

Avante Care and Support Limited

Riverdale Court

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

This inspection took place on the 8 October 2018 and was unannounced. Riverdale Court 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. Riverdale Court accommodates up to 80 people across four separate units in one building, each of which have separate adapted facilities. At the time of our inspection there were 75 people using the service.

At our last inspection on 30 and 31 October 2017 the service was rated requires improvement in all key questions, safe, effective, caring, responsive and well led. We found breaches of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that sufficient numbers of staff were not deployed throughout the home to meet the care and support needs of people using the service. Appropriate action had not always been taken to support people where risks to them had been identified. Risk assessments were not always reviewed when people's needs changed. Advice provided from health professionals was not always followed by staff. Some people's care plans did not accurately reflect their needs. The provider's systems for assessing, monitoring and improving the quality and safety of the services were not effective. We found other areas where improvement was required. People's lunch time experience required improvement on the upstairs units of the home. Improvement was required in supporting people with meaningful activities when the home's activities coordinators were not at work. The training delivered to staff was not always effective. There were mixed views from staff about the management of the home.

At this inspection we found that significant improvements had been made. Risk assessments were being reviewed when people's needs changed. Advice provided by health professionals was being followed by staff. People's care plans accurately reflected their current needs. People's lunch time experience had improved. People were consistently provided with a range of activities that met their needs. The training delivered to staff was effective. Staff views about the management of the home were positive. Staff were appropriately deployed at the home to meet people's needs, however further improvement was required to ensure people consistently received prompt support when needed.

Despite these positive improvements, we found a breach of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to medicines management. The provider's systems for assessing, monitoring and improving the quality and safety of the services had not identified these issues. This is therefore the second time the service has been rated Requires Improvement. You can see what action we told the provider to take at the back of the full version of the report.

Following the inspection the registered manager confirmed with us that immediate action had been taken to address these areas.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'.

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was aware of their responsibilities about the Health and Social Care Act 2014. Notifications were submitted to the CQC as required. They were aware of the legal requirement to display their current CQC rating which we saw was displayed at the home.

The service had safeguarding and whistle-blowing procedures in place and staff had a clear understanding of these procedures. Risks to people had been assessed and reviewed regularly to ensure their needs were safely met. The home had procedures in place to reduce the risk of the spread of infections.

Staff completed an induction when they started work and they received training relevant to people's needs. Assessments of people's care and support needs were carried out before they started using the service. People's care files included assessments relating to their dietary support needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff treated people in a caring and respectful manner. People had been consulted about their care and support needs and they were supported to maintain relationships with people that were important to them. They could communicate their needs effectively and could understand information in the current written format provided. People were confident their complaints would be listened to and acted on. People were being supported according to their diverse needs. There were processes in place to support people with care at the end of their lives when this was required.

The provider recognised the importance of monitoring the quality of the service provided to people. They took people's views into account through satisfaction surveys and residents and relatives meetings. The registered manager worked with other health care providers and professional bodies to make sure people received good care. Staff said they enjoyed working at the service and they received good support from the management team. There was an out of hours on call system in operation that ensured management support and advice was always available for staff when they needed it.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Medicines were not always safely managed.

The provider followed safe recruitment practices. However, three staff files did not include proof of identification which included a photograph. The registered manager confirmed with us that immediate action would be taken to address this area.

Staff were appropriately deployed at the home to meet people's needs; however, further improvement was required to ensure people consistently received prompt support when needed.

The service had safeguarding and whistle-blowing procedures in place and staff had a clear understanding of these procedures.

Risks to people had been assessed and reviewed regularly to ensure their needs were safely met.

There were arrangements in place to deal with foreseeable emergencies and systems in place to monitor infection control.

Is the service effective?

Good 

The service was effective.

Assessments of people's care and support needs were carried out before people moved into the home.

Staff had completed an induction when they started work and received training relevant to the needs of people using the service.

The registered manager and staff demonstrated a good understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and acted according to this legislation.

People's care files included assessments relating to their dietary support needs.

The home was well decorated, furnished, maintained and adapted to meet people's needs.

People had access to health care professionals when they needed them.

Is the service caring?

Good ●

The service was caring.

People's privacy and dignity was respected.

People and their relatives, where appropriate, had been consulted about their care and support needs.

People and their relatives were provided with appropriate information about the home in the form of a service users guide.

Is the service responsive?

Good ●

The service was responsive.

People had care plans and risk assessments that provided guidance for staff on how to support people with their needs.

People's care met their diverse needs. Staff had received training on equality and diversity and understood how to support people with their diverse needs.

There was a range of appropriate activities available for people to enjoy.

People and their relatives knew about the home's complaints procedure and said they were confident their complaints would be fully investigated, and action taken if necessary.

People received appropriate end of life care and support when required.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Systems for monitoring the quality and safety of the service were not always operating effectively.

The home had a registered manager in post. They were aware of their responsibilities regarding the Health and Social Care Act 2014. Notifications were submitted to the CQC as required. They

were aware of the legal requirement to display their current CQC rating which we saw was displayed at the home.

The provider sought the views of people and their relatives through meetings and satisfaction surveys.

Staff said they enjoyed working at the service and they received good support from the management team.

There was an out of hours on call system in operation that ensured that management support and advice was always available to them when they needed it.

The registered manager worked with other health care providers and professional bodies to make sure people received good care.

Riverdale Court

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 the 8th October 2018 and was unannounced. The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also contacted a local authority that commissions services from the provider and health care professionals and asked them for their views on the care provided at the home. We used this information to help inform our inspection planning.

During the inspection we looked at seven people's care files, ten staff recruitment records and records relating to the management of the home such as medicines, staff training, supervision and appraisal records, quality assurance audits and policies and procedures. We spoke to eight people using the service and seven relatives to gain their views about receiving care. We spoke with the registered manager, the deputy manager, six care staff and the chef about how the home was being run and what it was like to work there.

Is the service safe?

Our findings

Medicines were not always safely managed. Three people's Medicine Administration Records (MARs) did not contain guidance for staff on how to administer medicines which had been prescribed to be taken 'as required' or with a variable dose. In two of these three cases, a minimum four-hour gap needed to be maintained between the administration of each dose, but the specific times at which medicines were administered were not recorded. This meant there was a risk of staff administering these medicines unsafely because they could not be assured that the minimum four-hour gap had been maintained between each dose.

The provider's process for receiving new stocks of people's medicines was not always effective. Staff confirmed that one person had not received one of their prescribed inhaler medicines over a three-day period because they had run out of stock. They explained that they had identified the issue in a timely manner and had requested the GP send an emergency prescription to the pharmacy for urgent delivery, to prevent the person from missing any doses. The pharmacist had then delivered the medicine to the service as requested but had included it with their routine medicines delivery each month. Staff had not reviewed this delivery in detail on the day it arrived so were not aware the person's medicine had been delivered at that time. The staff member told us they had been following up with the pharmacy during the days the person had not received their medicine to find out where it was, but found it had already been delivered to the service after the doses had been missed.

The provider did not follow safe practices when recording the administration of Controlled Drugs (CD). Two staff were required to be present whilst administering a CD, one to administer the medicine and another to witness the administration. Both the staff member responsible for administering the dose and the witness were then required to sign the provider's CD book to confirm the current balance of stock before administration, the time the dose had been administered, and the number of doses remaining in stock. However, on the day of our inspection, we found that one staff member had signed the CD book to confirm they had witnessed the administration of a CD, but the staff member responsible for administration had not signed at the same time or recorded any of the other required details. The staff member told us they had administered the dose in the presence of the other staff member but had not had time to complete the CD entry at that time, so the witnessing member of staff had signed the book on their own and left.

These issues were in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection, the provider confirmed that they had arranged a review of people's 'as required' medicines with the GP to ensure appropriate guidance was in place.

Medicines were stored safely and were only accessible to named staff who had received training in medicines administration which included an assessment of their competency. The temperature of storage areas was regularly checked, and records showed the medicines were stored within a safe temperature range for effective use. The provider had effective systems in place for disposing of any excess medicines

stocks.

People's MARs contained details of any known allergies and a copy of their photograph to help reduce the risks associated with misadministration of medicines. Staff signed people's MARs to confirm they had administered prescribed medicine and MARs were up to date and accurate when cross referenced with remaining medicines stocks. The provider followed safe practices where medicines were administered covertly, involving healthcare professionals to ensure the decision to do so was made in people's best interests. Covert administration of medicine occurred when medicine which needed to be administered in people's best interest was deliberately disguised, usually in food or drink, in order that the person did not realise they were taking it.

Staff files contained information about staff's employment history and confirmation of criminal records checks before they started work at the service. Checks had also been made on their right to work in the UK where this was applicable. However, three of the ten staff files that we reviewed only contained copies of staff birth certificates rather than proof of identification which included a photograph, as required by our regulations. The registered manager confirmed with us that immediate action would be taken to address this area.

At our last inspection of the service on the 30 and 31 October 2017 we found a breach of regulations because sufficient staff had not always been deployed throughout the home to ensure people's needs were safely met. At this inspection we found improvements had been made to the deployment of staff. However further improvement was required to ensure people consistently received prompt support when needed.

The registered manager confirmed that staffing levels had been determined based on an assessment of people's needs. The provider had made changes following our last inspection which included increasing staffing levels on some shifts and ensuring there was a higher staffing capacity during mealtimes to help support people in a timely manner. We reviewed a sample of the staff rotas and found that actual staffing levels met the planned allocation on each shift. The registered manager also confirmed that the service sought to use bank staff to cover shifts when needed, rather than use staff from external agencies because they were familiar with the provider's policies and procedures.

We observed staff to be on hand and available to support people promptly when needed, including during mealtimes on each of the four units. Staff also spoke positively about the changes that had been made to staffing levels. One member of staff told us, "Staffing levels have definitely improved since the last inspection. It's much better now. At lunch time the activities coordinators and managers help. Staff are less pressurised than they were before."

Further improvement was required, however. Comments from people using the service included, "I have enough staff.", "I think they could do with more staff. If you have a fall they do come but they could come quicker.", "There is enough staff, we are only short staffed if someone is off sick. When you ring your call bell they come straight away." Comments from relatives included, "We are lucky that there are adequate staff although we could do with more activity workers.", "They could do with more staff on in the evenings. Sometimes when we are here late it's hard to find them. If our loved one had a fall I would wonder if they would be safe," and, "Sometimes I think they are a bit short staffed due to sickness." One relative described an incident during the previous month where staff had not been able to change their loved one out of wet clothing, after they had spilled a drink, for more than an hour. We spoke with a staff member who had been on duty at the time of this incident and they confirmed that there had not been enough staff on duty at that time to help change the person and ensure the other people on the unit were safe. The relative also told us that there had been a lot of changes to staffing patterns which meant their loved one was not always offered

support by staff who knew them well, which led to them refusing care.

At our last inspection on 30 and 31 October 2017 we found a breach of our regulations because appropriate action had not always been taken to support people where risks to them had been identified. Risk assessments were not always reviewed when people's needs changed.

At this inspection we found that people's risk assessments had been reviewed when their needs had changed. For example, we saw that a person's falls risk assessment had been reviewed after they suffered the fall and another person's risk assessment had been reviewed when their fluid intake had decreased. We saw examples of where people's risk assessments were being followed by staff. One person's moving and handling risk assessments recorded that they should have their walking frame with them at all times and they should have pressure relieving cushions whilst sitting on a chair. At lunch time we saw staff supporting this person to the dining room table. They provided this person with pressure relieving cushions when they sat down for lunch. They also left the persons walking frame next to them and reminded the person where it was.

People and their relatives told us they felt safe. Comments from people included, "I feel safe because they just look after you in a normal way. The environment here makes me feel safe.", "I feel safe because I feel secure. I am happy here because everybody is friendly," and, "I feel safe here because I am well cared for, we eat well, and the company is good. It does not take long for staff to come if you ring your call bell." Comments from relatives included, "I feel my loved one is safe here there is always people around. The whole environment here makes them feel safe", "The atmosphere is very comfortable, friendly and safe" and, "My loved on is safe here. They are well looked after."

There were safeguarding and whistle blowing procedures in place and staff had a clear understanding of these procedures. Training records confirmed that all the staff had received training on safeguarding adults from abuse. Staff we spoke with told us they would report any safeguarding concerns they had to their line manager. They had confidence that their line manager would follow the provider's procedures by notifying the local authority safeguarding team and CQC. However, if they thought safeguarding concerns had not been properly handled by their manager they would report their concerns to social services or the CQC. They also said they would use the provider's whistle blowing procedure to report poor practice if they needed to.

Our records showed that the registered manager had submitted safeguarding notifications to the CQC when required. At the time of this inspection there was two on-going safeguarding concerns being investigated by the local authority that commissions services. An officer from the local authority told us the registered manager had been cooperative in providing information and documentation in relation to the concerns. We saw that the registered manager had taken appropriate action to address the matter and keep people using the service safe. The registered manager showed us a safeguarding log and told us that lessons had been learned following these concerns and actions had been taken to reduce the likely hood of the same issues reoccurring.

There were arrangements in place to deal with foreseeable emergencies. People had individual personal emergency evacuation plans (PEEPS) which highlighted the level of support they required to evacuate the building safely. The home had a fire risk assessment in place which had been reviewed in January 2018. We saw records confirming that the fire alarm was tested on a weekly basis and regular fire drills had been carried out. There were also systems to manage infection, clinical waste, gas, portable appliances, electrical, and water safety. We saw certificates of maintenance and servicing from external contractors that confirmed that these were safe. Equipment such as hoists, mobility aids and lifts were also serviced regularly to ensure they were functioning correctly and safe for use. Staff told us knew what to do in the event of a medical emergency or fire. They knew to wear gloves and aprons when supporting people. They also knew how to

report and record any incidents or accidents. Staff training records confirmed that all staff had received training on fire safety and food hygiene.

We found that the home was warm, clean and tidy and free from any unpleasant odour. The home had a team of domestic staff. Records showed that regular infection control audits were carried out. We saw hand washing reminders in bathrooms and toilets and hand sanitizer was available at entrance points and in dining areas. We observed staff wearing gloves and aprons when supporting people at meal times. Staff told us that personal protective equipment was always available to them when they needed it. Training records confirmed that all staff had completed training on infection control.

The registered manager showed us the provider's system for monitoring, investigating and learning from incidents and accidents. They told us that incidents and accidents were monitored to identify any trends and actions had been taken to reduce the likelihood of the same issues occurring again. For example, where a person using the service had two falls they were referred to a falls prevention team. A health care professional told us that during a recent visit to the home the management team had been open with their data relating to falls information. They had sought support from a falls trainer so that falls training could be embedded into the care home. A quality assurance officer from a local authority that commissions services told us training had been provided by the local authority falls team and feedback from the trainer indicated that the training had been well received by staff.

Is the service effective?

Our findings

At our last inspection on 30 and 31 October 2017 we found a breach of our regulations because advice provided from some health professionals was not being followed by staff or recorded appropriately to ensure people received the care and treatment they required.

At this inspection we found that people's care files included records of appointments and advice received from healthcare professionals. We saw advice from healthcare professionals was being followed by staff. For example, we saw that staff were following dietary advice for one person that received support from a diabetic nurse. We also saw that where another person's daily fluid intake fell below the agreed level they were visited by a GP and their care plan was reviewed.

People were supported to maintain good health and had access to health care support. One person told us, "I get to see the GP every so often." Another person said, "I get to see a GP and receive the treatment I need. I get other health care services if I need them for example, if I say I have a problem with my teeth a dentist will come." A relative commented, "The GP comes every Tuesday. My loved one gets all health services here that they need for example they get to see the optician and the chiropodist." Another relative said, "My loved one gets to see a doctor when they need to. There is lady assessing my loved one at present to see how they walk and whether a walking stick would help them."

At our last inspection we found improvement was required because the training staff received had not always been effective in providing staff with the right skills and knowledge to perform their roles. At this inspection we found that improvement had been made. Staff received an induction when they started work. This included time learning about the provider, a period of orientation at the service, completing training in areas the provider considered to be mandatory, and time spent shadowing more experienced colleagues. Staff who had no prior experience of providing care were also required to complete the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers.

The provider's training programme covered topics including safeguarding, health and safety, moving and handling, infection control, first aid and food safety, as well as areas specific to people's needs such as dementia awareness. Staff received periodic refresher training in these areas to help ensure they remained up to date with current best practice. Some staff had completed training in supporting people at the end of their lives and the registered manager told us of their plans to roll this out to all care staff. Records also showed that a select number of staff had also attended additional training courses in areas including falls prevention and managing skin integrity. Staff demonstrated a good understanding of training areas such as safeguarding, dementia awareness and infection control. They spoke positively about the training they received. One staff member told us, "The training here is really good; I've learnt a lot since starting here and feel more confident in the way I work with the residents."

Staff were also supported in their roles through regular supervision and an annual appraisal of their performance. One staff member said, "I meet regularly with my line manager. We discuss how I'm getting on at work, whether there's anything I need to work on, and whether I've got any concerns. I feel I'm getting the

support I need."

People and their relatives told us the service was effective and met their needs. Comments from people included, "The staff here are well trained. I say that because they are so efficient. They understand what I need and how to care for me", "The staff are well trained. They know how to care for me and what I need", and, "I find that the staff are very kind, well trained and polite. They do assist me with eating and drinking." Comments from relatives included, "I find that the staff are well trained and good at their jobs." and, "I think that the staff are very good and understand what dementia is. They seem to be well qualified."

At our last inspection we found that people had a poor lunch time experience. This was because there were not enough staff available to support people to eat and the lunch time was task-based and rushed. At this inspection we found that significant improvements had been made. Staff were on hand and available to support people promptly where needed. Once seated people were offered a choice of drinks. We saw staff sitting with and assisting people to eat their meals in an unrushed, kind and caring manner. We saw a person being supported by staff to move from a wheelchair to the dining table. They were given time to rest before staff encouraged them to pour themselves a drink. We observed another staff member offer to cut up a person's food for them, and another member of staff placed plate guards on a person plate so that they could eat independently. Some people preferred to eat their meals in their rooms. We saw they received hot meals and drinks in a timely manner. A member of staff told us, "Things have improved greatly when it comes to meal times. It is still a work in progress, Rome wasn't built in a day, but things are much better than before. Everyone helps including the managers and the activities coordinators. I think meal times are now quite pleasant for the residents."

A health care professional told us they observed that people received good care and support at meal times. During one visit they saw that a person who required substantial additional time to have their lunch was being patiently helped by a member of staff when most people were in the lounge having finished their lunch. The staff member encouraged the person to have a drink of water after their meal and then moved them with gentle assistance to the lounge. A quality assurance officer from a local authority that commissions services said they had recently observed people's lunch time experiences. They told us staff had proactively been trying to improve people's meal time experiences. They had developed a new seating plan, this included seating a person with a poor appetite next to a person with a good appetite to encourage them to eat. Staff interacted well with people during the meal and were seen encouraging and prompting people to eat.

People were provided with sufficient amounts of nutritional foods and drink to meet their needs. People's care files included assessments of their nutritional needs, food likes and dislikes and allergies and the support they needed with eating and drinking. Comments from people included, "The food is not bad, I get enough to eat and drink." and, "The quality of the food is good." Comments from relatives included, "The food looks really nice, the chef makes great cakes", and, "They encourage my loved one to eat and drink, they do a food record and my loved one loves their food."

We spoke with the chef who showed us documents located in the kitchen referring to people's dietary risks, personal preferences and cultural and medical needs. They said they accommodated people's personal preferences where they could by offering a range of choices each meal time. For example, we saw that the chef had cooked a meal specifically for one person from a different cultural background. We observed that the person was very happy with the meal they were offered. We noted that the kitchen was clean and well-kept. The Food Standards Agency visited the home in September 2018 and rated them 5 stars, the highest rating possible.

We saw that assessments of people's care and support needs were carried out before they moved into the home. These assessments were used to draw up individual care plans and risk assessments. Nationally recognised planning tools such as the multi universal screening tool (MUST) were being used to assess nutritional risk and Waterlow assessments were being used to assess pressure area risk. Care plans and risk assessments described people's needs and included guidance for staff on how to best support them. We saw that people's care plans and risk assessments had been kept under regular review.

Staff were aware of the importance of seeking consent from people when supporting them with their needs. One member of staff told us, "We would never force anyone to do anything. If they don't want my help, I'll try again later or get another staff member to see if they have a better response. If someone was continually refusing help, I'd report it to the deputy manager." Staff demonstrated an understanding of the Mental Capacity Act 2005 (MCA) and how it applied to their roles.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the home was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager and staff demonstrated a good understanding of the MCA and DoLS. They said that most people using the service had capacity to make some decisions about their own care and treatment. We saw that capacity assessments were completed for specific decisions and retained in people's care files. Where there were concerns regarding a person's ability to make specific decisions we saw that the registered manager had worked with them, their relatives and health and social care professionals in making decisions for them in their 'best interests' in line with the MCA. We saw that a number of applications to deprive people of their liberty for their own safety had been authorised by the local authority. All of the appropriate documents were in place and kept under review and the conditions of the authorisations were being followed by staff. Conditions placed on people's DoLS authorisations, such as the need to review their care plan regularly, had been met.

The home environment was suitably adapted to meet people's needs. There were accessible toilets and bathrooms throughout the home and equipment was readily available for people who required it such as walking frames, wheel chairs, hoists, hand rails and lift access to all floors. The home was dementia friendly in design and layout. For example, there was a Memory Lane tea room situated on the ground floor at the entrance of the home, there was a sensory awareness themed seaside area on one unit and a well landscaped outdoor garden with a bus stop. The home also had a children's library on the ground floor. We saw that the communal areas were well decorated and furnished. A relative told us, "The lounges and communal areas are spacious, they encourage my loved one to walk and to be free." Another relative said, "Things have brightened up, we have photographs on the walls and things to talk about." People also had access to well-maintained gardens with suitable comfortable furniture. One person told us, "I like to sit in the garden when its warm to relax." Another person said, "I smoke in the garden. I have been offered nicotine replacement, but I don't want it. The home is clean and tidy."

Is the service caring?

Our findings

People and their relatives told us staff were kind and caring. Comments from people included, "I find that the staff are caring and if there is anything you need they will do it for you", "The staff are caring, if I ask them to do something they will do it. Nothing is too much trouble", "I find that the staff are very caring and friendly. It is not an easy job" and, "All of the staff are as good as gold." Comments from relatives included, "I find the staff to be very caring", and "The attitude of the staff here is brilliant. I have not come across a single carer who has brushed me off."

People told us they had been consulted about their care and support needs. One person told us, "I think I have a care plan. My key worker is as good as gold." Key workers are members of staff with additional responsibilities for example, developing a positive relationship with an allocated person and gaining an understanding of their interests, likes, dislikes and needs and wishes. A relative said, "I have been fully involved in loved one's care plan and I have been asked about their likes and dislikes. Every time I say something they don't know they go and write it down to build up a background. The staff treat me very well too. They are very friendly."

Throughout the course of our inspection we observed interactions between staff and people which were caring and friendly. Where one person showed signs of distress, staff took time to sit with them and provide reassurance. Staff regularly checked on people's well-being and moved close when speaking with them, ensuring they were at eye level. It was clear from their conversations that they knew people and the things that were important to them. Care was delivered by staff in a way which met people's needs. For example, during meal times and social activities we saw staff actively listening to people and encouraging them to communicate their needs. Staff were also observed assisting people to sit or stand with gentle physical promoting.

People's privacy and dignity was respected. We saw staff respected people's wishes for privacy by knocking on doors before entering their rooms. Comments from people included, "They respect my privacy and dignity, for example, I always keep my door closed and they knock and wait before they come in" and, "The staff absolutely respect my privacy and dignity they are very courteous and have never shown me any disrespect."

Staff told us how they ensured people's privacy and dignity was respected whilst personal care was provided. A member of staff told us, "I always shut doors and curtains when I'm supporting someone. I make sure to talk them through what I'll be doing so that I know they're happy and comfortable before I do anything. I try to offer people choices in whatever we're doing when I'm working with them. For example, sometimes they might want a shower and other times just a wash. If I'm helping them get dressed, I'll ask them what they would like to wear, or show them different options so they can pick."

People and their relatives were provided with appropriate information about the home in the form of a 'Service user's guide'. This included the complaints procedure and the services they provided and ensured people were aware of the standard of care they should expect. The registered manager told us this was

given to people and their relatives when they moved into the home.

Is the service responsive?

Our findings

At our last inspection on 30 and 31 October 2017 we found a breach of regulations because people were not always receiving care and support that met their needs or reflected their preferences. Some people's care records did not accurately reflect their current needs and the support they required from staff. At this inspection we found that improvements had been made, people's needs were assessed, and care and treatment was planned and delivered in line with their individual care plans. People's care files included care plans and risk assessments that described their care and support needs. They included guidelines for staff from health care professionals such as GPs and district nurses on how to best support them with their needs. They also included information about the person's history, their families, their communication methods, their likes and dislikes and interests and preferences. We saw that people's care plans and risk assessments were reviewed regularly and reflected any changing needs.

Staff knew people well and understood their needs. The staff we spoke with were able to describe people's support needs in detail. For example, one member of staff told us how they supported a person with moving around the home using their wheelchair and walking frame. We also saw staff supporting people in a manner suggesting familiarity with people's care and support needs. For example, we observed one person was confused at lunch time saying they had finished their meal when they had not started to eat. They left the dining room but were gently encouraged by a member of staff to return to finish their meal. A visiting health care professional told us that during a recent visit they observed a person living with dementia was sitting in the dining area. This person was not able to communicate verbally but through their gestures and sounds a staff member knew exactly what they wanted.

People and their relatives told us the service met their care and support needs. One person told us, "The staff come around and check if there is anything going wrong, but nothing goes wrong the home is very calm. The staff do listen to me." Another person said, "The activities are fine. I like them all, but I have [an injury] and I haven't done any recently. I like knitting, bingo and 'higher and lower'. I like the outings; we go to the local pub and a Chinese restaurant. The entertainment is quite good." A relative commented, "I love it here and think this home is great. My loved one's transformation both physically and mentally has been amazing. They were used a wheelchair a lot before they came but the home has got my loved one walking again with their frame. I cannot recommend this place enough."

Staff had received training on equality and diversity and understood how to support people with their diverse needs. The registered manager and staff told us they encouraged people to express themselves and they would be happy to support people to do whatever they wanted to do. People's care records also referred to their diverse needs such as their religious, cultural and sexual preferences. We saw examples of where people's diverse needs were being met. For example, where one person's first language was not English staff showed us a picture book with words in the person's language they used to communicate their needs and wishes. They also had a telephone in their room and staff told us they sometimes contacted the person's relative to assist in translation if there were any concerns about the person's welfare. We saw that the chef supported people from cultural backgrounds to eat food in keeping with their culture. One person told us, "I make suggestions about the food. I suggested they cook the spaghetti the Italian way and they will

try to do this. I am Italian, and I like this." The home recently held a Lesbian, Gay, Bisexual and Transgender [LGBT] event and we saw there was a LGBT flag in the reception area at the home. The registered manager said he was trying to promote LGBT awareness for residents to feel comfortable with their sexuality. Other events being held at the home in October included Turkish belly dancing and a local Church visiting the home on Sundays.

From April 2016 all organisations that provide NHS care or adult social care are legally required to meet the requirements of the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information they can easily read or understand to support them to communicate effectively. The registered manager told us most people could communicate their needs effectively and could understand information in the current written format provided to them, for example the service users guide and the complaints procedure. They told us these documents were provided to people with poor eyesight in large print. They said information could be provided in different formats to meet people's needs for example, in different written languages.

At our last inspection we found that people were provided with a range of activities, but these did not always take place when the home's activity coordinators were off work. At this inspection there was two activity coordinators on duty. We saw care staff and activity coordinators supported people with activities for example, reading books and singing. We saw people taking part in a keep fit session in the morning and a singer visited in the afternoon to entertain people using the service. One person told us, "I read books and the paper. I will join in with the activities because we are all very sociable here. I like everything, occasionally I go outside." Another person said, "The home has some birds, cats, a guinea pig and the registered manager sometimes brings his dog to visit the home." A third person commented, "I like the dog that comes to visit. Reptiles came to visit, I held a snake and I had a rat round my neck and shoulders." A relative told us, "They have got some superb staff here. They seem to understand how to care for people with dementia, I have seen staff laughing and joking with my relative."

A local authority quality assurance officer told us that new staff had had a positive impact. They had noticed a more positive atmosphere with staff engaging more with residents, more activities and trips outside of the home. A health care professional told us they saw people receiving good care when they visited the home. They told us they had recently observed a game of skittles organised for people using the service. They said staff were encouraging people and making sure they at least had one go. The game was particularly well liked. When the game had finished one person told them they were disappointed it had finished. Following the game, a member of staff ensured that everyone was given a drink of water and the winning person received a prize.

People and their relatives said they knew about the complaints procedure and they would tell staff or the registered manager if they were unhappy or wanted to make a complaint. They said they were confident they would be listened to and their complaints would be fully investigated if necessary. We saw copies of the complaints procedure was displayed throughout the home. We saw a complaints file that included a copy of the provider's complaints procedure and forms for recording and responding to complaints. Complaints records showed that when concerns had been raised these were investigated and responded to appropriately and where necessary discussions were held with the complainant to resolve their concerns.

There were processes in place to support people with care at the end of their lives. Some staff had completed training in supporting people at the end of their lives. The registered manager told us that no one currently using the service required this type of support however, they had access to the relevant health care professionals should the need arise. We saw advanced decisions had been made by some people and their relatives, where appropriate, regarding the way in which they wanted to be supported at the end of their

lives. We saw Do Not Attempt Cardio-pulmonary Resuscitation (DNAR) forms in some of the care files we looked at where people did not want to be resuscitated.

Is the service well-led?

Our findings

At our last inspection on 30 and 31 October 2017 we found a breach of regulations because the provider's systems for assessing, monitoring and improving the quality and safety of the services that people received was not always effective. At this inspection we found that significant improvements had been made. We saw that many of the provider's systems for assessing, monitoring and improving the quality and safety of the service was operating effectively, for example, people's care plans and risk assessments were kept under regular review and people's meal time experiences were being monitored and improvements had been made. Health and safety, fire safety, equipment and property maintenance, complaints, incidents and accidents and infection control checks and audits were carried out on a regular basis and records confirmed that the shortfalls had been addressed. We saw a report from an unannounced early morning spot check carried out by the registered manager who told us they carried out these checks to make sure people were receiving appropriate care and support. During the spot check the registered manager checked two care plans on each unit and prompted staff to make sure they updated records throughout their shift. The provider had carried out an audit on staff recruitment files and had identified that required documentation such as employment references were not in place for some staff. We saw that the provider was acting to address these findings.

However, we found that further improvement was required. The staff recruitment file audit tool did not record whether files held proof of identification which included a recent photograph, as required by current regulation. This information was not present in three of the ten staff files that we reviewed. We also found that provider's process for receiving new stocks of people's medicines into the home was not always effective. The registered manager confirmed with us that immediate action would be taken to address these areas.

Following the inspection the registered manager sent us a service improvement plan. The plan included for example, ensuring that all staff files included proof of identification and a recent photograph and monitoring people's mealtime experiences and planned training sessions for staff on falls and dementia mapping. They also sent us a list of completed actions dated October 2018. These included for example, implementing a 'resident of the day' system, continuing meal time experience visits, ensuring MCA and best interests documents were correctly completed and making people's care plans more personal.

The home had a registered manager in post. They had managed the home since June 2018. They were knowledgeable about their responsibilities regarding the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and they demonstrated good knowledge of people's needs and the needs of the staffing team. They were also aware of the legal requirement to display their current CQC rating which we saw was displayed at the home. The registered manager was an accredited Dementia Mapper. He was also made the National Dementia Inspiration leader at the National Dementia Care awards in 2017.

Staff spoke positively about working at the home. They told us there was an out of hours on call system in operation that ensured that management support and advice was always available to staff when they needed it. One member of staff told us, "The management team are doing a good job. If I have any concerns

or worries, I can always speak with one of them." Another said, "We communicate well with each other and work well as a team." A third staff member commented, "Things have definitely improved since the new managers came here. They are more resident focussed so things like meal times and activities have improved. Staff get regular supervision and more training. I think they listen to what staff have to say. I personally feel better supported." The registered manager told us they were in the process of implementing a 'carer of the month award' to recognise and praise good staff practice.

People and their relatives spoke positively about the running of the home. One person told us, "The manager is all right. It is a well-run home. I can think of no improvements. I go to the resident's meetings. You get a chance to listen and talk about what is going on." Another person said, "The manager is good. He is not sloppy he is firm but not excessively so." A relative commented, "The manager is really nice, he has been very good. I have not been disappointed the home has exceeded my expectations." Another relative said, "I find the manager to be very approachable and wants the best for the residents. He seems to know every resident by his or her name. He asks me, how is your mum today?" A third relative commented, "I feel since the registered manager has been here there has been a culture change it is more resident centred. The team are now more coherent. I feel that he has made a difference. I notice the difference when I walk in."

The provider took account the views of people and their relatives through residents and relatives' meetings and satisfaction surveys. One person told us, "I go to the resident's meetings. If we are not happy we can talk and air our grievances." A relative said, "I go to the relative's meetings. Nobody says much in the beginning but it all comes out in the wash in the last twenty minutes when everybody loses their inhibitions. They are very worthwhile, and we have them regularly." Another relative commented, "I have attended a couple of relative's meetings. I find them very helpful and you get to hear other people's experiences. I have filled out the satisfaction survey recently." The registered manager told us, and we observed that a volunteer was supporting people to complete a satisfaction survey. The registered manager said that once the surveys were completed the feedback would be evaluated and actions would be taken to make improvements at the home. We will look at the survey results at our next inspection of the service.

The registered manager worked with external organisations to ensure people received good quality care. We saw evidence during the inspection confirming that the registered manager and staff worked closely with health and social care professionals. A local authority quality assurance officer told us they had recently carried out visits to the home. They said the registered manager had been working with them and they found the registered manager to be open to their suggestions and any feedback they provided. A health care professional told us the registered manager and deputy manager were very dedicated, hard-working and committed to getting everything embedded as efficiently as possible. Their drive combined with their transparency and openness was commendable. They said they were very confident that once the new management was fully embedded that people would receive an enhanced care experience.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always safely managed.