Harbour Healthcare Ltd

Devonshire House and Lodge

Inspection report

Woolwell Road
Woolwell
Plymouth
Devon
PL6 7JW

Tel: 01752695555

Date of inspection visit:
08 January 2018
09 January 2018
11 January 2018

Date of publication:
11 April 2018

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Devonshire House and Lodge 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.

Devonshire House and Lodge accommodates up to 77 people across four separate units, each of which has separate facilities. The units include nursing care, residential care and dementia care. At the time of the inspection 46 people were living in the service.

This inspection took place on 8, 9 and 11 January 2018 and was unannounced.

We had carried out an unannounced comprehensive inspection on 20 and 21 April 2017. The overall rating was inadequate, therefore the service entered 'special measures'. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe.

We told the provider to make improvements to how people's medicines were managed, how people were protected from risks including the spread of infections and in the event of an emergency evacuation, how staff were deployed and how incidents were recorded and managed. We also told them to ensure people were treated with dignity, to improve records of people's individual needs, to ensure confidential information was protected, to ensure there was enough for people to do and that the Mental Capacity Act 2005 (MCA) was followed. We also told them to improve their systems to monitor the quality of care people received, to inform the commission of significant events and to ensure advice from external agencies was acted upon.

The Commission considered its enforcement policy, and took enforcement action which was to impose a condition on the provider's registration. This meant the provider was required to carry out audits of the service, describe what action was being taken to improve the service and to meet the regulations; and submit a report of their findings on a monthly basis to the commission. The Commission then reviewed the provider's monthly returns to ensure improvements were being made. We also used the information in these reports to inform this inspection.

During this inspection the service demonstrated to us that improvements had been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures and no longer has to submit monthly reports; but some further improvements are still required.

People had risk assessments in place but these did not always reflect the full range of risks people might experience due to their individual health or social care needs. Staff had a good understanding of the Mental Capacity Act, however people's records did not always clearly reflect whether someone had capacity or not, or show how their legal rights were then protected.

Staff had an in depth knowledge of people's needs however, people's care plans did not always contain this level of detail about their routines and preferences. Monitoring of the quality of the service had improved. The provider, manager and staff regularly undertook a range of audits and spoke with people to ensure they were happy with the service they received. However these had not identified the areas for improvement highlighted during this inspection.

A new registered manager had been employed to manage the service. 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 had been employed following the last inspection and had been in post for seven months at the time of this inspection.

Since the last inspection, the governance systems in the service had been reviewed. This had resulted in improved systems, procedures and audits, which staff understood and were involved in. The registered manager was still developing these to ensure the service continued to improve. They had notified the commission of all significant events, as required.

There was now a positive culture within the service. The registered manager led by example and staff told us they felt happy and supported in their work. People, their relatives and staff told us they had noticed the improvements that had been made since the registered manager had been in post. They also confirmed the management team were approachable and included them in discussions about individual's care and the running of the service.

People's dignity and confidentiality were now understood and respected by staff; and people were treated with kindness and compassion. People now had more opportunity to remain physically and cognitively stimulated and the registered manager ensured people were consulted about what opportunities were available to them.

People and their relatives spoke highly of the staff and the support provided; and confirmed staff now responded to any requests promptly. There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service and the registered manager ensured these were deployed effectively across each unit. The recruitment process of new staff was robust and the provider was in the process of checking previous recruitment files.

Staff used their knowledge of people to help ensure their diverse needs were met and were prompt in responding to people's requests. People told us they enjoyed the food and there were now procedures in place to ensure people received the support they needed at mealtimes. Staff were aware of how much people should eat and drink to remain healthy and reported any concerns they had. When people were identified as at risk of weight loss, prompt action was now taken, for example they were referred to their GP. Information and advice from external professionals was now recorded and acted upon.

People told us they felt safe living at Devonshire House and Lodge. Staff had received training in how to recognise and report abuse and were confident any allegations would be taken seriously and investigated to help ensure people were protected. People now received their medicines safely and as prescribed.

Records had now been put in place to ensure people would be protected in the event of an emergency evacuation; and systems implemented to help ensure this information remained up to date. Staff understood how to protect people from the risk of cross infection and ensured incidents were recorded

effectively and acted upon. People reported that any concerns they had were now taken seriously by staff and action was taken.

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.

People did not always have risk assessments in place to mitigate risks associated with their individual needs.

There were sufficient staff on duty to meet people's needs safely. Staff were recruited safely.

People were protected by staff who could identify abuse and who would act to protect people.

People received their medicines in a safe way.

Staff followed safe infection control procedures.

Is the service effective?

Good

The service was effective.

People received support from staff who knew them well and had the knowledge and skills to meet their needs.

People enjoyed the food and staff monitored the quality of the food and whether people ate enough to remain healthy.

Staff had a good understanding of the Mental Capacity Act and sought people's consent and decisions whenever possible. People who received their medicines covertly had their rights upheld.

Is the service caring?

Good

The service was caring.

People were looked after by staff who treated them with kindness and respect and protected their dignity and confidentiality.

People and visitors spoke highly of staff.

People said staff helped them maintain their independence.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's care plans did not always reflect people's individual preferences and routines.

People received personalised care and support, which was responsive to their changing needs.

People were being involved more in the planning of their care and their views and wishes were listened to and acted on.

People knew how to make a complaint and told us any concerns were listened to and acted on.

Is the service well-led?

Requires Improvement

The service was not always well led.

Checks and audits had not highlighted the areas for improvement identified during this inspection.

There was a positive culture in the service. The management team provided strong leadership and led by example.

The registered manager was responsive to feedback and promptly made changes to improve the quality of the service for people.

People's feedback about the service was sought and their views were valued and acted upon.

Staff were motivated and inspired to develop and provide quality care.

Devonshire House and Lodge

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.

The inspection took place on 8, 9 and 11 January 2018 and was unannounced. The inspection was carried out by one adult social care inspector, one pharmacist inspector a specialist nursing advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who lives with dementia.

Prior to the inspection we reviewed the records held on the service. This included the Provider Information Return (PIR) which is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications. Notifications are specific events registered people have to tell us about by law.

During the inspection we spoke with eight residents, two relatives and six members of staff including two registered general nurses, the clinical lead, a care worker, the cook and housekeeper. We reviewed four people's records in detail. We also reviewed staff personnel records and the training records for all staff. Other records we reviewed included the records held within the service to show how the registered manager reviewed the quality of the service. This included a range of audits, questionnaires to people who live at the service, minutes of meetings and policies and procedures.

Following the inspection we sought the views of external professionals who know the service well. We received responses from a safeguarding practitioner and a quality assurance officer from the local authority.

Requires Improvement

Is the service safe?

Our findings

At our last inspection on 20 and 21 April 2017 we rated this key question as Inadequate because the provider had not acted to keep people safe and mitigate risks to people using the service. For example, people's medicines were not always managed safely, people were not always protected from the risks associated with their care and health conditions, staff did not always act to ensure people's needs were met in a safe way and people told us staff did not always respond to call bells promptly. During this inspection we found improvements had been made; however there were still some areas which required improvement.

Since the last inspection, risk assessments had been reviewed and updated and most people had risk assessments in place that were relevant to their needs. These guided staff how to reduce risks that were specific to people's individual needs. However, some people had risks that had not been assessed. For example, one person was described as having a history of seizures and preferring to eat in bed but did not like sitting up. There was no risk assessment in place to guide staff how to recognise the person's seizures or what action to take or how to ensure the person was protected from the risk of choking. Staff told us the person had not had a seizure for a long time and was safe to eat without staff support but this was not recorded. The registered manager put in place a risk assessment immediately and referred the person to their GP and the dietician to help ensure staff were meeting their needs safely.

One person had been assessed as at risk of injuring themselves with their call bell, so it had been removed. The person's records showed they were checked on an hourly basis at night time but there were no similar checks planned for daytimes, even though they also spent the day in their room. This meant there was a risk the person may not have had their needs met promptly. By the second day of the inspection the person had been provided with a different type of bell to use, that did not pose a risk to them. The registered manager told us if this did not work well for the person, they would try other alternatives. This meant it was easier for the person to gain staff attention when they needed it.

People told us they felt there were now enough competent staff on duty to meet their needs and keep them safe. Nurses and senior staff were now responsible for allocating tasks to staff throughout the shift to ensure people's needs were met effectively. Staff were not rushed during the inspection and now acted quickly to support people when requests were made. One staff member told us, "We get to people in time and give good care."

People made their own choices about how and where they spent their time. We observed people move freely around the home, enabled to take everyday risks by staff who understood and managed risk effectively. A relative told us, "Staff are always keeping a watchful eye."

The arrangements for managing medicines had improved since our previous inspection. People received their medicines in the way prescribed for them. For example, there was additional guidance to decide when it would be appropriate to give doses of medicines prescribed 'when required'. Also, staff used separate charts to record when people had creams and ointments applied. These showed that staff were using these preparations appropriately. We watched nursing staff give some people their medicines at lunchtime and

saw they were given in a safe and caring way.

People could look after their own medicines. Records for one person showed this had been assessed as safe for them. Lockable storage had been provided so their medicines could be stored securely.

There were suitable arrangements for ordering, receiving, storing and disposal of medicines, including those requiring extra security and recording. The system for auditing medicines had been improved. Senior staff checked regular reports from the electronic system to help identify any issues with administration or supplies of people's medicines. Other audits were carried out to check storage and other systems for managing medicines in the home. Any issues were identified and actions taken if necessary. The supplying pharmacy also visited to give advice and undertake audits. There were systems to report any incidents or errors, so they could be investigated to help prevent them from happening again. Staff felt supported with training updates, and competency checks made sure they gave medicines safely.

People were better protected from the spread of infection. Staff had received infection control and food hygiene training and understood what actions to take to minimise the spread of infection. We noted that they now responded promptly to clean up any dirt or spills. Audits and monitoring now ensured good practice was followed throughout the home For example, a recent audit of the environment had identified some areas which required improvement and these had been acted on immediately.

Staff reported incidents and acted on them promptly. For example, people who experienced falls were referred to their GP or the falls clinic. This helped ensure any changes to their support needs were identified quickly. Records showed appropriate action had been taken when accidents or incidents had occurred and where necessary changes had been made to reduce the risk of a similar incident occurring in the future. The registered manager told us they reviewed incidents every month to identify any themes or trends for people or the service. Any actions were shared with staff. For example, it was identified that one person became more agitated in the evenings and this had resulted in an increased number of falls, possibly due to tiredness. As a result, the person had been supported to go to bed slightly earlier, which they were happy with. The outcome was that they were calmer and experienced less falls.

There were now clear arrangements in place to keep people safe in an emergency. Staff understood these and knew where to access the information. A new system had been implemented to ensure all units had an up to date list of residents across the service. This helped ensure relevant professionals would know who was present in the building in the event of an emergency. A fire risk assessment had been carried out and actions completed. It was now reviewed regularly by the provider's estates manager. Since the last inspection, practices had been regularly carried out to help ensure staff understood their roles and responsibilities in the event of an emergency evacuation.

People were supported by suitable staff. Recruitment practices were in place and records showed appropriate checks had been undertaken to help ensure the right staff were employed to keep people safe. New staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. The registered manager had ensured that staff whose Disclosure and Barring Service checks (DBS) had been in place for a significant period of time completed new checks to help ensure they were still safe to work with vulnerable adults. The provider had also provided extra support so all staff files could be audited to check all necessary records and checks were in place.

People told us they felt safe living in the home. People felt comfortable speaking with staff and told us staff would address any concerns they had about their safety. Visitors also felt it was a safe place for their family member to live. Comments included, "She's safe, she's comfortable and she's warm."

People were protected by staff who had an awareness and understanding of signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. Staff were up to date with their safeguarding training and knew who to contact externally should they feel that their concerns had not been dealt with appropriately. For example, the local authority or the police. People had access to information about safeguarding and how to stay safe and the registered manager told us any safeguarding concerns were discussed with people, or their family members, where appropriate. They were then kept up to date with the process and any outcome. People benefited from staff who understood and were confident about using the whistleblowing procedure.

Learning was taken from safeguarding alerts, inspection outcomes and any incidents to help improve the service. The registered manager confirmed learning was also cascaded from other services, by the provider. Following an incident in another home owned by the same provider, the coroner had advised action be taken regarding internal doors. This action had been complied with at Devonshire House and Lodge.

Good

Is the service effective?

Our findings

At our last inspection on 20 and 21 April 2017 we rated this key question as Requires Improvement because the provider had not ensured people were protected under the Mental Capacity Act 2005 (MCA) or that risks related to not eating and drinking enough were monitored by staff. During this inspection we found improvements had been made.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). 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.

Since the last inspection staff had received further training and development about the MCA. They had a greater understanding of their responsibilities under the MCA; and were able to give examples of best interests decisions they made on people's behalf. One staff member explained, "We speak to families or look at their personal history to find out people's preferences." People's relatives confirmed they had been involved in decisions made on behalf of their loved ones. For example, one person could no longer use their call bell to request staff assistance to move so their family member had been involved in a discussion about how to keep the person safe. They told us they were pleased to have been involved in the decisions and was confident that their loved one would come to no harm.

Systems for ensuring people's rights were upheld when they received their medicines covertly (without their knowledge or consent) had improved. They showed people's mental capacity had been assessed and that decisions had been taken that this would be in their best interest. It had also been checked with the pharmacist that it was safe to give their medicines in this way.

However, assessments of people's mental capacity did not all show improvements. For example, a record for one person showed a mental capacity assessment and best interest decision had been completed regarding eating and drinking. This was because, due to their mobility needs, they required staff to bring them their food and drink. There was no evidence that they didn't have the capacity to be involved decisions about this. The registered manager told us they would carry out an audit of everyone's MCA records to identify and act on any further gaps. Following the inspection they told us they would also be completing a monthly audit of people's MCA records.

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). The registered manager had applied for DoLS on behalf of people however, these were awaiting review by the local authority designated officer.

People's dining experience had improved. Some staff had been given the responsibility of being 'dining champions'. They helped ensure people had a positive experience at mealtimes, for example ensuring

condiments were available and people were offered enough food. The registered manager also monitored the quality of the food and dining experience by eating in different areas of the home with people and discussing people's experiences with them.

Sufficient staff were also now available at mealtimes to help encourage people to eat and provide assistance where needed. The registered manager explained, if a staff member needs to leave the dining room for any reason, the nurse, dining champion or chef will step in. People who required assistance to eat were provided this in a dignified way.

People now benefitted from a staff team who monitored their food and drink intake to ensure they received enough nutrients in the day. Each person had been assessed to identify how much they needed to eat and drink each day to stay healthy. A staff member explained that if someone didn't reach their personal target for the day then it was discussed at handover meetings and staff were asked to encourage people to drink more. Staff now took action as soon as someone was identified as at risk of weight loss; for example the GP would be informed and they might be and provided with a higher enriched diet. This helped ensure any changes to their needs were provided promptly.

People told us they liked the food and were able to make choices about what, when and where they ate. Anyone who did not like the choices on offer were given various other options for their meal. A relative confirmed, "If [……..] doesn't want to eat, they don't force her. They give her the food later when she wants it." Family members were also able to eat at the home with their loved one.

The chef told us they were keen to ensure people enjoyed their food and spoke to people about the meals to gain feedback which allowed them to alter the menu. Staff in the kitchen were aware of people's dietary needs and preferences and senior staff updated these following any changes. This helped ensure the right food was available to meet peoples' diverse needs.

Staff knew people well and respected people's individual needs and preferences when providing care. For example one person told us they had a sore shoulder. We observed that when staff supported her to move, they told her they would be careful not to cause any pain in that shoulder. A relative told us, "They understand [….]'s needs. If she's tired, they leave her to be quiet or if she's feeling crotchety, they back off."

People told us and relatives confirmed, staff always asked for their consent before commencing any care tasks. This included administering medicines and personal care. Staff offered to come back later if the person did not want the care at the time.

People were supported by staff who were aware of their health needs and how to respond to any changes. The PIR stated, "We have regular monitoring of residents and we quickly identify any changes which require additional support, intervention or referral to other health service". A relative confirmed, "Mum felt poorly and they got the GP. It's always an immediate response. It's never too much." A social care professional confirmed the management were open and called for advice whenever appropriate. Communication with health care professionals was recorded within people's care plans, shared with staff and followed.

Some staff had been given responsibility for ensuring people's records were being completed accurately and spent time explaining the importance of this to staff members. This helped ensure any changes to people's needs were identified promptly.

A senior staff member had ensured clear instructions were in place for staff about people's specific health needs. These included when to change someone's nasal cannula and a foot care chart for people who had

diabetes to inform staff what to look for and how to detect or prevent problems occurring.

People were supported by a staff team who worked together to ensure people's needs were met. Handover between staff at the start of each shift ensured important information was shared and acted upon where necessary. For example, night staff had reported at handover that one person had an area of sore skin. The clinical lead had immediately checked the area and contacted the person's GP. The registered manager also told us, "All staff are trained, whatever role, to highlight anything the person needs, not just to walk past." We saw the administrator help move one person from one chair to another, the maintenance man discussed with someone what they wanted for lunch and the registered manager told us they often supported someone to have a bath as this was the person's preference.

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. One relative told us, "They deal with dementia related behaviour really well. They understand and are kind."

New members of staff completed an induction programme, which included being taken through all of the home's policies and procedures, and training to develop their knowledge and skills. Staff then shadowed experienced members of the team, until both parties felt confident they could carry out their role competently. A new staff member told us, "The induction was enough and if I have any doubts there are so many people I can ask."

On-going training was planned to support staffs' continued learning and was updated when required. This included core training required by the service as well as specific training to meet people's individual needs. The registered manager told us, "[A senior nursing staff member] has provided diabetes training, especially the importance of foot care, for all the staff. They are also arranging outside health care professionals, such as the speech and language team, continence team and oxygen therapy to come into the home and provide up-to-date training." Staff told us they had the training and skills they needed to meet people's needs. Comments included, "I am supported. There's load of training." Nursing staff also had assessments of their competence to complete the tasks required of them.

Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. They added that they were able to seek advice and guidance at any time. One member of staff explained, "The nurses and seniors are very good at giving advice."
Nursing staff told us they felt supported by the registered manager and felt safe to practice within the home. They had also been supported through their revalidation process to renew their registrations as nurses. The registered manager told us they also ensured they saw staff who worked in the home at night, on a regular basis to provide support and monitor their work.

The home had been adapted to meet people's physical needs and plans were now in place to make the service more homely and engaging. For example, more pictures were being put up and where people were living with dementia items were displayed that people could use, pick up or carry about. There were further plans to develop a large lounge to include reminiscence areas. The registered manager told us they were consulting people and staff for their ideas about this. Outside, an enclosed area in the centre courtyard of the home, was being developed to include a seating area, bar and waterfall. A chicken coup had been moved nearer to the building so people could see the chickens more easily from the home; and a path was being built so people could enter the coup regardless of their mobility needs.

Good

Is the service caring?

Our findings

At our last inspection on 20 and 21 April 2017 we rated this key question as Requires Improvement because The provider had not ensured people's dignity was always respected or that staff showed respect for people's home. The provider had also not acted to ensure people's confidential information was protected. During this inspection we found improvements had been made.

People's confidentiality was now protected. The registered manager told us they had spent time ensuring staff understood their responsibilities to protect people's personal information and checked, for example that office doors were locked whenever they walked round the home.

People told us their privacy and dignity was now respected by staff. During the inspection, staff checked with people whether they were happy for a member of the inspection team to enter their room, before entering. The registered manager told us a relative and a member of staff were going to be dignity champions to identify any improvements that could be made to improve the service; and that they intended to develop a 'dignity charter' that all staff would be expected to adhere to. Staff showed respect for people and the environment throughout the inspection. Following the last inspection, there were more staff available to work in the laundry and the registered manager reported that this had improved people's experiences.

People appeared happy and contented. We saw staff interact with people in a caring, supportive manner and took practical action to relieve people's distress. The PIR stated, "Our training and supervision support care staff, ensuring that they show appropriate attention to people's wellbeing and communicate with them in a meaningful way." One staff member confirmed, "We have time to sit and spend time with people. It's what I would want for my mum."

People's wellbeing was considered in a meaningful way. For example, the registered manager told us how people had been bought Christmas presents to reflect their preferences, explaining that one person had received a set of dominoes and enjoyed playing them with the staff team. Another person's relative told us how they had been able to initially sleep at the home to help their loved one settle into the home.

People were supported by staff to maintain their personal relationships. One person living in the home had not seen his wife for 11 months, due to their circumstances and experienced anxiety because of this. The registered manager had arranged for the person's wife to stay in the home for respite and for them to spend Christmas together. Visitors told us they were always made to feel welcome and could visit at any time. Family and friends were encouraged to join the weekly coffee morning and other activities in the home. People and their relatives told us they had a good relationship with the staff and management.

The service had a proactive approach to respecting people's human rights and diversity. Pre-admission assessments were used to ask people about their diverse needs. The registered manager told us, "We try to be as in depth as possible at this stage." They explained training was then provided regarding any needs staff did not have experience of, to help ensure people's needs and wishes could be met. One relative told us, "They have a joke with my relative but have total respect for her and the family."

Peoples' bedrooms were personalised and decorated to their taste. Staff members confirmed people could bring in their own furniture and personal effects to have in their own bedroom, explaining that one person had chosen to bring their own bed, sofa and chest of drawers.

People were given information and explanations about their care and support when they needed them so they could be involved in making decisions about their care. Information about advocacy services was available to people or staff acted as advocates on people's behalf. People told us staff listened to them and took appropriate action to respect their wishes.

Staff told us that people were encouraged to be as independent as possible. The PIR stated, "As part of the planning process is the consideration of equipment required to enable residents to remain as independent as possible."

Requires Improvement

Is the service responsive?

Our findings

At our last inspection on 20 and 21 April 2017 we rated this key question as Requires Improvement because people did not always have personalised care plans in place which reflected their current needs, people and staff told us there was not always enough to do to keep people entertained and people's complaints had not always been recorded or acted upon. During this inspection we found improvements had been made.

People had their needs assessed before they moved to the home. Information was sought from the person, their relatives and other professionals involved in their care to develop an initial care plan. Staff told us these were now reviewed regularly and kept up to date. People and where appropriate, those who mattered to them, were being more actively involved in the process to help ensure their views and preferences were recorded, known and respected by all staff.

Care plans had improved since the previous inspection and now detailed people's health and care needs and how staff should meet them. However, care plans did not always reflect staffs' in depth knowledge of people's routines and preferences. For example, one person did not like having a bath or shower. Staff knew this information but their care plan did not reflect this, or how staff could encourage the person to have a bath or shower. Another person's 'Getting to know me' record, designed to help staff understand the person as a whole, was blank. Also, their care plan did not consistently reflect the risks identified relating to their needs, or how they would like staff to support them with these. No-one told us their needs were not being met and a senior staff member confirmed, "Staff are very knowledgeable about people's needs." The registered manager told us they would ensure this level of detail was included in people's care plans in the future.

People's individuality was respected even when this challenged staff. One person sometimes challenged others with their behaviour. As a result this person had not been out for a long time. However, the registered manager understood the importance of the person being enabled to go out. They ensured the person had appropriate support in place and the person had been on trips to local areas of interest. Another person who liked to walk a lot had injured themselves and had to use a wheelchair temporarily. However, staff respected that they liked to move about a lot and pushed them round in their wheelchair to help ensure their preferences were still met. People were empowered to make choices and have as much control and independence as possible. A relative confirmed their loved one had chosen how they spent their time, saying "Sometimes he'd have tea at 2.30am with another resident!"

People now had increased options available to them to remain physically and cognitively active. Following a review of what was available, people were now offered both individual and group activities and had increased opportunity to go out. Records were kept of what people had enjoyed doing and these were included in reviews of the care people were receiving. They were also used inform future planning.

The PIR stated, "We offer choices and varied activities to help residents to feel valued and involved, and try to prevent social isolation. Links with the local schools, churches and Vision café, give residents the opportunity to be involved with the wider community. We provide social, cultural diversity and help access

and support residents to local community groups." There was a minibus to support trips out into the local community. One person who had not been out for some time had recently been taken out in the mini bus and told us, "I was impressed with the help given to everyone when we went out in the minibus." A staff member added, "When people come home from doing different activities, they're all happy and talking about it. It's lovely."

The PIR also stated, "Where able, residents are encouraged to take part in everyday activities of the home including laying tables, folding laundry, dusting and preparation of vegetables." A relative confirmed, "They try to involve […] in everything. They're taking her to feed the chickens this morning and the took her to watch some deer that came into the garden." A Daily Newsletter was provided for people who were interested, which included activities such as word searches and quizzes as well as reminiscence articles.

People told us they knew who to speak with if they had a problem. They confirmed they were now confident staff would listen to them and take appropriate action. The registered manager told us they had not received any complaints but staff now understood their responsibility for reporting any concerns to the registered manager or senior staff. These were discussed at handover along with any actions staff needed to take as a result.

People and their relatives were given support when making decisions about their preferences for end of life care. Where necessary, people and staff were supported by palliative care specialists. Services and equipment were provided as and when needed. The relative of someone who had recently passed away told us, "They were always popping in to ensure I was OK. They offered me food and gave me a room. Three staff came to his funeral. One of them has just told me how much they miss him. They loved him, I know they did. Even when he was ill, he lit up when the staff talked to him. They've been very understanding and sent me a card too. It's all very thoughtful."

A staff member described how another person's specific wishes, based on their religion, had been met at the end of their life and when they passed away. The registered manager added, "The staff worked really well with the church. The person's care plan was very clear about what needed to happen, when and who to contact."

The registered manager told us they were looking at how the accessible information standards could be further incorporated in to people's care. The Accessible Information Standard is a framework put in place making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Following the inspection, the registered manager told us the provider had updated their communication policy and procedure to reflect the AIS.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection on 20 and 21 April 2017 we rated this key question as Inadequate because there were not robust systems in place to identify where quality and safety were being compromised. The provider had not ensured information from other agencies had been used to improve the quality of the service people received. The provider had failed to notify us, without delay, of all significant events in line with their legal obligations. Following consideration of our enforcement policy we imposed a condition on the provider's registration. This meant the provider was required to carry out audits of the service, describe what action was being taken to improve the service and to meet the regulations; and submit a report of their findings on a monthly basis to the commission. The Commission then reviewed the provider's monthly returns to ensure improvements were being made. We also used the information in these reports to inform this inspection. We found that the reports were reflective of the work that had been completed in order to improve the quality of the service.

During this inspection, we found improvements had been made but identified some areas that still required improvement.

Since the last inspection, new audits had been developed, completed and action taken as a result. For example, one audit had described people's mealtime experience as 'disappointing'. As a result, dining champions had been put in place to help ensure people's needs were met. Another audit had identified someone's family member had not been involved in a review of their records. A team meeting had then been used to discuss family involvement in people's care plans and risk assessments. The registered manager and provider also completed unannounced spot checks at night time to help ensure people still received a high standard of care at this time. However, audits had failed to identify areas for improvement highlighted during the inspection such as some people's MCA assessments which did not clearly record whether people had capacity or not; risk assessments which did not always include all risks and care plans which required improvement to reflect staff knowledge. The registered manager told us they were developing a programme of audits that was tailored to the service, based on the provider's requirements. These were completed by staff, the registered manager and the provider, which helped ensure they would continue even in the absence of the registered manager.

The provider's governance systems had been developed and, following the last inspection, their quality policy had been reviewed to see where improvements could be made. The registered manager confirmed, "The tools we use are good. Things are smoother." They explained the provider had enabled experienced managers to help out at the service when the registered manager had first started. They reported this had been helpful. They told us, "I feel very supported by the provider. If they identify something that hasn't been done well, we are asked to check and improve." They added, "The provider cascades down any gaps found in other homes and then we are checked to make sure we've made changes." The regional manager on behalf of the provider also looked at incidents forms to ensure all required actions had been taken and any further learning was implemented.

Information was used to aid learning and drive improvement across the service. The PIR stated, "Where

mistakes are identified, incident forms are completed and investigations performed to identify lessons learnt and reduce future instances occurring. We do not operate a blame culture and feedback is provided constructively either on an ad hoc basis or in supervisions and appraisals." Following the previous inspection, new systems had been developed based on the gaps found by the inspection and safeguarding investigations. Staff understood these systems and were expected to adhere to on a daily basis. This helped ensure they were embedded into the culture of the home and continued when the registered manager was not present in the home.

The home worked in partnership with key organisations to support care provision and was now more responsive to recommendations and advice received. Social care professionals who had involvement with the home confirmed to us, communication had improved. They told us the provider was receptive and open to suggestions. The registered manager explained that as a result of the improvements required of the service, they had ensured pre admission assessments were seen by commissioners before admitting people to the home. They told us they felt this helped ensure the admissions were safe and all relevant professionals had the opportunity to share any views they had on the appropriateness of the admission.

Since the previous inspection, the registered manager had ensure the Care Quality Commission (CQC) was notified of all significant events which had occurred in line with their legal obligations. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

Following the last inspection, a new registered manager had been recruited. They had overall responsibility for the service and knew people and staff well. They were supported by other senior staff who had designated management responsibilities including a new clinical lead whose focus was on the quality of nursing care provided. People and their relatives told us the management team were approachable and included them in discussions about their care and the running of the service. A relative confirmed, "I trust them and they understand me."

People, relatives and staff were all very positive about the new registered manager and the changes they had made since they started working at the service. Relatives told us they had noticed improvements and were happy their loved ones lived in the home. One relative explained they thought things were now better organised and record keeping had improved; and staff confirmed, "Things had taken a dip and I didn't like working here as much but now it's improved with the new manager" and "I would be happy for my mother to live here."

Staff told us they now enjoyed their work. Comments included, "We're very happy" and "I go home with a grin on my face!" The registered manager inspired staff to provide a quality service. They told us, "On Christmas day we had three chefs, so each unit had someone to serve food; the gardener came in and the activities staff. They all wanted to come in to make everyone's Christmas better."

The registered manager told us they had empathy for the staff team who had experienced a lot of change. They said they spent time building relationships with staff members, led by example and made sure they were available to listen. Staff confirmed, "[The Registered manager] talks to you. She listens and asks if we're ok. She's hands on, always happy to help and positive. It lifts you" and "You can tell the registered manager how you're feeling and she'll ask what she can do to help."

Staff meetings were regularly held to provide a forum for open communication. The registered manager explained, "I'm trying to create a positive culture; fixing problems rather than creating them" and "I'm open to new ideas." Staff confirmed they felt empowered to have a voice and share any opinions and ideas they had. Comments included, "We can say if things don't work."

The registered manager and provider had openly acknowledged the areas in which the service needed to develop and improve, and had been proactive in making this happen. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. A staff member confirmed, "The manager is open and honest about mistakes."

People and those important to them had opportunities to feedback their views about the home and quality of the service they received. Meetings for people and relatives were regularly held about the service and the registered manager and staff monitored the quality of the service by regularly speaking with people. This helped ensure people were happy with the service they received and could share any ideas or concerns they had. The registered manager also produced questionnaires for people, their relatives, staff and external professionals to share their views of the service. These were based on the Commission's Key Lines of Enquiry (KLOE).

The registered manager was completing a Leadership & Management course provided by the Local Authority in order to develop their skills and knowledge. They told us this had given them the opportunity to share ideas with other registered managers in the local area.