Oban House Retirement Care Home

Oban House 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

About the service: Oban House Residential Care Home is a care home that was providing personal care for 19 people aged 65 and over at the time of the inspection. The home is registered for up to 30 older people living with dementia or frailty. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

People's experience of using this service: The management of 'as required' medicines was not always safe. Guidance for staff to safely support people to take their PRN medicines was not in place and recording of PRN medicines was inconsistent. This did not provide assurance that people received these medicines safely. This is an area of practice that needs to improve.

Quality assurance systems and audits did not always identify issues in practice. Medicines audits had failed to identify issues with recording of medicines and staff not having access to information to support the safe administration of PRN medicines. This is an area of practice that needs to improve.

People were safe from the risk of abuse and other identified risks relating to them. One person told us, "I feel safe because they give me assistance when I need it and there is always people around to help." Specific risks to people had been assessed and were known by staff. Accidents and incidents were well managed and lessons had been learned to improve people's care. The home was clean and people were protected from infection risks. Staffing levels met people's needs and staff had been recruited safely.

People received effective care from skilled, supported and knowledgeable staff. The registered manager and staff took opportunities for training and development and worked well as a team and with other professionals to meet people's needs. People were supported to maintain a balanced diet. People were given choice and control over their lives which promoted their independence. Each person was respected as an individual, with their own social and cultural diversity, values and beliefs.

People received kind and compassionate care. A relative told us, "we are very happy with the care. The staff do all they can and they make such an effort. They are very kind caring towards her." People's privacy and dignity were respected and their views listened to. A person told us, "staff really listen to me-really listen."

People received person centred care that was specific to their needs. The provider and registered manager had implemented a range of activities to enhance people's lives. There was a complaints procedure in place which was accessible to people. People were supported with compassionate end of life care.

People, staff, relatives and professionals spoke positively of the registered manager. One person told us, "the manager always has time for me, she is very good and cares." There were a range of audits in place with the aim of driving the quality of the home and most were effective in this. People were supported to be engaged in the running of the home and their opinions were listened to.

Rating at last inspection: Requires Improvement. The home has been rated Requires Improvement at the last three inspections. However, there has been significant improvement across all key questions following the last inspection and the ratings for Effective, Responsive and Well-Led have all improved at this inspection.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor the intelligence we receive about this home and plan to inspect in line with our re-inspection schedule for those services rated Requires Improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe Details are in our Safe findings below.	**Requires Improvement**
Is the service effective? The service was effective Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was not always well-led Details are in our Well-Led findings below.	**Requires Improvement**

Oban House Residential Care Home

Detailed findings

Background to this inspection

The 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.

Inspection team: The inspection was undertaken 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.

Service and service type: Oban House Residential Home is a care home providing accommodation and personal care for older people living with dementia or frailty. 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 home had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced on 17 December 2018 and announced on 18 December 2018.

What we did: Before the inspection we used information the provider sent us in the 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 looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

During the inspection we spoke with the registered manager, seven members of staff, two relatives and seven people who lived at the home. We spoke with people in communal areas and observed lunch time and people being supported with their medicines.

We pathway tracked the care of four people. Pathway tracking is where we check that the care detailed in individual plans matches the experience of the person receiving care. We reviewed records including; accident and incident logs, quality assurance records, compliments and complaints, policies and procedures and two staff recruitment records.

After the inspection we spoke with two healthcare professionals to gain their feedback of the home.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. Some aspects of the service were not always safe. There was an increased risk that people could be harmed.

We have inspected this key question to follow up the concerns found during our previous inspection on 19 June 2018. At the last inspection 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 there were shortfalls in assessing health risks to people. Following the previous inspection, the provider wrote to us to inform us of how they were going to address the issues and ensure improvements were made.

At this inspection we found improvements had been made in relation to the management of risk for people and the provider was no longer in breach of this regulation. However, there was an area in need of improvement in relation to the management of medicines.

Using medicines safely

● People's 'as required' (PRN) medicines were not consistently recorded and protocols for each PRN medicine were not completed and available for staff. This meant staff did not have the necessary written guidance to ensure people received their PRN medicines safely and when necessary. One member of staff, administering medicines, was unable to tell us what a pain relieving cream was for and where to apply it to the person. Although there was guidance via a body map in the person's care plan, the member of staff was unaware of this. This meant that the person was at increased risk of not receiving their PRN medicine appropriately. The administration of these medicines was also not consistently recorded by staff on the medicine administration records. The registered managed said that this was a recording issue, although this was not identified through medicines audits. This did not provide assurance that people consistently received these medicines as prescribed. The registered manager took steps to lessen this risk immediately and started to create protocols for all PRN medicines. This is an area of practice in need of improvement to embed PRN protocols and ensure staff have access to appropriate information to support people safely.

● Other aspects of people's medicines were delivered safely. There were systems and processes in place to order, store and dispose of medicines safely. Medicines were administered by trained staff. On the second day of the inspection, we observed medicines being administered at lunchtime. The member of staff was knowledgeable and supported people to take their medicines safely, with a caring approach. Additional safeguards had been put in place to aid staff administering medicines, medicines administration records had been highlighted in different colours so staff could easily identify what medicines to give to people at the right time of day.

Assessing risk, safety monitoring and management

● At the last inspection the assessment of risks to people's physical health was an area of practice that required improvement. At this inspection we found that significant improvements had been made and people's risks in relation to specific health needs such as choking and diabetes had been clearly assessed and good guidance provided to staff to lessen identified risks.

● One person was identified at being at risk of choking. The registered manager worked with the speech and

language team (SALT) and assessed the risk. Clear guidance was put in place for staff which included supporting the person to cut up their food and a member of staff being present during meal times. Staff knew this information and we observed them monitoring this risk effectively when supporting the person with eating.

● Another person was living with diabetes. Their risk assessment reflected this and the potential risks regarding their insulin. These risks were reflected in their care plan and staff were provided with effective guidance to support them safely. This included information relating to signs and symptoms of the person becoming unwell and how to support them if this happened. This assessment of risk and provision of guidance supported staff to safely identify risks for this person.

Systems and processes

● Staff had a good understanding of safeguarding and there were systems and process in place to keep people safe. A person told us, "I feel safe because they give me assistance when I need it and there is always people around to help"

●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. One member of staff told us of an incident they reported to the manager as they felt it was a safeguarding concern and the manager referred this to the local authority quickly which ensured the person remained safe.

Staffing levels

● The registered manager ensured staff were suitable to work at the home before they started. Criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable groups of people.

● There were sufficient numbers of staff to meet people's needs. We observed staff responding to people in a timely manner. One person told us, "I feel secure here. If I want anything they get it for me." A relative said, "you can always speak to a member of staff, they are always around."

Preventing and controlling infection

● The home was clean. Staff had training in infection prevention and control and information was readily available in relation to cleaning products and processes. There were cleaning schedules in place which staff followed.

●Staff had access to personal protective equipment, such as gloves and aprons, and used this appropriately throughout the inspection.

Learning lessons when things go wrong

●Lessons were learned when things went wrong and accidents and incidents were managed safely. The registered manager had learnt from previous incidents to further improve their processes for monitoring people's safety following a fall. This included improved guidance for staff to support and monitor people's health in a timely way after a fall and to quickly identify any signs of ill health. We observed that staff followed the guidance consistently if people experienced falls. One person experienced an unwitnessed fall, staff used the guidance effectively and sought them medical attention. The registered manager then reviewed their environment and updated their care plan to make it clear to staff that the person's walking aid should be in easy reach of them, always. The person had not experienced a fall since.

● The registered manager monitored and audited any accidents or incidents to identify trends and actions for improvement. This ensured they learnt from incidents and improved people's care. For example, when people experienced several falls the registered manager involved the community falls team to support them and improve their care.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

We have inspected this key question to follow up the concerns found during our previous inspection on 19 June 2018. At the last inspection we found the provider and registered manager were in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there was no evidence that mental capacity assessments had taken place for people who required them, best interest decisions were not recorded and it was unclear who was involved in making best interest decisions for people. Following the previous inspection, the provider wrote to us to inform us of how they were going to address the issues and ensure improvements were made.

People's outcomes were consistently good, and people's feedback confirmed this. At this inspection we found that significant improvements had been made in this area. Mental capacity assessments had taken place, best interest decisions involved relevant people and were recorded. The provider and registered manager were no longer in breach of this regulation.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
- Some people living at the home were subject to restrictions due to their complex needs. The management team and staff had a good understanding of the MCA and DoLS. The registered manager had recognised that people received constant support and supervision and had made appropriate DoLS applications to the local authority. DoLS applications were decision specific to ensure outcomes for people were met in the least restrictive way. Mental capacity assessments were completed and where people were found to not have capacity to make certain decisions, best interest meetings had taken place with the relevant people involved. The registered manager was further improving their processes by recording relevant people's comments in further detail.
- People were asked their consent for day-to-day decisions and their views were respected. For example, we saw staff offering people choice of drinks and snacks throughout the day and offering choices for where they would like to spend their time. We observed staff asking people's consent before supporting them with personal care in a considerate and sensitive way and listening to their opinions. People told us they had choices in how they lived their life and about their environment. One person said, "I moved from another home to here and was able to choose my room"

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

●The registered manager carried out an assessment before people moved into the home to gain an understanding about people's background, interests, hobbies and preferences to help form a care plan. This information was used as the basis to their care plan and further developed as staff began to know them better. One person's initial assessment said they enjoyed singing. We observed them singing Christmas songs with another person after a member of staff instigated a conversation about this. The member of staff told us they started this conversation as they knew they both liked to sing.
●Protected characteristics under the Equality Act (2010), such as religion and disability were considered as part of this process, if people wished to discuss these. People were supported with their faith and access to church if they required. This demonstrated that people's diversity was included in the assessment process.

Staff skills, knowledge and experience
●People were supported by staff with the skills and knowledge to deliver effective care and support. A relative told us, "they seem skilled, they look after everyone." 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, "I shadowed a permanent member of staff for a week and learned about what people liked and I enjoyed the practical element of the induction. It really helped me understand people and their needs."
●Staff had regular supervisions with their line manager. One member of staff told us, "Supervision is good and helps you to develop your care and we can have an open conversation." The registered manager recognised that supervision was a good tool to support staff to develop, they told us " I want to support their learning within the role and set clear expectations to improve the standard of care people receive." Staff we spoke with said they felt supported by the registered manager and the provider.
●Staff had access to training courses relevant to their role and the registered manager continued to develop staff's access to training. For example, the registered manager and staff had recently worked with a healthcare professional to receive training in care planning, continence, hydration and catheter management which had improved staff's skills and knowledge in this area and in turn improved the care people received. The healthcare professional told us, "The staff are keen to learn and always willing to help." They added that the registered manager recognised the areas staff need development in and asked for help with training in a timely way.

Supporting people to eat and drink enough with choice in a balanced diet
● People had access to a balanced diet and were very happy with the food provided at the home. One person told us, "the food is excellent, they know what I like" and another said, "the food is very good and I get plenty when I want."
● The food looked appetising, well presented and people appeared to enjoy their meal. The atmosphere was calm, and staff were talking to people and assisted where necessary in a kind, discreet manner. If people wanted something different to eat this was readily available.
● Staff understood people's dietary requirements and preferences. The chef was aware of special diets such as those residents in need of a diabetic diet. They were also aware of residents at risk of choking and told us of one resident who had to have their food cut up into small pieces and have someone with them when they were eating. This guidance was provided for staff in their care plan and we observed staff to follow this when supporting the person with their lunchtime meal.

Staff providing consistent, effective, timely care within and across organisations
●Staff worked effectively within the team and across the organisations. A staff member told us, "We are a good team and we communicate well during work to make sure everyone has what they need." We saw evidence that staff worked well with other health professionals to ensure people needs were met in a timely

way. For example, Staff noticed that one person appeared more breathless than usual, they got them a GP appointment on the same day and they were prescribed antibiotics. Staff's knowledge of the person and their good working relationships with other professionals ensured they received treatment in a timely way, reducing the risk of any further complications to their health.

Supporting people to live healthier lives, access healthcare services and support

● People's everyday health needs were well managed by the staff who accessed support from a range of health and social care professionals such as GP's, community psychiatric nurses, district nurses, social workers and a chiropodist.

● Staff were proactive in identifying and managing changes in people's health. A healthcare professional told us, "They manage people's needs well and involve us appropriately, they are responsive to guidance we give." One person was identified as having several urine infections before moving into the home. Their relative told us, "since being here he hasn't had any. They pick up on the signs straight away."

Adapting service, design, decoration to meet people's needs

●People's needs were met by the design and adaptation of the building. People could move freely around the communal areas and in the garden. People's rooms were decorated as they wished and there was simple signage around the home to help people navigate their way.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care. A relative told us, "We are very happy with the care. The staff do all they can and they make such an effort. They are very kind caring towards her."

Ensuring people are well treated and supported

● People were treated with kindness and respect. We observed positive interactions between people and staff, staff knew people well and had built trusting relationships. One person told us, "staff are very caring, staff are kind." We observed one member of staff having a conversation with someone about their career as a musician, the person was engaged in the conversation and sharing a laugh with the member of staff. Staff spoke to us confidently about people and were empathetic to their needs and wishes. One member of staff told us about a person's cultural background and how they supported them to wear items of headdress in line with their culture, we observed this in practice.

●People were supported to maintain relationships with their family and friends and they were welcome at the home without restriction. One relative told us, "I feel I can come at any time and am always welcomed." Another relative said, "We are always welcome and if we need a quiet space we go into dad's room." Care plans detailed people's background histories including their family relationships, giving guidance for staff to support people to maintain these relationships. For example, one person's care plan explained they had dementia and would need support from staff to maintain contact with their family, we saw that their family visited regularly and staff involved them in the person's care appropriately.

Supporting people to express their views and be involved in making decisions about their care

● People were involved in day to day decisions about their care and given support to express their views. One person told us, "staff really listen to me-really listen." We observed staff offering people choices throughout the inspection. People's right of choice was reflected in their care plans which directed staff to people's level of need in relation to communication and expressing their views. One person's care plan said the person can choose all their own meals and to choose their own clothes. We saw staff follow this guidance appropriately and respect the person's views.

●People and their relatives, where appropriate, were involved in reviews of their care. Relatives told us they were kept informed if there were any changes with their relatives and felt they could talk with staff openly. Where people couldn't speak English, the registered manager had sought a translator to support in their assessments and reviews so they could express their opinions.

Respecting and promoting people's privacy, dignity and independence

● People's independence was promoted. People were encouraged to make their own decisions, where appropriate, and supported to be independent. One-person experienced leg pain, staff followed guidance from a professional to support them exercising their leg to maintain their independence. We observed staff getting them their equipment when requested and guided them on how to use it. Another person was living

with diabetes and guidance for staff stated that they should support them to maintain their circulation and regularly mobilise for short periods. We saw staff follow this guidance and they supported the person to walk using their frame throughout the inspection, promoting their independence.

●Staff supported people in a dignified manner. People were supported to dress in accordance with their identity and looked well cared for. It was evident people were supported with personal grooming and staff had sustained those things that were important to them prior to moving in to the home. Staff respected one person's cultural needs who was born in a different country. They supported them by taking them to local European food shops and purchasing their favourite products from home.

●People's privacy was respected. A relative told us, "they always knock before entering a room." People could choose were they spent their time and this was respected. The staff and management team understood the importance of confidentiality. People's records were kept securely and only shared as required.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery. At the last inspection on 19 June 2018 we recommended that the provider obtains information, in respect to suitable meaningful activities for older people from a reputable source, such as the Social Care Institute for Excellence (SCIE). At this inspection we found that the provider and registered manager had taken significant steps to improve people's access to meaningful activities.

Personalised care

●People had access to activities that met their interests. There was an activities coordinator who organised activities and external performers also visited the home. The deputy manager had a keen interest in developing the activities programme and understood the positive impact this had for people. We observed staff spending 1:1 time with people during the inspection. For example, one member of staff supported someone to take care of their nails, they were chatting about the person's background throughout and sharing laughs, the person was engaged and enjoying the conversation. It was evident the member of staff knew about the person's background and had built a good rapport with them. One person told us, "I am very happy with the music entertainment" and another said, in relation to activities, "I am very happy with everything." To continue to drive improvements to the activities programme the registered manager created an activities survey for people to complete, all the responses indicated people were pleased with the increase in activities provided at the home.

●Activities were meaningful for people and consideration had been taken to ensure people could engage in activities that they used to do at home. For example, one person spent a lot of time in their room. The deputy manager knew that they used to love watching country and western films so they booked country and western singers to come to the home. The person came out of their room and we saw photographs of them joining in the event, smiling and having a good time. Another person's care plan said they liked to go out for walks to the beach in the sunshine, staff supported them to go to the beach for a walk in the summer months. We saw photos of them enjoying the trip.

●Care being received was person centred and responsive to the individual needs of the person. People's care plans contained information about the person's life history, preferences and way in which they like to be supported. For example, one person's care plan said they liked to start their day around 8.15 am, we saw records of their care reflected this preference daily. Another person's care plan stated they liked to have 'tea and a biscuit in the quiet room', we observed staff meeting this preference in the quiet area of the lounge.

●People and their relatives, where appropriate, were involved in their care planning. A relative told us, "Everything is discussed with me about my Dad's care, the staff let me know any changes and would phone me about any concerns they have."

●Staff were responsive to people's health, emotional and wellbeing needs. Records evidenced that when people were unwell then medical attention was sought in a timely manner. A healthcare professional told us staff were responsive to people's needs and would proactively contact them, if people needed their care. Staff were supportive of people's emotional needs. One member of staff told us, "a resident had been really low a couple of months ago so we researched ways to support people's emotional needs when they have

dementia, she now has a baby doll and her face just lit up. It has given her a purpose, it has been lovely to see." We observed staff support the person with their doll when their mood appeared low, the person had an instant smile on their face and was content looking after the doll. This proactive approach to researching how to improve wellbeing for people living with dementia's wellbeing had really lifted their mood.

●The registered manager demonstrated a good understanding of the requirements of the Accessible Information Standard. The Accessible Information Standard aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand. People's individual communication needs had been assessed and people were provided with information in a format that met their needs. For example, one person was sight impaired and the registered manager had sought advice from the Royal National Institute for the Blind to improve their quality of life, they now have talking books which they enjoy listening to. Another person did not have English as their first language, staff supported them by installing a loop system which connected to the television and translated programmes into their language.

●People had access to technology to meet their needs. The provider and registered manager recognised the importance technology could have on people's access to resources, stimulation and engagement. The provider had installed WIFI at the home and people had free access to this. Staff supported people to use video calling to speak to family members and maintain their relationship. People also had access to a care alarm system which meant they could pull a cord or press a button and staff would come to help them in an emergency.

Improving care quality in response to complaints or concerns

● The provider and registered manager ensured there were systems in place to deal with concerns and complaints. This procedure was readily available for people, relative and staff. A relative told us they never have any concerns and said, "They contact me if there are any concerns or changes with dad, I can go to staff and the manager is brilliant." Another relative told us, "I have had no problems or concerns, they look after her very well." There had been no complaints made since the last inspection.

End of life care and support

● End of life care was considered and people's wishes were known. Staff respected people's beliefs and ensured they had the support they needed at the end of their life. One staff member told us, "it was important for one man to receive his last rights. As he couldn't go to church we arranged for the priest to come to the home."

● Some staff had received training in supporting people at the end of their lives and had passed on this knowledge to other staff. The registered manager told us, "All staff are aware of the importance of oral care and keeping people as hydrated as possible at the end of their lives. We also support staff emotionally, as well as family members, during these difficult times."

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

We have inspected this key question to follow up the concerns found during our previous inspection on 19 June 2018. At the last inspection, we found the provider and registered manager were in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because systems to monitor and improve the quality of care people received were ineffective and care records were not always complete. The provider was also in breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009. This was because they had not informed the Care Quality Commission of notifiable incidents. Following the previous inspection, the provider wrote to us to inform us of how they were going to address the issues and ensure improvements were made.

Service management and leadership was inconsistent. At this inspection we found some improvements had been made and the provider and registered manager were no longer in breach of either regulation. The registered manager now understood their responsibilities in relation to what they need to notify to CQC, and they had notified appropriately since the last inspection. Quality assurance systems had significantly improved and they registered manager had good oversight over most areas of service delivery. However, systems and processes did not always identify issues relating to the oversight of medicines management and some records lack sufficient detail. This is an area of practice that needs to improve.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

● Quality assurance processes did not always identify issues in practice. Although there had been significant improvements in the registered managers oversight and ability to drive improvements, quality assurance was lacking in the management of medicines. There were audits in place to monitor the management of medicines however these failed to identify issues relating to lack of 'as required' (PRN) protocols and inconsistencies in recording of the administration of these on medicines administration record (MAR) charts. The audit tool in use did not ask the right questions to fully enable the management team to understand these issues and drive improvements, this had not been identified by the registered manager or provider. Following us identifying these issues, the registered manager took immediate action and started to create PRN protocols for all people, they also discussed the use of the auditing tool with the deputy manager to improve their oversight. Staff were not using consistent recording methods for the administration or refusal of PRN medicines on the MAR charts, and appeared confused as to what was expected of them. This had also not been identified in the auditing process. This is an area of practice that needs improvement to improve the oversight of medicines management at the home.

● The registered manager and provider had improved other quality assurance practices at the home to drive improvements to people's care. For example, following the last inspection the registered manager audited people's care plans and sourced training to improve the standard of person centred information. We saw a significant improvement in the information staff had to ensure they supported people safely and in line with their needs. The registered manager now audits care plans monthly to ensure they are maintained, this is

overseen by the provider who completes monthly spot checks. They are further driving this improvement by having focussed time for people, 'resident of the week.' This is to enable staff to have dedicated time to further assess the person's needs, receive feedback from them and understand their wishes to improve the person-centred care they receive. There was a rolling programme of audits and checks by the registered manager and other staff on key aspects of the service, including the management of, accidents and incidents, complaints and health and safety. If the audits identified any areas of concern actions were taken and lessons learned. For example, the registered manager had improved their management of accident and incidents and identified that staff did not have information relating to the management of head injuries should someone hit their head during a fall. They completed an action to provide staff with the appropriate information and we saw that this was in place and readily available for staff.

●The registered manager understood the regulatory responsibilities of their role and notified CQC appropriately, if there were any incidents. People, staff and relatives were complimentary of the manager. One person told us, "the manager always has time for me, she is very good and cares". Another person told us, "The lady in charge gets things sorted" and a relative said, "I can go to staff and the manager is brilliant."

●Staff understood their roles and responsibilities and praised the support they received from the manager and deputy manager. One member of staff said, "The home management has really improved recently. They are both very approachable, you can speak to them and tell them issues, the manager will always investigate and act on things. That has improved the care people are getting."

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong. Continuous learning and improving care

● The culture of the home was positive, people lived in a homely and friendly environment. The registered manager told us this ethos for the home was, "A person-centred environment where people are happy and comfortable, a home from home." People told us they felt at home and were happy with the care they received. This was confirmed by a relative who told us, "It is a lovely homely environment, everyone looks at ease and well cared for."

●The registered manager promoted an open and honest service and lead by example. We saw them to be accessible to people and staff throughout the inspection and there was an open-door policy for all. We saw that when things went wrong the registered manager openly worked with other professionals, people and relatives to learn from any mistakes and acted to improve the care people received. For example, following the last inspection the registered manager and staff were open at a resident's and relatives meeting about the inspection report and shared their plans to make improvements. At this inspection the registered manager evidenced significant improvements and the action had been taken to improve people's care. For example, the implementation of falls monitoring systems to improve their oversight and ensure they are spotting trends in people's health to seek timely access to healthcare.

● The registered manager understood the importance of continuous learning to improve the care people received. They kept themselves up to date with changes in legislation and had joined the local registered managers forum, to learn from others and share good practice. They also had plans to further develop staff training opportunities in dementia care. This was corroborated by a health care professional who will be supporting this training. The registered manager told us that by developing and increasing staff knowledge this would improve the care people received. We saw that this approach to driving improvement had been positive in person centred care planning. The training improved staff's knowledge of people and guidance available to them which had, in turn, improved people's outcomes and experiences.

Engaging and involving people using the service, the public and staff

● People, staff and their relatives were engaged in the running of the home. Feedback was sought from people living at the home informally, daily. We observed staff asking people questions to gauge how they were feeling when they were supporting them.

● Meetings were organised to consult with people, as a group, to gain their feedback of the home. We saw actions identified because of these meetings and were addressed by the registered manager and provider. For example, painting of the hallways and the lounge to improve people's environment had been actioned following their feedback.
● People had the opportunity to complete annual surveys to provide their feedback. The feedback from the survey in May 2018 indicated that people were happy with many aspects of the home, particularly staff availability and the management's efforts to create a good atmosphere in the home.

Working in partnership with others
● The registered manager and staff worked very well with others. We observed staff talking with a health care professional who had come in to support people at the home. They had an open relationship and were knowledgeable when being asked questions about people.
●The registered manager took the opportunity to learn from other professionals and use their expertise to improve the care being delivered. Healthcare professionals told us the home and care people received had improved under the registered manager and one told us, "the manager and provider work well together and you can clearly see the improvement this has made to the running of the home."