Mrs Barbara Marlow

Holwell Villa Residential Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Holwell Villa Residential Home is registered to provide accommodation and personal care for up to 17 older people who may be living with a dementia, physical frailty or have needs relating to their mental health.

At the time of the inspection there were 15 people living at the home. The not provide nursing care. Where needed this is provided by the community home offers both long stay and short stay respite care. Holwell Villa does nursing team.

This inspection took place on the 10, 16, and 17 May 2017; the first day of the inspection was unannounced.

The home had a registered manager. 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 home was previously inspected in April 2016, when the home was rated as 'requires improvement' overall. Following that inspection, the registered manager sent us a plan describing the actions they had taken to improve. At this inspection, in May 2017, we found improvements had been made to the management of people's medicines, the homes recruitment processes, as well as the way the home recorded people's mental capacity and best interest decisions. However, we found other improvements were still needed.

Records showed that whilst some premises checks had been completed, risks to people's health, safety, and wellbeing had not always been identified, assessed, or mitigated. We checked the homes emergency fire exits and found they were both locked and did not automatically release when the fire alarm sounded. We found risks in relation to storage of flammable oxygen cylinders and fire doors, which had been propped open. We raised our concerns with the registered manager and shared them with Devon and Somerset Fire Service, who visited the home during the inspection and advised the registered manager on the immediate action they needed take to ensure people were safe in the event of a fire. Following the inspection the registered manager confirmed that both emergency exit doors had been replaced.

Records were not always well maintained. We looked at the care records for five people in detail and found one person's individual needs had not been assessed or planned. This person did not have a plan for their care and the home had not assessed any of the risks associated with providing care and support for this person during their stay. Whilst some people's care plans were personalised and provided staff with detailed guidance about each person's specific needs others did not contained the same level of detail. We have made a recommendation in relation to care planning.

We looked at home's quality assurance and governance systems to ensure procedures were in place to assess, monitor, and improve the quality of the services provided at Holwell Villa. We saw the provider and

registered manager used a variety of systems to monitor the home. These included a range of audits and spot checks, for instance, checks of the environment, medicines, care records, accidents and incidents, finances and people's wellbeing. Although some systems were working well, others were not as they had not identified a number of concerns we found at this inspection.

We raised our concerns about quality assurance systems and governance with the registered manager. The registered manager accepted the quality assurance system had not identified our concerns and said they would take action to address this. Following the inspection the registered manager confirmed they had contacted Torbay Quality and Improvement Team to seek further advice and support. They confirmed action had been taken to address concerns surrounding fire safety and evacuations procedures and assured us that all care plans had been reviewed and updated.

People said they felt safe and well cared for at Holwell Villa; their comments included "I do feel safe," and "I'm very happy here". Relatives told us they did not have any concerns about people's safety. People were protected from the risks of abuse and harm. There was a comprehensive staff-training programme in place, this included safeguarding, first aid, pressure area care, infection control, moving and handling, and food hygiene. Staff demonstrated a good understanding of how to keep people safe and how and who they would report concerns to.

People were encouraged to make choices and were involved in the care and support they received. Staff had a good understanding of the MCA and DoLS and how to support people within their best interests. People told us staff treated them with respect and maintained their dignity. Throughout the inspection, there was a relaxed and friendly atmosphere within the home and staff spoke about people with kindness and compassion.

People received their prescribed medicines when they needed them and in a safe way. There was a safe system in place to monitor the receipt and stock of medicines held by the home. Medicines were disposed of safely when they were no longer required. Staff had received training in the safe administration of medicines. However, systems did not always allow for a full audit trail. We have made a recommendation in relation this.

People told us they enjoyed the meals provided by the home, describing them as "very good." They said they could have drinks and snacks whenever they wished. One person said, "there's always a choice and there's plenty, you'd never go hungry here."

People spoke positively about activities at the home and told us they had the opportunity to join in if they wanted. We saw a range of activities were available including music therapy, arts and crafts, arm chair exercises, pet therapy, card games and quizzes. Activities were designed to encourage social interaction, provide mental stimulation, and promote people's well-being

During the inspection, we observed that the home maintained a high standard of cleanliness and steps had been taken to minimise the spread of infection. We saw the premises and equipment were clean and staff had been provided with aprons and gloves Records showed that equipment used within the home was regularly serviced to help ensure it remained safe to use.

People their relatives and staff told us the home was well managed and described the registered manager as open, honest and approachable. All of the people, relatives, staff and health care professional we spoke with told us they confidence in the registered manager and felt the home was continuing to improve under their leadership.

People and relatives were aware of how to make a complaint and all felt they would have no problem raising any concerns. The complaints procedure and policy were accessible for people in the main entrance and complaints made were recorded and addressed in line with the policy.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The home was not always safe.

People were not always protected from the risk of harm because risks associated with their living environment had not been identified, managed, or mitigated.

Risks relating to people's care needs were not always identified and planned for.

Medicines were administered and stored safely. However, systems did not always allow for a full audit trail. We have made recommendation in relation this.

People were safe from abuse as systems were in place to ensure staff recognised and responded to allegations of abuse.

Recruitment practices were safe and there were sufficient skilled staff to meet people's needs.

Is the service effective?

Good

The home was effective.

People were supported to make decisions about their care by staff who had a good understanding of the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were cared for by skilled and experienced staff who received regular training and supervision, and were knowledgeable about people's needs.

People's health care needs were monitored and referrals made when necessary.

People were supported to maintain a balanced healthy diet.

Is the service caring?

Good

The home was caring.

People were supported by kind and caring staff

People's privacy and dignity were respected and their independence was promoted.

People were involved in the planning of their care and were offered choices in how they wished their needs to be met.

Is the service responsive?

Requires Improvement

The home was not always responsive.

Assessments were not always undertaken to identify people's needs and develop individualised care and support plans. We have made a recommendation in relation to care planning.

There was a programme of activities and social events, meaning people were well occupied and stimulated.

People were confident that should they have a complaint, it would be listened to and acted upon.

Is the service well-led?

Requires Improvement

The home was not always well-led.

The provider did not have an effective quality assurance system in place to assess and monitor the quality of care and services provided.

Records were not always well maintained.

There was an open culture where people and staff were encouraged to provide feedback. The registered manager was keen to learn and develop the service.

Staff felt they received a good level of support and could contribute to the running of the home.

Holwell Villa 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 10, 16, and 17 April 2017; the first day of the inspection was unannounced. One adult social care inspector carried out this inspection.

Prior to the inspection, we reviewed the information held about the home. This included previous inspection reports and statutory notifications we had received. A statutory notification is information about important events, which the home is required to tell us about by law. Before the inspection, the provider completed a Provider Information Return (PIR). This form asks the provider to give some key information about the home for instance, what the home does well, as well as any improvements they plan to make.

During the inspection, we spoke with six people individually and met with most people who used the service. On this occasion, we did not conduct a short observational framework for inspection (SOFI) because people were able to share their experiences with us. SOFI is a specific way of observing care to help us understand the experiences of people who could not communicate verbally with us in any detail about their care. However, we did use the principles of this framework to undertake a number of observations throughout the inspection.

We looked at care records for five people to check they were receiving their care as planned as well as how the home managed people's medicines. We reviewed staff recruitment, training and supervision files for three staff. We looked at the quality of care and support provided, as well as records relating to the management of the home. We spoke with six members of staff, the deputy, and registered managers. We looked around the home, including some people's bedrooms with their permission, as well as the grounds.

We also spoke with three relatives of people currently supported by the home. Following the inspection, we sought and received feedback from two health and social care professionals who had regular contact with the home.

Requires Improvement

Is the service safe?

Our findings

At the previous inspection, in April 2016 this key question was rated as 'Requires Improvement' when we found breaches of Regulation 12 and 19 of the Health and Social Care Regulations (Regulated Activities) Regulations 2014. This was because people had not been protected against the risks associated with the safe management medicines; risks associated with the premises and safe staff recruitments processes. At this inspection, we found some improvements had been made in some areas, however further improvements were required.

During our previous inspection, we found fire precautions were not robust. We reviewed the home's fire safety precautions. Records showed that routine checks on fire and premises safety had been completed. However, we found the provider did not have in place a Fire Risk Assessment, which is a legal requirement under The Fire Safety Order. This meant the provider did not have in place systems to ensure they had identified any fire hazards, reduce the risks of those hazards causing harm, or have suitably management arrangements in place to ensure people safety should a fire occur. Following this inspection the registered manager confirmed that a Fire Risk Assessment had been completed.

At this inspection, when we arrived at the home, we noticed that the kitchen door had been propped open with a wedge. This had been removed when we revisited this area. We also saw the door of one person's who was being cared for in bed had been propped open with a chair as it did not have an automatic door closure fitted. This meant the fire door would not automatically close in the case of a fire, which put the person at risk. We raised this with the registered manager who took immediate action and arranged for a suitable automatic door closure to be fitted to the person's door and informed all staff they must not wedge open any fire doors.

We found staff had stored an oxygen cylinder in the corner of the main dining room behind a TV. Where medical oxygen is being used, the provider must ensure that cylinders are stored in a safe and secure location where they cannot be interfered with. They should be secured to prevent them from falling over, and away from extreme heat and sources of ignition. There was no signage to indicate that oxygen was being used or stored within the home. We raised this with the registered manager, who told this had just arrived with a new resident and they were waiting for it to be collected. Following our conversation, the registered manager arranged for the cylinder to be stored in an appropriate secure location until it could be returned to the pharmacy.as it was no longer needed.

We checked the homes emergency exits and found that they were both locked and did not automatically release when the fire alarm sounded. This meant in the event of a fire people living at the home and visitors were at risk as they were not able to leave the building until a member of staff had unlocked the doors. We raised these concerns with the registered manager. We also raised our concerns with Devon and Somerset Fire Service, who visited the home during the inspection and advised the registered manager on the immediate action they needed take to ensure people were safe in the event of a fire. Following the inspection the registered manager confirmed that both emergency exit doors had been replaced.

Risks to people's health and safety had not always been assessed and regularly reviewed. We looked at the care records for five people in detail and found that four of the care plans contained detailed risk assessments and management plans, which covered a range of issues in relation to people's needs. For example, risks associated with skin care, poor nutrition, choking, falls, and mobility had all been assessed. However, we found one person's individual needs had not been assessed or planned for. Records showed this person had been admitted to the home 36 days prior to our inspection. Although some information about the person's needs and preferences were obtained and recorded as part of their pre-admission assessment, this person did not have a care plan. For example, the home had not carried out any assessment of this person's general health, nutrition, skin integrity, personal care, or mobility. Records did not contain any guidance for the staff on how to meet this person's specific needs or support their well-being during their stay.

We shared our concerns with the manager who showed us they were in the process of completing care plan. They assured us staff had been given all the information they needed to provide care and support for this person in a safe way. The manager told us this person had full capacity and was capable of directing their care and support. Staff we spoke with described how they supported this person during their stay and said information was shared verbally through daily handovers and the person's daily records sheets. Following the inspection the registered manager confirmed that this person's care plan was now in place.

The provider failed to take sufficient action to ensure care and treatment was provided in a safe way, and that identified risks were being mitigated or managed.

This is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the inspection in April 2016, we found people's medicines were not always managed safely. At this inspection, we found that although the home had made significant improvements further improvements were still needed. We checked the quantities of a sample of medicines against the records and found them to be correct. However, systems did not always allow for a full audit trail, as staff were not consistently recording when one or two tablets were given in accordance with a variable prescription, i.e. 'take one or two tablets'. We raised this with the registered manager who told us they had identified this concern and had purchased a new electronic medicine system, which was due to commence in June 2017.

We recommend that the provider seek advice and support from reputable source on ensuring that people medicines are managed safely and in accordance with current best practice guidelines.

People were given time and encouragement to take their medicines at their own pace and staff always sought people's consent. Medicines that required refrigeration were kept securely and at the appropriate temperature. Medication Administration Records (MARs) clearly identified people's, allergies and protocols for 'as required' medicines (PRN). We saw from these records, where changes to prescriptions had been made, these had been appropriately documented.

Some people were prescribed topical applications, such as creams, ointments, and gels. Each person had a body map indicating which creams should be used, when and where. Staff had received training in the safe administration of medicines and records confirmed this. Medicine stock levels were monitored monthly and the home had appropriate arrangements in place to dispose of unused medicines, which were returned to the local pharmacy.,

At our pervious inspection, we found people were not fully protected by the home's recruitment practices. At

this inspection, we found improvement had been made. We looked at recruitment records for three members of staff. Recruitment procedures were robust and records demonstrated the provider had carried out the necessary checks to help ensure that staff employed, were suitable to work with people who use care and support services. These included checking applicant's identities, obtaining references, checking gaps in people's employment history and carrying out DBS checks (police checks).

People said they felt safe and well cared for at Holwell Villa; their comments included "I do feel safe," "I'm very happy here" and "I would recommend it here, the staff are very good". Relatives told us they did not have any concerns about people's safety. One relative said "People are safe and well looked after" We saw people were happy to be in the company of staff and were relaxed when staff were present. A visiting healthcare professional said people always appeared to be happy, well cared for and they did not have any concerns about people's safety.

People were protected from the risks of abuse and harm. Staff had received training in safeguarding adults and whistleblowing. Staff demonstrated a good understanding of how to keep people safe and how and who they would report concerns to. The policy and procedures to follow if staff suspected someone was at risk of abuse or harm, were displayed in the office and main hallway. This contained telephone numbers for the local authority and the Care Quality Commission. Staff told us they felt comfortable and confident in raising concerns with the registered manager. Staff knew which external agencies should be contacted should they need to do so.

People living at the home, their relatives and staff all told us they felt there were sufficient staff on duty to meet people's care needs. "One person said, "There is always someone around if you need them." A staff member said, "Some days are busier than others, but we never feel rushed and always have time to care for people properly". Staff were visible throughout the inspection and people's call bells were answered quickly. This indicated there were enough staff on duty to meet people's needs. At the time of our inspection, in addition to the registered manager, there were two care staff on duty that were supported by the deputy manager, housekeeper, and catering staff. During the night, people were supported by two waking night staff. The registered manager told us staffing levels were determined according to people's needs and adjusted the rota accordingly.

The registered manager and staff carried out a range of health and safety/premises checks and audits on a weekly and monthly basis to help ensure that any risks were minimised. For example, water testing and water temperatures checks. These checks are important as they allow staff to monitor that water is at its optimum temperature to kill legionella bacteria. The checks also ensure that staff are monitoring the temperature of the water to protect people from scalding when having a bath or shower.

During the inspection, we observed that the home maintained a high standard of cleanliness. We saw the premises and equipment were clean and steps had been taken to minimise the spread of infection. There were aprons and gloves available for staff to use and the home had appointed an infection control lead who was responsible for carrying out a monthly audit. Records showed that equipment used within the home was regularly serviced to help ensure it remained safe to use.

Accidents and incidents were recorded and reviewed by the registered manager. They collated the information to look for any trends that might indicate a change in a person's needs and to ensure the physical environment in the home was safe. Staff were trained in first aid and first aid boxes where easily accessible around the home. Each person had a personal emergency evacuation plan (PEEP) and the provider had contingency plans to help ensure people were kept safe in the event of a fire or other emergency.

Good

Is the service effective?

Our findings

At the inspection in April 2016, we identified that assessments of people's capacity and decisions made in their best interests were not always being carried out or recorded in accordance with the principals of the Mental Capacity Act 2005. At this inspection, we found improvement had been made and the home was taking appropriate action to protect people's rights.

Most of the people who lived at Holwell Villa were living with a dementia or had needs relating to their mental health, which affected their ability to make some decisions about their care and support. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions at particular times 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.

Staff we spoke with confirmed they had received training in MCA and throughout the inspection, we observed staff putting their training into practice by offering people choices and respecting their decisions. For example, staff were aware of people's right to refuse support. Staff asked people for their consent before they assisted them and checked with them that they had understood their request. Staff asked people where they would like to spend their time. Records indicated discussions had been held and best interests' decisions had been made where people lacked capacity to consent, for example, with regard to taking medicines.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw the registered manager had made a number of applications to the local authority for authorisation to deprive people of their liberty. As people were not all free to leave the home if they wished, due to safety considerations or because they were under constant supervision by staff. At the time of the inspection, due to a backlog of applications being processed by the local authority, six applications had been approved and others were waiting approval.

Where people's liberty was being restricted, we saw the least restrictive measures were being used and the conditions of the authorisation were being followed. For instance where people received one to one support, their activities were not restricted and they were free to go wherever they wished. Where people had no-one to represent their wishes and no longer had capacity, Independent Mental Capacity Advocates (IMCA) had been appointed by the Court of Protection to oversee their well-being and ensure their rights were respected.

People told us they were well cared for, and had confidence in the staff supporting them. Records showed new staff had completed an induction. The registered manager explained how they planned to link their induction and training plan to the Care Certificate. The Care Certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care

and support. There was a comprehensive staff-training programme in place and staff we spoke with confirmed they received regular training in a variety of topics. These included dementia care, first aid, infection control, moving and handling, food hygiene, safeguarding, and Mental Capacity (MCA). Other more specialists training included palliative care [end of life care] and pressure ulcer prevention.

Staff received regular supervision and annual appraisals with a named supervisor. Supervision sessions were planned every two months. The registered manager and senior staff assessed staffs' knowledge by observing their practice and recording what they found. This information was then discussed as part of the staff member's supervision. Staff we spoke with were happy with the support, they were given, one said, "I have supervision regularly and it is really helpful."

People told us they were supported to use a range of health care services when needed, and had regular contact with dentists, opticians, chiropodists, district nurses and GPs. People told us staff responded to their needs promptly and people's care plans contained details of their appointments. Where changes to people's health had been identified, records showed staff had made referrals to the relevant healthcare professionals in a timely manner. For instance, records showed when staff were concerned about one person's loss of appetite they had consulted with their GP. People, when necessary received support from the community nursing team, for example with monitoring their blood glucose levels, or when receiving end of life care. The community nurses we spoke with during the inspection said staff communicated well with them and let them know promptly about any concerns they may have about people's health or wellbeing. They said the staff had the skills and knowledge to care for people well.

People told us they enjoyed the meals provided by the home, describing them as "very good." They said they could have drinks and snacks whenever they wished. One person said, "there's always a choice and there's plenty, you'd never go hungry here."

People were able to have their meals in the dining room, the lounge or in their own rooms if they wished. People who did not wish to have the main meal could choose an alternative. The chef and kitchen assistants told us they were provided with detailed guidance on people's preferences, nutritional needs, and allergies and there was a list of people's dietary requirements in the kitchen. We heard staff offering people choices during meal times and tea, coffee, and soft drinks were freely available.

We observed the lunchtime meal. Where people needed assistance, this was provided appropriately and discreetly. Meals times were relaxed, social occasions were people and staff engaged in conversation, and light-hearted banter whilst enjoying their meals. Care records highlighted where risks with eating and drinking had been identified. For instance, where people required a soft or pureed diet, this was being provided. Each food item was processed individually to enable people to continue to enjoy the separate flavours of their meals.

Holwell Villa is a period property set over three floors, which meant that in many ways it was not an ideal environment for the needs of the older people living there. The registered and deputy manager told us how they planned to make significant changes to the environment to make it more dementia friendly. We saw that since the last inspection that some of the carpets had been changed from patterned to plain, which is proven to reduce the risk of falls.

Plans were under way to build a small extension to the rear of the property, which would provide new en-suite rooms closer to the ground floor with improved access through the building. Some easy read signage was in place to support people to find toilets and the registered manager was seeking to increase this with coloured doors, and toilet seats to help people locate the toilet easier.

Good

Is the service caring?

Our findings

People told us they were happy living at Holwell Villa. One person said, "It's not my own home but I'm happy here," Another person said, "The staff are really kind and caring, especially [Staff name] she always really kind to me". Relatives told us they were happy with the care and support people received. One relative said, "I have never had any cause for concern" Another said "things have really improved, people are safe and well looked after."

There was a calm and friendly atmosphere within the home. Staff spoke fondly about people with kindness and affection. People responded well to staff and we observed a lot of smiles, laughter, and affection between staff and people they supported. Staff knew how each person, liked to be addressed, and consistently used people's preferred names when speaking with them. Throughout the inspection, staff had the time to sit and spend quality time with people and showed a genuine interest in their lives. Staff told us they enjoyed working at the home and they received a great deal of satisfaction from caring for people. One said, "It's really important that people are supported the way they want to be supported, and we make their time here as enjoyable as it can be."

Information about people's needs and preferences were obtained and recorded as part of their pre-admission assessment. Most people's care plans were clear about what each person could do for themselves and how staff should provide support. People told us they were involved in making decisions about their care and support; however, we found that their records did not always reflect their involvement as this had not been recorded. People told us they made choices every day about what they wanted to do and how they spent their time. People felt their views were listened to and respected, and records showed people's views had been sought as their needs had changed. Staff demonstrated they knew the people they supported and were able to tell us about people's preferences. For example, staff told us what people liked to eat, how they liked to spend their day, when they liked to get up and go to bed.

People said that staff always treated them respectfully and encouraged them to remain as independent as possible. When people needed extra support this was provided in a considerate way, which did not make them feel rushed. Throughout the inspection, we saw and heard people being supported, staff spoke with them in a calm, respectful manner, and allowed people the time they needed to carry out tasks at their own pace.

The home was able to support people's care at the end of their lives. The community nurses told us the staff cared for people well at this time. Where people were being cared for in bed due to poor health we saw they appeared comfortable and pain free. Staff recorded when they had attended to their care needs including providing mouth care for those people no longer able to drink, and pressure area care for those people who required their position changed to prevent pressure ulcers from developing.

People told us that staff respected their privacy and we saw that staff knocked on people's doors and waited for their response before entering their rooms. People's bedrooms were personalised, decorated to their taste, and furnished with things that were meaningful to them. For instance, photographs of family

members, treasured pictures from their childhood, favourite ornaments, or pieces of furniture. Relatives and visitors were free to visit at any time and told us they were always made to feel welcome.

Requires Improvement

Is the service responsive?

Our findings

At the previous inspection in April 2016 we made a recommendation that the provider should seek advice from a reputable source on the inclusion of more detail in people's care plans to better reflect their needs and wishes. At this inspection we looked at the care documentation for five people and found whilst the provider had made some improvement further improvements were still needed.

People and their relatives, told us they were involved in identifying support needs and developing the plan of care. However, records we saw did not always reflect this.

The registered manager carried out an initial assessment of each person's needs before they moved into the home. This formed the basis of a care plan, which was further developed after the person moved into the home and staff had got to know them. Some people's care plans were personalised and provided staff with detailed guidance about each person's specific needs others were not. For example, the care plan of one person who required assistance from staff with dressing, described in detail how the person wished to be supported and what they liked to wear. Where people had specific needs relating to living with dementia, guidance was provided for staff in how best to support people. For example, one person was known to become distressed and anxious. The home had sought guidance from the 'older person's mental health team' and developed a plan for staff to follow to support this person's well-being and minimise the impact this might have. However, not all the care plans we saw contained the same level of detail. For instance, we saw another person's care plan simply stated they required full assistance with personal care from two staff. This person's care plan did not contain any guidance for staff on how to assist this person with their personal care needs. We saw another person's care plan identified; they needed support to manage long-term health conditions. The registered manager had not provided staff with sufficient information on how to recognise signs and symptoms that would indicate this person was becoming unwell and what action staff should take. We raised this with the registered manager who told us they were aware that some people's care plans were not as person centred or informative as they could be and told us they were working to address this.

We recommend the provider takes advice from a reputable source on the inclusion of more detail in people's care plans to better reflect their needs and wishes.

Each section of the care plan covered a different area of the person's care needs, for example, personal care, mobility, physical health, continence and skin care, communication and mental health and emotional support. Important information, such as allergies and health conditions was easily available for staff at the front of the care plan. People's care plans were informative, easy to follow, accurately reflected people's needs, and had been regularly reviewed. Staff told us that people, who were able, were asked to be involved in planning and reviewing their own care. Where people lacked the capacity to make a decision for themselves, staff involved family members or other advocates in the review of their care. People were given the opportunity to sign their care plans if they wished. However, we did not see evidence in people's care plans that people and relatives (where appropriate) were involved in the planning of their care.

People were supported to follow their interests and take part in a range of social and leisure activities. Each person's care plan included a list of their known interests and staff supported people on a daily basis to take part in things they liked to do. People who wished to stay in their rooms were regularly supported by staff in order to avoid them becoming isolated. People were complimentary about the level of activities and entertainment provided by the home. One person said, "There is always something going on and I can join in if I wish." Staff recognised some people still wanted to feel useful and help with the day-to-day tasks around the home. They encouraged people to be involved in helping with household chores, such as folding laundry or dusting.

The home produced a weekly activities programme, which was displayed on the home's notice board and informed people about upcoming events. We saw a range of activities were available including music therapy, arts and crafts, arm chair exercises, pet therapy, card games and quizzes. Activities were designed to encourage social interaction, provide mental stimulation, and promote people's well-being.

People and relatives were aware of how to make a complaint and all felt they would have no problem raising any concerns. The complaints procedure and policy were accessible for people in the main entrance and complaints made were recorded and addressed in line with the policy. People we spoke with told us they had not needed to complain and that the registered manager and staff would deal with any minor issues. One person said, "I don't have any complaints." and another said, "I can't grumble they're all very kind." Relatives told us the registered manager was always available and they would feel able to approach them or staff if they had any concerns

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection in April 2016, we found the provider was in breach of four Regulations of The Health and Social Care Act 2008. The provider wrote to us with an action plan telling us how they would make the required improvements. At this inspection, we found improvements had been made, however further improvements were needed.

We looked at the homes quality assurance and governance systems in relation to how the service ensured procedures were in place to manage risk and quality issues. The provider and registered manager used a variety of quality management systems to monitor the home and drive continuous improvements. These included a range of audits and spot checks, for instance, checks of; environment, medicines, care records, accidents and incidents, finances and people's wellbeing. These checks were regularly completed to help ensure and maintain the effectiveness and quality of the care provided. Although some systems were working well, others were not.

We found the homes quality assurance and monitoring systems were not effective and had failed to identify a number of concerns we found at this inspection. For instance, people's care plans were being regularly reviewed, however the systems in place had not identified that some risks to people had not always been assessed and staff did not always have the level of detail they required to carry out their roles safely, or that one person did not have a plan of care.

Whilst some premises checks had been completed, risks to people's health, safety, and wellbeing had not always been identified, assessed, or mitigated. We found systems in place to monitor the environment and health and safety had not identify that the homes current fire evacuations arrangement were exposing people and visitors to the risk of harm. Environmental checks had failed to identify that fire doors had been propped open.

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

We raised our concerns about quality assurance systems and governance with the registered manager. The registered manager fully accepted that the quality assurance system had not identified our concerns and said they would take action to address this. Following the inspection the registered manager confirmed they had contacted Torbay Quality and Improvement Team to seek further advice and support. They confirmed action had been taken to address concerns surrounding fire safety and evacuations procedures and assured us that all care plans had been reviewed and updated.

The home had notified the Care Quality Commission (CQC) of most events, which had occurred in line with their legal responsibilities. However, we identified one event that the registered manager had referred appropriately to local healthcare professionals, but had not notified CQC. We discussed this with the registered manager who assured us this had been an oversight.

People their relatives and staff told us the home was well managed and described the registered manager as open, honest and approachable. All of the people, relatives, staff and health care professional we spoke with told us they confidence in the registered manager and felt the home was continuing to improve under their leadership. One person said, "I am very happy here, [manager name] gets things done she great." A relative said, "The home continues to improve [managers name] has made a big difference and we have confidence in her". Staff were positive about the support they received and told us they felt valued.

The management and staff structure provided clear lines of accountability and responsibility. Staff knew whom they needed to go to if they required help or support. There were systems in place for staff to communicate any changes in people's health or care needs to staff coming on duty through daily handover meetings. These meetings facilitated the sharing of information and gave staff the opportunity to discuss specific issues or raise concerns. Regular staff meetings enabled staff to discuss ideas about improving the home. The management team used these meetings to discuss and learn from incidents; highlight best practice and challenge poor practice were it had been identified. We looked at the minutes of these meetings and saw the staff had discussed information relating to the kitchen, laundry, care planning, and activities.

The registered manager had a clear vision for the home, which was to provide and maintain a high standard of care in a warm and friendly environment. Staff had a clear understanding of the values and vision for the home, had a real sense of pride in their work, and spoke passionately about providing good quality care.

People told us they were encouraged to share their views and were able to speak to the registered or deputy manager when they needed. Residents and relatives meetings were held regularly. The registered manager used these meetings to keep people informed of forthcoming events and discuss any planned changes to the home. For instance, ensuring that people were kept up to date with the homes refurbishment and development plans. The registered manager annually sought people's views by asking people, relatives, and external professionals to rate the quality of the services provided by the home. For example, management, staffing, environment, and complaints. We looked at the results from the latest survey undertaken in 2016, and found the responses of the people surveyed were positive. Comments included; "Staff appear caring towards residents and treat them with the respect they deserve," "it's a happy place to be" and "You do a difficult job well."

The registered manager kept their knowledge of care management and legislation up to date by attending training sessions, local forums and had recently completed a management and leadership course. They were aware of their responsibilities under Regulation 20 of the Health and Social Care Act 2008, Duty of Candour, that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm.

Records were stored securely, when we asked to see any records, the registered manager was able to locate them promptly.

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 People were not being protected from risks associated with the environment and equipment. Where the provider had known there were risks they had not taken action to resolve them. Regulation 12 (1)(2)(a)(b)(d)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider was not ensuring people were protected by having systems and processes to effectively assess monitor and improve the quality and safety of the services provided. Records were not accurate, complete, or well maintained. Regulation 17 (1)(2)(a)(b)(c)(d)(f)