Raveedha Care Limited

Eastcotts Care Home with Nursing

Inspection report

Eastcotts Farm Cottage
Calford Green, Kedington
Haverhill
Suffolk
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
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

Eastcotts Care Home with Nursing provides accommodation, nursing and personal care for up to 59 older people. There were 38 people living in the home on the first day of our inspection, with one further person arriving to move into the home during the afternoon. On the second day there were 39 people living in the home. The home was situated in a rural area on the periphery of the village of Keddington, Haverhill in Suffolk. We have referred to the home as Eastcotts Care Home within this report.

Eastcotts Care Home with Nursing 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. This inspection took place on 24 and 29 January 2018 and was unannounced.

There was a registered manager in post at the time of our inspection. 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 our last comprehensive inspection in February 2017, we had concerns about the management of clinical risks. We found that people at risk of pressure ulcers were identified and had been provided with specialist mattresses. However, some of these were at the wrong setting for people, which meant that they did not work effectively. We also found people's health needs were not always well managed and staff were not always following best practice. We were also concerned that medicines were not securely stored and checks on clinical equipment were not adequate. We found these concerns were a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We received an action plan from the provider on 10 May 2017 telling us the improvements they intended to make to become compliant. At that inspection, we were also concerned that whilst there were enough staff they were not always effectively deployed. We rated the home 'Requires Improvement' overall and in three of the key questions we ask. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Eastcotts Care Home with Nursing on our website at www.cqc.org.uk

We found at this inspection that improvements had been made and the home was no longer in breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The management of clinical risk had improved, we checked that specialist mattresses were set correctly; clinical equipment was now being stored correctly and regularly audited. Medicines were also now being stored securely. We checked the deployment of staff and whilst we received mixed feedback about the levels of staff the deployment was effective. As a result of this inspection we have made one requirement. This is where we have identified a statutory breach of regulations. The regulation requires the registered persons to notify us of key events and incidents and they had not done so. Because of this, we have rated the home 'Requires Improvement' in well-led and overall.

Notifications of events and incidents were not always submitted in accordance with statutory regulations. Registered managers and providers are required to submit to CQC statutory notifications in accordance with regulatory requirements however we found a number of serious injuries that had occurred at the home which we had not been notified of. This was a breach of Regulation 18 of CQC (Registration) Regulations 2009.

The home mostly had sufficient staff to meet the needs of the people living there. Staff had received training in how to recognise and report abuse. The registered manager knew how to report any safeguarding concerns to the appropriate local authority if necessary.

People received appropriate support to meet their needs. Risks relating to people's medical conditions were routinely assessed and appropriate plans were implemented to keep people safe. Staff had access to appropriate training and support. Nurses received clinical supervision to keep them up to date with current practice.

There were systems in place for managing medicines in the home. A medicine procedure was available for staff and staff had completed training in relation to safe medicine administration. Medicines were stored safely and records showed they were administered as prescribed. Healthcare professionals such as chiropodists, opticians, GPs and dentists were involved in people's care when necessary.

People's needs were met by caring, patient and considerate staff. People's privacy and dignity was respected by staff. People, their families and staff were all complimentary about the home. Staff were enthusiastic about working with the people who lived at the home and developed positive relationships with them.

People's care plans were personalised, detailed and contained important information about people's needs as well as their routines and what was important to them. An assessment was carried out before people came to live at the home. Staff supported people to prepare appropriate plans where people were receiving care at the end of their lives.

There was an open and transparent culture within the service. People and staff told us that the registered manager was approachable. The management team was visible throughout the home. The registered manager knew people and their relatives well. There was a quality assurance system in place which monitored the quality of the care provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Risks to people were assessed and appropriate plans were implemented to keep people safe.

The medicines system operated well, and people received their medicines as intended.

Staff observed safe infection control practices.

Is the service effective?

Good

The service was effective.

People received care and treatment from staff who had been trained to provide this.

People were supported to make choices in relation to their food and drink and to maintain good health.

The service was meeting the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards, which helped to ensure people's rights were upheld.

Is the service caring?

Good

The service was caring.

Staff were kind and compassionate.

Staff were respectful of people's privacy and dignity when providing care.

People and relatives were positive about the care and support provided by staff.

Is the service responsive?

Good

The service was responsive.

People's care needs were understood and responded to by staff

who knew people well.

Care plans were detailed and provided staff with sufficient information to enable them to meet people's needs.

The provider had a clear complaints policy in place and complaints were responded to appropriately.

Staff recorded people's wishes about their end of life care.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Notifications of events and incidents that occurred were not always submitted in accordance with statutory regulations.

The registered manager had made many positive changes to the service and a number of improvements since the last inspection.

Regular meetings took place to involve people, relatives and staff in the running of the home.

There was an open and transparent culture within the service where people and staff felt comfortable to raise concerns.

Eastcotts Care Home with Nursing

Detailed findings

Background to this inspection

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

This inspection took place on 24 and 29 January 2018 and was unannounced. The inspection team consisted of two inspectors, a specialist advisor who was a trained nurse, 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 requested that the provider complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was received from the provider.

We also reviewed information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We found that we had not been notified of a number of incidents at the home. We also sought views from commissioners who funded the care for some people and the local authority Provider Support Team.

We looked at the care records of seven people in detail to check they were receiving their care as planned. We also looked at other records including staff recruitment files, training records, meeting minutes, medication records and quality assurance records. We spoke with 14 people who live at the home, 11 members of care staff, two nurses, the activities co-ordinator, two kitchen assistants, the deputy manager and the registered manager. We spoke with relatives of 11 people currently living in the home. We also spoke with three healthcare professionals.

Good

Is the service safe?

Our findings

At our last comprehensive inspection in February 2017, we had concerns about the management of clinical risk and the safe deployment of staff and as a result rated this key question 'Requires Improvement'. At this inspection we found that improvements had been made. We found clinical equipment was now well ordered and safely stored. Improvements had been made to the management of clinical risk. We also found that whilst we continued to receive mixed feedback about staffing levels, the deployment of staff had improved.

At our last comprehensive inspection risks were identified but not always managed effectively. For example, we found that whilst people at risk of pressure ulcers were identified and provided with specialist mattresses we found the mattresses were set at the wrong setting which meant that they did not work effectively. At this inspection we found that improvements had been made. A system was now in place where the registered manager, nurses and staff had oversight and clear monitoring of the setting of specialist mattresses. We saw detailed and accurate records were now kept.

We were also previously concerned that people's health needs were not always well managed and staff were not always following best practice This was in relation to how staff managed and documented the support provided to people with wounds and catheters. We found at this inspection that improvements had been made. People's care records were clear and reviewed regularly. Where people were at risk from a health need, we found their care plans were clear and nursing staff sought additional, from the GP or hospital for example.
Most people who used the service told us they felt safe. One person, when asked if they felt safe said, "Yes because they [care staff] take good care." A person's relative told us, "[Family member] is safe, the care is good."

Staff had received training in safeguarding adults and records confirmed this. Staff we spoke with were able to identify the different types of abuse and were aware of their responsibility for reporting any allegations of abuse. All of the staff we spoke with told us they would not hesitate to report any suspected harm. We found there were robust practices in place for sharing information about people's wellbeing and any safeguarding concerns.

Risk assessments had been completed around people's care needs such as nutritional risks and skin pressure areas. The assessments were detailed and personalised to the individual and were reviewed weekly to ensure they were still relevant to each person's safety. Where risks had been identified, a care plan with guidance was in place to minimise the risk. We spoke with the registered manager about ensuring that risk assessments were extended to cover additional areas of potential harm such as a person smoking independently outside of the home. The registered manager addressed this during the first day of our visit.

We were concerned that the door leading to the hairdressing room and adjoining domestic room could pose a risk to people living with dementia as this was not sufficiently secure. This was important because chemicals were stored within the room. Despite no one having accessed this area, there was a risk that they

could do. We spoke to the registered manager about this who took action on the first day of our visit to ensure this was rectified. We checked on the second day of our visit and saw that this area was now fully secure.

There were arrangements in place to deal with foreseeable emergencies. There was a fire risk assessment and emergency plan so that people knew what to do in the event of a fire. Staff had received fire safety training. Personal emergency evacuation plans documented the support people required to evacuate the building safely. The risks associated with the environment and equipment in use were assessed and reviewed. Equipment had been serviced and maintained within appropriate timescales approved. Safety checks were regularly carried out on hoists, installed fire alarms, gas catering equipment and electrical appliances and wiring. The service had a contingency plan in place in the event of an emergency. For example, an unforeseen event such as flooding or a fire. The contingency plan explained how people would continue to receive care and support.

We observed staff using manual handling equipment to assist people to move. Staff demonstrated good, safe practice, talking to people and checking with them frequently that they were okay and comfortable. We saw senior staff checked to make sure less experienced staff assisted people safely when they used equipment to help people with their mobility.

The staff told us that some people living in the home sometimes became upset and distressed due to them living with advanced dementia. This may have posed a risk to the person, other people living in the home and the staff. Where this was a risk, we found that people had a comprehensive plan in place detailing how the person should be supported to minimise the risks to themselves and others. Staff were seen to be following the plans and dealt with any incidents confidently and with much kindness.

Although people we spoke with said that they felt safe living at Eastcotts we received mixed feedback about whether there were sufficient numbers of staff to meet people's needs in a timely and person centred way. One person gave us an example of where their needs were not being met in a timely way and the effect this had on them. They told us, "The care is good but staff don't have the time to chat." Another person told us, "There are not enough staff. They are always getting agency in, it's worse at nights," Other people told us they felt there were sufficient staff. One person said, "I know someone will come if I ring the [call] bell." Another person said, "[I press the] buzzer, they come fine, staff are very good and I could not wish for better treatment. When they are busy you have to wait but they open the door and tell me they are busy and will be back." Another person told us, "They are very good, I've been here four years, I ring for the commode, and they are here in a couple of minutes."

We spoke with people's relatives as part of our two visits and also received mixed feedback about staffing levels. One relative said, "There are not enough staff, [people] ask for the toilet and have to wait, its worst around dinner times, it has gotten worse in last three months." Another relative said, "[People] had to wait 15 minutes for the toilet so I went and got staff – that was two or three weeks ago." However a third relative told us, "[When I press the] buzzer they [care staff] are soon here, you wait if there is an emergency but you understand that and they always let us know."

Our observations showed that there were times, albeit brief, where there were no staff in the immediate vicinity of the lounge on Lavender unit where people were living with dementia. The staffing in Lavender Unit consisted of two care staff and a nurse however several people required two staff for assistance with mobilising and personal care. The nurse told us that there was also a 'floating' member of care staff who worked across the two main units' home. However the staff that spoke with us on Lavender Unit told us that they did not receive assistance from this member of staff every day. We found in the other areas of the home

staff were visible, were not task orientated and had time to talk to people. We spoke with the registered manager about the dependency tool in place and whether this was effective. The registered manager had already identified that they could make improvements and told us that currently the care staff were responsible for some preparation of the evening meal along with the serving. The kitchen assistants who helped with this task at breakfast and lunch time finished their working time prior to the evening meal. This added additional tasks and pressure to the care staff. The registered manager told us that a consultation with the kitchen assistants had already been commenced to extend their hours in the afternoon to relieve pressure on the care staff during this time.

We asked a frequently visiting healthcare professional about their observations of the staffing levels. They told us, "I think there are enough staff, there isn't always a staff member about but I've never seen any impact of this as a result." We concluded that there were enough staff in place to keep people safe and that the registered manager was aware of the pressures on staff and was looking at ways to make the necessary adjustments.

We looked at the provider's recruitment procedures and found them to be robust. We checked the recruitment records for four staff employed at the service and we found appropriate procedures had been followed, including application forms with employment history, interviews and reference checks. Before staff were employed, the provider requested criminal records checks through the Disclosure and Barring Service (DBS). The DBS helps employers ensure that people they recruit are suitable to work with people who use care and support services.

People's medicines were managed safely and they received them as prescribed or when they required them. People we spoke with confirmed this and told us they received their medicines appropriately. One person told us "I have tablets three times a day, mornings I have quite a lot, smaller lot lunchtime. There are none missed." Another person said, "I am diabetic and they give me my tablets, watch me take them, I have insulin every morning and evening just before tea time." We observed a lengthy part of the medicines round and saw that prior to administering any medicines staff sought consent from the person, carefully observing any nonverbal communication skills from the person where this was how they communicated. During administration the staff member explained what each medicine was for and how to take it to the person.

Regular audits took place to ensure that people received their medication as prescribed. There was information in place to guide staff on how to give people medicines that had been prescribed on a 'when required' basis (PRN). We found that one person who needed a medicines review due to the combination of medicines they were taking. There was a little confusion amongst nursing staff regarding whether the GP or pharmacist would undertake the review, however a GP visiting during our visit reassured us they would arrange the review. People had their medicines administered by staff who had been appropriately trained. Details of how each person preferred to take their medicines was recorded and we observed this was followed by the staff.

People were supported in a way that reduced the risk of the spread of infection. We observed good hand washing techniques across the home. Cleaning of the home took place throughout the day. People and relatives told us that rooms and people's belongings were kept clean and safe.

Good

Is the service effective?

Our findings

At our last comprehensive inspection in February 2017, we were concerned that consent and the Mental Capacity Act 2005 was not consistently well understood by staff. We were also concerned that clinical procedures regarding the management of wounds and catheters was not sufficiently clear. We rated the key question of effective 'Requires Improvement'. At this inspection we found the improvements had been made and as a result we have rated this key question 'Good'.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We were concerned at our last inspection that the MCA was not consistently understood. At this inspection we found that improvements had been made. Care staff had received training and to help them with their understanding visual prompts of the five key principles of the Act were placed in staff areas around the home. The registered manager demonstrated a good understanding of the MCA and DoLS.

People's capacity to consent to care and support had been assessed and an emphasis placed on people giving their consent prior to any decisions being made, wherever this was possible. We saw before providing care, staff sought verbal consent from people and gave them time to respond.

At our last inspection, we were concerned that some of the care planning documentation used to guide staff in the planning for the needs of people in relation to the care of their catheter and pressure care did not mitigate the risks to their health, welfare and safety. We found at this inspection that improvements and been made and sustained. Care plans in place were now detailed and focused on how staff should support people to reduce the risks to their health, welfare and safety. These care plans covered areas such as catheter care. Oversight of risk was effective; staff were actively monitoring people's wellbeing. We saw recording charts were in place and completed.

Before a person moved into the home, a representative from the management team undertook a pre admission assessment to ensure their needs could be met. People's communication needs were considered as part of these assessments in order that staff would know how to support people effectively. We looked at a completed pre-admission assessment and noted it covered all aspects of people's needs.

People were supported by staff who received training and who were provided with support and supervision in order that they could fulfil their job roles effectively. New staff to Eastcotts Care Home completed an induction and undertook the Care Certificate which gave them the knowledge and skills needed to carry out the job role. The Care Certificate provides a framework of training to enable staff new to care to be able to deliver safe and effective care, to a recognised standard. Staff told us they felt very well supported during their induction period.

Staff spoke positively about the training they received and how this enabled them to deliver care and support to people that was effective and person centred. Staff received training in areas such as care planning, nutrition, first aid, end of life care, dignity and health and safety. Several staff had accessed external courses leading to additional care qualifications. In addition we found some staff had been working at the home for several years and could demonstrate continuous development. One care staff we spoke with had developed their career at the home and had recently commenced a 'bereavement champion' role. This member of staff had undertaken additional end of life training and now provided a bespoke service to people and their relatives at the time when the person was nearing the end of their life.

Some people, relatives and staff were concerned that there were staff working at the home for whom English was not their first language and at times who found communication challenging. We spoke with the registered manager who told us staff who had difficulties with the English written and spoken language were booked on a course at a local college to enhance their skills as well as having a mentor in the work place to support them. The registered manager also confirmed that she considered staff effective use of English as part of the recruitment process; however local accents often added to the challenge.

Staff were supported through supervision meetings with their line manager. Supervisions are important in helping staff to reflect on and learn from practice, personal support and professional development. Staff described the management team as supportive and said they were able to discuss issues openly at supervision or between times if necessary.

We looked at the systems in place to ensure people's nutritional needs were assessed and met. We found people were supported to have sufficient amounts to eat and drink and to maintain a balanced diet. People spoken with made complimentary comments about the food provided and the flexibility of kitchen staff in preparing and cooking meals based on people's choices and preferences. One person told us, "The food is excellent, salads are good, and I get adequate fruit and veg." Another person said, "They ask me what I would like for breakfast. I had two eggs and two slices of bacon, had scrambled eggs. They get whatever you like." Another person told us, "The kitchen [staff] bring me grapes and nectarines; I have fruit brought to me every day."

We spoke with staff working in the kitchen. One of the catering staff told us they received the training they needed and 'loved the job'. Their motivation and passion for the working at the home was apparent. A board in the kitchen listed all people living at the home, any allergies and their specific required food needs such as smooth consistency diet or diabetic. We found food and fluid charts were in place for people at risk of malnutrition or dehydration. These were clearly filled in by staff supporting people. People at risk of weight loss were supported to have any necessary dietary supplements. People had access to snacks and refreshments throughout the day and we observed care staff encouraging people to drink plenty.

We observed the lunch time meal in two of the units and spoke to the registered manager afterwards about developments they could implement on one of the units to further enhance people's dining experience. We saw there were no menus available and staff verbally listed the various options available to people. For some people, especially those living with dementia, visually showing them the options available would have

enabled them to make a more informed choice of meal. This was different to the other units at the home where people were offered a visual choice. The registered manager agreed to action this straight away.

Tables were laid with table cloths, cutlery, condiments and napkins. People were offered a choice of portion size and all meals were delivered promptly to residents in the dining room, lounge and to people who remained in their rooms. Meal times were referred to as the 'butterfly hour' at the home. During this time staff who work in other roles in the home assist care staff to support people to have their meals with the aim of ensuring mealtimes run smoothly.

People were supported by a range of community professionals. Records we looked at showed us people were registered with a GP and received care and support from other professionals such as an optician, dentist and podiatry services. We spoke to several healthcare professionals who gave us very positive feedback about the home and care people receive. One told us, "The staff are highly responsive and so eager to deliver an individualised service to people." Another said, "It's excellent here at Eastcotts." The registered manager and staff team had also been working closely with a support team from the local authority who had been providing support and advice with the aim of improving standards at the home.

We found that the registered manager had identified some areas of the environment needed improvement and had taken action to address this. As a result during our two days of visits we saw some areas of the home were in the process of being redecorated and having new flooring fitted. These areas looked smart and refreshed. We saw that some areas of the home still required much improvement such as the carpets within the hallways and in some people's bedrooms where this was lifting from the floor and stuck down with heavy duty tape. Fixtures such as some of the radiator covers were damaged and rusty. Some communal areas of the home were being used as storage areas for equipment. We were told of plans for some redevelopment of the home and investment in capital works being undertaken. In the four days between our two visits the registered manager had been proactive in prioritising works and flooring replacement to the areas of the home most in need. They also told us of their plans to ensure that all areas needing addressing would be completed over the next eight weeks. Some people we spoke with told us they were aware that flooring and redecoration works were being carried out.

The registered manager was making improvements to the physical environment throughout the home as they had identified it did not reflect best practice in dementia care and wasn't in line with current published guidance. There was limited signage to help people to be as independent as possible when accessing toilets and bathrooms. What was in place was confusing with people having two differing door numbers on their bedroom door. We asked the registered manager what model of dementia care the registered providers adopted. She confirmed that she was currently working with a dementia trainer who was advising on the necessary improvements and already several items to enhance people's experience had been ordered, with some having been delivered and ready to install.

We have asked the registered manager and provider to provide us with evidence of the necessary works being completed and we will continue to monitor this.

Good

Is the service caring?

Our findings

At our last inspection in February 2017, we rated this key question good. At this inspection we found that the home had sustained this rating.

People told us that staff treated them with respect and kindness and were complimentary of the support they received. Relatives were also complimentary, one person's relative told us, "It's lovely here, staff are wonderful and very caring."

We observed staff treated people with warmth and kindness. We saw staff spoke to people with respect and demonstrated kind person centred care. There was evidence of meaningful relationships between people and staff. People's relatives told us they felt welcome in the home and that they felt staff genuinely cared for their relative. One relative told us, "They will do anything for [family member] who is very demanding, I wonder how they do it."

The staff we spoke with demonstrated they had a good understanding of the needs of people who used the service. Care plans were reviewed monthly however most people either chose to not be involved in the planning or reviewing of their care plan or could not due to them living with dementia. One person told us, "My care plan was put in place a lot of years ago and my son is involved with that." Another person's relative told us, "I am asked about and am involved in my [family members] care planning."

Personal care was carried out in a way that preserved people's dignity and independence and always in private. Staff were aware of how to protect people's privacy and all of the staff we spoke with told us they knocked before entering people's bedrooms as well as respecting privacy when providing personal care by ensuring curtains were pulled. One person told us, "They [care staff] shower and wash my hair, they always check the water, always cover my private parts, they respect me. I always have female carers, I have not had to say anything, but they feel that would be the way I would want it, they understand me." We observed that staff knocked on people's bedroom doors throughout the days of our visits. Another person told us, "They [care staff] knock on my door. I get up when I like and this morning I said I was in the bathroom and the staff waited until I came out and then asked what I would like for breakfast." We saw that people were smartly dressed and were supported and enabled to wear clothes of their choice. It was clear people were supported to take pride in their appearance.

Staff encouraged people's independence; we observed people were encouraged to be as independent as far as they were able when being assisted to mobilise. One member of staff supporting one person to stand and walk provided much encouragement saying, "Would you like to stand now?" and "Can you manage the next bit yourself, to push back in your chair?"

Care records we reviewed contained information about people's likes and dislikes as well as recording details about their social history, religious needs and important relationships and interests. This information helped staff to develop caring and meaningful relationships with people.

Good

Is the service responsive?

Our findings

At our last comprehensive inspection in February 2017, we found that improvements were needed to the provision of activities available to people. We also found that people's care plans were difficult to navigate and information was hard to find. At this inspection we found the improvements had been made and as a result we have rated this key question 'Good'.

People told us that they received care that was responsive to their needs. One person told us, "I go to bed when I like and get up when I like." Another person said, "In the evening I press my buzzer and I ask for a hot chocolate and they [staff] bring it to me." A third person told us, "I do what I like. I can walk outside when it's not raining; I've been to church in town. They [care staff] came and picked me up."

We also found people received personalised care that was responsive to their needs and this was recorded and reflected in their care plans. People's needs had been assessed before they moved into Eastcotts. This assessment was then used to complete an individualised care plan which enabled people to be cared for in a person centred way. Person centred care is a way of helping someone to plan their life and support, focusing on what is important to the person. We saw that care plans were highly individualised. Sections of the care plans included 'how I like to be addressed', 'what I really enjoy doing and 'what may irritate me'. People had a one page profile included in their care plan that gave an 'at a glance' overview of their key support needs and care preferences. Care plans included details of people's communication preferences and how their support should be delivered to meet their individual needs. Care plans were reviewed monthly and reflected the persons changing needs and preferences. People also had a 'This is Me' section completed. 'This is Me' is a good practice document developed by the Alzheimer's Society which includes the person's biography, likes, dislikes, preferences and advanced preferences should their health deteriorate.

There was an activities co-ordinator employed at the home. We saw that they had recorded information about people's life history, which included their relationships, work, pastimes and daily routines. Activity records were up to date and complete and included a record of the group and one-to-one session's people had taken part in. We found feedback was sought from people about activities they would like to take part in. We saw that there was a 'Your choice' group on a Friday where people chose the activity. Recent choices had been a card game, painting and a quiz. Trips out were arranged each month to local sites which included a local air museum, zoo and the sea side. The activities co-ordinator demonstrated an understanding of the risks of social isolation for people who chose to separate themselves from the main group or who were cared for in bed. They described how they delivered people's morning papers and in turn had the opportunity to chat to them. Some people took part in one-to-one sessions. These included activities such as hand massages, reading, and music. During the first day of our visit hand exercises were encouraged to increase flexibility and dexterity. We saw staff had lots of brief individual conversations with people during the day. However people who remained in their bedrooms were often engaged and received one to one time from staff asking about their day and interests.

People told us their spiritual needs were met. Spiritual needs were recorded as part of people's care plans.

One person said, "People from the church come and we have a service, it's very good." Other people had close contact and regular visits from their own faith communities. On the first day of our visits, a person had moved into the home and asked if staff could contact a local religious group who had helped them when they had been ill at home. This was done immediately and a visit arranged. Another person who had religious icons in their room told us that staff always treated these with respect and respected their views.

The registered manager and staff sought to obtain people and their relative's views on their care. One person's relative told us they attended regular relatives' meetings held at the home. Another relative told us the registered manager was highly visible at the home and approachable about any issue.

People knew how to raise a complaint and the provider responded appropriately to any concerns raised. We looked at the home's complaints records. This showed that procedures were in place and could be followed if complaints were made. There was a policy that provided people who lived at the home and their relatives with information about how to raise any concerns and the process that would be followed. One person told us that they had made a complaint about the food not being hot enough for them. We saw from the complaints records that this had been addressed and a meeting held with the person to discuss and review. One of the kitchen staff told us that they were aware of the concern saying, "We dish [person's] food up and reheat it in the microwave which makes it even hotter and we warm it until it is really steaming but that is what [person] prefers, always without fail we reheat [person's] dinner." Another person's relative told us they had raised a concern with the registered manager which had been addressed immediately and the situation was much improved.

Plans were in place for people to receive appropriate end of life care. Records showed that discussions took place with people and relatives for any plans or advanced wishes. A member of staff had recently undertaken the role of 'bereavement champion' and told us how they liaised with people and their relatives to ensure all wishes are known. The bereavement champion also provided regular updates and support to relatives and visitors and arranged visits from religious leaders at people's request.

Requires Improvement

Is the service well-led?

Our findings

At our last comprehensive inspection in February 2017, we found that further work was needed around the governance of the home. Some of the shortfalls we identified related to shift leadership and the role of nursing staff. We also identified some clinical issues such as pressure care, medication and the oversight of clinical equipment. At this inspection we found that whilst improvements had been made to these areas, the registered manager and provider were not notifying us of specific incidents as set out in the regulations. As a result this key question has been rated 'Requires Improvement' again.

Registered managers and providers are required to submit to the Care Quality Commission (CQC) statutory notifications in accordance with regulatory requirements. Statutory notifications are documents which inform the CQC of the incidents/events which affect the safety and wellbeing of people who are living in care homes. Notifiable incidents include safeguarding concerns, police call-outs and serious injuries. We found that whilst we had been notified of some incidents at the home, we were not always informed of serious injuries. We spoke with the registered manager about our concerns who acknowledged our concerns and took immediate action to address this.

The failure to submit notifications required was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The registered manager listened to the feedback we provided throughout the inspection and were receptive to our findings. They were keen to share their plans for developing the home further. The registered manager was clearly passionate about striving to ensure people were well cared for. We found that the home had been through a period of change and improvement and that the registered manager had actively been seeking to make the changes we highlighted as necessary at our previous inspections. People using the service, their relatives and staff told us the service was well run and this was a view also shared by healthcare professionals we contacted. When asked if they would recommend the home to other people on person said, "I would say come here. We are all treated very well here, the manager is good and she waves to me as she passes my door." A person's relative told us, "The manager is highly visible and approachable about any issue."

One healthcare professional told us, "I have seen the hard work [registered manager] has put into this home, this is evidenced by the staff talking very fondly of her as a manager." Another healthcare professional told us, "I have witnessed a huge shift in care staffs attitude to the changes [registered manager] and the management team have been working on. Care staff have demonstrated a caring attitude to care, and have said they feel the home is moving forward in the right direction. Led by [registered manager] any information I have requested has been sent in a timely manner."

We found the home provided good care and there was a focus on empathy and compassion. There was a warm welcoming atmosphere and comments from people and their relatives were overwhelmingly positive. Two relatives told us they would recommend the home with one saying, "Yes, yes, without a doubt."

The registered manager was receiving support from some external agencies, the aim of which was to support the registered manager with developing and extending her knowledge, providing support and carrying out audits. We viewed some of the audits completed and found that these were not always written in a professional or supportive way. We recommend the provider considers the effectiveness of the support mechanisms in place to assist the registered manager.

Staff team meetings were held which were used as an opportunity to discuss, amongst other things, activities, general updates and care practices within the home. This helped to ensure staff had an opportunity to raise any concerns or make suggestions about how the service was run. Handover meetings were held on a daily basis to ensure staff were fully aware of any changes that had occurred and were aware of their responsibilities for the day.

Regular residents and relatives meetings were held to discuss the running of the home. One person's relative told us they knew the meetings took place. However, they had never felt the need to go as they were happy to talk to the staff anytime because, "They are all so approachable. My thoughts and opinions are always respected and I am kept up to date and well informed." Another person's relative who had attended a meeting described them as, "Friendly and welcoming." There was on-going programme of maintenance and refurbishment throughout the home. Several people proudly showed us their new flooring, recently painted walls and new curtains. Another person told us they were looking forward to having their room refurbished the following week. We were told people were included and consulted about the redecorations.

The staff team worked well as a team and were very supportive of each other so that people could rely upon receiving consistent support. There was a core team of staff who had worked at the home for a very long time. They told us they had good relationships with one another and that the staff team was very good as a whole. One member of staff told us, "It's a good team; we work as one home although we are in different units."

People, relatives and staff were asked for their feedback in order to measure the quality of the care that was delivered. A survey was completed following which results were compiled and a plan was put in place to respond to any areas in which people were not satisfied. Other internal audits were in place and used to identify trends in care provision, for example in the number of incidents and accidents and potential causes.

People benefited from staff that understood and were confident about using the provider's whistleblowing procedure. There was a whistleblowing policy in place and staff were aware of it. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. They can do this anonymously if they choose to.

As of April 2015, providers were legally required to display their CQC rating. The ratings are designed to provide people who use services and the public, with a clear statement about the quality and safety of care being provided. The ratings inform the public whether a service is outstanding, good, requires improvement or inadequate. The rating from the previous inspection for the home was displayed for people as well as being available on the registered provider's website.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents Notifications of events and incidents that occurred were not always submitted in accordance with statutory regulations.