

Avery At The Miramar (Operations) Limited

Miramar 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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection was carried out on 5 and 6 June 2018 and was unannounced.

Miramar Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Miramar Care Home accommodates 122 older people and people living with dementia in one building. The service has 10 single bedrooms with en suite bathrooms and 69 apartments for one or two people. There were 60 people using the service at the time of our inspection. Most people using the service were able to tell staff how they preferred their care provided.

A registered manager was leading the service and was supported by a management team and the provider. The registered manager had been employed after our last inspection. A registered manager is a person who has registered with CQC to manage the care and has the legal responsibility for meeting the requirements of the law. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 2 May 2017, we asked the provider to take action to make improvements to the way the service was managed, including complaints management, acting on people's views, the deployment of staff to meet people's needs and how they supported staff to fulfil their role. We also required improvements were made to the way in which risk associated with people's care and emergency situations were assessed and mitigated.

At this inspection we looked to see if the action the provider had taken had been effective. The company which owned Miramar Care Home had been sold to Avery Healthcare approximately four weeks before our inspection. They had not changed anything at the service in this time and had plans in place to make gradual changes with the registered manager and staff to improve the service.

The registered manager had made improvements to the service. However, further improvements were needed address the continued breaches of three regulations, including how risks to people were managed, how staff were deployed at busy times of the day and how people's views were used to improve the service. We found two new breaches of regulation.

Action had not been taken since our last inspection to deploy more staff at busy times of the day and people continued to wait for long periods of time for the support they needed. People and staff continued to raise their concerns about this with the registered manager but action had not been taken to address them.

Staff, including nurses, had met with a manager since our last inspection to discuss their role, any problems they were experiencing or their personal development. However, these meetings were not held regularly.

Nurses had not received clinical supervision to support them to maintain and develop their skills. Staff, including nurses, had been supported to complete the training they needed to fulfil their roles since our last inspection. Some staff held recognised qualifications in care.

People, their relatives and staff had been asked for their views of the service. These had not been reviewed and used to improve the service. For example, 12% of people had said they did not feel safe at the service but action had not been taken to address this. Checks and audits of the service had been completed but these had not identified the shortfalls we found during our inspection.

Assessments of people's needs and risks had been completed and risks to some people, such as weight loss had been identified. Plans had been put in place to mitigate the risks but records of the action taken had not been maintained. Checks could not, therefore, be completed by staff and visiting health care professionals to make sure the planned care was always provided to people and was effective. Detailed information was now available to staff about people's preferences and people told us staff provided their care in the way they preferred.

People's medicines were not always managed safely. On occasions new medicines were not obtained promptly to begin to relieve people's symptoms. The application of prescribed creams had not been recorded so staff could check they were being used as prescribed and were effective. Records of people's 'when required' medicines were not always detailed and there was a risk that these would not be managed safely.

Services are required to prominently display their CQC performance rating. The provider had displayed the rating in the entrance to the service but it was not displayed on their website.

People received the care and support in the way they preferred at the end of their life. We have made a recommendation to support the provider to improve the planning of end of life care.

The registered manager supported staff to work as a team and staff were now motivated and felt supported. The registered manager and staff shared a vision of a good quality care.

Since our last inspection the provider had acted on advice from the local fire and rescue service to make improvements to the way people were protected in an emergency. These had been effective and staff had the knowledge and skills they needed to keep people safe in the event of a fire.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. The registered manager knew when assessments of people's capacity to make decisions were needed. Information was available to people in a way they understood to help them make decisions and choices. Information about who had the legal power to make decisions about people's health and welfare was now available to staff.

Changes in people's health were identified and staff contacted people's health care professionals for support. People were offered a balanced diet and food they liked. The registered manager had received, investigated and resolved people's complaints to their satisfaction.

The required checks had been completed on staff before they had begun working with people including Disclosure and Barring Service (DBS) criminal records checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Staff were kind and caring to people and treated with dignity and respect. Staff knew the signs of abuse and were confident to raise any concerns they had with the provider. People were not discriminated against and received care tailored to them.

People had enough to do during the day, including activities to keep them physically and mentally active. The service and equipment were clean and well maintained. The building had been designed to meet people's needs and make them feel comfortable and at home. People were able to use all areas of the building and grounds and were encouraged to make their rooms feel homely.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service like a serious injury or deprivation of liberty safeguards authorisation. This is so we can check that appropriate action had been taken. Notifications had been sent to CQC when required.

This is the second consecutive time the service has been rated Requires Improvement. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Risks to people were not always managed.

There were not enough staff available to provide the care people needed.

People were not consistently protected from the risks of unsafe medicines management.

Staff knew how to keep people safe if they were at risk of abuse.

Lessons were learnt when things went wrong.

Checks were completed on staff to make sure they were honest, trustworthy and reliable before they worked alone with people.

The service was clean.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff were not supported regularly. Staff had the skills they needed to provide people's care.

Staff followed the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. Staff supported people to make their own decisions.

People were offered a choice of food to help keep them as healthy as possible.

People were supported to have regular health checks and to attend healthcare appointments.

Is the service caring?

Good ●

The service was caring.

People were given privacy and were treated with dignity and

respect.

Staff were kind and caring to people.

People were supported to be independent as possible.

Is the service responsive?

The service was not always responsive.

People were supported to remain comfortable at the end of their life but their preferences had not been recorded.

Complaints had been resolved to people's satisfaction.

People had planned their care with staff. They received their care and support in the way they preferred.

People participated in activities they enjoyed.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

The provider had not displayed their rating on their website.

Checks were completed on the quality of the service. However, they had not identified all the shortfalls at the service.

People and staff shared their views and experiences of the service but these were not acted on and used to improve the service.

Staff shared the registered manager's vision of a good quality service.

Staff were motivated and felt supported by the registered manager and management team.

Requires Improvement ●

Miramar 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 checked 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 was a comprehensive inspection.

This inspection took place on 5 and 6 June 2018 and was unannounced. The inspection team consisted of two inspectors, a pharmacy inspector and two experts by experience in older persons care. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care 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. We reviewed notifications we had received from the service. Notifications are information we receive from the service when significant events happen, like a serious injury.

During our inspection we spoke with 10 people, six people's relatives and friends, a GP, the registered manager and staff. We looked at care records and associated risk assessments for nine people. We looked at management records including staff recruitment, training and support records, health and safety checks for the building, and staff meeting minutes. We observed the care and support people received. We looked at their medicines records and observed people receiving their medicines.

Some people were unable to tell us about their experience of care at the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People did not always feel safe at Miramar Care Home. People did not always feel safe at Miramar Care Home. Four percent of people who completed a quality assurance survey in November 2017 said that they did not feel safe at the service. A further 11 percent of people stated that they felt 'somewhat safe'. No further analysis of the feedback received had been undertaken to look for patterns or trends about why people felt unsafe and rectify areas that were identified as requiring improvement. One person told us they felt unsafe when getting washed as the equipment provided did not meet their needs and they slipped on occasions.

There were not enough staff on duty to meet people's needs at the time required. At our last inspection we found the provider had failed to deploy sufficient numbers of staff to meet peoples' needs. At this inspection we found that this continued at busy times of the day. People's comments included, "There are not enough staff. Sometimes I wait 30 minutes for the bell to be answered, which is difficult if I want to go to toilet" and "If I want to do something staff say, 'I can't do it now' and they will come back. Sometimes they never come back."

One person told us that they had to wait for 50 minutes to get up on the morning of our inspection. The person was unable to get out of bed without the support of staff and told us waiting to get up made them "quite tearful". Analysis of call bell records for eight days before our inspection showed that there continued to be a delay in staff responding to some calls bells. Over 100 calls were not answered for more than 15 minutes, including 17 calls which were not answered for over 30 minutes. Most calls were answered within 15 minutes.

Staffing levels continued to be planned around the amount of time it took to provide people's care each day. The registered manager told us that the provider had not considered when the care was needed when making staff deployment decisions. We would expect providers to consider the time people required care along with the type of care and the number of staff needed to provide it safely when deciding how to deploy staff.

The registered persons had failed to deploy sufficient numbers of staff to meet service users' needs. This was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had recruited staff and reduced the number of agency staff used. The number of staff vacancies had decreased and the registered manager made sure people received care from staff who knew them well and worked with them often.

Some people continued to be at risk because identified risks were not monitored. Previously we found that action had not been taken to mitigate risks to some people. Action had been taken and risks relating to people's care had been identified and assessed. However, staff did not always monitor ongoing risks effectively, leaving people at risk of harm.

Some people had health conditions which were managed by limiting the amount they drank. If they drank too much, they could become seriously unwell. Although this was identified in people's care plans, staff did not routinely record how much people drank. Checks could not, therefore, be completed by staff to make sure that people were not drinking too much. Different members of staff supported people with drinks during the day, including activity staff and those working in the service restaurant. This increased the risk that people may not be supported to drink a safe amount and could become unwell.

Some people used a catheter to help them manage their continence needs and required their fluid input and output to be monitored to make sure they were not retaining any urine, which could make them unwell. The amount people drank was not consistently recorded and staff did not know how much people had drunk each day. Staff monitored people's urine output, however the total amount was not calculated daily to check how much urine people were producing. There was a risk that staff may not quickly recognise if people's catheters were not working correctly.

Some people were prescribed high calorie drinks to help them achieve or maintain a healthy weight. Staff did not consistently record when they supported people to have these drinks. There was a risk that people may receive too many or not enough of their prescribed drinks, which could impact on them gaining or maintaining weight.

Some people regularly displayed behaviour that staff found challenging. They could become distressed, anxious and be verbally aggressive towards staff. Although staff recorded these incidents in people's daily notes there was no record of what happened before an incident occurred. No analysis was completed of the individual incidents to look for trends and patterns or to identify if there were any potential triggers for the behaviour.

The registered persons had failed to do all that is reasonably practicable to mitigate risks to people. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's medicines were not always managed safely. Some people told us they did not always receive their medicines at the right time. One person told us, "I have to run around to find someone who's going to give me my medicines. They don't always come at 9 o'clock in the morning. I have to wait for them until 10 or 11 o'clock. I say, 'Can I have my pills please?' and they say, 'They're not ready'. I don't get them at the same time every day". Other people told us they got their medicines on time.

Effective systems were not in operation to make sure people always received new medicines promptly. One person had been prescribed a new medicine four days before our inspection. The medicine had not been ordered and the person continued to be in discomfort. We spoke with the registered manager during the inspection and they arranged for the medicine to be collected. The person told us the following day that they had received their medicine. Other medicines were ordered and received into the service before they were needed.

The administration of prescribed creams was not clearly recorded. Staff recorded that they had applied creams but not the name of the cream that had been applied. Checks could not, therefore, be completed by staff to make sure creams were being applied as directed, when people were prescribed more than one cream. We discussed this with the registered manager on the first day of our inspection and they told us they would introduce topical medication application records (TMAR) that evening. We checked the following day to see if this action had been taken. One person was prescribed three creams for different areas of their body. A TMAR had been put in place for one cream but not the other two. The registered manager told us

they would make sure the process was followed for all creams. We will check this action has been effective at our next inspection.

Since our last inspection detailed guidance had been included in people's 'when required' (PRN) medicines guidance to ensure they received the best outcome from their medicines. At this inspection records of when staff had administered people's PRN medicines were not always detailed enough. Staff had not consistently recorded the number of PRN medicines administered and why. This information helps staff check they are not administering too much medicine and review its effectiveness.

Some people had their medicines without their knowledge, known as covert medicines. Staff followed safe covert administration practice, agreed with the person's health care professionals and people got the maximum benefit from their medicines, which helped them to remain physically and mentally well. However, advice had not been sought from a pharmacist since our last inspection about crushing or mixing medicines in certain foods or drinks which may alter their effectiveness and there continued to be a risk that people would not get the maximum benefit from their medicines.

The registered persons had failed to ensure the proper and safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Guidance had been put in place since the last inspection about the risks associated with the use of Warfarin used to stop people's blood clotting. This included the risk of excessive bruising or prolonged bleeding.

People were supported to manage their own medicines if they wished to, including any support they needed. They ordered their own repeat prescriptions and signed when they received their medicines. Effective systems were in place to store and dispose of medicines. Temperatures where medicines were stored, including those requiring refrigeration, were recorded daily and were within the safe range. Staff had completed medicines training and their competency to administer medicines had been assessed. We observed staff administering peoples' medicines safely and in a caring manner.

Policies were in operation to safeguard people from abuse and available to staff. Staff told us about different types of abuse and were comfortable to report any concerns they had to the registered manager, department managers or provider. Staff were confident that any concerns they raised would be addressed quickly. The registered manager had raised any safeguarding concerns they had with the police, local authority safeguarding team and the Care Quality Commission.

People told us the service was always clean and they were protected from the risk of infections. Staff followed comprehensive cleaning schedules covering all areas of the building and equipment. For example, each person had their own hoist sling and these were laundered weekly or more often if needed. We observed that food was covered when it was taken to people's rooms. Staff had completed infection control and food hygiene training and followed the provider's processes.

Systems were in operation to learn lessons when things went wrong. One staff member told us they were confident to tell the registered manager about any mistakes they made. When they had notified the registered manager of a medicines error, the registered manager had discussed it with them. Together they had identified the improvements needed to the staff members practice and agreed a development plan. The staff member had completed further training and had been assessed as competent to continue to administer medicines.

At our previous two inspections we found detailed plans were not in place to keep people safe in an

emergency. We shared our concerns with the local fire and rescue service, who undertook a fire safety inspection. At this inspection we found the provider had acted on advice received and robust plans were in place to keep people safe in the event of a fire. Staff had completed training and described to us the action they would take in an emergency. This reflected evacuation plans. The registered manager and maintenance manager had developed good working relationships with the local fire crews.

Staff were recruited safely. Full employment checks were completed before staff started work, including a full employment history and checking references from candidate's previous employers. Each staff member had a Disclosure and Barring Service (DBS) criminal records check in place. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services. Checks were completed to make sure nurses were appropriately registered with the Nursing and Midwifery council and were safe to practice.

Is the service effective?

Our findings

People told us that staff had the skills to meet their needs and provided the support they wanted in the way they preferred.

Staff were not consistently supported to fulfil their role effectively. At our last inspection some staff told us they did not feel supported to fulfil their role. At this inspection staff told us they now felt supported by the management team and received any support and guidance they requested. However, staff continued not to have regular opportunities to meet and discuss their practice, any concerns they had or their development needs with a supervisor. Over half the care staff had not received supervision in 2018. Supervisors had been reminded of their responsibilities and some action had been taken but further action was required to make sure all staff received the support they needed.

Action had not been taken following our last inspection to provide nurses with regular clinical supervision. The purpose of clinical supervision is to provide a safe and confidential environment for nursing staff to reflect on and discuss their practice and any development needs and aspirations.

Some staff had had an appraisal since our last inspection, however others had not. The purpose of an appraisal is to review each staff members practice and development over the previous year and set goals for the next year.

The registered persons had failed to make sure staff received appropriate supervision and appraisal to fulfil their role. This was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A handover was completed between staff on each shift to make sure they had up to date information on people and their needs. This was recorded and staff referred to it to catch up when they returned from a day off.

Staff continued to complete an induction when they started work at the service to get to know people, their care and support needs and to understand their roles and responsibilities, including shadowing more experienced staff. The provider was reviewing the training staff had completed and had plans in place to train staff in new processes before they were introduced. A training programme was in operation in the interim to make sure staff developed and maintained the skills they needed to complete their role. The action the provider had taken to support nurses to develop and maintain their clinical competence had been effective. Nurses had attended clinical training provided by the local clinical commissioning group.

Food was prepared to meet people's preferences and people told us they liked the food at the service, However, food was not always prepared to meet people's needs. People told us the food at the service was "Good".

Healthcare professionals such as dieticians had advised that some people should have a fortified diet,

containing high calorie items such as cream and milk powder to help them maintain a healthy weight. Care staff had the responsibility to add these additional items to people's meals and drinks, once they had been delivered from the kitchen. Although staff knew which people were at risk of losing weight, and when we spoke with them were able to tell us what should be added to people's meals they acknowledged that this was not always done. We observed that sometimes people were given drinks that did not contain cream or milk powder as advised. There was no record of when people's meals and drinks had been fortified, or with what, making it difficult to determine when this was done. One member of staff said, 'We need to monitor that.' Senior staff had already identified this was an issue and had recently introduced a monitoring sheet to record the proportion of people's meals that they had eaten, however, this did not address the underlying issue. The registered manager agreed this was an area for improvement.

People had enough to eat and drink and meals and drinks were prepared to people's preferences, including cultural preferences. Several people told us they liked to eat fish and were offered this every day. If people wanted something which was not on the menu the chef prepared it for them. One person commented, "If there's nothing on the menu that I fancy I can ask for something else and if they've got it they'll cook it for me. They're very flexible". A small number of people continued to be involved in planning the menus at regular meetings. Some people required pureed food, to reduce the risk of them choking, and this was prepared by the kitchen staff. Different items of food were pureed separately and looked appealing.

People's care had been planned and delivered to ensure their needs were met. When people moved into the service the registered manager or a senior member of staff completed an assessment outlining the person's needs with them and people important to them. Tools such as Waterlow assessments (to assess the risk of people developing pressure wounds) and a malnutrition universal screening tool had been used to identify when people who required more support. Some people were living with healthcare conditions such as diabetes or epilepsy and staff were aware of best practice guidance from the National Institute of Clinical Excellence and other sources.

Staff worked with other care professionals to support people. One person's relative had fed back that when their loved one had moved into the service, they had worked well with other professionals to ensure a joined-up approach. They had said, 'The staff have been of great assistance in providing a seamless transition from independent living to residential care for [my relative]'.

People received the support they needed to manage their health care needs and told us they could see a doctor when they needed to. Staff identified changes in people's health and supported them to see a doctor if they needed to. Nurses employed at the service assisted people with their clinical needs. GPs continued to hold clinics at the service weekly and people saw them for routine or emergency appointments. A visiting GP told us they were contacted appropriately if people needed to see them. The registered manager and senior staff had sought advice from a range of healthcare professionals when people's needs changed, including speech and language therapists and occupational therapists. Their advice was clearly documented in people's care plans.

People were supported to lead healthy and active lives whenever possible, and there were a range of activities available to support people to remain both physically and mentally active. People enjoyed taking part in the keep fit and dancing sessions which took place during our inspection and were encouraged to join in as much as they could. We observed people smiled, laughed and sang during these activities, as well as moving around.

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.

Staff understood the principles of the MCA and offered people a range of choices throughout the inspection. People were able to choose where they spent their time, such as in the numerous lounges or communal spaces throughout the service or in their apartments. When important decisions had been made on people's behalf best interest meetings had taken place with people's relatives and other important people involved in their care.

The registered manager had applied for DoLS when people's liberty was restricted. Some of these had been authorised, and any conditions on people's DoLS, such as seeking advice from the mental health team, had been adhered to.

The service was decorated in a homely way. Most people chose to live in apartments with their own bathroom, bedroom and living area, which they decorated with personal items to make them feel homely. People could choose to take part in activities and spend time with friends and family. There were safe outside spaces which were accessible to people and their visitors. Some people showed us a newly completed garden and told us they enjoyed spending time there.

Is the service caring?

Our findings

People and their relatives told us care staff were kind and caring. Their comments included, "The staff look after me very well. All the carers are wonderful. They couldn't do enough when they've got the time to help" and "My loved one is happy. The staff are brilliant, I couldn't rate them highly enough. My love one has just thrived. The staff treat them like they would their own relative".

People's relatives had complimented the staff team on the care they provided to people and had written, 'Both staff and management have been extremely welcoming, caring and helpful to us' and 'I couldn't have asked for better care for my loved one. All the staff were so wonderful and patient with them on the difficult days. The staff were all so caring to us as a family too. I will always be grateful for the support and genuine kindness shown'.

People were treated as individuals. The culture of the service was inclusive and everyone was supported to live their life in the way they wanted. Staff knew about people's diverse cultures and personal needs and preferences and supported them in the way they preferred. Staff gave people time to chat privately about their life and personal relationships if they wanted to. Staff knew who were important to people, their life history, their cultural background and their sexual orientation. People were treated as individuals and told us their choices and lifestyles were respected.

Staff were perceptive and knew people well. In the dementia lounge one person had been sitting on their own, rubbing their necklace in their hand. Staff recognised that the person was not interacting with anyone and appeared withdrawn. They knelt down and placed a reassuring hand on the person's shoulder. The person was given a toy cat and visibly brightened up, smiling and appearing more alert. Staff discussed the cat with the person and they sat stroking the cat and playing with its tail.

Routine's at the service were flexible to people's routines. One person told us, "If a group of us talking we go to bed later". Meals were served in the dining room for several hours at breakfast, lunch and dinner times and people could choose when they wanted to eat their meal. We observed some people eating early at lunchtime while others chose to eat later.

People had privacy and decided how much privacy they wanted. One person told us, "Staff knock the door before they come in". We observed this happening during our inspection. Staff described to us how they maintained people's privacy including keeping people covered while they helped them to get washed. The provider knew about the new general data protection regulations and kept personal, confidential information about people and their needs safe and secure. Staff were reminded of their responsibilities at staff meetings. Photographs of people taking part in special events such parties were displayed around the service with people's permission.

People continued to be encouraged to bring personal items into the service such as furniture, pictures and ornaments to help them feel at home. We observed that everyone's rooms were decorated with personal items and felt homely. Some people had brought pets into the service to live with them. Other people

enjoyed regular visits from a puppy and smiled as they stroked and chatted to it.

People were actively involved in making decisions about their care and were supported to maintain their independence. One person told us "The staff are very good, they don't pester me, I do my own thing". Another person told us staff only helped them when they needed support and encouraged them to remain independent. For example, staff encouraged people to walk around the building and supported them when they needed assistance.

Staff knew when people may need reassurance and made sure people always had items with them that gave them reassurance, such as soft toys. Throughout the inspection everyone was calm and had important things with them.

People's friends and relatives were able to visit their loved ones and spend time with them as often as the person wished. Some people's relatives chose to stay at the service overnight if their relative preferred. People's visitors were made to feel welcome by staff and people were supported to keep in touch with them.

At our last inspection people told us that staff did not chat to them and were often distracted by the hand-held devices used to record information about people's care. At this inspection staff spent time chatting with people when they had time. One person told us, "I feel the staff are interested in me and do the best they can for me so I don't feel alone".

Some people were able to share their views about their life with staff and others involved in their care. However, other people required support to do this and were supported by their families or a solicitor. The registered manager knew how to refer people to advocacy services when they needed support. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf.

From April 2016 all organisations that provide NHS or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. The provider was meeting the Accessible Information Standard and had developed accessible ways of communicating with people, such as pictures, to support people to tell staff about their needs and wishes and be involved in planning their care.

Is the service responsive?

Our findings

People received the care and support they needed to keep them comfortable at the end of their life, however staff did not routinely record what people wanted to happen at the end of their lives. Due to some people's faith there were specific rites that they wanted to be observed. Staff had documented that they required more information to ensure they were able to support the person appropriately. However, no further action had been taken to speak to the person or other important people in their life to ensure their wishes were fully recorded. Some people were living with dementia and were frail, others were active and healthy. There was a risk that people's need may deteriorate unexpectedly and without a clear record of what they would like to happen at the end of their life, their wishes may not be respected.

When people were at the end of their lives they had access to a range of pain relief medicine to help them remain as comfortable as possible. Nursing staff had been trained to administer this medicine, to ensure that it was given safely. Staff had taken part in a range of training with the local hospice, including giving nursing staff the skills to be able to verify someone's death, allowing the process to be done without contacting an outside healthcare professional.

One person whose loved one had passed away at the service told us, "There was fantastic end of life care for my loved one. Staff, including the kitchen staff and office staff were so supportive and protective at the end of our loved one's life, with us and our bereavement". Other people told us they and their loved one had also received the care and support they needed, including holding a wake for the person at the service.

We recommend that the service seek advice and guidance from a reputable source, about end of life care planning.

Complaints were now managed effectively. There was a complaints procedure available to people in a variety of formats, such as different languages, to ensure they fully understood it. Previously we found that people's complaints had not been listened to and acted on. At this inspection we found that the registered manager documented, investigated and responded to each complaint they had received. People told us they were confident to raise any concerns they had. One person told us they had raised "minor complaints" and had been satisfied with responses. Other people told us staff addresses any concerns they had immediately.

People were involved in planning their care with staff and told us staff provided their care in the way they preferred. One person's relative told us, "The staff make a point of knowing their residents and their needs". Preferences with regards to people's personal care and daily routine were documented in their care plan. For example, the time that people usually chose to go to bed had been recorded, although people were able to choose to go to bed earlier or later than this. One person told us, "I choose to go to bed '10.00ish' and get up any time after 8.00". Some people had complex needs, and found it difficult to make their needs known. By recording the usual time people chose to go to bed staff could be alert if people were becoming tired, and could prompt them, or offer them assistance and ensure they received the support they needed.

Staff documented specific requests people had made, such as having their hair dyed regularly to ensure this continued when they became more unwell. One person had told staff they liked to have their hair dyed a specific colour once a month. During the inspection their hair was the colour of their choice, and when we spoke to them about it, they smiled broadly, and told us how much they liked it.

There were clear, accurate guidelines in place for when people needed assistance with moving and handling. When people required the assistance of a hoist and sling to transfer, the correct way to do so was clearly recorded. Throughout the inspection staff moved people safely and they clearly explained to people what was happening when they did so.

Important information regarding people's lives before they moved into the service had been documented, so staff knew specific details about people's families and their previous jobs so they could talk about them.

People spoke positively about the range of activities on offer. Their comments included, "I go to Art Club, Games, Keep Fit and people come to entertain us, a violinist, a piano player and singers" and "I go to some of the activities. I went on a trip out yesterday [to a local country house and gardens]. They had beautiful roses".

There was a comprehensive timetable of activities which included trips out to local areas of interest, such as landscaped parks and museums, and activities held within the service. During the inspection people took part in an exercise class to music. We observed the session and people were smiling and laughing, clearly enjoying themselves. Another group of people did a crossword together with the support of staff.

Is the service well-led?

Our findings

A new registered manager had begun working at the service since our last inspection. The company which owned Miramar Care Home had been sold to Avery Healthcare approximately four weeks before our inspection. Nothing had changed at the service at the time of our inspection and Avery Healthcare had plans to gradually introduce their own policies and practices, supported by staff training. The registered manager was supported by a new team of department managers appointed since the last inspection and a mentor from Avery Healthcare.

People, their relatives and staff had been asked for their feedback about the service but this had not always been used to improve the service. In December 2016 people and their relatives had raised concerns about staff not being available when they needed them and their views of the service not being acted on. Effective action had not been taken to address people's concerns and the same issues were raised again in November 2017. One person had commented, 'Staff never around when needed. Frustrated with no answers or lack of information'.

Staff feedback showed that they felt more valued and their opinions and suggestions were listened to. However, staff continued to say that more staff were needed to provide the service. Their comments included 'Employ staff that are suitable for the job they have been employed to do' and 'Need more carers and not loads of managers'. A plan had not been put in place to support the registered manager and provider to use the feedback they had received to improve the service.

The registered manager and a representative from Avery Healthcare told us it was their goal to continually improve the service. The registered manager told us, "The answers are all out there. The residents tell us how they want things done". Some people continued to be involved in planning what happened at the service and attended monthly resident's meetings. Minutes showed that meetings had a very low attendance. The registered manager told us they chatted to other people to obtain their views and input. Meeting minutes showed that concerns people raised such as call bells ringing too loudly in the corridors had been addressed and when things could not be changed clear explanations had been given.

The management team completed regular checks on all areas of the service including the environment, medicines and the support people received. These had not identified the shortfalls we found during our inspection.

We discussed the inconsistency in recording with both staff and the registered manager. Staff told us that the electronic care planning system that was used to record the care and support people received did not allow them to easily record the areas we highlighted. The registered manager agreed that these gaps could have put people at risk.

The registered persons had failed to effectively act on feedback from relevant persons on the services provided, for the purposes of continually evaluating and improving the service. The registered persons had failed to maintain an accurate, complete and contemporaneous record in respect of each service user's

care. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Services are required to prominently display their CQC performance rating. The provider had displayed the rating for Miramar Care Home in the entrance, but had not displayed the rating on their website.

The registered provider had failed to show on every website maintained by them or on their behalf the Commission's most recent rating of Miramar Care Home and where on the Commission's website the most recent assessment of their overall performance of Miramar Care Home could be found. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection staff had told us they did not feel supported by the registered manager and management team and felt 'bullied' at times. At this inspection all the staff we spoke with told us the culture at the service had completely changed and they now felt supported and appreciated. Staff told us they were no longer 'tense and stressed' and smiled as they explained that they now felt relaxed and happy at work. People told us the service was now well managed.

Staff were now clear about managers' roles and responsibilities. They told us the registered manager and department managers were approachable and they could speak with them about any worries or concerns they had. One staff member told us, "I'm always in the registered manager's office asking them questions. They always take time to explain things to me". Staff were motivated and told us they felt valued. The registered manager had reintroduced the provider's staff recognition scheme and people and staff nominated staff who they felt should be rewarded for excellent care. The awards were handed out by people at special events at the service and everyone was invited to attend. All the staff we spoke with told us they would now be happy for a relative of theirs to live at the service.

Previously staff told us they worked in small groups and not as a team. Some staff told us they were isolated from the staff group by other staff members. At this inspection staff told us they worked well as a team and we observed staff working together to meet people's needs, this included sharing information about people and their preferences. The registered manager told us, "We are all one team, everybody is important".

The registered manager and staff continued to share a clear vision of the quality of service required and were working together to achieve this. Avery Healthcare had the same vision and were in the process of implementing their own processes to achieve this. This included supporting the registered manager and staff to develop their skills. The registered manager was completing an induction into the Avery Healthcare 'way of doing things' and was being supported by a mentor who visited them regularly. The mentor supported the registered manager during the inspection.

The registered manager worked in partnership with other professionals including a clinical nurse specialist for older people. On the day of our inspection three fire officers visited the service to familiarise themselves with the layout of the building, this was a regular occurrence. The local fire safety officer told us staff had been 'very engaging and positive' following their inspection.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service like a serious injury or deprivation of liberty safeguards authorisation. This is so we can check that appropriate action had been taken. Notifications had been sent to CQC when required.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered persons had failed to do all that is reasonably practicable to mitigate risks to people.</p> <p>The registered persons had failed to ensure the proper and safe management of medicines.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered persons had failed to effectively act on feedback from relevant persons on the services provided, for the purposes of continually evaluating and improving the service.</p> <p>The registered persons had failed to maintain an accurate, complete and contemporaneous record in respect of each service user's care.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered persons had failed to deploy sufficient numbers of staff to meet service users' needs.</p>