J.M.K Care Services Limited

Three Gables Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We inspected Three Gables Residential Care Home on 22 and 24 May 2018. The first day of the inspection was unannounced. We previously carried out an inspection at Three Gables Residential Care Home in April 2017 where we found the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found people's records did not reflect their care and support needs and were not well completed. Although there was a quality assurance system in place and audits and checks had been completed these did not always identify areas for improvement. The provider sent us an action plan and told us how they would address these issues. We also asked the provider to make improvements to ensure there were enough staff to support people safely, to ensure people received the support they needed at mealtimes and to ensure there was information about how people who lacked capacity were enabled to make decisions.

We undertook this unannounced comprehensive inspection to look at all aspects of the service and to check that the provider had made improvements, and check that the service now met legal requirements. We found some improvements had been made, however the breach of regulation had not been met.

Three Gables Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Three Gables Residential Care Home provides accommodation and personal care for up to 19 people in one adapted building. At the time of the inspection there were 17 people living there. People living at the home were older people some of who were living with mental ill health including a dementia type illness. People had a range of needs associated with old age and their health.

There was a registered manager at the service, who was also the provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found improvements were needed to ensure people's records reflected the care and support they required and received. Risks assessments were in place however these did not always include all information staff may need. However, staff had a good understanding of the risks associated with the people they looked after and their care and support needs. They gave us detailed and consistent information about how they supported people to remain safe.

There was a quality assurance system in place which helped identify areas that needed to be improved. People, visitors and staff spoke highly of the provider and there was a positive culture at the service.

Systems were in place to ensure accidents and incidents were safely managed and action was taken to prevent a reoccurrence. Staff understood the procedures and what steps to take to safeguard people from

the risk of abuse, harm or discrimination.

Staff knew people really well. This enabled them to support people as individuals and provide good person-centred care. There was a variety of meaningful activities taking place each day. People were supported to take part in these or engage in other activities of their choice.

People were treated with kindness, understanding and good humour. Staff were patient and supported people at their own pace and respected people's dignity and right to privacy. People were supported to make their own decisions and choices throughout the day.

There were enough staff, who had been appropriately recruited, working at the home. Medicines were well managed and systems were in place to ensure medicines were ordered, stored, given and disposed of safely.

Staff had received training and supervision that helped support them to deliver care in a way that responded to people's individual needs.

People were supported to have choice and control of their lives and staff support them in the least restrictive way possible. The policies and systems in the service support this practice.

Staff ensured people had access to external healthcare professionals, such as the GP and district nurses as necessary. Staff monitored people's nutritional needs and people had access to a choice of food and drink that met their needs and preferences.

There was a complaints policy in place. People and visitors told us they would raise any concerns with staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Risks assessments did not always include all information. However, staff had a good understanding of the risks associated with the people they looked after.

Systems were in place to ensure accidents and incidents were well managed.

Staff understood the procedures to safeguard people from the risk of abuse.

There were enough staff, who had been appropriately recruited, working at the home.

Systems were in place to ensure medicines were ordered, stored, given and disposed of safely.

Is the service effective?

Good

The service was effective.

Staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff received the training and support they needed to enable them to meet people's needs.

People were supported to eat and drink a variety of food that met their individual needs and preferences.

People's health and well-being needs were met. People were supported to have access to healthcare services when they needed them.

Is the service caring?

Good

The service was caring.

People had their privacy and dignity respected.

People were supported by staff who knew them well and treated them with kindness, understanding and patience.

People were supported to make their own decisions and choices throughout the day.

Is the service responsive?

Good

The service was responsive.

People received care that met their individual needs. Staff had a good understanding of providing person-centred care.

People were supported to take part in a range of meaningful activities each day.

There was a complaints policy in place and people and visitors told us they would raise any concerns with staff.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

People's records did not fully reflect the care they required and received.

There was a quality assurance system in place which helped identify areas that needed to be improved.

There was a positive culture at the service.

Three Gables Residential Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 22 and 24 May 2018. The first day of the inspection was unannounced. The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the home, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

Due to technical problems, the provider was not able to complete a Provider Information Return (PIR). 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 took this into account when we inspected the service and made the judgements in this report.

During the inspection we reviewed the records of the home. These included three staff recruitment files, training and supervision records, medicine records, complaint records, accidents and incidents, quality audits and policies and procedures along with information in regards to the upkeep of the premises.

We also looked at four care plans and risk assessments along with other relevant documentation to support our findings. This included 'pathway tracking' people living at the home. This is when we check that the care

detailed in individual plans matches the experience of the person receiving care. It is an important part of our inspection, as it allows us to capture information about a sample of people receiving care.

During the inspection, we spoke with 10 people who lived at the home, two visitors, and 10 staff members, this included the provider. We also spoke with one health and social care professional who visited the service.

We spent time observing people in areas throughout the home and were able to see the interactions between people and staff. We used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who lived at the home. We watched how people were being cared for by staff in communal areas. This included the lunchtime meals.

Requires Improvement

Is the service safe?

Our findings

At our inspection in April 2017 we found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risks to people had not always been clearly recorded and there was a lack of clear guidance in place for staff. Protocols were not always in place for people who had been prescribed 'as required' medicines. At this inspection improvements had been made and the provider was meeting Regulation 17 in this key question. However, further work was required to ensure these improvements continued and were fully embedded into everyday practice.

Risk assessments were in place and identified risks which included mobility, falls, skin integrity and nutrition. Information from the risk assessments were used to develop care plans. Some risk assessments and care plans lacked guidance for staff. For example, staff told us one person required a pureed diet and thickened fluids. Within the care plan there was information about the person's diet and this included the position the person should sit in whilst eating. The need for thickened fluids was recorded within the assessment but this was not in the care plan. There was no information about how much thickener was required with each drink. Within the food and fluid charts staff had recorded how much thickener had been added but there was no information about how much was required. We asked staff about this. They gave us consistent and detailed information about how much thickener was added and demonstrated a good understanding of this person's needs.

Some people were living with diabetes. Staff told us they were not involved in monitoring people's blood sugar levels at this time. This was being done by the GP and district nursing team. One person's care plan reminded staff to be aware of the risks of high or low blood sugars. However, there was no information for staff about how the person may present if their blood sugar was too high or too low. Staff told us this person managed their own diabetes, including blood sugar levels, with support from the district nurses. The staff told us actions they would take if the person's blood sugars were low. One staff member told us, "We always have some coke just in case (name) blood sugar drops." Staff were also aware of the limits of their own skills and knowledge. They told us they knew the person well and could tell if they were unwell. They told us if this happened they would contact the GP or emergency services. Staff had good and demonstrated consistent knowledge about the support people needed and received. This helped to reduce the risks to people. We raised this with the provider as an area that needs to be improved.

People told us they felt safe living at Three Gables. One person said, "I absolutely feel safe here, I've never been frightened of anything and my possessions are fine." Another told us, "The staff are no trouble, I'm definitely safe here."

Accidents and incidents were well managed. Following an accident, incident or fall action was taken and recorded to ensure people's safety. This included a description of the incident, what action had been taken immediately and any follow up actions to prevent a reoccurrence. Information from incidents was analysed to identify any themes or trends across the home and for each individual. Information was also shared with staff to ensure they were aware of what had happened and any changes to people's support needs.

Risks associated with the safety of the environment and equipment were identified and managed. Personal emergency evacuation plans (PEEPs) were in place to help ensure staff and emergency services had the relevant information to support people in the event of an emergency evacuation.
Regular fire checks took place and this included fire drills for staff. There were servicing contracts which included the gas, electrical appliances and water temperature, the lift and moving and handling equipment. Security measures were in place and all visitors entering and leaving the service signed a visitor's book.

The home was clean and tidy throughout. There was ongoing maintenance and redecoration at the home and plans were in place to continually improve and develop the environment. There was an infection control policy and other related policies in place. Protective Personal Equipment (PPE) such as aprons and gloves were available and used during the inspection. Hand-washing facilities were available throughout the home. The laundry had appropriate systems and equipment to clean soiled washing. Regular domestic and room standard audits had been completed to ensure acceptable levels of maintenance and cleanliness were sustained.

People were supported to receive their medicines as prescribed in a way that suited them as an individual. Medicines were ordered, administered, stored and disposed of safely. Some people had been prescribed 'as required' (PRN) medicines. People took these when they needed them, for example, if they were in pain. Protocols were in place for these medicines and provided guidance for staff about when and why the person may need them. People told us they received their medicines when they needed them. One person said, "My medication is on time depending on when people get up." Another person told us, "They (staff) are good with my medication." One person required their medicines at specific times. There was a schedule in place to ensure this person received their medicines appropriately. Medicine administration records (MAR) charts showed the medicines people had been prescribed and when they should be taken. They included people's photographs, and any allergies. Medicines were given to people individually and staff signed the MAR after the medicine had been taken.

There were enough staff working at the home to support people safely. The provider told us staffing levels had increased since the last inspection in response to people's needs. There were four care staff working during the day and two at night. There was a cook and housekeeping staff each day. The provider worked at the home three or four days a week. Throughout the day, including mealtimes, staff attended to people in a timely way and supported them at their own pace. When asked, one person told us, "Oh gosh yes, there's enough staff." Another person told us they used their call bell to contact staff. Throughout the day we saw call bells were attended to promptly.

People were protected against the risk of abuse because staff knew what steps to take if they believed someone was at risk of harm or discrimination. Staff received regular safeguarding training and were able to tell us what actions they would take. They told us how they would report their concerns and understood their own responsibilities. Contact telephone numbers were available in the office for staff in case they needed to raise concerns themselves. Where concerns had been raised these had been reported appropriately to the local safeguarding team.

People were protected, as far as possible, by a safe recruitment practice. Staff files included all the relevant information to ensure all staff were suitable to work in the care environment. Each member of staff had a disclosure and barring check (DBS) to ensure they were safe to work at the home.

Good

Is the service effective?

Our findings

At our inspection in April 2017 we asked the provider to make improvements to ensure people received the support they needed at each mealtime. At this inspection we found significant improvements had taken place and people received the support they needed, when they needed it.

People chose where to eat their meals. At lunchtime we saw most people ate in the dining room. Some people who required more support sat at a small dining table in the smaller lounge. One person chose to sit in a lounge chair with an individual table. One person chose to eat their lunch in the hallway. Staff ensured this person was provided with an appropriate table to eat their meal from. During the meal staff provided people with encouragement, prompting and support as they needed it. Staff asked people if they needed assistance to cut their food when they appeared to be struggling. They supported people to eat at their own pace. One person appeared to be taking a long time to eat their meal. Staff reminded the person about the food and offered support but this was declined. We saw this person ate their meal with minimal support from staff. Staff were supporting one person, just before the person had finished their main meal the staff member requested the person's dessert. When the main meal was finished the person was given their dessert, all of which they enjoyed. Staff explained this person became easily distracted at mealtimes and ate better if there was no waiting time between courses. Throughout the mealtime we saw staff were attentive to people. They sat and chatted with them whilst supporting them to eat. This made for a sociable relaxed mealtime experience.

People were provided with a choice of freshly cooked meals, drinks and snacks throughout the day. They were supported to make choices about their meals and pictorial menus were available to support people with these choices. The menu for the day was displayed on a white board outside the lounge. We saw people looking at this. One person said, "I don't like any of those, I'll have something different." People told us they enjoyed the food. One person said, "The food is fine, we get a menu and they will always offer an alternative. We have plenty to eat and drink." Another person told us, "The food is very good and we get to choose." People told us they were offered snacks throughout the day. One person said, "There's always tea and cake." Staff had a good knowledge of people's dietary likes and dislikes and were able to support people who were less able to make choices.

Nutritional assessments were completed and these along with people being weighed regularly helped identified if anyone was at risk of malnutrition or dehydration. Where people had been identified at risk, referrals had been made to the appropriate healthcare professionals for guidance and advice. We saw dietary advice provided had been followed. This included fortified meals for people who were losing weight and pureed diets. Staff had a good understanding of people's dietary needs and choices. There was information displayed in the kitchen for guidance. One person had specific dietary requirements and this included the time of their meals. This information was displayed in the kitchen and the person's care plan to ensure their needs were met.

Peoples healthcare needs were met. Staff supported them to maintain and improve their health. Staff told us if they had any concerns about people's health they were contact the person's GP or other appropriate

professional. Staff told us they knew people well and were able to quickly identify any changes in people's health. One person said, "I make an appointment to see my doctor or he would come here." Another person told us, "A doctor would be arranged (if I was unwell)." Records, and discussions with staff and people, confirmed there was regular contact with a variety of health care professionals. This included the GP, district nurse, optician, chiropodist and nurse specialists.

There was ongoing training to support staff and ensure they had the appropriate knowledge and skills to look after people and meet their needs. People told us, "The staff understand their job here," and "The staff understand my needs." Training included moving and handling, infection control, fire, safeguarding and dementia. Only staff who gave medicines had received medicine training and completed competency assessments. The provider and senior care staff had completed further training in relation to risk assessment. The provider and one senior care staff had commenced the infection control champion's course. Training was provided face to face by the provider and an external trainer. There were DVD's available if staff needed further guidance.

The provider was committed to ensuring staff had access to information that would enable them to support people effectively. She had developed a resource cupboard which included information for staff. This included current legislation, standards and evidence based-guidance. The provider observed staff throughout the day and would provide situational training. When staff were supporting people or completing tasks she would ask them what they were doing and why. For example, why were they washing their hands. She explained this helped staff to understand the reasons for what they were doing. One staff member told us, "If there's something I need to know I can always find information about it." Another staff member said, "We always do training, the manager (provider) is very good and teaches us everything."

Staff who were new to the service completed an induction which included an introduction to the home and time shadowing other staff. This allowed them to get to know people and understanding their care and support needs. Staff who were new to care completed the care certificate. This is a set of 15 standards that health and social care workers follow. It helps to ensure staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff received regular supervision or at other times if concerns in relation to performance and training were identified. Staff told us they always had an opportunity to discuss any issues and training needs with the provider and deputy manager and felt well supported.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The MCA says that assessment of capacity must be decision specific and it must also be recorded how the decision of capacity was reached. The provider told us where people lacked capacity best interest decisions had been made through discussions with people, their representatives, staff and health and social care professionals. However, this had not been recorded. This did not impact on people because the provider and staff were able to tell us how decisions had been made.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. Four people had DoLS authorisations. Applications had been

submitted for other people who did not have capacity and were under constant supervision. Copies of the authorisations and applications were available to staff.

Three Gables was an old building which had been adapted over the years to help meet the needs of people who lived there. There was a passenger lift which provided people with level access throughout the home. There were adapted bathrooms and toilets to support people. People were able to move freely around the home as they wished. There was a patio area with level access from the lounge and pathways on to a grassed area. There was seating and tables and we saw this was an area that people enjoyed using whilst supported by staff.

Good

Is the service caring?

Our findings

People told us, "Staff are very kind and caring, if not I would tell them off, they treat me with dignity and maintain my privacy." "The staff are caring and kind, they treat me with dignity, too much sometimes." Throughout the inspection we saw staff treating people with kindness and respect. Staff knew people well, they understood their needs, likes and choices and what was important to each person. Staff were committed to providing good care, that met people's needs and enabled them to enjoy good life at the home. Staff told us about the people they cared for, their personal histories, and interest's. They spoke about people's individual care needs and preferences for example what time they liked to get up, what they liked to do during the day and food and drink preferences. Staff told us about people and demonstrated genuine interest in them as individuals. They were aware of the importance of knowing each person as an individual and how this could have a positive impact on each person.

Interactions between staff and people were positive, kind and thoughtful. Staff were pleased to see people and greeted them with a smile. This helped people to feel relaxed in their company. Staff spent time with people and chatted and engaged with them as they went about their day to day tasks. We heard laughter and friendly banter throughout the day. One person was looking at photographs of staff which were displayed on a noticeboard. The person was living with dementia and staff were supporting them to identify staff. The person was clearly enjoying themselves and engaged in friendly teasing of the staff.

Some people were spending time in the garden, staff were attentive ensuring people were protected from the sun and not too hot. When people were walking across the garden, staff were nearby to ensure people were safe, but they did not prevent people from walking where they wished. One person appeared anxious and distressed. Staff recognised this and reassured the person. They asked the person if they would like to rest on their bed and the person agreed. Staff explained that the person responded well to a period of rest and this helped to reduce their anxiety.

People were able to spend their time as they wished. One person said, "I get up for breakfast and go to bed when I like." Throughout the day we observed people coming into the lounge when they wished. One person told us they came in time for morning coffee. Where people were less able to express themselves verbally we saw staff gave them choices, for example the small or the larger lounge and if they would like to spend time outside.

Peoples' equality and diversity was respected and people were treated with dignity. Staff spoke with people in a way that suited each individual and valued what people said. One person, who was living with a dementia, told staff they were going to meet their parents. The staff member asked the person what they were going to do and the person told the staff about their plans. The person looked happy and content following the conversation. People were well dressed in clothes of their own choice and that had been well laundered. People were well presented in clothes to suit their own choice and style. The hairdresser had visited and staff complimented people on their appearances.

People's individual beliefs were respected. Staff understood people wanted to maintain links with religious

organisations that supported them. Staff told us how they supported people, in their daily lives, to maintain their spiritual beliefs. Visitors told us they were welcome at the home and staff understood the importance of involving family and friends in people's care. One person said, "Friends come and take me out, they are made very welcome." One visitor told us about the caring nature of staff they said, "Staff are very caring we can absolutely visit at any time and made welcome." Another visitor said, "The staff are wonderful, (relative) doesn't stop telling me how much they like it here." Not everybody had relatives or friends that were able to visit and support them with their care. The provider had identified some people may need the support of an advocate and this had been arranged. An advocate is someone who can offer independent support to enable a person to express their views and concerns, understand choices and help people to make decisions.

People's privacy was maintained. Staff knocked on bedroom doors before they entered and asked people before providing any care or support. People's right to confidentiality was respected. Care plans were stored in a locked office and other records were stored securely and only staff with appropriate authority were able to access them.

Good

Is the service responsive?

Our findings

Through discussions with people, visitors and staff and our observations it was clear people were involved in deciding their care and support needs throughout the day. People told us they were listened to and staff responded to their needs and concerns. One person told us, "I can have a bath or shower when I want, get up and go to bed when I am ready; my room is how I want it." People told us they had enough to do during the day and we saw staff supported people to engage in a variety of activities throughout the day.

Before people moved into Three Gables an assessment was completed. This helped to ensure their needs could be met when they moved into the home. This information was then used to develop care plans and risk assessments. Care plans contained information about each person, their family history, and some preferences and interests. These were regularly reviewed. We found people's care plans did not include all the information about their care and support needs. However, staff knew people well and were able to tell us about each person, their care and support needs, choices and interests. Staff were updated about changes in people's needs and health at each handover and throughout the day. At one handover staff were informed that one person needed extra support when moving. Staff were told that the person would need support from two staff during the day. We saw this was provided.

Throughout the inspection we saw people received the support they needed when they wanted it. Staff were proactive in anticipating people's needs. They reminded and supported people to use the toilet to help maintain their continence. They encouraged people who were reluctant to maintain their personal hygiene. This included ensuring staff with the appropriate skills, who the person trusted, supported them. People, and where appropriate, their relatives were involved in planning people's care. The care plan for one person was very specific, detailing what they person was able to do themselves and where they needed support. One relative told us, "We are kept informed of anything." Another relative said, "They (staff) will always get in touch if there is any concern." We saw evidence of discussions that had taken place with relatives and this had been used to inform people's care and support.

People were supported to have enough to do every day. Keeping occupied and stimulated can improve the quality of life for a person, including those living with dementia. There was an activity program and an activity planner which identified what each person enjoyed doing. One person said, "I enjoy the activities, especially the music." Another person told us, "Activities are good, people come in as well as the staff, and I like it when the pets visit." Some people enjoyed following their own interests. One person said, "I like reading and crosswords and I can go out." Staff were responsible for supporting people with activities if outside entertainers did not visit. One staff member told us, "I enjoy doing the activities, the residents tell us stories from a long time ago." Staff told us people currently living at the home were very sociable and enjoyed a range of activities. We observed staff engaging people in group activities which included music and gentle exercise. Staff also supported people with individual activities which were meaningful to each person. We observed people reading their newspapers and a small group of people were working together on a jigsaw puzzle. Another staff member was supporting a person who was less able to complete a puzzle.

People, relatives and staff were asked for their feedback about the service through quality assurance

questionnaires, feedback surveys and regular meetings. People told us they attended the meetings and minutes showed people had discussed the menu and what activities they enjoyed. Feedback was also obtained daily through discussions with people and visitors and general conversation. There was a comment box by the visitors signing in book where people and visitors were able to leave any feedback or comments. There was a complaint's policy in place and records showed complaints raised were responded to and addressed appropriately. People told us they had no complaints but if they did they would raise them with staff. One person said, "I have never had to complain about anything here." Another person told us, "I've definitely not had to complain, (if I did) I would go to one of the girls." A further person said, "If I ever complain it is always sorted, I go to one of the carers or the manager." Any issue that was identified was discussed with the staff, if appropriate, to prevent a reoccurrence.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. Although staff had not received AIS training the provider ensured peoples' communication needs had been assessed and met. Care plans contained some information about how to support people, for example ensuring they were wearing their glasses or hearing aids. Where appropriate staff supported people to make choices through the use of pictorial aids such as picture menus.

As far as possible people were supported to remain at the home until the end of their lives. Staff told us people's end of life care was discussed and their wishes respected. Staff told us about one person whose health needs were variable. They had stated that they wanted to be cared for at the service. The person received regular support from staff and review by the doctor to ensure their comfort. 'Just in case' medicines had been prescribed and were stored at the service should the person need them. 'Just in case' medicines are medicines that have been prescribed prior to a person requiring their use. They are sometimes stored by care homes, for people, so that there are appropriate medicines available for the person to have should they require them at the end of their life. Advanced care plans were in place however these had not been completed. The provider told us discussions took place with people and their families when the time was appropriate.

Requires Improvement

Is the service well-led?

Our findings

At our inspection in April 2017 we found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not always ensured they had systems which operated effectively to assess, monitor and improve the quality and safety of the services provided. They also had not always maintained an accurate record for each person. At this inspection we found improvements had been made to the quality assurance system. There had also been improvements in relation to people's records. However, people's records still did not contain all the information staff may need to support people. This is a continued breach of Regulation 17.

At the last inspection the provider explained that staff had previously not been responsible for writing and reviewing care plans. She was working with them to develop knowledge and skills to write care plans that reflected people. At this inspection the provider told us staff had developed their skills and were more confident in writing care plans. One staff member said, "It took a while to get our head around the care plans but they are much clearer and simpler now." Another staff member told us their confidence in writing care plans and risk assessments had improved. We identified areas where care plans did not contain all the information required. The provider told us she would continue to work with staff to develop and empower them.

Some care plans and risk assessments lacked detail. One person had been identified at risk of developing pressure damage. The care plan advised staff to check the person's pressure areas when they provided personal care. However, there was no information about other actions for example, regular position changes. Staff told us this person had been rated at risk due to other factors which included their age and weight but they were independently mobile. However, this information had not been included to show how the risk had been reduced.

Some people had been identified at risk of falls and had sensor mats in place. There was information in the night care plan about this. However, there was no information within the risk assessment to show what steps had been taken to reduce the risk, for example a sensor mat.

Some assessments and care plans informed staff one person needed one or two staff to support with personal hygiene. However, there was no information about the variable and how each staff member would support the person. Staff told us on some occasions the person would need more reassurance and distraction. They told us how they provided this. However, this had not been recorded within the care plan.

People's care plans stated decisions were made and care provided, for example personal care, in their best interest. However, mental capacity assessments and best interest discussions had not been recorded to demonstrate how these decisions had been made. The MCA says that assessment of capacity must be recorded to show how the decision of capacity was reached. Where people were less able to make their own decisions and choices care plans did not always contain the information staff needed. For example, how they chose what to eat or what to wear.

People had behavioural charts in place. For some people these had been completed to show when a person had experienced behaviours that may challenge. Whilst these had been completed for some people there were no care plans to identify when this was relevant. There was no information about potential triggers or what staff should do to reduce the risk of these behaviours. Staff told us how they supported people and we observed one person who was at risk from a trigger that may result in them displaying behaviours that may challenge. Staff noticed the situation, they approached and diverted the person's attention. This prevented the person experiencing distress and upset.

The provider told us although she could write all the care plans and ensure they included all the relevant information this would not help staff to develop their skills. The provider told us it was important to empower staff to develop and improve their own knowledge and skills. The provider sent us information after the inspection that showed further care plan training had been put in place for staff.

These above issues are a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made to the quality assurance system. This included a number of checks and audits that were regularly completed by the provider. Accidents, incidents and falls had been audited and analysed to ensure appropriate actions had been taken and identify themes and trends across the home. Quality assurance surveys were in the process of being completed. After the inspection the provider sent us analysis of the information from the staff feedback survey. This included an action plan which included further care plan training and training about specific health conditions.

The provider worked at the home for half of each week and was contactable at any time during her absence. People, visitors and staff spoke highly of her and of the home. One person told us, "I know the manager; she is very good, I am happy living here as far as it can be." A visitor said, "The manager, is very approachable, I have no complaints, and feel very blessed that (person's name) is in here." A staff member told us, "I am very happy here, staff work together as a team, I am going to be here until I get old."

The provider had a good overview of the staff and the needs of people. She was committed to providing quality care and improving and developing the service. The provider was supported by a senior supervisor who took day to day responsibility for the running of the service in her absence. There was a supervisor on duty each day to ensure smooth running of each shift. There was a positive culture at the home and staff told us they felt supported by the supervisors and the provider.

Clear policies and procedures were in place and these reflected current legislation. They were available for staff. The provider had ensured staff had access to all information they may need. This included for the day to day running of the home and professional contacts staff may need to talk to for guidance and advice. All information was clear and easily accessed. There were a range of leaflets and information displayed for people and visitors. This included the last inspection rating and feedback following a visit from the local Healthwatch team.

The provider engaged with local stakeholders and this helped to ensure they were up to date with changes in legislation and best practice. She told us how she had made contacts with nearby providers to try and develop a local supportive network. The provider had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service.

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 17 HSCA RA Regulations 2014 Good governance The provider had not maintained accurate and complete records for each service user. 17(1)(2)(c)