Bindon Care Ltd

Bindon Residential Home

Inspection report

32-42 Winslade Road
Sidmouth
Devon
EX10 9EX

Tel: 01395514500
Website: www.bindoncare.com

Date of inspection visit:
19 February 2018
22 February 2018

Date of publication:
18 May 2018

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 19 and 22 February 2018.

We brought this comprehensive inspection forward as we had received concerns about staffing levels, continence care and the quality of food. Devon County Council investigated one of the concerns under the safeguarding process and found this concern was not substantiated. We reviewed staffing levels and continence care. While staffing levels had been impacted on occasion in previous months due to short notice sickness, staffing levels were satisfactory at the time of the inspection. No concerns were found in relation to continence care or the quality of food.

The service was previously inspected in February 2017. No breaches were found at that inspection however we made three recommendations. We recommended the deployment of staff be reviewed to ensure people's needs are met and monitored in a timely way. We recommended the service followed the National Institute for Health and Care Excellence Guideline (NICE), Managing Medicines in Care Homes which would help the service to ensure they maintained accurate medicine records. We recommended that good practice advice in respect of setting and achieving improvement plans is reviewed and implemented. We also found Deprivation of Liberty Safeguards (DoLS) applications contained insufficient information or identical information and were not 'person centred or specific'. The service was rated as Requires Improvement.

At this inspection we found some improvements had been made. For example, staff deployment had improved. Some communal areas had been reconfigured to enable staff to have a regular presence in communal areas in order to provide timely support to people. Deprivation of Liberty Safeguards (DoLS) applications submitted to the local authority contained relevant and specific information. However, we found a breach in regulation as the management of medicines was not entirely safe.

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

Bindon Residential Home provides accommodation for up to 42 people. The service provides care for older people; most of whom are living with dementia. The home is separated into two different areas called Bindon and Elmcroft. These are accessed by separate front doors or via the garden at the rear of the properties. At the time of our visit 34 people were living at the service, 22 of whom were living in Bindon and 12 of whom were living in Elmcroft.

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

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'.

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was not consistently following safe practice in relation to medicines management. This meant people were at risk of not receiving their medicines as prescribed. Current quality assurance arrangements had not consistently identified shortfalls within the service.

People who used the service felt safe and we found staff knew how to recognise and report concerns about people's safety and wellbeing. Guidance was in place to ensure risks were minimised without restricting people's independence.

Sufficient staff were available to meet people's needs. Necessary checks were carried out to ensure staff were recruited safely and were suitable to work with people at the service.

People were treated with kindness and respect. Staff were attentive and understood people's individual needs. Staff were familiar with people's likes, dislikes and preferences with regards to their care and support.

People were happy with the food. They received a nutritionally balanced diet and were offered sufficient fluids to keep them hydrated. People's health care needs were supported with access to a range of professionals including GPs, district nurses and mental health professionals. Appropriate equipment was in place to meet people's care needs.

The service was working in line with the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) which helped to make sure people's rights were protected and promoted. Where people lacked capacity, mental capacity assessments were completed and best interest decisions made in line with the MCA. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. Staff sought people's consent before any care or support was given.

Staff received effective support in the form of an induction programme, on-going training and appraisals.

Care plans contained person-centred information and where possible people and their relatives had been consulted with regards to the support they required. A range of activities were offered. The registered manager and activities co-ordinator were keen to develop more activities which would be engaging and meaningful for people living with a dementia.

People were provided with information about how to make complaints. Complaints were documented and actions taken as a result.

People using the service, relatives, and professionals knew the registered manager. She had a visual presence within the service and knew people well. People, relatives, professionals and staff said the registered manager was approachable, listened to their feedback and responded to their concerns or queries.

Although we found areas for improvement at this inspection, we also recognised the provider and registered manager had made improvements to the service since the last comprehensive inspection. There were a range of audits and systems in place to enable the provider to monitor the quality of the service provided. However, we identified failings specifically in relation to the management of medicines.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some areas of the service were not safe.

The service was not consistently following safe practice in relation to medicines management. Some environmental risks to people's safety had not been identified.

People were protected from the risk of abuse and avoidable harm. Staff identified and managed risks to people's health and well-being.

There were sufficient numbers of staff to meet people's needs and safe recruitment procedures were followed.

Is the service effective?

Good

The service was effective.

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

Staff had undergone training to help them carry out their role effectively.

People were supported to access health and social care professionals as required and their nutritional needs were being met.

The planned refurbishments to the environment will benefit people living at the service.

Is the service caring?

Good

The service was caring.

People were treated with kindness and respect. Staff promoted people's dignity and privacy.

Staff knew people well and provided care in line with their choices and preferences.

People were able to maintain relationships with people who

were important to them.

Is the service responsive?

Good

This service was responsive.

Care plans were based on individual needs and were assessed and reviewed regularly.

Complaints were dealt with effectively.

A range of activities continued to be developed and provided for people using the service.

Where end of life care had been provided this had been done with sensitivity and respect for people's needs and individual wishes.

Is the service well-led?

Requires Improvement

Aspects of the service were not well-led.

Some risks linked to medicines management and environmental risks had not been identified by the provider's quality assurance systems

The registered manager was well thought of by people, relatives, professionals and staff.

People, their relatives and staff were consulted on how to improve the service.

Bindon Residential Home

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 19 and 22 February 2018 and was unannounced.

The first day of the inspection was carried out by two inspectors and '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 of the inspection was carried out by an inspector and medicines inspector.

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

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

During the inspection we spoke with 12 people, seven relatives, the registered manager, provider, and 12 care staff and ancillary staff. We also met with one health professional during the inspection. We reviewed four care files; three staff recruitment files and training and supervision records; audits and policies held at the service. We looked around the premises

Prior to the inspection and afterwards we contacted local community health and social care professionals for their feedback. We received feedback from four.

Requires Improvement

Is the service safe?

Our findings

At the last inspection this domain was rated as 'requires improvement'. This was because hot water temperatures were above that recommended by the Health and Safety Executive. Not all Personal Emergency Evacuation Plans (PEEP's) were completed to ensure people were assisted safely in an emergency. At this inspection we found the provider had addressed these issues.

Prior to this inspection we received concerns about staffing levels. We had asked the registered manager to provide information about staffing levels as a result of these concerns. At this inspection we found staffing levels were sufficient to meet people's needs. However we found improvements were still needed in relation to the management of medicines.

Peoples' medicines were not always managed and administered safely.

We checked the arrangements for managing medicines. We checked 16 people's charts, there were ten people who had one of more issues on their chart where it was not clear whether medicines had been given or recorded correctly. Six people had one or more gaps in their records where it was not possible to tell whether a dose had been given. Four people had a dose of medicine which had been signed as given on the MAR, but the dose was still remaining in the blister pack. One person had more doses of an antibiotic signed as having been given, than the number recorded as received.

Staff recorded medicines on medicines administration records (MARs) charts. These were usually printed by the supplying pharmacy, but when hand-written updates were made these were not always signed as being checked by a second member of staff to make sure they were correct. The records meant that it was not possible to show that people always received their medicines safely in the way prescribed for them.

There were suitable arrangements for ordering, receiving, storing and disposal of medicines. Medicines requiring extra security were stored correctly, however there were three entries in the register where these had not been signed out when returned to the pharmacy. We checked records of returns and found that there was an audit trail to show these had been sent back, but the register had not been updated. Storage temperatures were monitored to make sure that medicines would be safe and effective.

The medicines policy was being updated and expanded to include current guidance, as recommended at our previous inspection and by an advisory report from the pharmacy. Staff were checked to make sure they gave medicines safely, and the manager told us that further e-learning would be arranged for staff. Audits were completed monthly and action plans had been completed following issues that had been identified. There was a system to report any errors or incidents so that actions could be taken to prevent them from happening again.

There were instructions within people's MAR charts for the administration of medicines prescribed to be given 'when required' to help staff decide when it would be appropriate to give doses of these medicines. At lunchtime we watched a member of staff give people their medicines in a safe way.

We reviewed the fire safety arrangements at the service and identified three bedroom doors which did not close properly. This meant the doors would not have prevented the spread of fire or smoke in the event of an emergency. Fire safety records showed all doors had closed when last checked in February 2018. The provider took immediate action to address the issue. Maintenance personnel adjusted the doors during the inspection. Regular fire safety checks were carried out to ensure any issues were addressed promptly. At the last inspection not all Personal Emergency Evacuation Plans (PEEP's) had been completed. PEEPs inform staff and the emergency services about the level of support each person requires in the event of an emergency evacuation of the building. We found at this inspection each person had a personalised evacuation plan in place.

At the last inspection water temperatures from some basins and baths were above that recommended by the Health and Safety Executive (HSE). The provider and registered manager had introduced regular monitoring of water temperatures to reduce the risk of scolds. We found one hand basin tap in Elmcroft where the hot water was reading at 60oC. The registered manager took immediate action to ensure maintenance personnel adjusted the temperature. All other outlets checked where within the HSE recommended temperature.

A member of staff often brought their large dog to the service, which several people enjoyed seeing and petting. However, we saw the dog in the kitchen, which did not promote good practice. We discussed this with the registered manager, who addressed this immediately. At lunchtime the dog remained in the garden, however one person said this was unusual and that the dog sometimes "scavenged" around tables at lunchtime. This too was discussed with the registered manager, who said she was unaware of this but would ensure the dog was not in the dining room at mealtimes.

People using the service; their relatives and visiting health and social care professionals said the service was safe. Comments from people included, "I feel safe. People (staff) are always coming in and out…" and "I am safe here. Nothing bad happens to me. Staff are here to help anytime…" Relative's and a health professional's comments included, "I trust them (staff) with my (relative). They know her…"; "Staff do their very best…(relative) can be aggressive and lash out but they (staff) understand it is the condition..." and "Yes, I think the service is safe. Patients here are really complex and have advanced dementia. They (staff) work with us pretty well…"

People using the service and their relatives reported there were usually enough staff on duty to meet people's needs. Comments included, "The staff are kind to me but I don't think there are enough staff…" However, they added, "The staff are prompt if you need them…" Other comments included, "Sometimes they seem short of staff but at the moment it's not too bad"; and "People (staff) are always coming in and out." Relatives said, "Staffing seems to be ok. They (staff) visit (person) often as (person) stays in their room" and "They have been short (staffed) in the past but better now…"

Staff reported, "There is enough staff except when staff ring in sick"; "Generally there are plenty of staff except when people go off sick" and "When we have the full team on things run well. Absence has improved over the last few weeks." Overall staff reported staffing levels had improved.

The registered manager explained that short notice absence due to unplanned sickness had been a problem at times but that every effort was made to find additional cover, using existing staff or agency staff. The provider and registered manager were monitoring staff absence and taking action where necessary to address recurring issues with staff. Staff confirmed that the registered manager always tried to cover any absences and often worked alongside them if there was sickness. Two members of the house keeping team were trained to deliver care and they helped on occasion when the preferred staffing numbers were not

achieved due to sickness.

The registered manager confirmed the assessed staffing levels as eight care staff; five working in Bindon and three in Elmcroft. On the day of the inspection there were five staff in Bindon and four in Elmcroft. At night there were four waking staff on duty. The staff rota from 19 January 2018 to 18 February 2018 showed the preferred staffing levels were maintained. The registered manager was mindful of the skill mix and gender on each shift and tried to ensure inexperienced staff were on duty with experienced staff, who could guide and teach them.

Staff were at hand to assist people and call bells were answered quickly. Since the last inspection the registered manager had reviewed the communal layout of the building to ensure a better staff presence in these areas. For example, the dining room in Bindon had been moved to an area where staff could easily monitor people. One relative said they felt staffing could be improved, but added, "Bells aren't ringing all the time and are answered quickly and you do see staff in the communal areas." The call bell response time was monitored and showed that the vast majority of calls were answered within three or four minutes.

People were protected from harm as staff understood safeguarding adult's procedures and what to do if they suspected any type of abuse. Staff had undertaken adult safeguarding training and were confident that any concerns reported to the registered manager or provider would be dealt with. The registered manager had made appropriate referrals to the local adult safeguarding team when necessary and notified the Care Quality Commission (CQC) of any incidents.

Risks to people's health and safety were assessed. This included the risks associated with poor skin integrity, poor nutrition, falls, moving and handling and behaviours that may challenge the service. Risk assessments were updated and care plans provided instructions to staff about how to mitigate risk and keep people safe. A relative said, "Staff understand (person's) triggers, and when they become aggressive. They (staff) do their best and look at what is best for (person)."

Special equipment was used to reduce risks where needed, for example, pressure relieving mattresses and cushions. The local community nursing service had delivered training to staff about reducing pressure damage and caring for vulnerable skin. One community nurse said the standard of skin care was generally good and the incidence of any serious skin damage, such as pressure ulcers, was low. They said training had improved practice and reduce risks.

Incidents and accidents were recorded with action taken to reduce the risks of incidents reoccurring. We reviewed the incident and accident reports and found that steps had been taken to reduce the risks. For example, discussion with GPs about people's medicines or investigations to check if people were developing infections. Staff were quick to support one person to ensure their shoes were on properly, therefore avoiding a potential accident.

Safe recruitment procedures were in place to ensure new staff were of suitable character to work with vulnerable people. New staff were required to complete an application form and attend an interview. Disclosure and Baring Service (DBS) checks and references had been obtained prior to their employment. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

The premises were safely managed. Checks were undertaken on the gas, electrical and fire systems as well as equipment such as hoists to ensure they remained safe. The registered manager confirmed that all remedial work following the electrical inspection report recommendations had been completed and was up

to date.

The service was clean and odour free. Staff had received infection control training and we saw overall that good infection control practice was in use, for example the use of protective equipment, such as gloves and aprons. The laundry was secure and well equipped with industrial washing machines and driers. The Food Standards Agency had awarded the service a rating of 'five' 2017, which meant the kitchen had achieved 'very good' hygiene standards.

Good

Is the service effective?

Our findings

At the last inspection this domain was rated as 'requires improvement'. This was because several Deprivation of Liberty Safeguards (DoLS) applications had been rejected by the local authority in January 2017 as they contained insufficient information or identical information and were not 'person centred or specific'. We found improvements had been made at this inspection.

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 less restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Appropriate applications for DoLS had been made to the local authority for the majority of people living at the service. This was because people required continuous staff support and supervision to ensure their safety.

The registered manager and staff were aware of their responsibilities in respect of consent and the need to involve people as much as possible in day-to-day decisions. During the inspection staff involved people in their care and acted on cues from people with regards to their wishes. For example, people's wishes/preferences were responded to, such as where and how they spent their time or what they wanted to eat. People confirmed staff always asked their permission before providing support and respected their right to say 'no'.

Where people lacked capacity and decisions were complex such as medical interventions, other professionals and their relatives had been involved with best interest meetings. Records were maintained of decisions made in a person's best interest.

The planned refurbishments to the environment will benefit people living at the service. There were ongoing refurbishment plans taking place to improve the environment. One health and social care professional and a relative described the general environment and as "rather tired" and "a bit tatty". The rubber draft excluder attached to one external door had become detached, causing a draft for the person using that room. The registered manager was aware and said it would be replaced. The dining room had recently been refurbished and there were plans for further refurbishment. Although the environment was not specifically designed to meet the needs of people living with dementia the provider had ensured signage was in place to help people find their way. There were some objects of interest to provide stimulation placed around the communal areas, which people touched or picked up. Staff were aware of the limitations of the environment for some people living with dementia and often escorted them to and from their bedrooms or to the bathroom.

The registered manager assessed and discussed people's care and support needs with them (or their family if appropriate) prior to their admission to the service. Where possible additional information was sought from other professionals, such as social workers or health professionals. Anyone thinking of moving to the service on a permanent basis was encouraged to visit so they could see if the service would be suitable for them. If this was not possible, family members or friends visited the service on their behalf. A full assessment of their needs was completed which was used to develop a plan of care, which included information about a person's background, history and preferences.

People were supported to access healthcare services, for example the GP; nurses; chiropodist; dentist and optician. The service had good links with local healthcare professionals, such as, community nurses and GPs. Health care professionals confirmed the service contacted them appropriately and in a timely way when people's health needs changed or for advice. One reported, "They (staff) work with us pretty well. We have a good relationship with the manager. Any concerns are reported to us quickly…" They confirmed their advice and recommendations were acted upon. Another said the service cared for people with very complex needs relating to dementia. They added, "If staff ring us with a concern it is always valid and we assist…"

Appropriate referrals were made to the community psychiatric nurse (CPN), who provided advice about how to support people with dementia or mental health needs. The CPNs advice had been incorporated into the care records to help staff support people living with dementia or mental health needs. Referrals had been made to the speech and language therapist when people experienced difficulties with swallowing. Their advice had been followed and people received the correct diet and fluids to keep them safe. One person explained, "I have swallowing difficulties so I have pureed food." Records showed people health care needs were monitored and any changes were discussed with the relevant health professional. For example, where a person maybe at risk of weight loss. This was discussed with the GP or community nurse and appropriate actions taken to reduce the risk.

People's nutritional needs and dietary preferences were considered and met. Nutritional assessments had been completed to identify any risk of malnutrition. We received positive feedback about the food, which included, "The food is better"; "We get a menu and the food is good"; "Very good, excellent" and "Very good apart from the gravy. I said I don't want it (gravy), so far they observe it."

An independent food company delivered the meals pre prepared, which were then heated and served. There was a varied menu and specialist diets were catered for, for example, soft or pureed meals, diabetic and vegetarian options were available. Staff discussed menu choices with people daily. Where people may have forgotten their choice, we saw staff reminded them; where people changed their mind at the mealtime, staff accommodated this and offered options to people.

In Bindon the dining tables were laid with dark red linen tablecloths, paper napkins, cutlery and beakers. Meals were served on white crockery allowing for good vision against the dark red tablecloth. In Elmcroft we noted white tablecloths were used with white plates. For people with dementia it can be helpful to have differentiation between the plate edges. Various plates, dishes and types of cutlery were used according to people's individual needs to support their independence. Staff were helpful and attentive to people's needs at mealtimes and provided discreet help and encouragement where needed.

People received care from staff who were supported in their roles. New staff were introduced to their roles through an induction process before they started to deliver care on their own. This included meeting people; shadowing experienced; staff familiarising themselves with people's care and support plans, policies and procedures and the environment. Staff new to care completed the Care Certificate (a nationally recognised training course for staff new to care) which enhanced their understanding of the expectations placed on

health and social care workers when providing care. Staff comments included, "My induction was really good. I got time with the manager; time to get know people and staff were very supportive with me…" and "They (staff) and the manager are helping me a lot."

Staff received relevant training to keep their skills and knowledge up to date. Records showed the training included safeguarding, infection control, medicines management, moving and handling, fire safety awareness and health and safety. The provider maintained training records and ensured staff completed refresher courses when due. Staff training needs were identified through supervision and staff meetings and additional training was provided. For example dementia care training to support people with these specific needs. The provider was changing the training company and hoped to improve the variety of training for staff. The registered manager confirmed training due to be delivered included: diabetes, mental health, personal & challenging behaviour, nutrition and stress management.

Staff confirmed they had received core training and training to support people they cared for. Comments included, "I have everything I need to do my job. (The registered manager) is very supportive and I have training in manual handling and refreshers on food hygiene and fire safety. If our training expires (the registered manager) will tell you and push you to do it. It's a nice place to work" and "we get enough training, on line and face to face. Lately a lady came in and she did dementia, MCA, food and nutrition and eating disorders. The nurse came and did manual handling. The occupational therapist (OT) has done the hoist and stand aid (training)."

Staff received regular supervision with the registered manager to enable them to discuss issues about work or training, and to receive feedback about their performance. The registered manager said they aimed to provide supervision for staff every three or four months. Additional 'ad-hoc' supervision was used to address any issues around practice, performance and attendance.

Good

Is the service caring?

Our findings

At the last comprehensive inspection in November 2015 this key question was rated good. At this inspection it has been rated good again.

People continued to receive care from staff who were kind and respectful. There was a calm atmosphere within the service and staff demonstrated a caring manner. Comments from people included, "I have found it very good…They (staff) are lovely people"; "They (staff) have all been very nice to me. Nothing is too much trouble for them. I have a lovely room; good food and friends. I have no complaints or worries…" and "They're just kind, that's all, they are very observant, if you are off colour. On the whole staff are very good."

Relatives said, "They're lovely (staff), you have only got to see them go up to her, she gives them a big beaming smile, she's happy" and "We are really happy with the care (person) is getting. They understand (person) and are led by him. They never distress him…" Health and social care professionals commented that they observed positive interactions between staff and people when they visited the service. One commented, "They (staff) do deal with very complex people because of their dementia. They do their best. They are kind and patient from what I have seen…"

Prior to the inspection we received concerns about continence care. We discussed this with health professionals prior to and after the inspection. Feedback and records confirmed appropriate products were being used correctly. The community nursing team provided training and information about continence and skin care. A community nurse said the training had a "good impact…" There had been a reduction is minor skin moisture lesions, which in turn reduce the risk of more serious skin damage. No concerns about continence care were raised with us during this inspection.

People reported that staff delivered personal care in a dignified and respectful manner, which promoted their privacy. Comments included, "It's very good actually, the carers are very good… they give you a darned good wash and put your creams on…" and "They make sure you have privacy when they do personal care." People were dressed in appropriate clothes and we saw staff assisting people to maintain their individual hairstyles and make up as part of their personal care. A relative explained that on occasion their family member was not dressed in their own clothes. Minutes of staff meetings showed the registered manager had reminded staff to pay attention to the standard of people's personal care and clothing.

We observed staff were attentive and chatted to people throughout the day, showing an interest in what each person had to say. For example, one person was muddled about a family visit and asked staff several times about these arrangements. Staff were patient and reassuring with the person. People looked comfortable and relaxed with staff and we saw staff comforting people if they became distressed and anxious. For example, one person showed signs of distress and agitation. Staff took time to sit with the person, to reassure them and listen to them. This resulted in the person becoming calm. A health professional reported, "They (staff) know people and what they doing. They (staff) are anticipating things and doing their best for the residents…" A relative commented, "…the other day when we came he was laughing with them (staff)".

People were actively involved in making decisions about their daily care and support. With the exception of one person, people said staff respected their routines and were flexible to their requests such as having a lie in; taking part in activities or having their meals in their room. One person said they were woken early at times but added they liked to get up early so it was not a problem. We saw that breakfast time was flexible, with staff delivering individual trays to people's rooms or the dining room. Staff consistently asked permission before intervening or assisting and explained to people what they were going to do. For example, when assisting people to move or using equipment. Two people who required a hoist to safely transfer said they felt safe with staff. Comments included, "They (staff) ask permission when you want to be moved, when, how" and "I feel safe. No mishaps..."

Staff supported and encouraged people to be as independent as possible. One person explained, "I like to do what I can and staff respect this. They help when I need them…" Staff understood that people's independence was important; one said, "We are here to support people; to care for them not to take away their independence…" Several people used aids to assist with their walking. Staff ensured this equipment was close at hand and on occasion reminded people to use their frame. One person's mobility had declined and they had experienced a fall; as a result they were referred to the physiotherapist to help improve their mobility and independence. People had adapted cutlery and crockery, such as 'lipped' plates, to promote their independence at mealtimes. We saw that this equipment was used effectively and enabled people to eat independently.

People's private rooms were personalised with their own belongings and items of meaning and value to them. For pieces of furniture, photographs, paintings and books they had brought from home.

People's friends and relatives could visit them at any time of day as there were no restrictions on visiting the service. This meant people using the service were not isolated from those closest to them. Visitors were welcomed and during the inspection, several visitors came to see people. Relatives were positive about the way staff treated them and felt comfortable visiting at any time of the day. They said they were offered refreshments and staff had time to speak with them about any changes to their love one. One relative explained, "whatever questions we ask, they answer…they are so welcoming…"

Good

Is the service responsive?

Our findings

At the last comprehensive inspection this key question was rated good. At this inspection it has been rated good again.

The provider had a clear complaints procedure, which was displayed in the entrance to the service. People's concerns and complaints were taken seriously; investigated and responded to. People using the service and their relatives said they would happily raise any concerns with the registered manager or staff. Comments included, "Any concerns or queries we have had they (staff) respond"; "I would speak with the lady in charge (the registered manager)" and "I hadn't made a complaint but could speak to staff if I wanted to." One visitor said they were unsure about how to raise a complaint but they could and had spoken with staff in the past about concerns. Three complaints had been raised at the service since the last inspection. The registered manager recorded the detail of the complaint; the investigation and the response to the person. These complaints had been resolved. Following the inspection a relative shared a complaint with us, which was being investigated by the registered manager.

Care plans were personalised and reflected people's needs and choices. People's care records included information about their emotional and physical needs and reflected the support they required from staff. Where people presented behaviour which may challenge the service, care plans were written sensitively and gave clear information for staff on how to reassure people. However one care plan was less developed in this area, but staff were able to describe the support provided to the person to keep them and others safe. We observed staff giving emotional support and reassurance to people who became distressed. Their approach was caring and calm. People responded well to this staff engagement and appeared happier and calmer following staff interventions.

The provider used an electronic care planning system, and each person also had a printed version of the care plan which summarised important information to make it easier for staff to find information quickly. Staff said the records were very useful and accurately reflected people's needs. Visiting professionals described how the electronic records had improved record keeping and enable them to have accurate information about people's condition. One said, "The electronic records have improved the information… this makes our job a bit easier…" Staff accessed the care plans using small hand-held computer devices and they recorded care tasks delivered throughout the day. This meant there was a good record of the daily care provided to each person.

The majority of people could not remember being involved in developing their care plan, but several relatives were able to confirm they had been consulted where their family lacked capacity to do so.

Some people had the 'This is me' document, which recorded their backgrounds, life histories and preferences. This document helped staff better understand the needs of people with dementia and provide care and support to people based on their personal preferences. It also helped staff to engage with people in meaningful conversations. The activities co-ordinator was developing a 'This is me' for all people using the service.

People were happy with the care provided. One person said, "They (staff) are very thoughtful, very helpful if you want anything, nine times out of ten they can get it." Relatives said they were happy with the support people received and the impact the support had on people's health and well-being. One relative said, "I trust them (staff) with (person)…they know her." Another reported, "…the girl's (staff's) attention to detail and their persistence with (person) was exemplary…" A third relative explained, "They (staff) have settled him well. We know he is safe and wasn't at home…it is lovely to think that he is safe…"

Staff knew people well and were responsive to their changing needs. For example, the GP was called to see one person who staff were concerned about. The GP said calls to the surgery were made appropriately. They added, "Staff concerns are valid…"

The provider employed an activities coordinator who worked Monday to Friday from 9 am to 3 pm and a programme of weekly activities was in place. This included music sessions; exercise classes; knitting circle; pampering and a variety of games and quizzes. These activities were mainly provided as a group activity. The coordinator also spent time with people who chose to stay in their room. Time was spent chatting or reading and reduced the risk of social isolation. Occasional outings were arranged to local places of interest, including cafes and shops. A regular service was held in order to meet people's spiritual needs.

We received mixed feedback about activities. Some people were very positive. Comments included, "She (coordinator) is a very nice lady. She takes us out - that makes a difference to me; gives me a little bit of freedom"; "I can join in if I want. There is usually something on" and "We can choose to attend; I like the music and we can have a chat". Another person explained, "I am in bed all the time. We have a lady who does activities and she comes to see me." Other people felt activities did not suit their interests. One person said, "…Can't be bothered with that, sing a long." Two relatives also felt that activities could be improved and expanded; one said, "I know they have things going on, but (person) is in their room and isolated…"

The registered manager and activities coordinator recognised the further development of activities for people living with dementia would be beneficial. The activities coordinator often spoke with people about their preferred activities and tried to arrange a programme to please as many people as possible.

At the time of this inspection no one at the service was receiving end of life care. However, end of life care was provided when required, supported by the community nurses. We saw thank you cards and compliments from relatives about the care and kindness staff showed during difficulties times. One said, "Such lovely staff. The end of life care was incredible. We couldn't have asked for more…" Treatment Escalation Plans (TEP) were in place, which recorded important decisions about how individuals wanted to be treated if their health deteriorated. This meant people's preferences were known in advance so they were not subjected to unwanted interventions or admission to hospital at the end of their life, unless this was their choice.

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 which requires the service to identify; record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans provided information about people's sensory or hearing impairment. Staff were aware of those people who relied upon hearing aids or glasses to enhance communication. We saw people's glasses and hearing aids were in use, with the person's consent. People had access to health professionals to improve communication, for example audiology professionals and opticians. Some people were unable to easily access written information due to their healthcare needs. Staff supported people to receive information and make choices where possible. For example, menu choices were requested from people each day. Part of the menu had been designed in a pictorial format to help people to make choices for themselves.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection this domain was rated as 'requires improvement'. This was because systems to enable the provider to monitor the quality of the service were not always effective. Issues identified at the last inspection had not been recognised or fully addressed by the provider. This domain remains 'requires improvement' as governance arrangements had not consistently identified shortfalls in relation to the management of medicines, and environmental risks relating to the hot water temperature in one sink and three fire doors needing remedial work.

There were a range of audits and systems in place to enable the provider to monitor the quality of the service provided. However, we identified failings specifically in relation to the management of medicines. Monthly medicines audits were completed and the registered manager explained the shortfalls found on this occasion would have been identified during the regular monthly audits. However they recognised the seriousness of the shortfalls found and planned to introduce daily checks to ensure people received their medicines as prescribed. This would ensure that any shortfalls were picked up immediately and rectified.

Although we found areas for improvement at this inspection, we also recognised the provider and registered manager had made improvements to the service since the last comprehensive inspection. For example, staff were effectively deployed and available in communal areas to ensure people's needs were met in a timely way. Plans were in place for all people in the event of an emergency to support their safe evacuation. The principles of The Mental Capacity Act 2005 in relation to DoLS were followed.

The provider and registered manager continued to work with members of the local authority quality assurance and improvement team to help them improve the governance systems in place. Reports from the quality assurance and improvement team were positive and it was felt that some good progress had been made over the past 12 months with the provider and registered manager engaging in a positive way. It was reported that the registered manager's confidence had grown significantly and that they were managing staff performance well. The quality team reported they had witnessed "positive interactions and good engagement" between people using the service and staff.

The registered manager had a proactive approach to managing staff performance to ensure they delivered a good standard of care. Where concerns about practice or approach were apparent, they were addressed. For example, additional training and support was provided. Where disciplinary action was necessary this was taken. The registered manager explained improvement was the responsibility of the whole team and she wanted to engage them in a meaningful way. In order to ensure the staff team understood the areas which required improvement following the last inspection, she had discussed the CQC report at staff meetings. She had also invited a member of local authority quality assurance and improvement team to speak with the team about quality improvement. Staff reported this had been helpful to their understanding.

The registered manager had developed an open and supportive culture. They had implemented mentoring for younger, inexperienced staff to enable them to develop skills and knowledge working with experienced

staff. The registered manager was introducing staff to 'reflective practice'. Reflective practice is a way of studying one's own experiences to improve the way you work. Staff reported they felt well supported by the registered manager. This was confirmed by the results of the staff survey completed in October 2017. One said, "The manager is accessible and supportive. I would recommend it (working here). We have a lot of staff meetings and they have started doing seniors meetings which is good."

Staff were encouraged to get involved in the running of the service and records showed regular staff meetings had taken place. These meetings had been used to share information about the service and provide staff with an opportunity to discuss any issues or concerns and to provide feedback.

All of the people we spoke with, including relatives, and professionals, knew the registered manager. She had a visual presence within the service and knew people well. People, relatives, professionals and staff said the registered manager was approachable, listened to their feedback and responded to their concerns or queries. Comments included, "We have a good relationship with (registered manager). She is very welcoming, accessible and easy to talk to…" and "I can speak with (registered manager) any time. She is always willing to listen to any concerns or queries. Yes, I have confidence in her…" A health professional reported, "The manager listens, takes on board suggestions and sets a very good example for staff. She does well with a challenging job and is keen to get things right and cares about things…"

The views of people using the service and their relatives had been sought using an annual satisfaction questionnaire. The questionnaire covered all aspects of the service; from the quality of care to the cleanliness of the environment. Results from the November 2017 questionnaire showed overall satisfaction with the service was good. 25 per cent of respondents felt aspects of the service were excellent. For example, the quality of care and friendlessness of staff. Where suggestions for improvements had been made these had been acted upon. For example, one person suggested more cleaning staff; recruitment was already underway. Another suggested less agency staff to be used; recruitment was continuous to attract permanent staff.

People and relatives were also invited to 'residents' meetings' held by the activities coordinator. These meetings provided an opportunity for people to discuss menus; activities and any issues of concern. People's suggestions were taken on board, for example Christmas activities.

The aims of the service were, "To provide care, comfort and companionship in a warm and caring environment by nurturing independence to its fullest extent, whilst meeting dependence with sensitivity and understanding." We discussed with people whether the aims of the service were evident. One person said they felt the aims were, "To make you feel at home…" They said they did. Relatives' comments included, "Just to keep them safe and happy. Grand-dad always seems fine" and "To keep them healthy, happy and mobile and to be a home, the home atmosphere." When asked if this had been achieved they said, "Yes I do".

The registered manager ensured that lessons were learned and improvements made when things went wrong. For example, the registered manager undertook regular analysis of accidents and incidents to identify any trends. Information recorded included the location, time, and cause of accidents and incidents, such as falls. This helped the registered manager and provider to identify any patterns and take necessary action. Following analysis of slips and trips it had been identified that some people had 'slipped' from chairs which had plastic/vinyl covers. In order to reduce these type of accidents the registered manager introduced the use of non-slip chair covers for those people at risk.

The service promoted equality and diversity within its workforce. The provider's ethos was "Everyone is

considered as an individual with his or her own special needs and wishes. We look upon those who live and work here, as one community, where we all respect each other's privacy and dignity." The provider employed a diverse workforce, in relation to culture and gender. Staff had completed equality and diversity training and the staff survey confirmed the registered manager treated all staff equally.

Staff worked in partnership with key organisations to support people's care and health needs. Good relationships had been developed with the local community nursing team and GPs. Community nurses visited people who required additional support to maintain their health and worked closely with staff to promote best practice. For example in relation to skin care. As a result of training and support from the community nurses there had been a decrease in minor skin damage. Health professionals reported staff always acted on their recommendations.

The registered manager was aware of the requirement to inform the Care Quality Commission of events or incidents which had occurred at the service.

The most recent CQC rating was prominently displayed in the hallway area of the service and on the provider's website.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured the safe management of medicines. 12 (1) (2) (g)