Alexander Park Homes Limited

The Bill House

Inspection report

98 Grafton Road
Selsey
Chichester
West Sussex
PO20 0JA

Tel: 01243602567

Date of inspection visit:
20 September 2018

Date of publication:
16 November 2018

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The Bill House is a 'care home' and is registered to provide accommodation for up to 38 people, some of whom are living with dementia and who need support with their personal care needs. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The Bill House is a large property with accommodation over two floors. The home had communal dining areas and lounges. People had access to a large garden overlooking the sea.

The inspection took place on 20 September 2018 and was unannounced. On the day of the inspection there were 27 people were living at the home. 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.

At the last inspection on 11 January 2018, the home received a rating of 'Requires Improvement' and was found to be in breach of the Health and Social Care Act (Regulated Activities) Regulations 2014. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve all the key questions to at least good. This was because there were concerns that people were not being treated with dignity and respect at all times, care and treatment was not always provided with the consent of the relevant person, care was not always provided in a safe way for people and the registered manager had not always ensured good governance of the home.

At this inspection we found that the registered manager had made significant improvements to the management of the home and they were no longer in breach of the Health and Social Care Act (Regulated Activities) Regulations 2014. However, we did identify some areas that need improvement. This is the second consecutive time the home has been rated as 'Requires Improvement.'

Risks to people, in relation to falls, were not consistently assessed, mitigated or known by staff. Staff understood what action to take in the event of an incident and followed internal procedures for reporting and documenting these. The registered manager's approach to quality assurance was inconsistent and systems did not always identify issues in service delivery.

People gave mixed feedback about staffing levels. One person told us, "There are enough staff." However, another person told us, "The response to my calls is usually good but at weekends the response is less good." At the inspection staffing levels were consistent, including weekends, with the numbers the registered manager told us were required. we observed staff to be responsive to people's needs and respond to people's requests in a timely manner.

People had inconsistent access to meaningful activity. People provided mixed feedback about the activities

available at the home. We observed staff to engage well in activities with some individuals whilst others spent long periods sat in communal areas with little interaction.

People were protected from the spread of infection and the home was clean. People were happy with the cleanliness of the home. There were safe systems in place to manage, administer, store and dispose of medicines. Staff received safeguarding training and knew the potential signs of abuse.

Staff had a good understanding of MCA and had received training in this area of practice. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the home supported this practice. The home was adapted to meet the needs of people. The registered manager had acted to make the environment more accessible for people living with dementia.

People were supported by staff with the skills and knowledge to deliver effective care and support. Staff received training in relation to the needs of older people. Staff understood people's dietary requirements and preferences. People had access to healthcare professionals as and when they needed them. Staff knew people well and monitored their health on a daily basis.

People were treated with kindness and compassion. One person told us, "Staff are very nice, they are always very kind." We observed positive interactions between staff and people. Staff had a good understanding of people's backgrounds and interests and knew people well. People and their relatives told us they could express their views and be involved in making decisions about their care. One person told us, "Staff do talk to me about my care." A relative told us, "I was involved with her care plan at the start."

People's independence was promoted and their privacy and dignity was respected. Staff knocked on people's doors before entering their rooms and waited for people's consent before supporting them.

Care being received was person centred and responsive to people's needs. People's care plans contained detailed information about the person's life history, preferences and ways in which they liked to be supported. Records evidenced that when people were unwell medical attention was sought in a timely manner.

People were offered the opportunity to plan for the end of their lives. Discussions had taken place with people and their families about their end of life care wishes. The provider ensured there were systems in place to deal with concerns and complaints. People had access to the provider's complaints policy.

People and relatives were complimentary of the management of the home. One person said, "I do like the manager, she helps out". A relative told us, "I can approach the manager about anything." People, their relatives and staff were involved in the running of the home.

Staff worked in partnership with several other agencies to ensure people's needs were met in a timely manner. The registered manager had a clear vision for the home and told us this centred around respect. We observed these values to be embedded within the service, staff were respectful and treated people as individuals.

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 consistently safe.

Risks to people, in relation to falls, were not consistently assessed, mitigated or known by staff.

People were protected from the spread of infection and the home was clean.

There were safe systems in place to manage, administer, store and dispose of medicines.

Staff received safeguarding training and knew the potential signs of abuse.

Is the service effective?

Good

The home was effective.

Staff had a good understanding of MCA and had received training in this area of practice.

The home was adapted to meet people's needs.

People were supported by staff with the skills and knowledge to deliver effective care and support.

Staff understood people's dietary requirements and preferences. People had access to healthcare professionals as and when they needed them.

Is the service caring?

Good

The home was caring.

People were treated with kindness and compassion.

People and their relatives told us they could express their views and be involved in making decisions about their care.

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

Is the service responsive?

Requires Improvement

The home was not consistently responsive.

People had inconsistent access to meaningful activity.

Care being received was person centred and responsive to people's needs.

People were offered the opportunity to plan for the end of their lives.

People had access to the provider's complaints policy.

Is the service well-led?

Requires Improvement

The home was not consistently well-led.

The registered manager's approach to quality assurance was inconsistent and issues in service delivery were not always identified.

People, staff and relatives were complimentary of the management of the home.

Staff worked in partnership with several other agencies to ensure people's needs were met in a timely manner.

People, their relatives and staff were involved in the running of the service.

The Bill House

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 20 September 2018. 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 experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed information relating to the home. This included correspondence from people, professionals, and notifications sent to us by the registered manager. 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. 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.

We spoke with the registered manager, who is also the nominated individual, four members of staff, two relatives, six people and a healthcare professional. We looked at five people's care plans, staff duty rosters, four staff files and reviewed records relating to quality assurance, health and safety, safeguarding, infection control, compliments and complaints, medicines and staff training. During the inspection, we observed people having their lunch, receiving their medicines and spending time in communal areas.

After the inspection, we asked the registered manager to send additional information relating to evidence of a best interest decision for one person's bed rails, a quality assurance report, falls protocol, training matrix and a relative's feedback. The registered manager provided this information within the requested time frame.

Requires Improvement

Is the service safe?

Our findings

At the last inspection on 11 January 2018 we found the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because infection control procedures were not sufficient to keep the home clean and the provider had not assessed environmental risks to people. Medicines were not always managed safely and there was no system in place to analyse incidents to allow for learning. Staff did not always have sufficient guidance to mitigate individual risks to people. Following the inspection, the provider wrote to us to inform us of how they were going to address the shortfalls and ensure improvements were made.

At this inspection we found improvements had been made and the provider was no longer in breach of this regulation. Medicines were now managed safely; environmental risks assessments had been completed and infection control procedures had been implemented and adhered to across the home. However, the management of falls risks to people and the analysis of incidents to improve learning continued to need improvement.

At the last inspection risks to people had not been fed into their care plans and specific risk assessments were not in place for people who were at risk of choking. At this inspection we found improvements had been made and most risk assessments had been updated and were reflected in people's care plans. People at risk of choking had their choking risk assessed, where necessary, and effective guidance was in place for staff to mitigate these risks. However, risks to two people, in relation to falls, were not consistently assessed or known by staff. For example, one person had experienced an unwitnessed fall which resulted in a fracture. Their falls risk had not been re-assessed following their fall. Their previous falls risk assessment identified them as at low risk of falls. However, following this fall their level of risk should have been assessed as moderate, as per the provider's risk assessment guidance.

Another person's falls risk assessment had identified them as being at moderate risk of falls. This information was not used to inform their care plan. Their care plan did not identify a falls risk for the person. A member of staff did not know the person was at risk of falls, they told us, "They aren't at risk of falls." We saw evidence that people had GP involvement due to their falls and people had been referred to the falls prevent team, where appropriate. Staff had acted to minimise the risk of falls reoccurring such as, completing assessments of people's rooms to reduce the risk of falls, the inconsistent of assessment of falls risks to people increased the potential risk that incidents of this nature would happen again. This is an area of practice that needs improvement.

Staff understood what action to take in the event of an incident and followed internal procedures for reporting and documenting these. For example; one person experienced an unwitnessed fall in a corridor and hurt their arm. Staff responded and sought immediate medical attention for their injury, they started a 24-hour post falls assessment which included regular monitoring of the person which ensured their safety. Accidents and incidents were formally documented with the immediate actions staff took and the outcomes for people following the incident. The registered manager told us they share learning from incidents at staff handovers. We attended a staff handover and an incident that had happened was discussed with staff. Staff

were engaged in this conversation and together with the registered manager discussed how they could learn from it.

People gave mixed feedback about staffing levels. One person told us, "There are enough staff" and "They do come when I call." However, another person told us, "The response to my calls is usually good but at weekends the response is less good". A relative told us, "Mostly there are enough staff, but at weekends it can be difficult." We reviewed staffing rotas for the four weeks before the inspection. Staffing levels were consistent, including weekends, with the numbers the registered manager told us were required. The registered manager told us, "People's needs and their care plans are reviewed monthly. This is then used to gauge how much support the person needs." At the inspection, we observed staff to be deployed effectively across the home. Staff were responsive to people's needs and respond to people's requests in a timely manner.

People told us they felt safe. One person said, "I feel safe because there is always someone around." Another person told us, "I am very well looked after, no safety problems."

Some areas of risk to people were managed safely. For example, staff had improved the management of risks to people who were identified at risk of choking. These people's risks had now been assessed and a detailed risk assessment was in place which gave staff guidance to support people safely.

At the last inspection the home was not consistently clean and infection control procedures were not always adhered to. At this inspection we found significant improvements had been made to the cleanliness of the home. People were protected from the spread of infection and the home was clean. All the people we spoke with were happy with the cleanliness of the home. The registered manager and staff had made significant improvements to the cleanliness of the home and improved the guidance for domestic staff. There were clear cleaning rotas in place for staff to follow which were completed daily. Staff had a good understanding of infection prevention and control issues and they received regular training in this area of practice. The provider put preventative measures in place where necessary, for example, ensuring the adequate provision of personal protective equipment (PPE) for staff, such as gowns and gloves. We observed staff to be using these appropriately throughout the inspection.

At the last inspection, staff were not consistently trained to administer medicines for people living with diabetes and epilepsy. At this inspection we found there were safe systems in place to manage, administer, store and dispose of medicines. Trained staff administered people's medicines. Staff told us they received training to safely meet people's needs. We observed a member of staff safely administer medicines for people at lunch time. They wore a red tabard to let people and other staff know they were administering medicines, this reduced the risk of them being interrupted and allowed them protected time to concentrate on administering people's medicines safely.

We looked at the Medicines Administration Records (MAR's) for people living at the home, these showed that people received their medicines on time and when needed. When medicines were required on an 'as and when' basis, people had access to them and there was clear guidance in place about their use to ensure safe practice. One person told us, "I get my medication when I should." Some people at the home received their medicines covertly, there was clear evidence that these decisions had been discussed with the appropriate healthcare professionals and the registered managed had ensured guidance was in place for staff to manage this safely.

Staff received safeguarding training and knew the potential signs of abuse. They understood the correct safeguarding procedures should they suspect people were at risk of harm and knew who to report any

concerns to. The registered manager understood their responsibilities in reporting safeguarding and we saw evidence that safeguarding concerns were reported and investigated.

Good

Is the service effective?

Our findings

At the previous inspection on 11 January 2018, there was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There was a lack of individual, decision specific mental capacity assessments and best interest decisions were not consistently documented for restrictive practices such us the locking of bathrooms and sensors to monitor people's movements at night. There were also areas that needed improvement. These related to people's environment not being dementia friendly, staff lacked specialist training to support people living at the home and people not being involved in the planning and choice of their meals. Following the inspection, the provider wrote to us to inform us of how they were going to address the shortfalls and ensure improvements were made.

At this inspection we found that improvements had been made in all areas and there was no longer a breach of regulation.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the last inspection capacity assessments were not always completed before decisions were made in people's best interest. At this inspection we found people had decision specific capacity assessments and best interest decisions in place and relevant people had been involved in this process. For example; one person required bed rails for their safety when in bed. Staff had completed a mental capacity assessment to see if the person was able to make this decision. They then involved relevant people in a best interest decision to decide the least restrictive option to keep the person safe from falls when in bed. Following this, bed rails were implemented in the person's best interests.

Staff had a good understanding of MCA and had received training in this area of practice. We observed staff ask people consent for day-to-day decisions. A member of staff told us, "I always ask people's consent. I would go to the senior if there were any problems." People were offered choices and these were respected. For example, people could choose where they had lunch, one person requested to have this in a lounge area and this was respected by staff. One person told us, "The staff are nice with me and do give me choice, like staying in my room or not." The management team had a clear understanding of MCA and DoLS and had made appropriate applications to the local authority. The management team involved others in best interest decisions to ensure people were receiving appropriate treatment in the least restrictive way.

At the last inspection the environment needed improvement to meet the needs of people living with dementia. At this inspection the home was adapted to meet the needs of people. There were pictorial signs around the home to assist people with navigation and orientation. The registered manager had discussed décor with people and their relatives and had begun work to change the colours of people's bedroom doors.

These were painted in colours of their choice or to be the same as their front door at their previous home, with the aim to help people find their rooms more easily. The corridors of the home had been given names and themes to remind people where their rooms were. Communal areas had been adapted so they were accessible. People with physical disabilities could move safely, corridors were free of any hazards and hand rails were along the wall to aid people's mobility.

At the last inspection staff did not have access to training to support people's specific needs. At this inspection we found improvements had been made and staff now received training in relation to the needs of older people. This ensured staff had a good understanding of how to support people living at the home. Specialist training was provided to support people living with dementia. A member of staff told us they had practical training sessions in relation to supporting people with dementia. This included wearing glasses which affected their vision to replicate how some people living with dementia see. The member of staff said, "It helped me a lot. It has made me understand what they go through more."

People were supported by staff with the skills and knowledge to deliver effective care and support. Staff who were new to care undertook 'care certificate' training. This familiarises staff with an identified set of standards that health and social care workers adhere to in their daily working life. Staff told us the induction training supported their role at the home. One member of staff told us they received support during their induction and said, "I shadowed for about three weeks and I didn't do any manual handling until I had done the course."

People's needs were assessed before people moved into the home and regularly thereafter. Care plans showed people had initial assessments which ensured their needs could be met at the home. People's care plans were built on this and further developed as staff gained a deeper understanding of people's needs and preferences. Protected characteristics under the Equality Act (2010), such as religion and disability were considered as part of this process. This demonstrated that people's diversity was included in the assessment process.

Staff understood people's dietary requirements and preferences. Records were completed when people first moved into the home, these contained detailed information about their likes and dislikes. People were involved in the planning of meals. One member of staff told us, "There is a four-weekly menu, we see if people like it and change it if they don't." People with specialist dietary needs had these catered for. For example, one person had been losing weight. Staff had involved a dietician who gave guidance around fortifying the person's meals. This guidance was known by staff and adhered to. One member of staff told us, "We use full fat milk, cream and milk powders. We are kept informed by the manager if there are any changes. They're great at keeping me informed." Staff were aware of who was living with diabetes and their needs in relation to their diet. A member of staff told us, "We support them to follow a healthy diet but will also make sugar free deserts so they can still enjoy these."

We observed lunchtime in two different dining areas. People were complimentary of the meals which were well presented. One person said, "The meals are definitely good, a good selection" and another said, "the food is good and the meals they serve up suit me. They make sure I've got a drink of juice." People were offered choices between two meals and were shown the options to help them decide. People were also offered choices of where they would like to eat their meal and this was catered for. One person told us, "The food is very good. I order lunch in the morning and I choose to eat in my room"

People had access to healthcare professionals as and when they needed them. Staff knew people well and monitored people's health on a daily basis. For example, one person did not always want to engage in their personal care. Staff had identified this could cause the person to become unwell and contacted their

community psychiatric nurse. Staff used the guidance from the nurse to adapt their approach and care for the person. We observed staff follow this guidance by providing the person with reassurance and trying to encourage their personal care at different times of the day. One person told us, "When I'm not well, they get the doctor in" and another said, "I do get to see the doctor" and "I go out to the chiropodist and the dentist."

Staff worked closely with healthcare professionals to ensure people received coordinated care. For example, a person had a fall during the inspection which required them to be taken to hospital. Staff ensured they relayed all of the persons relevant details to the paramedics and had the person's paperwork ready for the paramedics to taken with them. This ensured the hospital staff would be aware of the persons needs and wishes when they were admitted.

Good

Is the service caring?

Our findings

At the previous inspection on 11 January 2018, there was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people were not always treated as individuals and were not actively involved in decisions about their care and treatment. Following the inspection, the provider wrote to us to inform us of how they were going to address the shortfalls and ensure improvements were made.

At this inspection we found improvements had been made and there was no longer a breach of regulation.

At the last inspection people were not able to give their opinions and their comments were sometimes dismissed by staff. At this inspection people and their relatives told us they could express their views and be involved in making decisions about their care. One person told us, "Staff do talk to me about my care". A relative told us, "I was involved with her care plan at the start." Staff took the time to listen to people and involve them in decision making. We observed people being offered choices of drinks and snacks. Staff spent time explaining the options for people so they could make their own choice.

People were treated with kindness and compassion. One person told us, "Staff are very nice, they are always very kind." We observed positive interaction between staff and people. One member of staff took the time to complete a crossword with someone in the lounge. They were laughing and joking with the person who was happy and engaging in the activity.

Staff had a good understanding of people's backgrounds and interests and knew people well. Staff had built a compassionate rapport with people. For example, one person's care plan directed staff to offer the person reassurance and provide personal space if they became upset. We observed a member of staff offering the person emotional support when they were distressed. The member of staff spoke calmly with the person, gave them space and returned to provide reassurance and the person was calmed by this approach. Staff told us they used information about people's lives to start conversations with them and could tell us about the people they supported.

People's privacy and dignity was respected. Staff knocked on people's doors before entering their rooms and waited to gain people's consent before supporting them. A person experienced a fall in the communal lounge during the inspection, staff responded immediately and maintained the person's dignity by providing them with a blanket and pillow and putting a screen around them whilst waiting for an ambulance. A member of staff sat on the floor, next to the person until paramedics arrived, they were kind and compassionate in their approach.

Staff respected people's confidentiality and recognised the importance of not sharing information inappropriately. People's records were held securely. New legislation became effective from the 25 May 2018, namely the General Data Protection Regulations 2018 (GDPR). The GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. The registered manager was aware of this legislation and were embedding this within their practice.

People's independence was promoted. For example, one person's care plan provided staff with guidance on how to support the person with their personal hygiene whilst encouraging the person to remain independent. The environment had been adapted to allow people to move around freely and be able to orientate themselves.

Requires Improvement

Is the service responsive?

Our findings

At the previous inspection on 11 January 2018, improvements were required in relation to records not detailing person centred information which reflected people's needs and people's access to activities. At this inspection, we found significant improvements had been made in relation to person centred care and records of people's needs. However, although improvements had been made, we found people's access to meaningful activity was inconsistent.

People gave us mixed feedback about the activities available at the home. One person told us, "Not much to do here" and another said, "Not much going on daily." Whilst one person said, "The activities suit me."

People did not have consistent access to meaningful activity. There was an activities coordinator at the home but they were not present at the inspection. The manager told us staff do activities with people when the coordinator is not there. There were a range of activities available to people however we saw people have mixed access to these. We observed staff to engage well with some people whilst others spent long periods sat in communal areas with little interaction. For example, during the morning in the main lounge staff were engaging in a crossword with one person, there were several other people in the room but they were not offered the opportunity to engage in an activity. One person was walking around the home throughout the day and looked disorientated and confused and staff did not engage them in any activity that was happening. In the afternoon the person told an inspector, "I'm very lonely indeed." There were two members of staff in the communal area who were engaging in an activity with one person, but did not attempt to engage this person in the activity.

Following the last inspection, the registered manager had implemented actions relating to people's access to activities. For example, we saw that people now had access to a pictorial activity plan to aid their understanding of and involvement in activities. The manager had identified that the creation of memory boxes for reminiscence and involving people in the development of activities that met their interest had begun but was ongoing. This is an area of practice that needs improvement to ensure all people living at the home have access to meaningful activity.

At the last inspection people's care records were not reflective of their needs. At this inspection care being received was person centred and responsive to people's needs. People's care plans contained detailed information about the person's life history, preferences and ways in which they liked to be supported. For example, one person's care plan said they liked to spend time with other people in the 'annexe'. We observed the person being able to freely spend time with their friends in this area of the home. Staff knew about people's life histories and employment. One person was in the Navy and their first language was not English, a member of staff told us about the person's career, ethnicity, likes and dislikes in detail. The member of staff said, "I always say, Hello Captain, this makes them smile."

At the last inspection care records had not been completed to understand people's wishes at the end of their lives. At this inspection we found people were offered the opportunity to plan for the end of their lives. Discussions had taken place with people and their families about their end of life care wishes and people

had completed 'planning future care' documents. These documents included people's preferences around cultural and spiritual beliefs. A relative said, in an email to the local press, 'All of them went above and beyond to the very end of my mum's life, through the very difficult times towards the end they never stopped the high standard of care, love and support to my mum and myself.'

People were encouraged and able to maintain relationships that were important to them. There were opportunities for people to interact with one another and develop friendships, as people had access to shared communal lounges and dining rooms. People's relatives and visitors could visit when they wished. One relative told us, "I feel I'm made welcome when visiting my wife." We observed staff being welcoming to visitors and offering people quieter spaces to talk with their friends and family.

Staff were responsive to people's health needs. Records evidenced that when people were unwell medical attention was sought in a timely manner. A healthcare professional told us staff were responsive and said, "if they consider anything to be an issue, they always contact us, it is great."

The provider ensured there were systems in place to deal with concerns and complaints. People had access to the provider's complaints policy. All the people and relatives we spoke with said they did not have any complaints about the service and no complaints had been received since the last inspection.

The registered manager had considered how technology could improve people's lives. They were in discussion with the provider about introducing video calling to the home to improve people's communication with family.

People were given information in a way they could understand. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. There was basic signage around the home to help people navigate and identify where they were. People's individual communication needs had been assessed and, where appropriate, people were provided with information in an alternative, accessible format. For example, one person had a photo book to aid in communication and discussion about their life. We observed staff use this with the person to open a conversation. A member of staff told us the book was useful when the person became anxious and helps them redirect them.

Requires Improvement

Is the service well-led?

Our findings

At the previous inspection on 11 January 2018, the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the governance systems and processes in place did not ensure standards of care reflected best practice and met the regulations. Following the inspection, the provider wrote to us to inform us of how they were going to address the shortfalls and ensure improvements were made.

At this inspection we found improvements had been made and the provider was no longer in breach of this regulation. The registered manager had made several changes to the governance of the home which had a positive impact on the care people received. However, oversight of the management of accidents and incidents to improve outcomes for people needs improvement.

The registered manager regularly worked on the floor delivering care. This meant they had developed good working relationships with people and staff. This also meant they were responsive with dealing with any issues as and when they occurred. Although incidents and people's requests were responded to in a timely way, the manager did not always have full oversight of service delivery. For example, the manager had not identified that risk assessments were not always completed to the level of detail needed to enable staff to mitigate risks for people. This did not have an impact for people, at present, due to the continuity of care staff and their knowledge of people's needs. This inconsistent documentation increased the risk of staff not having access to current information to be able to mitigate risks for people, should they be new or supporting people they did not know as well. This is an area of practice that needs improvement.

The registered manager had implemented a report that allows them to review accidents and incidents as well as other areas of practice over a period of a year with the aim of ensuring good governance. The registered manager told us they used this tool to review what happened within the year and to plan and improve practice for the following year. The manager and provider had improved their auditing system following the last inspection. Key areas that needed improvement were now featured in the audit, such as infection control. This ensured these areas were continually monitored and that improvements made were sustained.

People and relatives were complimentary of the management of the home. One person said, "I do like the manager, she helps out" and a relative told us, "I can approach the manager about anything." Staff were equally as complimentary of the manager's support and said they were approachable. One member of staff told us, "I have a really good relationship with [the manager], she involves the staff." The registered manager understood the regulatory responsibilities of their role. They felt they had the support and resources needed from the provider to drive improvements in the service. They kept themselves up to date with legislative changes and current best practice guidelines and were a part of the local registered managers' forum.

The registered manager had a clear vision for the home and told us this centred around respect, "We treat everybody with dignity, treat people as individuals and value staff. We embed these values with staff at supervisions and handovers." A healthcare professional told us, "There is a family atmosphere, the staff are

very respectful of people and adapt to meet people's needs." We observed these values to be embedded within the service, staff were respectful and treated people as individuals.

People, their relatives and staff were involved in the running of the service. A relative told us, "There are meetings for relatives and questionnaires are sent out." People were involved in the decoration of the home, and asked their preferences about the colours of their bedroom doors. There were regular meetings where people could share their opinions of the service and feedback was used to make necessary changes. Staff had opportunities to be involved in the running of the home through regular meetings and staff handovers. Staff said communication with the manager was good and they felt listened to. For example, one member of staff told us they suggested a system where staff tick a board in the dining room to identify who has come to lunch. They could then easily see who had not and take their meal to them. They said the manager had listened to their idea and that it was now in place.

Staff worked in partnership with several other agencies to ensure people's needs were met in a timely manner. A healthcare professional told us, "The staff are very good and responsive to peoples changing needs. The manager is on the ball, and knows people very well, we all work together and they listen to the guidance we give."