saw the correct textured meals were served.

The service had developed good working relationships with local GP surgeries and community nurse team as well as specialist professionals, such as the local dementia care matron. One professional commented, "They work well with us…everything is done in a timely manner…" Relatives were satisfied their family member's health needs were addressed. One explained the community psychiatric nurse (CPN) had been involved by the service and a dental appointment had been made. Another said, "They appreciate the fact that Mother might wake up not feeling as well as she might wish, they accommodate that".

People's nutrition and hydration needs were assessed and supported and they were encouraged to maintain a healthy and balanced diet. People's dietary preferences, allergies and needs were known to staff

and the cook. People said they enjoyed the food at the service. Comments included, "The food it good, I like it…You get a choice''; "The food is lovely, plenty of it, a lot of selection" and "No complaints, we have cereal, or cooked breakfast if you want it."

The cook explained they prepared fresh meals daily and there was also an alternative to the main meal. They prepared several diabetic meals and a vegetarian meal each day. Menus were compiled from people's likes and dislikes. The cook was aware of any person who was a risk of weight loss and meals were fortified with additional calorific foods, such as butter and cream.

Mealtimes were sociable and unrushed. One person said, "We usually sit with the people we know, you can talk to which is nice". On one table particular friendships had been formed and people were chatting and laughing with each other. Staff were helpful and attentive to people's needs at mealtimes and provided discreet help and encouragement where needed.

There were ongoing refurbishment plans to improve the environment. For example, a bathroom was being refurbished and the bath replaced as the panelling was cracked. A new shower seat was ordered during the inspection as the existing seat was torn, making it difficult to clean and posing a possible infection risk. Some areas, particularly the corridors were in need of refreshing. Paint work and skirting boards would benefit from redecoration. The provider was looking for an external contractor to complete this work. Some people's occasional tables in their rooms were old and parts of the wood were cracked. The registered manager and her assistant had recognised this and already had a list of those which required replacing. The provider said these were being ordered without delay. The provider information return (PIR) stated, "Refreshing throughout the home is undertaken in bedrooms where they become vacant and may need uplifting. This will improve the room for any new residents of who may come…" The provider had an on-going maintenance plan

The service had some pictorial signage to support people who were living with dementia to find their way around the building. We saw people accessing the bathrooms independently having recognised the signs. Some toilet seats had been replaced using a difficult colour to help people recognise the facilities. People's bedrooms were identified by room number and a photograph of the specific resident or an object which was meaningful to them. For example, one person had been a fisherman and a picture of a boat had been used to help them identify their room; another person had a photo of their dog to assist them. Several people said how much they enjoyed the enclosed garden space, which was sheltered and sunny. People spent time in the garden reading and with friends and family.

Good

Is the service caring?

Our findings

This key question was rated good at the last inspection. We found the rating had been maintained at this inspection.

People, their families and healthcare professionals said staff were kind and caring. Comments included, "They're all pretty affable"; "I like the girls. They are always kind and helpful to me" and "They're all the same, they don't treat me different to anyone else. They are all friendly". A relative said, "They (staff) all seem incredibly kind, exceptionally so…" Professional comments included, "Staff are caring and encourage people to do what they can…" and "Yes. The staff are caring and kind and friendly... People are smiling and content…"

People looked comfortable spending time in the communal areas; the garden or in their room. Staff interacted positively with people, chatting and sharing some time with people as they went about duties.

Staff showed they were interested in people and knew people well, for example about their preferences and personal histories. They took time to speak with people and reassure them where necessary. For example, one person was distressed about a visit from a family member. They had forgotten when they were coming to see them. Staff repeatedly took time to explain to the person to reassure them. A person told us they had a bad dream one night. They said, "I was so upset I called the bell. She said (staff) 'don't worry my love, I'll get you a cup of tea and sit with you'." This had comforted the person during the night.

People's privacy and dignity was maintained by staff who had received training in dignity and care. People confirmed staff knocked on their bedroom door before entering and always sought their consent prior to offering care and support. Comments included, "They always knock the door before they come in. You could say no, if anybody is here. They say, 'Sorry I'll call back later''. Personal care was attended to in private and staff were discreet when offering to assist people.

People's personal care was well attended to. People were suitably dressed and some women had make up and jewellery on. People said they could ask to have a bath or shower anytime. One person said, "I've no problems with the staff. If I'm going to have a bath someone will come to support me. I can bath anytime there are no problems." A relative commented, "(person) is well kempt, well-groomed and the hairdresser visits regularly."

People and their families (where appropriate) were involved in decisions about their care and support. People confirmed they were able chose how and where they spent their day; they chose what activities they engaged with; the food they ate and their daily routines. Some people were aware of their care plan (records which provide information about people needs and preferred care) but some people couldn't remember. However, they said staff always consulted with them before care or support was offered. One person said, "I talk to staff just about everything, they gave me details about the dentist and about the chiropodist and beauty treatments. They are very approachable." Families said they knew about their relative's care plan. All said they could and would speak with the registered manager if they had any concerns or suggestions.

Staff encouraged people to be as independent as possible. Some people said they were able to manage their own personal care and staff supported where necessary. One person said, "I get myself dressed, I do a lot myself…" Another said, "On the whole we can more or less do what we like within reason…" Another commented, "Having dementia I rely on them. I like to be independent where I can."

During the inspection we saw staff reminded people to use their walking aids, such as frames, to promote their independence and safety. People moved freely around the building accessing all communal areas and the enclosed garden space. One person took responsibility for watering all the plants and they did this on both days of the inspection. They told us how much they enjoyed this job and staff said it made the person feel valuable and kept them happily occupied.

People's diversity was celebrated. People's bedrooms were decorated with items that were important to the person and gave the room a familiar feel. A relative explained their family member had brought their own furniture and photo's so the bedroom was not unlike the person's bedroom at home.

Visitors could visit at any time and said they were always greeted by friendly staff who were able to speak with them about their family member knowledgeably. Visitors were offered refreshments and made to feel 'at home'. One said, "

Information related to people who used the service was stored securely. The electronic care planning system was password protected. This meant people's confidential information was protected appropriately in accordance with data protection guidelines.

Good

Is the service responsive?

Our findings

This key question was rated good at the last inspection. We found the rating had been maintained at this inspection.

The service continued to provide responsive care and support to people. People were happy with the care and support they received. Comments included, "I don't have any problems…everything is how it should be…"; "They (staff) know what they're doing" and "I like it here. It's a good place. Staff are very good to me…" A relative explained, "The atmosphere seems really kind and relaxed. (Person) seems a lot happier now than she has for years. The girls seem to be of a lovely disposition."

People's care plans accurately reflected people's needs. The provider used an electronic care planning system. Care records contained a variety of information and a range of assessments and care plans about people's individual health care needs and their preferences, to help care staff support their individual wishes.

Care plans described people's care and support including personal care; health needs; dietary needs; mobility; safety and environmental issues, and emotional and behavioural issues. Care plans described the actions required by staff in order to provide safe and effective care. Any changes to people's care were updated in their care records to ensure that staff had up to date information. Any important information was shared with the staff on duty at regular handovers. Staff had a good understanding and knowledge of individual's needs and preferences. They confirmed they had accurate information to enable them to deliver the care and support people required.

People took part in activities according to their personal preferences and abilities. We received mixed feedback about the frequency of activities on offer. One person said the activities person was "phenomenal" and always tried to engage people. Another said they enjoyed regular activities on offer. One said, "There is usually something in the week. I enjoy the get togethers…" Another said, "Sometimes (the activities person) takes us out in the car, shopping or for a walk, she's an asset." However, two people felt that activities had not been as frequent more recently.

The provider employed an activities person for 18 hours a week and they were recruiting for additional activities hours. There was no set programme of activities, the activities person explained they 'worked in a person-centred way' so activities were flexible. The activities person spent time with people to get to know their interests, past history and occupations so activities could be personalised and interesting for them.

The activities person had trained in movement and relaxation and worked in a creative and individual way with people. For example, regular weekly exercise sessions were organised to suit people's abilities. People were offered arts and crafts and had made colourful garden hangings for the enclosed garden space. During the inspection the activities person was decorating the TV lounge in preparation for the England world cup, with balloons and flags and several people said they were looking forward to the game. Musical sessions were organised, and external musicians visited the service monthly. A musician visited during the inspection

and it was obvious people enjoyed this as they were clapping, tapping and some were singing along.

Various resources were used to engage people. Large print song sheet had been obtained to enable people to sing along. The activities person had devised large print word searches related to people's interests (for example farming) for some people with a visual impairment who enjoyed this activity. The service had its own transport until April 2018, which enabled the activities person to be spontaneous and organise various trips out for people to places of interest. The provider explained the vehicle required considerable funds to repair and run. Taxis were used on occasion to support trips out but opportunities for trips had been limited since April. People were supported to meet family members outside of the service. For example, one person was supported to meet their husband at a local café. The activities person also escorted people where necessary to their hospital out-patient appointments so they would have support from a familiar person. One to one activities were provided to people who chose to stay in their room, which helped to reduce the risk of social isolation.

People received the care and support they needed, including at the end of their life. The several staff had completed training in relation to end of life care to promote a consistent and caring approach. Treatment Escalation Plans (TEP) were in place, which recorded important decisions about how individuals wanted to be treated if their health deteriorated. This meant people's preferences were known in advance so they were not subjected to unwanted interventions or admission to hospital at the end of their life, unless this was their choice.

We saw several thank you cards and compliments from family friends following the death of a loved one at the service. Comments included, "…towards the end you made (person) so comfortable and treated them with dignity and respect at all times…you always made us feel welcome, made time to talk…" and It was very comforting to know (person) was looked after so well with loving care…" This meant people were supported to have a comfortable, dignified and pain-free death in accordance with their wishes.

We looked at how the provider complied with the Accessible Information Standard (AIS). The Accessible Information Standard is a framework put in place from August 2016 which requires the service to identify; record and meet communication and support needs of people with a disability, impairment or sensory loss. The registered manager was implementing a new policy in relation to accessible information. The policy set out the five key steps which made up the AIS.

Care plans provided information about people's sensory impairment, for example sight or hearing impairments. Staff were aware of those people who relied upon hearing aids or glasses to enhance communication. We saw people's glasses and hearing aids were in use, with the person's consent. People had access to health professionals to improve communication, for example audiology professionals and opticians. In the communal area there were two display boards; one showing the date and time and another showing the relevant mealtime menu. The registered manager confirmed that information could be provided in various formats to enhance information for people, for example, using large print documents.

The service had a complaints procedure in place, which was displayed in the entrance to the service. No complaints were received during the inspection and people said they would be confident in speaking with staff, the registered manager or provider should they have any concerns. Comments included, "If somethings not going along I'd tell the person. I don't have any real trouble. They do look after me" and "There's nothing to complain about. As far as homes are concerned, this is a good home. They do their best they can." One complaint had been received by the service since the last inspection. This had been fully investigated and responded to. Action had been taken to ensure a similar event did not occur, for example, staff had received additional training relating to end of life care.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection this key question was rated requires improvement. This was because the quality monitoring systems had not identified concerns to ensure the safe running of the service. At this inspection we found improvements had been made in respect of safety issues and fire safety. However, we found improvements were needed in other areas.

The provider used a range of audits to enable them to monitor the quality of the service provided. However, we identified failings specifically in relation to the safe recruitment of staff and staff deployment. Current audits and checks did not include recruitment processes or staff deployment. The registered manager had recognised the shortfalls in staff recruitment files when they returned from leave. They had attempted to obtain some information retrospectively. The registered manager had established a robust process for recruitment although this had not been followed consistently by other staff in her absence.

During the inspection the provider recognised that staff deployment and staff availability was not always effective. They agreed to take immediate action by recruiting a kitchen assistance to relieve care staff of kitchen duties and focus on care and support. Following the inspection, the provider confirmed that a kitchen assistant had been employed.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

Following the last inspection, the registered manager and provider met with the Devon County Council Quality Assurance and Improvement Team (QAIT) to look at strategies to improve the service. The QAIT report from October 2017 showed records had improved. The registered manager was using some of the QAIT tools and resources to monitor the service. The registered manager had returned from a period of planned leave and was working to ensure the continual monitoring and review of all systems were in place.

People said they were happy living at the service and could not identify any improvements when asked. When asked what was good about the service, comments included, "Companionship, no worries. You feel at home"; "As far as care homes, this is one of the best. The staff are all nice, they're never grumpy" and "For me there's no pushing and shoving about, or you've got to do this. It's will you do this and that…''

There was good leadership in place and we found an open and inclusive culture within the service. The registered manager and provider were visible and it was clear people using the service, their relatives and staff found them approachable and supportive. Comments from people included, "…she (the registered manager) seems to know how to do everything if anything needs doing. She gets you doing things you didn't know you could do…" and "I know who the owner is…" A relative explained, "I can speak with (the registered manager) at any time. She listens and cares. That means a lot…" Professionals said the registered manager and senior staff were available; knowledgeable and helpful. One said, "I find the manager and her assistant to be very responsive…"

The provider and registered manager completed regular checks on the quality and safety of the service. This helped to highlight any issues and to drive forward improvements. For example, checks on medicine management; infection control procedures and environmental and maintenance checks. Where checks had highlighted any areas of improvement, action was taken to address them. For example, the planned improvements to the environment.

There were systems in place for managing health and safety at the home. For example regular fire safety checks and tests had been carried out. Equipment, such as hoists, and heating and electrical systems had been serviced and maintained.

People were asked for their views about the service using annual satisfaction surveys. However, four people explained that the regular 'residents' meetings' had not been held. One person said they had enjoyed attending the meetings and being able to discuss any issues regularly. Another said, "We used to once a month, we don't get it now. It was quite nice because you could bring up things. I brought something up and they sorted it out for me. I can't remember what it was." The provider confirmed the last residents' meeting was held on 16 June 2018, but prior to that a meeting had not been held since May 2017. They explained they organised meetings six monthly. However, people appeared keen to be involved in more regular 'residents' meeting'. The minutes of the meeting held in June 2018 showed various topics were discussed, including staffing issues; menus; activities and transport. People were given the opportunity to raise other issues. Feedback was positive, with people able to influence menu planning and activities.

The satisfaction surveys covered all aspects of the service, including staff approach; meals; activities; personal care and the environment. The results from the latest survey completed in April 2018 showed people were satisfied with the service overall. High scores included staff approach and personal care. Two areas were identified for improvement by some people, including the choice of meals and activities. The minutes of the last resident's meeting in June 2018 showed menus and activities formed part of the discussion and people were asked for their ideas and suggestions.

Satisfaction surveys were also used for relatives; the most recent one was completed April 2018. Most relatives scored the services provided as four or five, meaning they found the service to be good or excellent. Where suggestions were made, these were followed up by the registered manager. For example, five relatives felt activities could be improved as the activities person work just 18 hours a week. The provider was advertising for another part time activities person.

Regular team meetings were held, giving staff the opportunity to share information and discuss concerns. The minutes of team meetings show staffing was regularly discussed, with the provider explaining the difficulties they experienced recruiting in their location. Staff were asked for any ideas they may have to improve recruitment.

Staff worked in partnership with key organisations to support people's care and health needs. Good relationships had been developed with the local community nursing team and GPs. Community nurses visited people who required additional support to maintain their health and worked closely with staff to promote best practice.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of certain changes and important events that happen in the service. These are referred to as Statutory Notifications. This enables us to check that appropriate action had been taken. The registered manager and provider were aware they had to inform CQC of significant events and any allegations of abuse in a timely way and had done so. This enabled CQC to monitor the service and ensure people were safe.

It is a legal requirement for the provider to display the latest CQC inspection report rating. The rating had been displayed at the service and on the providers website. This is important so that members of public know how well the service is meeting people's needs and people can be informed of our judgements.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 (1) (2) (a) (c) The systems and processes in place were not operated effectively to identify areas for improvement and ensure action was taken to address and improve the overall quality of the services provided.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Regulation 19 The provider had not ensured that information specified in Schedule 3 was available in respect of a person employed for the purposes of carrying on a regulated activity.