

Seacole's Limited

Pelham House

Inspection report

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Tel: 01303252145

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13 October 2016

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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 12 and 13 October 2016 and was unannounced.

Pelham House is a care home which provides care and support for up to 22 older people. There were 19 people living at the service at the time of our inspection. People cared for were all older people; some of whom were living with dementia and some who could show behaviours which may challenge others. People were living with a range of care needs, including diabetes and a person confined to constant bed care. Some people needed support with aspects of their personal care and mobility needs. Other people were more independent and needed less support from staff.

Pelham House is a large domestic-style house, previously arranged as two attached houses, now converted to a single property. People's bedrooms were provided over two floors, with stair lifts in-between. There were communal sitting and dining rooms on the first floor together with a kitchenette and informal seating. There was a large enclosed well maintained garden, providing planted areas, a fish pond and a furnished patio.

A registered manager was 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.

Pelham House was last inspected on 10, 11 and 12 February 2016. They were rated as inadequate overall at that inspection and placed into Special Measures. The provider sent us regular information and records about actions taken to make improvements following our inspection.

At this inspection we found that significant improvements had been made. However, we identified continued concerns around the administration and storage of some medication. Checks and audits had not identified or addressed these concerns.

Our inspection found the service offered people a homely, supportive environment and their care needs were being met.

A survey of people living in the service found they felt safe. Staff knew how to recognise signs of abuse and how to report it.

Assessments had been made about physical and environmental risks to people and actions had been taken to minimise these. Incidents and accidents were managed appropriately to avoid recurrences.

There were enough staff on duty to support people, and proper pre-employment checks had taken place to ensure that staff were suitable for their roles.

Equipment had been serviced on a regular basis to ensure that it remained safe for use.

Staff had received training in a wide range of topics and this had been regularly refreshed. Supervisions and appraisals had taken place to make sure staff were performing to the required standard and to identify developmental needs.

People's rights had been protected by assessments made under the Mental Capacity Act (MCA). Staff understood about restrictions and applications had been made to deprive people of their liberty when this was deemed necessary.

Healthcare needs had been assessed and addressed. People had regular appointments with GPs, health and social care specialists, opticians, dentists, chiropodists and podiatrists to help them maintain their health and well-being.

Staff treated people with kindness and respect for their privacy and dignity. Staff knew people well and remembered the things that were important to them so that they received person-centred care.

People had been involved in their care planning and care plans recorded the ways in which they liked their support to be given. Bedrooms were personalised and people's preferences were respected. Independence was encouraged so that people were able to help themselves as much as possible.

Staff felt that there was a culture of openness and honesty in the service and said that they enjoyed working there. This created a comfortable and relaxed environment for people to live in.

Systems were in place to assess and monitor the quality and safety of the service. This was achieved by the use of auditing and through encouraging feedback from people, relatives and staff and continuous review.

People's safety had been protected through cleanliness and robust maintenance of the premises. Fire safety checks had been routinely undertaken and equipment had been serviced regularly.

People enjoyed their meals, any risks of malnutrition or dehydration had been adequately addressed. There were a range of activities.

The registered manager was widely praised by people, relatives and staff for his commitment to improving the service. There was an open, transparent culture amongst staff and management.

The provider had displayed their improvement plans prominently. People knew how to complain but said they felt no need to.

The service is no longer rated as inadequate and will be taken out of special measures. This is an improving service; there is still an area to be addressed to ensure people's health, safety and well-being is protected. We will continue to monitor Pelham House to check that improvement continues and is sustained. We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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.

Medicine administration records and storage of topical creams did not always meet with requirements.

People felt safe and staff knew how to recognise and report abuse.

Assessments had been made to minimise personal and environmental risks to people.

There were enough staff deployed to support people.

Is the service effective?

Good ●

The service was effective.

People's rights had been protected by proper use of the Mental Capacity Act.

Staff had received training and supervision to help them provide effective support.

People enjoyed nutritious and varied meals.

People were supported to maintain good health and had access to medical and social services as needed.

Is the service caring?

Good ●

The service was caring.

Staff delivered support with consideration and kindness.

People were treated with respect and their dignity was protected.

Staff encouraged people to be independent when they were able.

Is the service responsive?

Good ●

The service was responsive.

The service involved people and their families or advocates in planning and reviewing care.

Care plans were individual and person centred.

There was a variety of activities, functions and outings on offer.

An accessible complaints procedure was in place.

Is the service well-led?

The service was not always well led.

Quality assurance processes, although improved, were not fully effective to identify medicine administration and storage concerns.

Statutory notifications required by CQC were submitted.

Staff felt supported and there was an open culture in the home which encouraged staff and people to share their views.

Staff had a good understanding of the values and goals of the service.

Requires Improvement 

Pelham House

Detailed findings

Background to this inspection

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

This inspection took place on 12 and 13 October 2016 and was unannounced. The inspection was carried out by two inspectors.

Before our inspection we reviewed the information we held about the service including previous inspection reports. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. The provider had also sent us regular action plans following the last inspection.

We met and spoke with 13 people who lived at Pelham House and observed their care, including the lunchtime meal, medicines administration and activities. We spoke with nine people's relatives. We inspected the environment, including the laundry, bathrooms and some people's bedrooms. We spoke with four of the care workers, kitchen staff, housekeeping staff and the registered manager who is also the owner and service provider.

We 'pathway tracked' three of the people living at the service. This is when we looked at people's care documentation in depth, obtained their views on how they found living at the home where possible and made observations of the support they were given. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care. We also looked at care records for three other people.

During the inspection we reviewed other records. These included staff training and supervision records, staff recruitment records, medicines records, risk assessments, accidents and incident records, quality audits and policies and procedures.

Is the service safe?

Our findings

During this inspection people told us that they felt safe. One person told us, "I am very happy, I am safe and feel reassured by the staff". Another person said, "I'm not supposed to walk on my own in case I fall over, so I press the red button and staff come to help me". A relative commented, "I have always felt and continue to feel mum is safe here. I am kept in the loop if she isn't well and have confidence in the support staff provide". Another relative said there had been, "Visible improvements since our last inspection"; they felt reassured by updates provided by the registered manager and had no concerns or doubts about leaving their relative between visits.

At the last inspection on 10, 11 and 12 February 2016, we reported on a number of areas where people's safety in Pelham House was not ensured. At this inspection we found significant improvements had been made overall; in keeping people safe.

The previous inspection found people were not protected against risks associated with medicine management. During this inspection improvements had been made, but further improvements were required to ensure people received their medicines consistently and safely.

There were medicines management policies in place, these had been reviewed since the last inspection and included a clear 'medication administration procedure'. Where some people managed their own medicines or topical creams, risk assessments showed this was safe. However, some topical medicines were unsecured and stored in people's bedrooms, this had not been risk assessed to ensure safety for anyone else who may access the room.

At the previous inspection Medication Administration Records (MAR) charts were not always completed by staff when prescribed medicines were administered. At this inspection, in the majority of cases, staff had signed or entered a code; we were able to ascertain whether people received their medicines or reason why they did not. There were two examples on the current MAR charts where no code or signature had been entered. In one case a separate record showed the medicine (paracetamol) had been administered. Staff told us the other incident had been identified by staff as an error and an incident report completed.

The last inspection identified with medicines prescribed with a variable dose, the dose was not always recorded. Since then, the provider had introduced a separate chart for the administration of paracetamol (the medicine most prescribed with a variable dose), staff now recorded the exact time and dose administered. However, on two occasions the chart had not been completed and the amount administered was not recorded. Some people were prescribed warfarin; the dosage of this medicine is liable to change depending on blood results. Records showed on 29 September 2016 one person's dose had been changed to 2mg daily, except on a Monday, when 3mg should be administered. However MAR charts showed on Friday 30 September 3mg had been administered in error. Several people were prescribed eye drops or ointment. In most cases administration records clearly showed which eye(s) the medicine was required for. However in four cases it was not clear. One person was prescribed medicated patches, staff were able to tell us where they applied them, rotating application positions to avoid skin irritation, but this information was

not recorded. Therefore, should a patch be removed before its replacement with a new patch, there would be no record of where it was previously placed.

Some people received medicines administered by the district nurse, but stored within the service. In most cases these were recorded on MAR charts, however one batch of injections was not, which leaves the risk that they could be mishandled. The previous inspection identified medicines no longer required and stored in the central stock room had not been entered into the returns book; this continued to be the case. This meant there was no clear audit trail of obsolete medicines within the service and there was a risk of misuse.

The failure to properly manage some medicines was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Guidance about how to administer medicines prescribed 'as directed' or 'as required' (PRN) was now in place. An audit of all tablet PRN medicine had been completed; there was clear guidance about their purpose and when they should be given. For topical medicines prescribed this way, there was now information about where it should be applied, including a body map. However, records lacked information about what topical medicines were for and when it should be applied. For example, daily for dry skin or when the skin was red or sore. It was clear in discussion staff were aware what the topical medicines were for and when they should be applied, but adding this information would mitigate risks further and ensure the medicines were given consistently and safely. Although we found no negative impact on people, both types of guidance would be enhanced with clear information about when staff should seek advice and guidance. For example, if when these medicines were either continually used or the medicine did not achieve the outcome for which it was prescribed, such as, if a person continued to be constipated when taking medicine for this or if a skin condition did not improve.

Medicines had been logged into the service by two staff, checking the quantities. Senior staff implemented a new system to ensure any quantities not delivered or ordered mid-cycle were logged and followed up to ensure people had the right quantities. This helped to ensure sufficient amounts of medicine were always available. The provider had introduced daily, weekly and monthly audits to ensure the systems for medicines management were safe. Records showed following the last inspection, audits picked up errors and action was taken, which included removing staff from administration until they received further training. The supplying pharmacist had, by invitation, visited the service and undertaken an audit in July 2016. They had made a recommendation regarding updating the signature list of staff authorized to administer medicines and this had been addressed. Medicine, previously not subject to storage temperature checks, was now appropriately monitored as required.

Discussion with staff and the registered manager found a good understanding of Local Authority Safeguarding Protocols. The Safeguarding officer had, by invitation, visited the service and reviewed records of accidents and incidents. They were satisfied no incidents had occurred since our last inspection warranting referral for investigation. Policies and procedures were accessible; staff understood them well and described what constituted safeguarding and how it should be properly addressed. This helped to ensure people were protected from abuse and improper treatment.

We previously found some equipment used in the service was not clean or hygienic; this had potentially placed people at risk of contracting acquired infections. At this inspection commodes, toilet frames and bathroom equipment were clean and suitable for use. Cleaning records showed and discussion with staff confirmed 'deep' cleaning was undertaken, including anti-bacterial treatment. The service was clean, people and visitors we spoke with confirmed they did not have any concerns about cleanliness. Completed infection control audits ensured measures were in place to monitor, maintain standards and address any

shortfalls.

Providers must ensure and equipment used at a service is safe and fit for use. Similarly, checks should ensure water temperatures are not excessive, Legionella risks are adequately controlled and fire prevention equipment operates correctly. Equipment used by staff to assist people to move, such as hoist and a stair chair lift were previously not subject to continuous maintenance or inspection; checks of water temperature, Legionella control measures and checks on door guards were also previously incomplete. During this inspection full records were in place indicating all required checks were undertaken and any issues identified addressed.

The last inspection identified elements of recruitment processes were incomplete. At this inspection comprehensive and completed processes ensured people were protected by safe and appropriate recruitment procedures. We looked at three recruitment files of staff that had been recruited this year. Recruitment records included the required pre-employment checks to make sure staff were suitable and of good character.

Individual risk assessments were completed and reviewed when needed. Staff were knowledgeable about the people they supported and familiar with risk assessments. These included medication, eating, drinking and risks of choking as well as use of equipment such as pressure reducing mattresses, lifting aids and wheelchairs. Incidents and accidents were recorded and analysed. They were used to look for any patterns or trends and to inform learning and care plan reviews. This helped to minimise the risk of incidents happening again. Where needed, input had been sought from other professionals, such as the GP, occupational and speech and language therapists as well as psychiatric services and pharmacists to help resolve any problems identified. The service maintained a risk register detailing all risks for the service and providing guidelines about the categorisation of risks and frequency of reviews. This helped to ensure risks were safely and consistently managed.

There were enough staff on duty to meet people's needs and keep them safe. During the inspection there was a senior carer and two support workers on duty along with the registered manager. A deputy manager was in post but was on holiday at the time of the inspection. Overnight two waking staff provided to support people. Additionally, the service employed a cook, housekeepers and maintenance staff. A recent internal review of staffing identified the benefit of an activities coordinator and team leaders. Processes were in place to address this need. The registered manager used a needs based assessment tool to make sure there were always the right number of staff on duty and kept staffing levels under review. Staff felt there were enough staff on duty, although some commented at times support provided could feel hectic and task focussed; however, all staff felt people received the support required. People and visitors were satisfied there were always sufficient staff on duty. Staff rotas showed there were consistent numbers of staff available throughout the day and night to make sure people received the care and support that they needed. There were plans in place to cover any unexpected shortfalls such as sickness.

People were protected from fire and other risks. Personal emergency evacuation plans were in place for each person and included information about individual support needs, this included evacuation instructions for a person whose first language was French. Numbers of staff needed to assist people and any equipment required, such as evacuation sledges were also documented. There was an emergency plan in place for major incidents which had been recently reviewed and a contingency plan in the event people were unable to immediately return to the service.

Is the service effective?

Our findings

People, their relatives and visitors were positive about the quality of care provided. People told us they had confidence in the staff who supported them, they felt staff understood their needs and knew how to meet them. Comments included, "All the staff are good, they look after me well, there's not a bad one among them", "Staff are hardworking" and "The staff are friendly, professional and considerate". People and their relatives said staff communicated with them well. A visitor commented, "Staff are always welcoming, and are good at keeping me updated about how my relative is".

Our last inspection found the service was not effective and was inadequate. Breaches of three regulations identified the service did not appropriately establish people's capacity to consent to care and treatment; care and treatment was not always appropriate to people's needs health and staff had not received appropriate training, supervision and support. We asked the provider to take action to make sure these concerns were addressed and provide regular updates; we monitored their progress. During this inspection we found the provider had taken significant steps to improve.

Our last inspection found mental capacity assessments did not meet the requirements of the Mental Capacity Act 2005 (MCA). This was because they were generalised and did not consider specific decisions. Where people were assessed to lack capacity, other care documents, including Do Not Attempt Resuscitation (DNAR) orders, contradicted the findings of the mental capacity assessments. The principles of the MCA were not clearly understood or embedded into everyday practice.

This inspection found additional mental capacity assessments forms had been introduced, they considered individual decisions and reflected any help people received to give them the best opportunity of forming their own decisions. Discussion with staff found they were familiar with the Mental Capacity Act 2005 and understood how to apply it.

Previously, records showed some refresher training and mandatory training had not been delivered when needed and insufficient emphasis was placed on specific training. At this inspection a significant amount of training had been completed, including Safeguarding, the Mental Capacity Act, Dementia awareness, Infection Control and Health and Safety. Staff were positive about the training received and were able to tell us how they used it in their day to day role, for example, in relation to supporting people to make decisions and skin care, to reduce the risk of pressure areas. People told us they had confidence in the staff, thought they were well trained and knew how support them. One person commented, "I have every confidence in the staff, I have no reason to have any doubt or concern in their commitment or ability". New staff members told us and training records confirmed they were required to complete an induction programme and were not permitted to work alone until they had been assessed as competent in practice. Staff said they were continually supported thorough their induction period. Staff rotas confirmed the service gave appropriate consideration to the skill mix of staff when planning various shifts. This helped to ensure people's needs could be effectively met.

The service had recently embarked on three key initiatives that demonstrate its commitment to training and

development. It has engaged with East Kent College to support Apprentices within Health and Social Care and Business and Marketing; it has become a certified accredited training centre with a number of its staff, including the registered manager, having undertaken additional training to deliver courses in Medication Administration, Health & Safety and Moving & Handling. The service's training and development plan aims to ensure all care staff are trained to at least an NVQ 2, building on a staff base which has 70% of the care staff qualified to NVQ 3. The service has also worked closely with Kent Community Health NHS Trust and benefited from supplementary training by its Care Homes Team over the last six months. This has included a session on care planning and nutrition and hydration. Further sessions are planned. Staff competency checks in the areas of safeguarding, whistleblowing, person-centred care and medication administration ensure staff perform to the levels expected by the service.

Staff received appropriate support. The provider had a supervision policy, which showed staff should receive supervision twice a year in addition to an annual appraisal. Records showed that all staff had received supervision. The provider told us staff received an annual appraisal in December each year and records confirmed this. Appraisals included feedback from other staff and structuring of a learning and development plan for each staff member. In addition, weekly management meetings reviewed any incidents, accidents, risks, medication administration matters and training; bi-weekly senior carers meetings focussed on driving forward person-centred care. Care staff had had the opportunity to attend regular staff meetings where topics such as training, changes and good practice had been discussed. Staff told us there was a handover each day that also kept them up to date with changes and people's needs.

Our last inspection identified people did not benefit from effective communication between staff to ensure some of their health needs were always monitored appropriately, or that assessed needs were correctly supported. This inspection found advice from visiting health and social care professionals was fully implemented; staff communicated well and displayed accountability to resolve or report problems. Effective communication meant people received the support they required and changes in their condition was identified, communicated and acted upon. For example, staff had noted skin discolouration on a person who needed regular repositioning; it had been reported and their repositioning changed to minimise the risk of skin breakdown.

CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS), which form part of the Mental Capacity Act (MCA) 2005. It aims to make sure people in care settings are looked after in a way that does not inappropriately restrict their freedom, in terms of where they live and any restrictive practices in place intended to keep people safe. Where restrictions are needed to help keep people safe, the principles of DoLS should ensure that the least restrictive methods are used.

The MCA requires providers to submit DoLS applications to a 'Supervisory Body' for authority to impose restrictions. Applications had been made to the local authority for 10 people who lacked capacity to consent to receive care and treatment at the service. Receipt of the applications had been acknowledged and the service maintained regular contact with the local authorities pending their decision making processes. Two authorisations had been granted and notified to the Commission as required.

People's records showed evidence of regular health appointments and contacts with health professionals, intended to ensure their overall health and wellbeing was maintained. These included nurses, dieticians, GP's, dentists, chiropodists and occupational therapists. Staff were familiar with medical advice about how to support people and we saw that advice received was put into practice, for example, the provision of softened meals or thickened drinks. Where people had communication or cognitive difficulties, staff showed awareness of their needs and used appropriate methods to aid understanding and effective

communication, including providing picture cards supplemented with wording and printed emergency instructions in French, for one person as this was their first language.

Food and fluid charts were kept in people's bedrooms. These were used where concerns were identified, typically loss of weight or a risk of malnutrition or dehydration. Those seen had regular entries. Nutrition assessments (Malnutrition Universal Screening Tool (MUST) were completed and reviewed each month. Weight was monitored, recorded and action taken to respond to any weight loss. Fluid charts included amounts of liquids consumed, this was reviewed at staff handover to establish if some people needed extra encouragement to drink or if there was cause for concern.

The lunch time meal was well-managed and relaxed. The menu was displayed. Lunch was a social occasion, with some people sharing tables. Eating aids, such as adapted plates and cutlery were available to people who needed them. People had juice or hot drinks. Sufficient staff supported people in the dining areas as well as people eating their meal in their own rooms. Softened or fortified foods were provided where necessary. Kitchen staff held records for each person to ensure individual dietary requirements were known. Daily feedback and consultation about menu choices helped to ensure people were able to give their views about the meals provided. We looked at feedback given about the food, this was positive. People and visitors told us they enjoyed the food and it was plentiful. Positive comments, in particular, were made that all meals were prepared from scratch. People enjoyed the variety of food, they were able to nominate their favourite meals which were made in turn. People looked forward to home baked cakes and told us there was a good variety of fruit. The kitchen when last assessed by the Environmental Health Authority achieved a five star rating for a third consecutive year; five stars being the highest standard.

Is the service caring?

Our findings

People and relatives told us that the standard of care people received was good. One person said, "The staff are good, kind and thoughtful". Another person commented, "They've done a lot of hard work, and there is a better feeling about the home". A relative told us; "I am a big supporter of the home and all they have done for my grandmother". Another relative spoke warmly about the "Kindness and helpfulness of staff".

Our last inspection found information about people's end of life wishes, such as, documentation needed to ensure they were not resuscitated when they did not want to be had in one case not been actioned. Additionally, although staff interactions were compassionate and well-intended; Staff did not take ownership of concerns they conceivably should have identified. This did not assure consistent and safe care and did not demonstrate the ethics or behaviours of a caring service.

At this inspection, end of life wishes had been actively considered and reviewed. Do not attempt resuscitation (DNAR) certificates were in place where needed. Staff automatically took responsibility where concerns were identified. For example, on an occasion when some medication was not administered, staff addressed the immediate concern when noticed by discussing the missed doses with the GP and acting in response to the advice received; a subsequent investigation by the registered manager addressed the cause of the error. Action and acceptance of responsibility throughout the range of staff ensured the persons needs were met, this demonstrated accountability and an embedded caring culture.

We observed staff consistently speaking with people in a kind and respectful way. For example; one person appeared to be confused and staff gently spoke with them and guided them to their room. Staff explained what they were doing and the reasons for it when they supported people; for example when assisting people to move. This gave people reassurance that they were safe and being looked after.

People told us that staff were respectful of their need for space and privacy on occasion. Staff always knocked on people's bedroom doors and asked permission before entering; which showed respect for people's right to have a private place of their own. Staff knew how each person liked to be addressed and consistently used people's preferred names when speaking with them. Staff spoke to each other discretely when discussing people's care needs and acted promptly to offer support when needed.

Staff were caring towards people and we observed many positive interactions during the two days of our inspection. There appeared to be a real bond between staff and people; evidenced by the way in which people laughed and joked with staff and were relaxed in their company. A relative told us, "All the staff are nice and very caring, they love the people they support and seem to have unending patience". Another visitor told us that it had been their relative's birthday recently and that a birthday cake had been baked especially for them; they found this touching.

At mealtimes, staff were attentive and observant of when people needed support. Staff asked people, "Is that enough for you or would you like a bit more?" when serving meals, which meant different appetites were catered for. They offered help but also allowed people to manage for themselves if that was their

preference. For example; "Would you like me to cut that up for you or are you ok with it? People were encouraged to be as independent as possible in the knowledge that staff were on hand to assist if needed.

Care plans gave staff guidance about giving people confidence by letting them wash their own faces and hands, for example, if they were able. Staff told us that it was important to most people to retain their independence, even in small ways. They explained how they gave people choice wherever possible so that they felt enabled and in control. People were given choices of drinks, meals, clothing, seating and activities during the inspection; and advocacy services were advertised for people who needed more help with decisions or conversations about their care.

People told us that they were involved in their care and care planning. Visitors commented they were kept updated of their relative's progress and care needs. For example, a visitor said, "Staff were concerned about Mum's recent falls, we all sat down and discussed how best to help her. We made some suggestions about changes to her room, they took place quickly and I felt listened to". Another person told us, "They're very good at communicating with us and we are always kept posted and ask for our views, the owner and actually all of the staff couldn't be more helpful". Care plans showed the content had been discussed with people or their relatives and most had been signed to confirm this.

Is the service responsive?

Our findings

People and their relatives told us they received good care. They said staff knew their relatives well and gave them the care and support that they needed. One person's relative said "We're very happy with the care, staff do a good job." One person told us, "They come to see if I'm alright or want anything. I must say, I can't find fault, I feel lucky, I'm very happy".

Our last inspection found the service was not always responsive and required improvement. This was because care and treatment was not always person centred to meet with people's needs and reflect their preferences.

At this inspection there had been improvements to care plans so that they reflected people's personal choices and those seen had been reviewed and updated at regular intervals. Care plans detailed people's preferences, including support with personal care and continence. Where people had particular health concerns, health care plans provided clear guidance about how people should be supported and what to look out for that may indicate a change or deterioration in a person's condition. Risks of dehydration, skin breakdown and malnutrition were recorded and set against established care sector tools intended to identify pathways to address changes in people's condition.

Although staff were knowledgeable and able to describe in detail how they would support individual people with continence care and some behaviours, care plans did not always record the various strategies employed. This presented a possibility people would not be supported consistently and known information may become lost with the transition of staff. We recommend the service adopt a best practice ethos to ensure health care plans are individually fully completed for each person in relation to their particular condition to meet published guidelines as set out by organisations such as the National Institute for Health and Care Excellence (NICE).

There was a range of activities were available for people to enjoy, including games, singing, exercise, visiting musicians, children visiting from a local school and talks given by an occupational therapy group. The service had identified people's specific interests and supported them to continue with these, for example, staff took one person swimming each week and played chess weekly with another person. The service also celebrated each person's birthday as well as national events and the harvest festival. Additionally, an art exhibition was recently held in the grounds of the service with guests including relatives, artists, neighbours and local dignitaries. The service had identified the benefit of an activity coordinator and had recruited to address this need. Some people preferred to spend time in their rooms; they told us their choice was respected and staff checked in on them if requested. Many people took a morning newspaper, delivered directly to the service. Talking books were available for people who preferred or had deteriorated sight. Hairdressing services were available and people enjoyed being able to access them.

Bedrooms were decorated to individual taste and where a person was unable to leave their room, the service commissioned the redecoration of the bedroom in a style that she likes and is stimulating. Where another person's first language was not English, staff communicated with the assistance of a translation

app. Each service user had a 'This is me' care plan detailing information about individual likes and dislikes as well as personal histories. Key worker reviews ensure carers are aware about people's needs and areas where improvements can be made to enhance each person's quality of life. Clearly displayed signs help to orientate people around the service and a CCTV system enables staff to monitor and respond promptly to people's needs in communal areas. A Medication and Nutrition Champion identifies people who may be at risk and supports the registered manager to identify improvement within the service.

Complaints were taken seriously, a complaints procedure was displayed and available to people and visitors to see. It was also included in the information given to people and their relatives when they moved to the service. The registered manager told us one written complaint had been received in the last 12 months; initially they had sought to address it personally. However, due to the nature of the complaint and the dissatisfaction of the complainant with responses made, the matter was passed to their solicitor to progress.

Is the service well-led?

Our findings

Staff, people and visitors were positive about the registered manager and management of the service, describing them as "positive, approachable, supportive and fair." Staff told us they enjoyed working in the service, they were proud of the support and care they provided and they felt valued by the registered manager. They described a culture where, not only were they encouraged to speak out with any concerns or ideas to improve the quality of the service being provided, it was the expectation.

Our last inspection found the quality assurance framework in place was not fully effective. This was because checks had not recognised or put measures in place to resolve areas where regulations were breached. These included issues relating to the storage, administration and disposal of medicines, reviews of risk assessments following an incident, incomplete risk assessment processes in relation to DBS disclosures, planning and delivery of training, servicing of equipment, inadequate water temperature checks and MCA processes.

At this inspection we found significant improvement was made. Developed auditing and checking procedures were in place within the service. The registered manager and key staff undertook regular checks of the service to make sure it was safe and people received the support they needed. These included areas such as infection control, medicine management, nutrition, mobility, care plan quality and building maintenance. We saw examples of issues being identified, the service learning from them and them resolved. This was particularly evident in areas such as skin pressure area prevention and building maintenance. Audits ensured time frames were set against identified concerns and staff appointed to make sure identified requirements were completed.

However, the quality assurance framework was not fully effective. Audits of medicines did not recognise practices in place which did not meet with the service's policy and procedures or reflect published best practice. For example, audits had not identified prescribed topical medication kept insecurely in some people's bedrooms; the position of medicated patches when applied to people was not recorded to ensure rotation of sites to prevent skin irritation; injection syringes, administered by district nurses but stored on site, were not recorded in people's records and medication due for return to the pharmacy was not routinely recorded in returns information to provide a continuous audit trail of medicines. Therefore, systems had not ensured continuous oversight of all aspects of the service or considered daily practice against policy and process requirement. Additionally, care plan reviews and evaluation did not ensure individual information and strategies about behaviour and continence management was recorded. This would help to avoid potential behavioural triggers and provide people with consistent and optimised support.

This inspection highlighted shortfalls in the service that had not been identified by monitoring systems in place. The failure to provide appropriate systems or processes to assess, monitor and improve the quality and safety of services was a continued breach of Regulation 17(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities).

Statutory notifications had been sent as needed, these are notices the service is required to send to us

notifying us about certain changes, events and incidents affecting their service or the people who use it.

Established systems sought the views of people, relatives, staff and health and social care professionals and were due to be undertaken for the current year. People had completed questionnaires about their opinions of the service. Questions covered staffing, choices, feeling safe and being listened to, and the responses were positive overall. The service had a variety of methods by which to measure the standard of care and people's experiences of it, including one to one meetings and discussions with people's families, a comments box and monitoring feedback given on an online care home survey site.

The service had published and displayed their response to our last report. It set out how they would address the issues raised and provided reassurance that the service was committed to improvement. For example, they had commissioned the support of independent consultants to assess and recommend areas of improvement. The service also engaged widely with the local community and organisations such as Dementia Action Alliance, Skills for Care Managers Network and is a member of the National Skills Academy. One member of staff is an I Care Ambassador, while the Registered Manager is an I Care Associate. These initiatives are coordinated by Skills for Care and are a national team of care workers who talk about what it's like to work in social care. The service supports students from the local Grammar school where pupils require work experience and encourages local primary school children to visit the service. This helps to create a significant amount positive stimulation for the people at the service. Involvement within the local community raises awareness and provides a platform for Dementia Friends workshops for the community. The service is an active member of the National Care Homes Association and regularly visits other care homes to appreciate 'best practice'. The service participated in the Enabling Research in Care Homes (ENRICH) initiative and Research Ready Care Home Network. This network brings together care home staff, residents and researchers to facilitate the design and delivery of research. Its aim is to improve the quality of life, treatments and care for all residents.

The provider also set out their commitment for the service to undertake the National Gold Standard Framework for End of Life Care (GSF) in 2017. The GSF End of Life Care is intended to enable those providing end of life care to ensure better lives for people by providing recognised standards of care identifying levels of need and bespoke care for people nearing the end of their lives.

The service published its care philosophy and displayed it at the main entrance. It set out key principles of care and what people could expect. The service openly advertises its pledge to the Social Care Commitment which is a promise made by people who work in social care to give the best care and support they can. Staff told us and records confirmed the culture within the service was supportive and enabled staff to feel able to raise issues and comment about the service or work practices; staff felt they would be supported by the registered manager.

The values and commitment of the service were embedded in the expected behaviours of staff and were discussed with staff and linked to supervisions and appraisals. Staff recognised and understood how their behaviour and engagement with people affected their experiences living at the service. Staff displayed these values during our inspection, particularly in their commitment to care and support and the respectful ways in which it was delivered.

Observations of staff interaction with each other showed they felt comfortable with each other and there was a good supportive relationship between them. Staff felt they worked together to achieve positive outcomes for people, for example, discussing changes in wellbeing and ensuring appropriate action was taken.

Policy and procedure information was available within the service and, in discussion; staff knew where to access this information and told us they were kept informed of any changes made.

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 The provider had not ensured proper management and recording of some medicines. Regulation 12 (g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure appropriate systems or processes were in place to effectively assess, monitor and improve the quality and safety of the service. Regulation 17(1)(2)(a)(b)