

Country Court Care Homes 2 Limited

The Grove Care 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?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 5 and 6 November 2018 and was unannounced on the first day.

At the last inspection in October 2017, the service was rated Requires Improvement and the provider was in breach of four regulations. These related to standards of hygiene and the management of medicines in the key question safe, staff training and support in the key question effective, person-centred records in the key question responsive, and governance in the well-led key question. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when, to improve these key questions to at least Good. We checked to see that the action plan had been completed and found progress had been made to meet compliance with the breaches, but further improvements in some areas were required. We have rated the service Requires Improvement again.

The Grove Care Home accommodates up to 52 older people, many of whom are living with dementia. People who use the service are accommodated in single rooms which have en-suite toilet facilities. Some rooms have a small kitchen so people can make themselves drinks and snacks. At the time of this inspection there were 44 people using the service.

The Grove Care 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 regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a new registered manager in post, who registered with CQC in September 2018. 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.

We found there had been improvements with the overall management of the service and also regarding governance from the senior management team. Staff confirmed management and communication had improved, they felt more supported and could raise concerns.

The systems to assess, monitor and improve the quality of the service provided had been effective in driving the necessary improvements in relation to standards of hygiene. The home was cleaner and fresher. The registered manager had completed additional medicine audits and improvements had been made with the management of medicines, although we found shortfalls with the records to support administration of topical medicines. Improvements had been made with the quality of person-centred information in people's care plans and the completion of supplementary monitoring records, although some care plans had not been updated to reflect changes in people's needs. These issues around recording had been identified by the senior management team and plans were in place to address them.

We received mixed feedback about staffing levels. Some people told us they had to wait for care and

support. Observations showed there was enough staff on duty to support people safely. There was a visible staff presence at all times; although routines were busy, staff responded promptly to requests for assistance. Staff turnover was high and continued shortfalls were covered by agency, home and bank staff. We have made a recommendation that the provider reviews staff retention strategies.

Safe recruitment procedures were in place to ensure people employed to work at the home were safe working with vulnerable people.

Staff knew how to safeguard people from the risk of harm and abuse. There were safeguarding procedures to guide staff who had completed training. Staff knew how report concerns and the registered manager was aware of their responsibilities in referring issues to the local authority safeguarding team.

People had individual risk assessments completed which provided information to staff in how to minimise risk. Senior staff had received training around accident and incident management in recent months and records showed staff ensured people accessed appropriate medical assessment, if there were concerns they could have sustained injury.

People had choice and control over their daily routines. Staff supported people to make decisions, they respected people's choices and supported them in the least restrictive way possible. Mental capacity assessments and best interest decisions had been documented when necessary. Staff's knowledge of the legislation to support this was inconsistent and refresher training was provided following the inspection.

Staff had access to training relevant to their roles. There was a training plan which identified the courses they had completed and when updates were due. An updated training record was provided following the inspection. Shortfalls in training had been identified and planned.

Staff had supervision meetings and there were formal observations of their practice. The supervision programme had not been fully maintained, although senior staff had recently completed training in this area and would be supporting the registered manager to deliver the programme. Appraisal meetings had been completed earlier in the year.

People's health care needs were met. They had access to a range of community health care professionals when required. People's nutritional needs were met and menus provided them with choices and alternatives. There were also special diets provided when required. Nutrition and hydration stations enabled people to access snacks and drinks when they wanted them.

People and relatives told us staff were kind and caring in their approach, they were happy with the care they received and had been included in planning and agreeing the care provided. It was clear staff were familiar with people's likes, dislikes and preferences. People's privacy and dignity was respected and their independence promoted.

A range of activities was provided and people told us they enjoyed these. People had more opportunities to access the local community through trips in the mini bus to the sea front, garden centre and local places of interest. Relatives told us they could visit at any time and we saw staff supported people who used the service to maintain relationships with their family.

The provider had a complaints procedure which was on display in the service. People told us they felt able to complain if required and staff knew how to manage complaints. People and staff were asked for their views and their suggestions were used to continuously improve the service.

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 consistently safe.

Improvements had been made with the management of medicines, but further improvements were needed with the completion of topical medicine records.

Staff were recruited safely. Staff turnover and sickness levels were high which meant staff were working additional shifts and agency staff were used. Continuity of care had been affected.

The service was clean and hygienic.

Staff knew how to recognise and respond to abuse and understood the processes and procedures in place to keep people safe.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff had access to supervision, support and a training programme to ensure they gained the skills and experience required to support people. Gaps in training and supervision had been identified and steps taken to plan courses and more regular meetings.

People consented to their care and the service operated within the principles of the Mental Capacity Act 2005 (MCA). Staff knowledge of MCA was inconsistent and further training had been provided.

People's health and nutritional needs were met. People had access to community health care professionals when required. People enjoyed the meals and access to snacks and drinks had improved.

Is the service caring?

Good ●

The service was caring.

The atmosphere was friendly and inclusive. People told us staff were kind and caring in their approach.

Staff supported people to maintain their privacy, dignity and independence.

Staff respected the need for confidentiality when discussing people's personal information. All personal information relating to people who used the service or staff was stored securely.

Is the service responsive?

Good ●

The service was responsive.

Care plans were person-centred and focused on what was important to people. There was a sensitive approach to the consideration of people's end of life care.

People had good opportunities to participate in activities within the service and in outings to local facilities.

People felt confident raising concerns or complaints and these were listened to and acted upon.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Although improvements had been made to the quality monitoring programme and compliance had been achieved with the breaches in regulations, some recording systems remained inconsistent. Plans were in place to address these issues.

The senior management team had more oversight of the service. There had been a change in registered manager since the last inspection and further changes with the area manager. Staff told us management support had improved and they felt able to speak to them about concerns.

More effective communication systems were in place and new 'flash' meetings for heads of department were held each day. Feedback systems were in place to obtain people's views such as surveys and meetings.

The Grove Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 comprehensive inspection took place on 5 and 6 November 2018 and was unannounced. On the first day of the inspection, the team consisted of a lead inspector, a bank inspector, the Head of Inspection for dental services and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day was completed by one inspector.

This service was selected to be part of our national review, looking at the quality of oral health care support for people living in care homes. The inspection team included a dental inspector who looked in detail at how well the service supported people with their oral health. This includes support with oral hygiene and access to dentists. We will publish our national report of our findings and recommendations in 2019.

Before the inspection we reviewed the information we held about the service. 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. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let the CQC know about.

We contacted the local authority safeguarding and commissioning teams prior to the inspection for information. We also contacted the local Healthwatch. Healthwatch is the local consumer champion for health and social care services. Information provided by these agencies was used to inform the inspection.

During the inspection we used the Short Observational Framework Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who used the service.

We spoke with eleven people who used the service, six of their relatives and three health care professionals.

We also spoke with the area manager, registered manager, hospitality manager, deputy nurse manager and a selection of staff; these included the acting deputy manager, five care workers, a volunteer, the administrator, the cook, the senior housekeeper and a laundry assistant.

We looked at eight people's care records, three staff recruitment files and reviewed records relating to the management of medicines, maintenance of the premises and equipment, complaints and staff training and development. We checked how the registered manager and provider monitored the quality of the service; we also looked around the environment.

Is the service safe?

Our findings

At the last inspection in October 2017, we had concerns about a number of issues in this key question. These included breaches in regulations regarding the safe management of medicines and cleanliness and infection control. During this inspection, we found improvements had been made in these areas and the provider was compliant with those regulations, although further improvements were needed with aspects of medicines recording.

People who used the service told us they were safe living there and staff looked after them well. Comments included, "I feel very safe; I've got a very nice room and most important the staff are very friendly" and "The staff really keep an eye on us all. They come round and do all their checks. It's very safe here."

There were significant improvements in the hygiene and cleanliness of the service. Since the last inspection, the service had recruited additional housekeeping staff, increased their hours and appointed a senior housekeeper to oversee the team. More comprehensive cleaning schedules and systems of daily checks had been put in place. This helped the registered manager and the provider's hospitality manager to monitor the standards of hygiene in the service and identify any shortfalls. New furniture and equipment had been provided although we found some seat pads and pipe boxing in the en-suite bathrooms were worn and required attention, so they could be cleaned effectively. New flooring had been laid in a part of the corridor on the ground floor. The existing corridor flooring remained stained in parts. Odour control was managed more robustly, we noted a stale odour in the entrance to the lounge and measures were underway to address this. The laundry room was well-managed. People and relatives told us the home was always kept clean and tidy.

Improvements had been made with the medicine systems and overall medicines were managed safely. People said they received their right medicines at the right times. Medicines were administered by senior care staff who received training and had their competency to administer medicines assessed. Medicines were stored securely. Medicine administration records (MARs) were well completed which provided assurance these medicines were given as prescribed. More detailed protocols were in place to guide staff for all medicines that were prescribed 'when required', 'as directed' or with a variable dose.

People had MARs in place for certain topical medicines such as creams. The MARs were kept separately and were completed by care staff when a cream was administered. We found inconsistencies in the recording of creams and some creams had not been dated on opening. However, we saw these issues had been identified by the provider and a plan was in place to address them.

We received mixed feedback from people who used the service and their relatives about staffing arrangements. Comments included, "The staff come as soon as they can and never leave me in discomfort, but I do realise there's other people here so I do have to wait a while sometimes", "There is usually a member of staff about and you never have to wait too long when you ring the bell", "The night staff are excellent, they help me shower every three days when I want one", "There are times when it is sparse staff; hardly enough" and "There have been a lot of staff changes and many of the good staff have left. We hope

this will settle now as [Name of family member] misses them and it takes time for new relationships to develop."

Staff considered there were ongoing staffing issues; that staffing levels were well maintained on night duty and were generally sufficient on day duty, if there was no staff sickness. Comments included, "A lot of people start and then leave. The manager tries hard to recruit, but they don't stay", "Sometimes we work short and the manager and deputy are on the floor", "Staffing is the biggest issue, we are always looking to cover shifts due to staff sickness or staff leaving. The majority of times we cover the shift or we get agency in" and "We are always busy, it can be tough, but we deliver the care."

At our last inspection we found there were times when people were not adequately supervised and we made a recommendation to review the deployment of staff. The registered manager discussed the difficulties the management team had experienced with recruitment and retention over the last 12 months; the current staff turnover rate was at 52%. Although a new registered manager, housekeeping staff, hospitality staff and a new receptionist had been recruited, the service continued to experience difficulties with recruiting care staff. A peripatetic manager based at the service regularly worked with the senior staff to manage the shifts. Agency staff were used to support the staffing levels at night. Shortfalls due to staff sickness were covered by home or bank staff. On the first day of inspection three staff were absent due to sickness and other staff had been called in to support the shift.

The registered manager completed a staffing dependency tool and this was reviewed each month. Observations showed there was enough staff on duty on both days to support people safely. Although we observed staff were busy, we found people's needs were being met. The second day of the inspection was better organised. Staff sickness was being monitored closely and managed in line with the provider's policies. We recommend the provider reviews the staff recruitment and retention strategies to ensure sufficient staff are employed and to support effective continuity of care for people.

Recruitment was managed safely. Prior to new staff commencing in post, the appropriate checks had been carried out, including references and DBS (Disclosure and Barring Service) checks. The DBS check would show if a prospective member of staff had a criminal record or had been barred from working with adults. This allowed the provider to make safer recruitment decisions.

Staff had received safeguarding training and understood how to identify possible abuse and the reporting procedures. They had confidence that any issues raised with the registered manager would be dealt with appropriately, but also knew who to contact if this did not happen. Safeguarding records showed referrals had been made to the local authority safeguarding team. The registered manager had completed investigations when directed and action had been taken to keep people safe.

Risks were generally well-managed. Staff understood the risks to people and knew the actions to take to keep people safe. People's care records included risk assessments for areas such as falls, nutrition, mobility and skin integrity with clear guidance for staff on how to manage the risks. We saw where risks had increased specialist advice had been obtained and technology was used to help reduce the risk. For example, the number of falls for one person had increased. They had been referred to the falls team and had sensor equipment in place to alert staff when they moved from the bed or chair.

Some people were identified to be at risk from pressure ulcers and provided with pressure relieving air flow mattresses. We found two people had mattresses that were not set correctly for their weight. This placed them at risk of skin damage. The registered manager reviewed the monitoring and recording systems in place during the inspection.

Accidents and incidents were well recorded and included the action taken in response to keep people safe. A monthly analysis was carried out by the registered manager which considered any themes or trends. Any lessons learnt were shared with staff. Regular and up to date checks were carried out on the premises and equipment to help keep people safe. These included checks on the fire, electrical, gas and water systems and equipment such as the lift and hoists. Fire safety checks were carried out regularly and were up to date. There was a business continuity plan for emergency situations.

Is the service effective?

Our findings

At the last inspection in October 2017, we identified concerns in this key question including a breach in regulation relating to staff training, supervision and appraisal. At this inspection we found improvements had been made and the provider was no longer in breach, but further improvements were required with the provision of regular supervision meetings for staff.

We received confirmation after the last inspection from the regional manager that training in equality and diversity, person centred care, dignity, fire safety and care plan workshops had been arranged and completed by staff as a priority. At this inspection we found the training records were not up to date. The providers training department maintained a training record but this didn't reflect all training staff had completed. Following the inspection, the registered manager provided an updated training record.

The provider had reviewed the training programme and staff could now access e-learning courses, although staff we spoke with had not completed many of these and had experienced problems with the new log in systems. The registered manager followed this up and provided staff with new log in accounts. Four of the senior care staff had completed a course in person-centred leadership earlier in the year, to support their confidence and competence in their role. The action from a safeguarding investigation earlier in the year was to provide senior care staff with refresher training in first aid, falls and head injury management. We saw staff had completed a first aid training course and a workshop session looking at the provider's falls management procedures and the new accident flow chart.

The training records indicated that all staff had undertaken the induction course. One newly employed member of staff confirmed they had completed a five-day induction programme, shadowed experienced staff for three days and had a supervision meeting with the registered manager. There was some outstanding training for staff but this had been identified and planned, for example, infection prevention and control, the Care Certificate, pressure damage prevention and fire safety.

Records showed all permanent staff had received supervision. Some staff had received regular sessions in line with the providers policy, but not all. This included senior care staff who had required additional support and direction in their role. Senior staff told us they did not receive regular formal supervision, but did have daily support from the deputy manager or registered manager and other members of the senior management team.

The registered manager acknowledged that this aspect of practice needed some development. They confirmed the senior care staff had completed training and would now be able to assist to deliver the supervision programme. Appraisal meetings had been completed earlier in the year.

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

possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The service was working within the principles of the MCA. The registered manager had an effective system in place to track DoLS applications and authorisations. Where people lacked capacity to make a particular decision we saw mental capacity assessments and best interest decisions were recorded and involved relevant people. Some people had restrictions in place such as bed rails and sensor equipment and the least restrictive option was always explored. Some minor improvements were made with consent records during the inspection. Although we heard and saw staff ask for people's consent before delivering any care or support, in discussions some staff had a limited understanding of MCA. Following the inspection, the registered manager confirmed they had issued staff with workbooks to complete on this topic.

People's healthcare needs were met. People were happy with the arrangements in place for healthcare visits. Care records showed staff had developed effective working relationships with health and social care professionals whose advice was sought and acted upon appropriately. One visiting professional told us, "We have no issues with the care service or the support being given to people. Staff are responsive and act appropriately on any advice we give them."

People's nutritional needs were met. Any risks such as swallowing difficulties or poor intake were highlighted in the assessment process and these were kept under review. People were weighed in line with the risk assessment status, either weekly or monthly. Special diets were catered for. People told us they enjoyed the food. Comments included, "The food is very good and there is always a choice of two meals. I eat in my room through choice" and "The meals are always piping hot and there are good choices. We get the menu every day for next day."

The mealtimes in the dining room were a pleasant, relaxed and sociable occasions. Breakfasts were served individually to people as they got up throughout the morning. Lunch service on the first day was less organised with some people waiting some time for their meals, this was much improved on the second day. Tables were nicely laid. Menus were displayed showing the meals on offer in pictures and words. People were asked where they would like to sit and if they would like to wear a clothes protector. The food was well-presented and tables were served one at a time so people seated together could eat at the same time. Staff encouraged people and provided assistance where it was needed. We saw drinks and snacks, including fruit, biscuits and high calorie options, were available and offered throughout the day. New 'hydration and snack stations' had been provided in the lounge and dining rooms where people could help themselves.

The premises had been adapted to support the needs of people who lived there, this included the provision of bariatric furniture to support people with problems associated with their weight and or size. There was some pictorial signage and visual cues to support positive orientation for people living with dementia. The registered manager confirmed this was an area for development. Redecoration and refurbishment of six bedrooms and a bathroom had been completed to a high standard. New recliner style arm chairs had been provided in the lounge. New focal points had been established in corridors to provide seating areas and paintings depicting rural or fishing industry scenes provided visual stimulation. The registered manager's office was now located in the main corridor which meant they were more accessible and able to monitor the daily routines of the service. The registered manager confirmed that further redecoration was planned,

although there was no renewal programme in place.

Is the service caring?

Our findings

At the last inspection in October 2017, although people were complimentary about the staff, we had concerns that people's privacy and dignity was not fully promoted and protected due to staff actions. We found there had been improvements in this area.

People were treated with respect and their privacy and dignity was well maintained. We saw staff supported people with their appearance, ensuring they were clean, comfortably dressed and well groomed. Staff were discreet when asking people about their personal care needs and ensured any support required was carried out in private. We saw staff knocked and announced who they were before entering anyone's room. People's bedrooms were personalised with photographs and items they had brought from their own homes. People who used the service gave positive comments about the staff approach and said they respected their privacy and dignity. Comments included, "I've got my personal belongings here and already it feels like home with my photos and my teddy" and "The staff are excellent and always knock on my door and ask if they can enter." The findings from the 'resident' survey in June showed 95% of people considered staff respected their privacy and dignity.

In November 2017, following the last inspection 34 staff had been provided with training around the promotion of dignity. Some senior care staff had covered a module on the principles and promotion of dignity within the leadership course they completed in March and April 2018. The service posted information about dignity on a notice board in the corridor.

During this inspection, staff gave examples of how they respected people's privacy and dignity. One member of staff told us, "I always make sure the doors and curtains are closed when helping people with personal care and use a screen when assisting with the hoist in public areas. I always treat people like my family would want to be treated."

People said they had control over their daily lives. One person said, "I can choose how I spend my day. I go to bed and get up when I want. I please myself and I'm happy here." We saw staff routinely gave people choices, for example about what they wanted to do.

We observed staff were positive in their interactions with people, smiling and making people feel at ease. This extended to the whole staff team and provided a friendly and inclusive atmosphere. Staff were receptive to people's feelings and moods and adapted their approach accordingly. For example, when one person became anxious we saw staff sitting with them talking quietly and holding their hand, which seemed to calm them. Another person wanted to sing and dance and a member of staff happily obliged. It was clear good relationships had been developed between people and staff and staff knew people very well.

People were encouraged and supported to maintain and develop their independence. We saw staff encouraged people to mobilise and encouraged them to do as much for themselves as possible. The service now had a tuck shop in reception where people could buy their own sweets, chocolate, crisps, toiletries and oral hygiene products.

The provider had a policy and procedure for promoting equality and diversity within the service and ensured all staff had been trained in equality and diversity on induction. Following the last inspection, care staff had received refresher training on this subject and from our discussions during this inspection staff understood how it related to their working role. People told us they were treated equally. Our observations of care, review of records and discussions with staff, people and relatives showed that people's rights were protected and discrimination was not a feature of the service.

People who used and visited the service were provided with a good range of information. A monthly newsletter edited by one of the people who used the service also provided people and visitors with information. The November issue contained a feature on 'Remembering'.

All records were held securely. Staff were aware of the need for confidentiality and conversations with health professionals or relatives were conducted in private if required. Phone calls were made in offices to ensure personal information was not overheard.

Is the service responsive?

Our findings

At the last inspection in October 2017, we identified concerns in this key question including a breach in regulation relating to the assessing and planning of people's needs to ensure they received person-centred care. At this inspection, we found the provider had made the required improvements and was no longer in breach of this regulation.

Staff delivered personalised care that was responsive to people's needs. People who used the service had an assessment of their needs completed prior to admission. There were also risk assessments to identify specific areas of concern. We found these had been completed accurately and they were linked to the care plans. The assessment we looked at for a new person admitted to the service was thorough and included information about the full range of their needs. Each person had care plans to direct staff on the care the person needed. Care plans were personalised and included people's preferences about personal care and communication needs. This included key information about people's preferred daily routines.

There were detailed records of people's personal histories and from discussions it was clear staff had a good knowledge of these and the contact people had with their families. The visitors we spoke with said they had seen, read or contributed to their relative's care plan and they felt involved in care and support decisions.

Care records were evaluated each month and there was some evidence of care plans being updated in response to people's changing needs, however we found more work was needed in this area to ensure care plans were updated consistently. Following the last inspection, care staff attended training in person-centred care and the senior care staff completed workshops in care planning. The registered manager confirmed they were working with senior care staff to ensure necessary improvements were being made and care plans were being updated and rewritten. A deputy manager from one of the provider's other services had been visiting the service each week to support staff with this work.

Supplementary records were used to document some people's food and fluid intake. The deputy manager explained how they and the senior care staff were monitoring the records more effectively. They completed regular checks during the day to ensure the records were completed consistently and the records reflected staff had been responsive when a person's diet or fluid intake had been poor. We checked the records and found they had been well-completed. People's individual optimum fluid targets had not been identified and we advised how this would support a more individualised approach.

A health care professional we spoke with during the inspection confirmed staff were responsive to their patients' needs and provided good standards of care. They told us, "This is one of our 'Good Homes'. Staff always contact us if they have any concerns."

People were supported at the end of their lives. Some staff in the home had received training in 'end of life care' and more training was planned. End of life wishes were recorded where people had been happy to provide these. There was also information about decisions regarding emergency treatment such as 'do not attempt cardiac resuscitation' in people's care files. There was no one currently receiving end of life care. A

visiting professional told us, "I feel people's end of life needs are met here. Staff provide a good standard of care and families have commented on their kind and compassionate approach."

People and relatives we spoke with knew how to make a complaint. One relative told us they had made a complaint recently and said it had been dealt with promptly and appropriately. Another relative said if they had any problems they would speak to the manager and were confident it would be sorted. The complaints procedure was displayed in the home. We reviewed complaint records and found all had been dealt with satisfactorily with a response sent to the complainant.

There was a programme of activities organised and two part-time activity co-ordinators were employed to deliver them over seven days. Volunteers also provided support with activities; one person had been helping at the service for 25 years. The activity coordinator wasn't present during the inspection. The care staff, volunteers and a visiting entertainer provided support with activities; we observed people enjoying a reminiscence session, the knit and natter group, dominoes, singing, dancing and watching films. The activity programme included visits from children who attend a local nursery, entertainers, church services, gardening club, choir, quizzes, bingo, group games, music sessions, one to one sessions, hand and nail care and trips out to local facilities.

People told us they attended coffee mornings and visited local garden centres, pubs and cafes, the sea front and local places of interest. They also described how much they enjoyed the themed events, one person said, "The care staff dressed up on Halloween night and did special food at meal time." There were photos displayed of people participating in a range of activities.

The registered manager told us about a new well-being initiative at the service being delivered by Oomph [Our organisation makes people happy]. The organisation trained staff to provide meaningful activities including chair based exercises to older people and people living with dementia. The registered manager confirmed the programme was going well, five staff had completed the training and people who used the service and staff were enjoying the sessions.

Is the service well-led?

Our findings

At the last inspection in October 2017, we found records were not well-maintained and the provider's audits and quality monitoring were not robust enough to assess and improve the quality and safety of the service. There were four breaches in regulation relating to medicines and infection prevention and control, person-centred care, staff training and support and good governance. Following that inspection, the provider voluntarily agreed to stop admissions to the service until improvements were made. They reviewed this in January 2018 and took the decision to accept new admissions. At this inspection, although we found improvements had been made in these areas and the provider was compliant with the breaches of regulations, some of the audit processes required strengthening to drive consistent and sustained improvements with some recording systems.

The service had a new registered manager and they had registered with the CQC in September 2018. The previous registered manager had left the service in April 2018 and the new manager had been appointed before they left so they could work together and receive a formal handover. The registered manager told us the senior management team had been very visible in the service and supportive of decisions they have had to take. The area manager visited the home twice weekly to provide support and oversee the improvement programme. Additional management support was provided by other members of the provider's quality and support team.

We received positive feedback about the new registered manager and the positive changes they had made since starting work at the service. Visitors considered the management of the service had improved. People who used the service told us they liked living there and the manager was friendly and supportive. Comments included, "I have settled here very well. The staff and managers are all very helpful", "I've been here a while, no complaints at all", "The home is a lot cleaner since the new manager came. There has been some decoration and new furniture, it is looking much better now" and "I go to the resident's meetings and in general they do address issues and give feedback."

A range of audits and checks was undertaken by the senior staff and these included checks in key areas such as, care records, medicines systems, infection control, maintenance, health and safety, meals, pressure damage, weights and call bell response times. External audits of medicine systems were also completed by the pharmacy provider. There was good evidence that regular auditing of medicines and infection control systems had made significant improvements in those areas. Accidents and incidents were reviewed to look for patterns and trends and we saw action had been taken to mitigate risk, such as use of sensory equipment, moving to a ground floor room and referrals to occupational therapy team following falls.

However, we found aspects of the audit programme were not fully effective or key areas had not been included in the programme. We found the care plan audits in place were limited in scope as the audit tools focussed on the presence of records in place and needed to include a fuller review of the quality of the recording. This would help staff identify those records which required updating when people's needs had changed. Shortfalls with the training and supervision records had not been identified as there were no

audits of these systems carried out at service level. Although the call bell response times were monitored, the information was not used and analysed which could be used to review staff performance, deployment and people's satisfaction. The registered manager acknowledged improvements in these areas were needed.

The provider maintained oversight of the service through visits and audit reports completed by the area manager, operations director and through the clinical governance reporting system. The registered manager completed a monthly quality indicator report, which included information about accidents and incidents, pressure sores, infections, deaths and staff recruitment. Meetings were held with the senior management team to discuss the report, lessons learnt and any action to be taken.

There were meetings, shift handovers and communication books to ensure staff had up to date information about issues affecting the service and people who lived there. Meeting minutes we reviewed showed a wide range of topics were discussed with the emphasis on continuous improvement for people living in the home. New 'flash' meetings were held every day at 10am by the registered manager with senior staff to discuss any current issues, changes and urgent matters. This meant that staff were kept informed of any immediate needs.

Comments from staff included, "There have been lots of improvements. But staff are still leaving, if they could just sort the staffing situation out it would make a big difference", "The home is much cleaner and things are more organised", "The new manager has a different style, they are approachable and it's less stressful now. We are getting more support", "Communication is getting better and we feel more supported in our role" and "There is still work to be done with staff morale."

Meetings were held regularly for people who used the service and relatives in order to gain their views of the quality of the service. People, their relatives, staff and professionals were also involved in completing questionnaires about their experience of the service and any improvements they would like. Action plans were put in place to support areas of improvement identified. For example, some staff had commented they didn't feel informed about the organisation and the provider had set up a web-based hub, which gave staff access to organisational changes and updates and staff initiatives.

There were staff benefits schemes and annual awards to recognise staff achievements. One of the chefs had won a national award for their presentation of modified foods. The home had won an award for their woodland garden.

The service worked well with other agencies and services to make sure people received their care in a joined-up way. This included working with GP's, community nurses, social workers and specialist nurses. Although, all notifications of significant events had been provided to us in a timely way, we advised the registered manager of the need to ensure notifications contained all appropriate information, which they confirmed they would address.