Isle of Wight Care Limited

Capri

Inspection report

48 St Johns Road
Sandown
Isle of Wight
PO36 8HE

Tel: 01983402314

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Capri is a privately run 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is registered to provide accommodation for nine people. There were eight people living at the home at the time of the inspection.

The home was based over two floors, connected by a set of stairs with a chair lift. Each bedroom had a vanity unit; there were toilets available on each floor and a bathroom on the first floor. There was a communal lounge and a separate dining area where people were able to socialise.

The inspection was conducted on 27 November 2017 and 13 December 2017 and was unannounced. There was a registered manager in place. 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.

The provider and the registered manager did not have an effective system in place to monitor the quality and safety of the home. they had not identified the areas of concern we found during this inspection.

Risks associated with the environment, such as water temperature, were not always assessed and safely managed.

The registered manager did not always notify CQC of all significant events.

Staff did not always receive the training they needed to ensure they had the appropriate knowledge and skills to meet the needs of the people they were supporting.

Staff sought consent from people before providing care. However, they did not always follow legislation designed to protect people's legal rights. We have recommended that the provider seek advice and guidance on compliance with MCA, capacity assessment, best interest decisions and DoLS.

There were no structured activities to provide mental stimulation to a person living with dementia. Other people were supported to engage in activities they enjoyed. We have recommended that the provider seek advice and guidance on providing appropriate activities and mental and physical stimulation to those people living with dementia.

Care plans were not always personalised and did not provide sufficient information to enable new staff to understand how to support them. Staff were responsive to people's changing needs.

People and their families told us they felt the home was safe. Staff and the registered manager had received

safeguarding training and were able to demonstrate an understanding of the provider's safeguarding policy and explain the action they would take if they identified any concerns.

Medicines were administered by staff who had received appropriate training and assessments. People received their medicines at the right time and in a way that met their needs.

Staff were aware of the risks related to people's care and support and the action they should take to reduce those risks.

There were enough staff to meet people's needs in a timely way. People were supported by staff who had received an induction into the home. Appropriate recruitment procedures were in place and pre-employment checks were completed before staff started working with people.

The home was clean and hygienic and staff followed best practice guidance to control the risk and spread of infection.

People were supported to have enough to eat and drink. Staff who prepared people's food were aware of their likes, dislikes and dietary needs. Mealtimes were a social event and staff supported people, when necessary in a patient and friendly manner.

Adaptations had been made to the environment to make it supportive of people who lived at Capri.

Staff developed caring and positive relationships with people. They were sensitive to their individual communication styles, choices and treated them with dignity and respect. People were encouraged to remain as independent as possible and maintain relationships that were important to them.

Staff took account of people's end of life wishes and preferences. They supported people to remain comfortable and pain free.

People and when appropriate their families were involved in discussions about their care planning, which reflected their assessed needs. Healthcare professionals, such as chiropodists, opticians, GPs and dentists were involved in people's care when necessary.

There was an opportunity for people and their families to become involved in developing the service. They were encouraged to provide feedback on the service provided both informally and through an annual survey. They were also supported to raise complaints should they wish to.

During our inspection we identified four of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and a breach of the Care Quality Commission (Registration) Regulations 2009. You can see what action we have taken in the full version of this 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

The service was not always safe.

Risks associated with the environment were not always assessed and safely managed. However, staff were aware of the risks related to people's care and support and the action they should take to reduce those risks.

People received their medicines at the right time and in the right way to meet their needs.

There were enough staff to meet people's needs and recruiting practices ensured that all appropriate checks had been completed.

There were appropriate systems in place to protect people by the prevention and control of infection.

There were plans in place to deal with foreseeable emergencies and staff were aware of their responsibilities to safeguard people.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff did not always receive the training they needed to ensure they had the appropriate knowledge and skills to meet the needs of the people they were supporting.

Staff sought consent from people before providing care. However, they did not always follow legislation designed to protect people's legal rights.

Adaptations had been made to the environment to make it supportive of people who lived at Capri.

People were supported to have enough to eat and drink. They had access to health professionals and other specialists if they needed them.

Is the service caring?

Good

The service was caring.

Staff developed caring and positive relationships with people and treated them with dignity and respect.

Staff understood the importance of respecting people's choices and their privacy.

People were encouraged to maintain their independence, friendships and important relationships.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Staff were responsive to people's changing needs. However, care plans were not always personalised.

People were supported to engage in activities they enjoyed. However there were no structured activities to provide mental stimulation to a person living with dementia.

There was a process in place to deal with any complaints or concerns if they were raised. People told us they knew how to complain.

Is the service well-led?

Requires Improvement

The service was not always well led.

The provider and the registered manager did not have an effective system in place to monitor the quality and safety of the home.

The registered manager did not always notify CQC of all significant events.

The registered manager adopted an open and inclusive style of leadership.

People, their families and staff were actively encouraged to become involved in developing the service.

Capri

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was 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.

The inspection was unannounced and was carried out on 27 November 2017 and 13 December 2017 by one inspector. Before the inspection, we reviewed the information that we held about the service including previous inspection reports and notifications. A notification is information about important events, which the service is required to send us by law.

We spoke with three people using the service and engaged with two others. We observed care and support being delivered in communal areas of the home. We spoke with three members of care staff and the registered manager.

We looked at care plans and associated records for four people using the service. We also looked at staff duty records and other records related to the running of the service, such as, recruitment files, records of complaints, accidents and incidents, policies and procedures and quality assurance records.

The home was last inspected in August 2015 when it was rated good.

Requires Improvement

Is the service safe?

Our findings

The registered manager had not always assessed and safely managed the risks associated with the environment where people received care and support. The staff carried out a check of the temperature of hot water outlets on a three monthly basis. We looked at the records of those checks and found they were consistently in excess of 52 °C. The Health and Safety Executive provided guidance 'Managing the risks from hot water and surfaces in health and social care.' This guidance identified that 'If hot water used for showering or bathing is above 44 °C there is increased risk of serious injury or fatality'. It stated that 'a risk assessment of the premises should be carried out' and 'an individual's assessment needs to consider whether: the person is likely to try to run a bath or shower when unattended. This is a particular issue for people whose mental capacity is impaired.' The registered manager told us that most people in the home were self caring and able to adjust the temperature of the water for themselves. However, at least one person at the home was living with dementia and did not have the capacity to understand the risks of scalding.

We raised our concerns with the registered manager who told us they were in consultation with the people who had installed the boiler to have a thermostatic regulator fitted to individual outlets to ensure people are safe. They acknowledged there was a risk and confirmed they had not completed a risk assessment. By the second day of the inspection the registered manager had taken action to ensure the boiler thermostat was correctly adjusted.

There was a designated refrigerator in the kitchen area for the storage of medicines. We saw the fridge was not lockable, accessible to people living at the home, with no means of keeping the medicines being stored secure. We pointed this out to the registered manager and by the second day of our inspection, a replacement lockable refrigerator had been purchased and installed.

The failure to identify and manage the risks to people from the environment is a breach of regulation 12(1) of the Health and Social Care Act 2008 (regulated activities) regulations 2014.

The registered manager had identified other risks relating to the environment and the running of the home. These included fire safety and infection control. They had taken action to minimise the likelihood of harm in the least restrictive way. There was a clear record made of when an incident or accident had occurred. These were reviewed by the registered manager, which provided the opportunity for analysis and organisational learning.

People were supported by staff who were aware of the individual risks relating to people while providing care and support for them. Staff also understood how to manage those risks effectively to support people to be safe while helping them to retain their independence and avoid unnecessary restrictions. The registered manager had assessed the risks associated with providing care and support for people, which reflected people's individual needs. One person chose to smoke cigarettes in their room. A risk assessment was in place to inform staff how to support the person with their choice and maintain their independence. We saw there were risk assessments in place to support people with other life style choices and in respect of people

who were at risk of falls.

People told us they felt safe at Capri. One person said, "Yes, I do feel safe here. All the staff are nice and they know me." Another person told us that staff would go with them, if they wanted to go out. They said, "I don't go out on my own. I like to have someone with me so I feel safe." A third person told us, "It is nice here I like it. They look after me all right."

The registered manager had recently identified a senior member of staff as the medicines lead within the home. They told us that only staff who had completed the appropriate training and had their competency to administer medicines checked, were able to administer medicines to people.

During our inspection we found that the provider did not always follow best practice guidance in respect of medicine administration records (MAR). MAR chart for 'as required' (PRN) medicines were hand written; there was no information has to who had written the MAR and there was no evidence to show they had been checked by a second person to confirm they were accurate. The National Institute for Health and Care Excellence (NICE) guidelines stated: Care home providers should ensure that a new hand-written medicines administration record is produced only in exceptional circumstances and is created by a member of care home staff with the training and skills for managing medicines and designated responsibility for medicines in the care home. The new record should be checked for accuracy and signed by a second trained and skilled member of staff before it is first used.

We raised this with the registered manager and the medicines lead and they took immediate action to ensure that all hand written MAR were checked and signed by the staff member who had written them and counter signed by a second experienced member of staff.

People who needed PRN medicines had clear information in place to support staff to understand when these should be given, the expected outcome and the action to take if that outcome was not achieved. Each person had a MAR sheet with a photograph of the person and information about any allergies. The MAR chart provided a record of which medicines were prescribed to a person and when they were given. Staff administering medicines were required to initial the MAR chart to confirm the person had received their medicine. Staff made daily checks of the MARs to make sure people had received their medicines correctly. Staff were aware of the action to take if any mistakes were found, to ensure people were protected. Records showed that people's medicines were consistently available for them. Staff supporting people to take their medicines did so in a safe, respectful, and unhurried way. Staff engaged with people to check that they were happy to take their medicine. One person told us, "They give me my tablets and I take some in the morning, lunchtime and at night. It is the one at night that has a bad taste so they give me a biscuit to take the taste away." Another person who required an insulin injection told us, "I do my own injection but staff look after it for me. They remind me to take it, if I haven't asked for it."

There were suitable systems in place to ensure the safe storage and disposal of medicines. A refrigerator was available for the storage of medicines, which required storing at a cold temperature in accordance with the manufacturer's instructions. There was a medicine stock management system in place to ensure medicines were stored appropriately and a process for the ordering of repeat prescriptions and disposal of unwanted medicines.

Staff had the knowledge necessary to enable them to respond appropriately to concerns about people's safety. All of the staff, including the registered manager had received appropriate training in safeguarding adults. Staff knew how to raise observed concerns and to apply the provider's policy. One member of staff told us, "If I was worried I would go straight to [the registered manager]. If they didn't do something about it I

would go to CQC and report it to them." Another member of staff told us, "There is a book out there [in the lounge area] that tells you who to ring [if you have a concern] and what to do. I would go the [the registered manager]." The registered manager conducted thorough investigations in response to allegations of abuse and worked with the local safeguarding authority to keep people safe from harm.

People told us that there were sufficient staff to meet their needs. One person said, "They [staff] help me when I need them." Another person told us staff were available to support them if they wanted to go out. The registered manager told us that staffing levels were based on the needs of the people within the home. We observed that staffing level in the home provided an opportunity for staff to interact with the people they were supporting in a calm, relaxed and unhurried manner.

There was a duty roster system, which detailed the planned cover for the home. This provided the opportunity for short term absences to be managed through the use of overtime and support from staff from another home owned by the provider. One member of staff said, "There is definitely enough staff for the people here. They are mostly independent." The registered manager was also available to step in and cover it they were needed.

The provider had a recruitment process in place to help ensure that staff they recruited were suitable to work with the people they supported. All of the appropriate checks, such as references and Disclosure and Barring Service (DBS) checks were completed for all of the staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

There were appropriate systems in place to protect people by the prevention and control of infection. Staff had attended infection control training. They had access to personal protective equipment (PPE) and wore this whenever appropriate. The home was clean and well maintained. One person told us, "They keep it [my bedroom] clean for me." Another person said, "They do my washing for me and keep my room clean." Cleaning schedules were available to help ensure cleaning was done consistently, using appropriate products.

There were plans in place to deal with foreseeable emergencies. Staff were aware of the action to take in the event of a fire. Fire safety equipment was maintained and tested regularly. Emergency information was available, including contact details for staff and management out of hours. Personal evacuation plans for people were available in people's care plans, however these were not easily assessable in an emergency. We raised this with the registered manager who agreed that they would be better in a 'grab bag' in the foyer for easy access if people needed to be evacuated in an emergency. Staff had received fire safety training and had been trained to administer first aid.

Requires Improvement

Is the service effective?

Our findings

The provider had a system to record the training that staff had completed and to identify when training needed to be repeated. This included essential training, such as medicines training, safeguarding adults, fire safety and first aid. Staff had access to other training focused on the specific needs of people using the service, such as, dementia awareness, end of life care and the management of diabetes. However, we found some training had not been refreshed to ensure staff had the appropriate knowledge and skills to meet the needs of the people they were supporting.

Staff had not received any Mental Capacity Act (MCA) refresher training since 2012 and the registered manager had not had their training refreshed since 2014. During our inspection, we found that staff were not following the requirements of the act when people lacked capacity.

Staff had not received any Deprivation of Liberties Safeguards (DoLS) training and the registered manager had not had their DoLS training refreshed since 2014. During our inspection, we found that staff were not always following legislation designed to protect people's legal rights. Following our inspection the registered manager has confirmed that staff had been booked onto both MCA and DoLS training in January 2018.

The failure to ensure that staff were suitably qualified and had the skills to meet people's needs is a breach of regulation 18(2) of the Health and Social Care Act 2008 (regulated activities) regulations 2014.

People's ability to make decisions were not always assessed in line with the Mental Capacity Act, 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible.

Although staff and the registered manager had received training in respect of MCA and had an awareness of the principles of MCA, we found this training had not been updated since 2012. Staff did not always apply the principles of the MCA to the people they supported. On the first day of the inspection two of the people at the home were living with a dementia and had a limited capacity to understand particular decisions. However, no assessment of capacity had been completed to allow staff to understand what particular decisions a person was able to make for themselves and which decisions they needed help to make. For example, one person who was living with dementia had been diagnosed with a sensory impairment. They refused to have treatment, which meant their eye sight would deteriorate. Staff had not completed an assessment of this person's capacity to decide whether they wanted to have the treatment or not and whether they were able to understand the implications of refusing the treatment; and no best interests decision had been recorded. The registered manager explained that they do not normally support people living with dementia at the home. They said, the person concerned had lived at the home for a very long time and their needs had slowly changed. They told us they were aware of the person's wishes and their

dislike of doctors and medical procedures.

The GP for another person living with dementia had made a best interests decision to prescribe medicines, which could be given covertly. Medicines are covert when they are administered in a disguised format, for example in food or in a drink, without the knowledge or consent of the person receiving them. However, there was no assessment of capacity to help staff understand when the person was able to make the decision regarding taking their medicines and when staff should administer them covertly. The registered manager told us that the person had been receiving their medicine covertly but no longer needed the medicine. They told us they had been involved in the best interest decision to prescribe the covert medicine and thought it also covered administering as well. They confirmed that they had not completed a separate best interests decision regarding the administering of the covert medicine.

By the second day of our inspection capacity assessments and best interests decisions had been completed for both people.

Staff sought consent before providing care and support. Throughout the inspection we observed staff providing checking with people that they were happy before they provided care and support. For example, before they supported a person to mobilise. One person told us, "They ask me 'can I help you' when I need them to."

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA in respect of DoLS, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager was aware of the requirement DoLS and had made an application to the supervisory body with the relevant authority for one of the people living with dementia, which had been authorised. However, they had not submitted an application for the other person living with dementia who they confirmed would not be allowed to leave on their own if they wanted to. We discussed this with the registered managers who told us that because the person had lived at the home for a very long time and had never wanted to go out on their own, they had not considered the need for a DoLS.

By the second day of the inspection, the registered manager had commenced the DoLS application process for the second person living with dementia.

We recommend that the provider seek advice and guidance on compliance with MCA, capacity assessment, best interest decisions and DoLS.

People told us they felt the service was effective; staff understood their needs and had the skills to meet them. One person said, "No grumbles over the staff. I still like it here; they know how to look after me, I have been here for 14 years." Another person told us, "I am diabetic and they make sure I look after myself."

Prior to admission to the home the registered manager undertook an assessment of the person's needs to ensure these could be met at Capri. This would help ensure all needs were known and met on admission. Adaptations had been made to the home to make it as supportive as possible for the people who lived there, within the structural limitations of the building. A chair lift had been installed on the stairs to allow people to access their bedrooms. One person told us, "I use the chair on the stairs because I can't walk up and down." Handrails were provided in different parts of the building and we saw people using these to help them mobilise. People had access to the garden, which we saw people using during our inspection.

People were supported by staff who had received an effective induction into their role, which enabled them to meet the needs of the people they were supporting. Each member of staff had undertaken an induction programme, including a period of shadowing a more experienced member of staff who assessed their suitability to work on their own. Staff who were new to care, received an induction and training, which followed the principles of the Care Certificate. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life. Staff were supported to undertake a vocational qualification in care.

Staff had regular supervisions and staff who had been at the service for longer than 12 months also received an annual appraisal. Supervisions provide an opportunity for management team to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and identify learning opportunities to help them develop. Staff said they felt supported by the registered manager. There was an open door policy and they could raise any concerns straight away. One member of staff said, "I find the supervisions very interactive and useful. I had my appraisal a few months ago." Another staff member told us, "I think we have supervisions every few months. We can voice any concerns and [the registered manager] can tell us if we need to improve. We also chat about the home and the people and how we can improve things."

People were supported to maintain good health and had access to appropriate healthcare services. Their records showed they had regular appointments with health professionals, such as chiropodists, opticians, dentists and GPs. All appointments with health professionals and the outcomes were recorded in detail. One person told us, "If I am not well they know and call the doctor or nurse. If I have to go to the doctors they always take me and make sure I am okay." Care files held information to support people who needed to go to hospital.

People were supported to have enough to eat and drink. People told us they enjoyed their meals. One person said, "Lovely food I can have what I want." Another person told us, "Food is nice, I enjoy it. If I don't like anything I just tell them and they give me something different. I love curry, so they do it every Saturday." Staff who prepared people's food were aware of their likes and dislikes, allergies and dietary needs. Meals were appropriately spaced and flexible to meet people's needs.

Staff told us they decided on the menu based on what they knew people liked. Drinks, snacks and fresh fruit were offered to people throughout the day. One person told us, "I can have more drinks when I want. I just ask and they make one for me. I did have my own kettle but I scalded myself so I don't do that now." Mealtimes were a social event and staff engaged with people in a supportive, patient and friendly manner. Staff were aware of people's needs and offered support and encouragement when appropriate.

Good

Is the service caring?

Our findings

Staff had developed caring and positive relationships with people. One person said, "Staff are lovely they look after me. They are a cheeky lot. A nice cheeky we have a good laugh." They added, "I have a little blue bird [pet in a cage] in my room. Staff help me with him; gets me sorted." Another person told us, "Staff are nice they look after me." A third person said, "The staff are lovely, they have done lovely decorations and a Christmas tree."

People were cared for with dignity and respect. Staff spoke to them with kindness and warmth and were observed laughing and joking with them. Staff knocked on people's doors and waited for a response before entering. One person said, "Staff always knock and ask 'Can I come in?'." Another person told us, "They knock on my door and I say come in or shout 'enter'." Staff told us that most people in the home were self caring and explained how they ensured the privacy and dignity of the people who required support with personal care. This included making sure doors and curtains were closed and people were covered as much as possible. One member of staff said, "If you are going to help someone have a wash, you do one half at a time and make sure they are covered. You do it how you would like it done for you."

Staff understood the importance of respecting people's choice. One person told us, "I can get to have a lay in in the morning, if I want. It is my choice", "You can go out anytime you like. I just tell them I am going so they know where I am" and "I like to stay in my room. That is my choice and they [staff] don't mind."

People told us staff respected their choice to smoke and said they were allowed to smoke in their rooms or outside of the home. One person told us, "We can have a smoke in our room. I am just having a rolly [A hand rolled cigarette] but I am going in the garden to have that." The registered manager had completed an individual risk assessment in respect of each person who chose to smoke in their room.

Staff spoke with us about how they cared for people and we observed that people were offered choices in what they wanted to wear, what they preferred to eat and whether they took part in activities. Choices were offered in line with people's care plans and preferred communication style. Where people declined to do something, take part in an activity or wanted an alternative, this was respected. One member of staff said, "[name of person] doesn't like water, so when [they] need a wash I ask if [they] want to do it themselves. I always have a conversation with them and offer them a choice of clothes." Another member of staff told us, "People have a choice. You can't force them, you can encourage them and explain why."

People and where appropriate, their families were involved in discussions about developing their care plans. We saw that people's care plans contained information about people's life history and interests to assist staff in understanding their background and what might be important to them. Staff used the information contained in people's care plans to ensure they were aware of people's needs and their likes and dislikes. Information in people's care records confirmed that they, and family members, where appropriate, had the opportunity to be involved in developing and reviewing their care plans. One person told us, "They ask me about my care but I don't like to get involved."

People were encouraged to be as independent as possible. One person told us, "I can wash myself. When I first came here I couldn't but they have helped me so now I can do it myself." Another person said, "I can go out when I want. I am going to go back to [named day centre] to work. I used to work there [as a volunteer] for a while. I can go on the buses but I don't like to."

People were supported to maintain friendships and important relationships; their care records included details of the people who were important to them. All of the people we spoke with talked about how they were supported to maintain friendships and keep in contact with their family. One person told us, "I speak with my son who lives in Leicester every day [on the telephone]. I get to speak with all of my grandchildren." Another person explained how they were supported to maintain friendship with other people in the home and added, "Me and [named person] muck about with each other and our friends. We go into each other's rooms to chat." Most people were independent and able to go out into the community to meet with friends.

Information regarding confidentiality formed a key part of the induction training for all care staff. Confidential information, such as care records and only accessed by staff authorised to view it. Any information, which was kept on the computer, was also secure and password protected.

Requires Improvement

Is the service responsive?

Our findings

People received care from staff who were aware of their needs and how to support them. Staff were able to describe the care and support required by individual people. For example, one member of staff was able to describe the support a person required in respect of managing their diabetes. However, people's care records were not individualised in a way that helped new staff to understand how to support them in line with their individual needs. For one person their care records for mobility risks stated 'Mobility is not good. Offer assistance when walking around.' It did not explain exactly what assistance was needed. The care plan for another person, who was living with dementia did not contain any information about how their dementia affected them and how staff should support them. Another person's care plan contained contradictory information. In one part of the care plan it stated 'I eat and drink well, even when poorly mentally'. However, a risk assessment in another part of the care plan stated '[Person] does not eat well'.

We raised our concerns regarding people's care records with the registered manager who accepted they were an area that needed improvement. By the second day of the inspection, the registered manager had taken action to ensure that each person's care plan was up to date and personalised to reflect individual needs.

Everyone we spoke with told us they felt the staff were very good and responsive to their needs. One person said, "[The registered manager] helped me buy a special electric bed I wanted and painted my room for me." Another person told us, "I have diabetes I take my blood and do my own insulin injections. Staff keep an eye on me to make sure I am okay." During the second day of the inspection staff identified that this person was not looking very well. They encouraged them to take their blood glucose reading, which was very low. They immediately supported the person through encouragement, drinks and food; allowing them to maintain ownership and responsibility for the management of their diabetes in a way that kept them safe and was in line with the information in their care plan. They continued to closely monitor the person over the next few hours and encouraged them to take their blood sugar at regular intervals until they were stable again.

People's daily records of care were detailed, up to date and showed care was being provided in accordance with people's needs. Handover meetings were held at the start of every shift and provided the opportunity for staff to be made aware of any relevant information about risks, concerns and changes to the needs of the people they were supporting.

People were supported to engage in activities they enjoyed. During our inspection we observed staff engaging with people of a one to one basis, playing games and chatting to them. One person told us, "We play games. I can do what I want, watch TV go to my room whatever I want." They added, "[Named member of staff], I like playing dominoes with her and we have a good laugh." Another person said, "Plenty of things to do. I can play cards or scrabble but I mostly I like to be in my room and watch my own TV." However, there was no structured activities to provide mental stimulation for the person living with dementia. During the inspection we observe this person sat in a chair in the lounge throughout both days, talking to themselves and calling out trying to engage with people, who were not in the room. We saw that when they were able to staff engaged with the person providing reassurance and chatting to them. We raised this with the registered

manager who accepted that although staff engaged with the person when they could this was not in line with best practice in dementia care.

We recommend that the provider seek advice and guidance on providing appropriate activities and mental and physical stimulation to those people living with dementia.

Staff spoke positively about their desire to support people at the end of their lives, to help ensure they experienced a comfortable, dignified and pain free death. People's end of life wishes were discussed with them and recorded in their care plans. One person's care plan confirmed that their end of life wishes had been discussed with them and their family and that their faith and spiritual needs had been considered. All of the staff and the registered manager had received training in end of life care. The registered manager told us they enjoyed good working relationships with the local doctors, community nurses and the community pharmacy. They said this helped them ensure they had access to the right support for people at the end of their lives.

The provider had a policy and arrangements in place to deal with complaints. They provided detailed information on the action people could take if they were not satisfied with the service being provided. The information on how to make a complaint also included details of external organisations, such as the Care Quality Commission and the Local Government Ombudsman. The registered manager told us that staff would support people to raise any complaints initially and people also had access to independent advocacy services if they needed them.

People told us they knew how to complain if they wanted to. One person said, "I have no complaints but if I did I would tell the boss [the registered manager] and she would sort it out for me." The registered manager told us they had not received any formal complaints over the previous year. They said that when concerns were raised they dealt with them straight away before they developed into a complaint. The registered manager was able to explain the action they would take if a formal complaint was received.

Requires Improvement

Is the service well-led?

Our findings

There were systems and processes in place to monitor the quality and safety of the service provided to people living at the home. The registered manager had established their own quality assurance checks and audits, such as health and safety, infection control, falls oversight and safeguardings. They also carried out an informal inspection of the home during a daily walk round. However, this approach to quality assurance was not robust. It did not identify the concerns we found during the inspection, regarding the failure to identify and manage the risks to people from the environment; manage medicines safely, comply with the Mental Capacity Act 2005 (MCA); ensuring that records were individualised and contained sufficient information to enable new staff to meet people's needs or ensure that a person living with dementia was receiving adequate mental and physical stimulation from a structured activities programme.
We found that although the registered manager was reactive to changes that needed to be made to meet the regulations, they had failed to take a proactive approach in ensuring that their own knowledge of the requirements was up to date.

Although the provider was engaged with the running of the home through the Nominated Individual, they did not have a provider level quality assurance process in place to ensure the quality and safety of the service provided. A Nominated Individual is a named representative of the provider who has legal responsibility for ensuring the home is well run.

The failure to have effective systems and processes to assess, monitor and improve the quality of the service is a breach of regulation 17(1) of the Health and Social Care Act 2008 (regulated activities) regulations 2014.

The registered manager did not always notify CQC of all significant events. During the inspection we identified that there had been an allegation of abuse made by a family member, which had been investigation and reported to the local authority safeguarding team. In addition, another person was subject to a deprivation of liberty safeguard authorisation. Neither of these has been notified to CQC in line with the requirement of their registration. We raised these with the registered manager who confirmed that they had not submitted an appropriate notification.

The failure to notify CQC, without delay of these allegations of abuse and a deprivation of Liberties safeguards authorisation is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009

The registered manager told us they were not aware of the requirement of a duty of candour and did not have an appropriate policy in place. The duty of candour required staff to act in an open and transparent way when accidents occurred and to provide information and an apology in writing to the person or their relatives. We raised this with them and they confirmed that had not had any incidents where a duty of candour would have been required. They immediately took action to ensure that they were fully appraised of the legislation and develop a policy focused on the people in the home.

People knew the registered manager very well. They told us they were happy at Capri and thought it was

well led. One person said, "I get on well with [the registered manager]. She is here to look after me." They added, "She is so good we are like a family." Another person told us, "I like [the registered manager], she helps me with things." A third person said, "[The registered manager] is lovely; she helps me; she is a lovely lady." They added, "This is the best place I have been in since I've done independent living."

There was a clear management structure with the provider, a registered manager and senior care staff. Staff understood the role each person played within this structure and were confident to 'step up' when required to ensure people continued to receive a consistent level of service. The registered manager explained her vision and values, which were, supporting people to have a safe and fulfilled life as possible.

The registered manager had an open door policy for the people, families and staff to enabled and encouraged open communication. One member of staff said, "The home is definitely well managed. If there is a problem [the registered manager] will sort it out. If you have done something wrong she will tell you. She will explain why and that's that." Another member of staff told us, "It is nice working here. It is a small home and very friendly." They added, "[The registered manager] listens when we put anything forward; ideas and takes them forward if she can." Opportunities were available for people, their families and professionals to regularly contribute in a meaningful way to develop the service and help drive continuous improvement. The provider told us they sought feedback from people, their families and professionals on an informal basis whenever they met them. They also sent out questionnaires annually to seek people's views on how the home was being run. We looked at the feedback from the latest set of questionnaires that had been sent out in February and March 2017 and saw they were all positive. A health professional had commented 'I have one patient at Capri. I can say staff have personalised the care for her, to make her quality of life as best it can be.' Comments from social care professionals included 'Thank you for the excellent care and support.' Where concerns were raised these were actioned. For example, one person had raised a concern regarding accessibility of the downstairs toilet. As a result, an adapted support frame was obtained to make it easier for the person concerned.

The registered manager had regular meetings with the nominated individual who was also accessible by telephone if needed. The registered manager told us that they felt supported by the provider. Staff were supported in their role though regular supervision and there was an opportunity for staff to regularly contribute in a meaningful way to develop the service at staff meetings. One member of staff told us, "The staff meetings are useful but [the registered manager] is always here so if I had a problem I would just say something."

The home had a whistle-blowing policy, which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, care staff told us they could approach the local authority or the Care Quality Commission if they felt it was necessary. The home's previous inspection rating was displayed prominently in the entrance hall.

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 18 Registration Regulations 2009 Notifications of other incidents The provider had failed to notify CQC, without delay of allegations of abuse and a deprivation of Liberties safeguards authorisation

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to identify and manage the risks to people from the environment of the home

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to have effective systems and processes in place to assess, monitor and improve the quality of the service

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure that staff were suitably qualified and had the skills to meet people's needs