

The Island Residential Home

The Island Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

The inspection was carried out on 13 August 2015. Our inspection was unannounced. This was a focussed inspection to follow up on actions we had asked the provider to take to improve the service people received.

The Island Residential Home is a privately owned care home that provides accommodation and personal care for up to 44 people. There were 32 people living at the home on the day of our inspection. Some were older

people living with dementia, some had mobility difficulties, sensory impairments and some were younger adults. Accommodation is arranged over two floors. There is a passenger lift for access between floors.

The registered manager had stepped down from directly managing the service in 2015. A new manager had been employed. The new manager was in the process of applying to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the home. Like registered

Summary of findings

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the home is run.

At our previous inspection on 10 February 2015 we found breaches of seven regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These correspond with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which came into force on 1 April 2015. We took enforcement action and required the provider to make improvements. We issued four warning notices in relation to the safety and suitability of the premises, management of medicines, recruitment records and quality assurance and told the provider to comply with the regulations by 31 March 2015. We found three further breaches of regulations. We asked the provider to take action in relation to person centred care, staffing levels and nutrition and hydration.

The provider sent us an action plan on 30 May 2015 which stated that they would comply with the regulations by the end of June 2015 for six regulations and by September 2015 for Regulation 17 (Good Governance).

At this inspection we found that improvements had been made. The provider had met the requirements of the warning notices we issued at our last inspection. However we found some breaches of regulations relating to the fundamental standards of care.

The provider had failed to carry out checks to explore gaps in one member of staffs employment history. The provider had carried out necessary employment checks to ensure staff were suitable to work with people.

Medicines were stored, administered and disposed of safely. People received the medicines they needed when they needed them. However, there was no signature list to identify which members of staff had been trained to administer medicines. We made a recommendation about this.

Audits and systems to monitor the homes were still being developed. Some audits had taken place. The audit of staffing records had failed to identify that the employment history was not complete for one staff member; we found that 35 years of employment history was missing. We made a recommendation about this.

The provider failed to display their inspection rating following their CQC inspection in February 2015 and the publication of their report in May 2015.

Staff knew and understood how to protect people from abuse and harm and keep them as safe as possible. The home had a safeguarding policy in place which listed staff's roles and responsibilities to keep people safe from abuse.

People were protected from harm because their safety had been appropriately assessed and monitored. Each person's care plan contained individual risk assessments in which risks to their safety were identified, such as falls, mobility and skin integrity.

The home had undergone a number of repairs and alterations. For example, new windows had been fitted, the gardens had been cleared, uneven paving had been corrected to prevent accidents, and a new fire escape had been fitted. A program of improvements had been developed which meant that improvements would be continuing over the coming year.

People told us that they did not have to wait for their care needs to be met. For example, call bells were answered promptly. There were enough staff on duty to meet people's needs. Staffing numbers had increased to meet people's assessed and changing needs.

Staff had undertaken training relevant to their roles. They said that they received good levels of hands on support from the management team to enable them to provide the care people needed.

There were procedures in place and guidance was clear in relation to Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. Staff had a good understanding of the MCA 2005 and Deprivation of Liberty Safeguards (DoLS) so that they understood how to protect people's human and legal rights.

People had choices of food at each meal time. People were offered more food if they wanted it and people who did not want to eat what had been cooked were offered alternatives. People with specialist diets had been catered for.

People received medical assistance from healthcare professionals when they needed it.

Summary of findings

People told us they found the staff caring, and that they liked living at The Island Residential home.

Staff were careful to protect people's privacy and dignity and people told us they were treated with dignity and respect, for example staff made sure that doors were closed when personal care was given.

People and their relatives and visitors had access to communal areas, gardens and people were able to spend private time together. People's information was treated confidentially. Personal records were stored securely to protect people's privacy.

People told us that the home was responsive and when they asked for something this was provided.

Care plans included information on; personal care needs medicines, leisure activities, nutritional needs, as well as people's preferences in regards to their care. This meant staff had the guidance they needed to provide appropriate care and support for people.

People told us activities had improved. People were engaged with activities when they wanted to be. The manager and activities staff were developing a new activities schedule.

People knew who to talk to if they had a complaint. The complaints policy was displayed on the wall of the home. The policy detailed the arrangements for raising complaints, responding to complaints and the expected timescales for a response.

Completed satisfaction surveys showed that there were high satisfaction levels amongst people and their relatives, particularly in the area of quality of care and staff attitudes. Relatives told us that they were kept well informed by the home and they were able to attend regular meetings and were able to speak with the manager and provider when they needed to.

People told us they were happy with the changes the provider had made to the home.

Staff were well supported by the management team. The provider and management team were visible throughout the home. Staff told us that they felt confident to contact the management team and were confident that they would gain support.

The new manager was aware of their responsibilities. They had developed links with external organisations to improve information sharing and good practice so that people received a good service.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

The provider had carried necessary employment checks to ensure staff were suitable to work with people. We found one staff file which contained unexplained gaps in the staff member's employment history.

There were suitable numbers of staff on shift to meet people's needs.

There was no signature list to identify which staff had administered medicines. Medicines were securely kept, administered and recorded appropriately.

Risks to people had been appropriately managed. Staff had a good knowledge and understanding on how to keep people safe. Safeguarding policies and procedures were in place.

The premises had been repaired and maintained. A programme of improvements had been developed which meant that improvements would be continuing over the coming year.

Requires improvement



Is the service effective?

The service was effective.

Staff had received training relevant to their roles.

Staff had a good understanding of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS).

People had choices of food at each meal time which met their likes, needs and expectations. People with specialist diets had been catered for.

People received medical assistance from healthcare professionals when they needed it.

Good



Is the service caring?

The service was caring.

People told us they found the staff caring, and that said they like living at The Island Residential Home.

People had been involved in planning and had consented to their own care.

Staff were careful to protect people's privacy and dignity and people told us they were treated with dignity and respect. People's information was treated confidentially. Personal records were stored securely.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

Care was offered to people in response to their care needs which had been planned with their involvement.

People were engaged with a variety of activities of their choosing. People and their relatives had been asked for their views and these had been responded to. Relatives told us that they were kept well informed by the home.

The complaints policy and procedure had been updated and was on display in the home.

Is the service well-led?

The service was not consistently well led.

Audits and systems to monitor the homes were still being developed. Some audits had taken place. The audit of staffing records had failed to identify that an employment history was not complete for one staff member.

The provider failed to display their inspection rating following their CQC inspection in February 2015.

The provider and management team were visible throughout the home. Staff felt confident to contact the management team to gain support and guidance.

The new manager was aware of their responsibilities. They had developed links with external organisations to improve information sharing and good practice.

Requires improvement



The Island Residential Home

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 was carried out on 13 August 2015. Our inspection was unannounced. This was a focused inspection to follow up on actions we had asked the provider to take to improve the service people received.

The inspection team included two inspectors. The team also included an expert-by-experience who had personal experience of caring for older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We gathered and reviewed information about the service before the inspection including information from the local authority, the provider's action plan and our last report.

During our inspection we observed care in communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We examined records including staff rotas; management records, care records for six people and six staff files. We looked around the premises and spoke with 23 people, seven staff, the registered manager (who had stepped down to become the deputy manager) and the providers. We also spoke with seven relatives and one visitor. We spoke with the new manager by telephone after the inspection as they were on holiday during our inspection.

We asked the provider and registered manager to send us information after the inspection. We asked for some of the policies and procedures and the activities schedule. These were received within the timescales that had been set and agreed.

Is the service safe?

Our findings

At our last inspection on 10 February 2015, we identified breaches of Regulations 9, 13, 15, 21 and 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which correspond to Regulations 9, 12, 15, 18, 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were not enough staff to meet people's assessed needs. People who used the service and others were not protected against the risks associated with unsafe or unsuitable care. People were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance. People were not protected against the risks associated with the unsafe use and management of medicines because medicines had not been stored, administered or recorded appropriately. Safe recruitment procedures were not in place. We issued three warning notices in relation to the safety and suitability of the premises, management of medicines and recruitment records and told the provider to comply with the regulations by 31 March 2015. We also asked the provider to take action to make improvements to their staffing deployment procedures, risk assessment processes. The provider sent us an action plan which stated they would meet the regulations by 30 June 2015.

People told us that they felt safe living in the home and safe with the staff. One person said, "I do feel safe and I want to stay". Another person told us, "When I had an accident recently, they were really good to me, told me it was fine". Another person said, "I couldn't go anywhere else now, I wouldn't be safe. They all know what happened to me here, it is written down".

All the relatives told us they felt that their family members were safe living in the home. The relatives of one person who had not lived at the home very long said, "So far, so good". Another relative told us, "I trust the home. I believe he [their family member] is safe. He needs to stay mobile or he will seize up" and "They let him go out on his own. I was worried about this. But they know when he goes and when he comes back and they have said that he can make that decision".

At the last inspection we found that the provider did not have robust recruitment process. During this inspection we found that some improvements had been made. A new recruitment and selection policy had been put in place in March 2015. This clearly detailed what the provider and

manager should do when recruiting staff. It stated that 'Check work history, note and investigate all periods of no work'. However, we found that one staff file out of the six we viewed, did not have a full employment history. There was 35 years of employment missing. The interview records or other recruitment paperwork did not explore the reasons for the gap. We spoke with the provider about this. The provider could not remember if this had been explored at interview. Gaps on other staff files had been explored and recorded. Records showed that staff had been checked to ensure that they were suitable to work with people and proof of identification had been obtained.

We recommend that the provider ensures effective recruitment procedures are followed to ensure that persons employed are of good character and have the skills and experience needed to carry out their roles.

At the last inspection we found that medicines had not been adequately stored, administered and recorded. During this inspection we found that medicines were appropriately managed to ensure that people received their medicines as prescribed. Records were clear and the administration and management of medicines was properly documented. Staff with responsibility for administering medicines were clear about their responsibilities and understood the home's medicines policy. Only staff who were trained to administer medicines carried out this task.

The home's policy was clear and referenced current guidance. We looked at the storage of medicines and saw that the cabinet was clean, organised and contained a suitable level of stock. Medicines that were classed as controlled drugs (CD's) under the Misuse of Drugs Act 1971 had been recorded appropriately. For example, the stock records of CD's had been recorded on bound records that had been suitably numbered. Records evidenced that medicines audits had been carried out regularly. The local pharmacy completed audits every three months. Actions identified within the medicines audits had been carried out. For example, one audit highlighted that patient information leaflets (PILS) were missing for one person's medicines. This had been followed up and a copy of the leaflet had been obtained. We found that records to evidence the signatures of staff who were trained to administer medicines were not available. The provider told

Is the service safe?

us that these had gone missing. This meant that if there were any issues in relation to the administration of medicines it was not possible to easily ascertain which staff members had been involved.

We recommend that the provider maintains a record of staff signatures who are trained to administer medicines.

Staff had undertaken adult safeguarding training within the last year. All were able to identify the correct safeguarding procedures should they suspect abuse. They were aware that a referral to an agency, such as the local Adult Services Safeguarding Team should be made, in line with the provider's policy. One staff member told us, "I would let my manager know if I suspected abuse was going on. Staff confirmed to us the manager operated an 'open door' policy and that they felt able to share any concerns they may have in confidence.

At this inspection we found that work had been carried out to improve the premises. On the day of the inspection new windows were being fitted, new flooring had been laid in areas of the home, the gardens had been tidied up and made secure, a new fire escape had been fitted and some communal areas and bedrooms had been redecorated. New extractor fans had been fitted to the smoking rooms. There was a clear and detailed project plan in place which detailed all of the work completed and the outstanding work. The provider explained that some of the internal decoration and carpeting had been delayed because of the planned work to the windows and ceilings. They did not want new carpets and flooring becoming damaged or dirty during the process.

Changes to the internal and external environment were evident and both people and their relatives were aware and pleased about them. One person said, "The décor is so

much better now". Another person was very pleased with their new window in their bedroom; They told us "The white is much better than the brown. I'm going up in the world". Another person said, "They've done so much. And the lounge is next".

General repairs had been reported in a timely manner. Repairs had been added to the maintenance records when they were identified. The provider and new manager encouraged staff to take responsibility to report faults when identified. Handypersons were employed to carry out works.

At the last inspection we found that risk assessments lacked detail to enable staff to support people safely. During this inspection we found that each person's care plan contained clear individual risk assessments in which risks to their safety were identified, such as falls, mobility and skin integrity. Guidance about any action staff needed to take to make sure people were protected from harm was included in the risk assessments. One person's falls risk assessment had not been updated after they had fallen. We spoke with the provider about this and they were able to tell us about the action that had been taken after incidents which included falls. Actions included purchasing an additional seat belt for one person's wheelchair.

At the last inspection we found that there were insufficient staffing levels to meet people's needs. At this inspection we found that there were suitable numbers of staff on shift to meet people's needs. Relatives told us that there was always enough staff working in the home. The management structure of the home had altered. Senior care staff had been employed as well as additional kitchen staff. The increase to kitchen staff meant that the care staff could provide care and support to those who needed it without having to carry out meal preparation and cooking.

Is the service effective?

Our findings

At our last inspection on 10 February 2015, we identified breaches of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which correspond to Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure there was enough choice of suitable food. We asked the provider to take action to make improvements. The provider sent us an action plan which stated they would meet the regulations by 30 June 2015. We also recommended that the provider carried out medicines competency checks on staff.

People told us that they were supported to be as independent as possible. One person told us, “There is enough help here”. Another person said, “A couple of them seem very knowledgeable about my condition”. Another person said, “I like to do things for myself, but they help me when I need it”. One person told us, “They are all good at their job here”.

Staff were able to access training in subjects relevant to the care needs of the people they were supporting. The provider had made yearly training and updates mandatory for many courses. The training records evidenced that staff had attended training relevant to their roles. The courses included first aid, food hygiene, health and safety, moving and handling people, care of people with dementia, The Mental Capacity Act (2005), medication management, coping with aggression, stroke awareness and End of life Care. Training had been given from a variety of sources, through external providers and in-house delivery.

Staff were satisfied with the training opportunities on offer. One staff member said, “There’s no shortage of training here, that’s for sure. I’m very happy with that”. Another staff member told us, “If there’s a need for it, the training is provided. I don’t feel I’m looking after someone without knowing their problems”.

The minutes of recent staff meetings contained a review of the minutes of the previous meeting and a plan to decide what action would be taken as a result of the current meeting, by when and by whom. The staff we spoke with told us they were able to speak freely on these occasions in

an honest and constructive manner. One staff member told us, “I think these meetings work well. I always say what’s on my mind anyway but everybody gets the chance to when we meet”.

Records evidenced that staff had been observed by the manager and their supervisors carrying out care tasks such as assisting people to eat their meals, supporting people to reposition using a hoist. Medicines competency checks had been undertaken. Records showed that staff had received regular supervision from their manager.

The manager had made alterations and improvements to the induction process for new staff, the induction process included assessments which met recommended good practice guidance published by the Skills For Care.

Staff had a good understanding of issues surrounding consent, people’s right to take risks and the necessity to act in people’s best interests when required. One staff member told us, “I think if people can make decisions for themselves, then they should. We don’t stop people, even if it’s risky. A few people here smoke but we don’t stop them even though we know it’s harmful and so do they. It’s their choice”.

None of the staff members we spoke with were directly involved in the devising of mental capacity risk assessments and care plans. However, they were able to describe to us the implications for people cared for under Deprivation of Liberty Safeguarding authorisation (DoLS), which is part of the Mental Capacity Act (2005). The purpose of DoLS is to ensure that someone, in this case, living in a care home is only deprived of their liberty in a safe and appropriate way. This is only done when it is in the best interests of the person, has been agreed by families and professionals and there is no other way to safely care for them. One staff member said, “If someone here decides they don’t want a shower for a few days, in the end it’s up to them. They won’t die. But if it’s someone refusing to take heart tablets for example, that’s different. We have to look at what is best for the person”. The manager had applied for DoLS applications when required. Local Authority assessors visited the home on the day of the inspection to carry out assessments and checks in relation to these applications.

At the last inspection we found that people did not always have a choice of food. People’s weights had not always been recorded and staff told us there was not always

Is the service effective?

enough food. During this inspection we found improvements had been made. People gave us positive feedback about the food. Most people had noticed that there was now a choice of main meals available. One person said, “The food is really good”. Another person told us, “I like it, it is better now, I don’t like pasta and I can have chips”. One person said, “There’s a choice now. The food is all freshly made”. Another person explained, “There’s a new cook and another lady in the kitchen. I think the food is better. There is more choice. It is a pie or an omelette today”. Another person said, “You can choose lunch and breakfast now. You can pick what you want. The jacket potatoes are better”. A visitor told us that their friend was pleased with the menu changes as their friend could now have their favourite meal of chicken and chips.

Records evidenced that people received the food and drink they required to maintain good health. People’s choices and preferences were taken into account, staff asked people each day what meal they preferred. This was recorded in the kitchen for the use of kitchen staff. If a person changed their mind or did not like what was on the menu, they would be offered an alternative. Our observations at lunchtime confirmed this. We also noted this was recorded in a log which also contained records of the dietary intake of all people living in the home.

Kitchen staff had a good understanding of people’s special dietary needs. They met with care staff every day to discuss possible changes in diets. Staff referred to and received specialist advice from visiting dietitians and Speech and Language Therapists. Advice given by these professionals was being followed. It was appropriately documented and available to kitchen staff.

We observed care being given at lunchtime. There was excellent interaction between people and staff who consistently took care to ask permission before intervening

or assisting. There was a high level of engagement between people and staff. The atmosphere in the dining room was relaxed and pleasant. People were offered a choice of drinks regularly. We asked staff how they knew people were getting enough to drink and were properly hydrated, particularly in hot weather. One staff member told us, “In hot weather, we offer drinks pretty much all the time. If there’s someone at risk, like if they have an infection or don’t drink much, we offer fluids more and record their intake”.

When people required their food and fluid intake to be monitored this was being done regularly and consistently by the staff. Staff understood the importance of doing this to make sure they had enough to eat and drink to maintain their health and wellbeing. People had been weighed fortnightly to monitor if they gained or lost weight and action was taken as a result of these checks.

People received medical assistance from healthcare professionals when they needed it. Records evidenced that people had been seen their GP when they needed to and opticians for regular checks. Records also showed that the staff had called for ambulances when people required urgent medical help. The home had started to use a new electronic system called ‘Docobo’. This system enabled the staff to send people’s statistics such as blood pressure, weights and other medical information directly to the surgery. The information informs the GP and nurses about changes in people’s health and can trigger a GP visit, prescriptions or review. We were told the aim of the system was to support people to stay healthier for longer and reduce emergency admissions in to hospitals. Nurses had attended the home to provide training and guidance to staff on how to use the system and how to take blood pressure readings.

Is the service caring?

Our findings

At our last inspection on 10 February 2015, we observed positive care and support from staff. However staff spent time carrying out other duties which restricted the time they spent with people. This meant there was not a consistent caring approach and the amount of meaningful time spent with people was restricted.

People found the staff caring and respectful. One person told us there were “Lovely staff here. They are more like friends now and they always speak, even when you are outside”. Another person said, “I have fun with them I swear at them, but not in a nasty way”. Another person told us, “I get on well with them all, the carers are wonderful”. One person said, “They are all good, helpful and caring too” and another person said the staff were “Thoughtful and lovely”. People told us that the staff were mostly friendly and responsive. Three people told us that some staff were not always happy and they did not get on with all of the staff. All of them recognised that people had differing opinions and the majority of staff were “Good” and “Great”.

Relatives and a visitor gave us positive feedback about the staff and home. A relative told us, “It is excellent care here” and “They are very understanding”. Another relative said, “Truly excellent care here. They are all so good”. The relative gave good examples of the staff caring, “They got him a cat, because he needed something to take care of” and “They are really good here. They will listen and work with us as a family and resolve all the issues. They always ring me and all the staff here are receptive”. A visitor told us “The care is terrific here”.

During this inspection we found that staff were kind, caring and patient in their approach and had a good rapport with people. Staff supported people in a calm and relaxed manner. They did not rush and stopped to chat with people, listening, answering questions and showing interest in what they were saying. We observed staff initiating conversations with people in a friendly, sociable manner and not just in relation to what they had to do for them. Staff sat with people in the afternoon, talking to them to make sure that they had the right newspapers. We observed another staff member notice a person had just arrived back from being outside of the home, they asked the person how they were.

Staff demonstrated respect for people’s dignity. They were discreet in their conversations with one another and with people who were in communal areas of the home. Staff were careful to protect people’s privacy and dignity and people told us they were treated with dignity and respect, for example staff made sure that doors were closed when personal care was given.

The home contained a number of rooms and offices which could be used to hold confidential meetings. We observed that reviews and meetings with families took place in these rooms to ensure that confidential information could be discussed. Relatives told us that any confidential talks happened within people’s bedrooms. One relative said, “They come and find us in here [family member’s bedroom]”. Another relative told us, “They know when I am here. If there is anything urgent, they always phone me”.

People’s information was treated confidentially. Personal records were stored securely. People’s individual care records were stored in the locked staff rooms to make sure they were accessible to staff.

Staff told us how they supported people to maintain their independence. We saw that people were encouraged to do things for themselves. For example, one person told us that they did their own cleaning in their room. They explained that if they didn’t feel up to do cleaning, they asked the cleaning staff to do this for them.

People told us that they were able to leave the home when they wished. They gave us examples of going to the shops, the beach, restaurants and going out for a walk. One person had their own key to the door. The manager told us that everyone in the home had been offered their own key. People who needed support from staff to go out in the community also had the opportunity to do so. We heard a staff member arranging with a person to go on a shopping trip to purchase new clothes.

Relatives told us that they could visit their family member when they wanted and they felt welcome at the home at any time. There were notices about advocacy services on the upstairs and downstairs notice boards. This meant that people could access independent advocates should they need to. The manager told us that they were supporting a person to get an independent mental capacity advocate (IMCA) to support the person with decision making.

One person told us that their spiritual needs were met because they attended a local church each week.

Is the service responsive?

Our findings

At our last inspection on 10 February 2015, we identified breaches of Regulation 9 and Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which correspond to Regulation 9 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to act on feedback from people and failed to adequately plan people's care to meet their needs. We asked the provider to take action to make improvements. The provider sent us an action plan which stated they would meet the regulations by 30 June 2015. We also recommended that the provider updated their complaints policy.

People who had used the emergency call bell said that they were answered promptly. One person said, "More often than not, it is straight away". Another person told us, "They come in here very quickly". One person said, "They always come quickly, even if I've pressed it by accident. My foot catches it and I don't even know". People told us that their care needs were met and the staff were responsive. One person told us that they had to wait "About half an hour to get a wash and an hour for a shower". Another person said, "I don't like showers but when the bath was damaged, I had them and it was okay as long as they stayed with me". People told us that the activities had improved. One person told us about the new activities staff, "She has been here since April. There are changes for the better". Another person told us, "There's bingo, painting or craft or something more or less every day" and another person said there was, "General knowledge quizzes".

Relatives gave us examples of how responsive the staff were. One relative said, "I know they talked to him about the new carpet and curtains so he was involved". Another reported, "They really try with her diet. They bought her All Bran because she wanted it, then Nut Clusters, then something else. And they try hard to offer her fruit and veg. It is not their fault that she won't eat it". Another relative said, "They try to encourage his independence and they took him out to choose the colours for his room. He likes it dark, too, so there are dim bulbs".

At the last inspection the provider had failed to adequately plan and assess people's care needs. At this inspection people's needs were fully assessed with them before they moved to the home to make sure that the home could meet their needs. People's care records contained detailed

information about people's social histories, likes, dislikes and interests and hobbies. There was also relevant and up-to-date information about people's care needs, for example, in the management of the risks associated with people's mobility problems. The care plans contained detailed information about the delivery of care and procedures such as the assessment of people's mental capacity. People's choices and preferences were also documented. The daily records showed that these were taken into account when people received care, for example, in their choices of food and drink. Care planning and individual risk assessments were reviewed monthly or more frequently if required so they were up to date. The risk assessments were focused on the individual, in areas such as the management of weight loss and the risk of people falling. There was also completed documentation accompanying the risk assessments, such as fluid intake charts and Malnutrition Universal Screening Tools (MUST). This meant that staff had up to date, relevant information to enable them to provide good care and support.

People's needs were assessed and care and treatment was planned and delivered to reflect their individual care plan. Care plans were regularly updated in line with people's changing needs. There was good communication in the management of people's care between the provider and external professionals such as GPs and community nurses. Advice and guidance given by these professionals, for example in the management of wound dressings, had been followed by staff and properly documented.

Staff told us that communication between staff within the home was good and they were made aware of significant events. We observed a handover for staff in the afternoon. A handover is a meeting between staff coming on shift and staff going off shift. Staff freely contributed to discussions. The handover was focussed on the care needs of people, such as nutrition and hydration, pressure area care and the involvement of external visiting professionals.

Activities had improved in the home. An activities coordinator had been employed to run activities in the home. There was no activities schedule displayed in the home to tell people what was available to them. The provider and manager told us that the activities schedule was in the process of being revised so that people knew what activities were on offer on a daily basis. On the day of the inspection the activities staff spent time with people on a one to one basis and encouraged conversation. In the

Is the service responsive?

afternoon, card games were played. The activities coordinator supported a person to understand the games rules and helped them to join in with other people playing. One person told us how the staff had supported them to do activities outside of the home. They showed us a picture of them fishing at a local lake.

The home provided a wide variety of social opportunities for people, both within the home and in the wider community. For example, a number of people attended a local Age UK resource centre. Others were involved in shopping trips, inter-generational contact with local schools or used the local over 60s club. Those that were able to go out alone did so as they desired.

The complaints policy was displayed on the wall of the home. The complaints policy included clear guidelines on how and by when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Local Government Ombudsman and the local authority.

There had been four formal compliments and one complaint made this year. The complaint had been resolved in a timely and satisfactory manner. The manager had written to the relevant parties with an action plan, where necessary, to prevent further issues. The staff we spoke with were clear about their responsibilities in the management of concerns and complaints. One staff

member told us, “We would always make sure people are listened to. I find that if you deal with someone’s problem quickly, it doesn’t become a big deal usually”. Thank you cards and letters were displayed in the home. One read that relatives wanted to ‘Express our heartfelt thanks to you all for looking after her [family member] so well, for being kind and considerate to all of us’.

At the last inspection people’s feedback hadn’t always been listened to. At this inspection we found people and their relatives or representatives were asked for their views about their care and treatment. These were sought via completed satisfaction questionnaires on a yearly basis. We looked at the latest results of the June 2015 survey, which sought the views of 18 people living at the home and 14 relatives. There were high satisfaction levels amongst people and their relatives, particularly in the area of quality of care and staff attitudes. The provider told us how they had engaged independent local people to support people living in the home to complete their satisfaction surveys. This ensured that people could provide feedback to individuals who were not paid to support them with their care.

‘Residents’ meetings were held weekly. People and their relatives and representatives were able to contribute to the meeting and to make suggestions concerning their welfare and future service provision.

Is the service well-led?

Our findings

At our last inspection on 10 February 2015, we identified breaches of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to regularly assess and monitor the quality of the service. We issued a warning notice in relation to quality assurance and told the provider to comply with the regulations by 31 March 2015.

People told us that there had been improvements at the home and they were happy the way the home was led. People told us that the providers and staff kept them informed about what was going on in the home during their weekly meetings. One person said, "They talk to us about it at the meeting". People knew the manager and provider and trusted them. One person told us, "I say to (the provider) that we have grown old disgracefully, together! She is lovely". Another person said, "She (the provider) is excellent here. Fine. I'd go to her, but I've no problems".

Relatives told us that the provider and manager kept them informed and up to date. All of the relatives gave us good feedback about the manager and provider and knew who to talk to if they wanted help, information or to complain. One relative told us, "They don't have meetings, but they come and talk to us all the time" and another relative said, "It is great about all the changes. They have told me about them". A visitor told us that they felt they could approach all of the staff. They also told us that the provider "Updates us with plans when we come in, like the decorating and the plan to have tea parties".

During this inspection we found that improvements had been made. However, there was still some outstanding work to complete.

Although the home had audit systems in place to review the premises, quality of care and medicines, the providers were still in the process of setting up auditing and monitoring tools. One of the audit tools that had already been developed was an audit of staff employment records. This was set up so that the provider could check that staff employment records met the relevant regulations. We looked at this audit and found that it had not picked up that one staff member had a gap of 35 years in their

employment history. The providers shared that the new systems will link directly to the managers and providers online calendar so that auditing and monitoring would be a shared responsibility. We checked the maintenance audits that had been completed in July 2015 and August 2015. These showed that maintenance staff carried out a check of every person's bedroom to check the windows, sinks, water, plug sockets. The audits did not include a monthly check of communal areas.

The failure to operate effective systems and processes was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a clear maintenance plan in place. This showed that further work to the fabric of the building was planned for 2015 and beyond. The work had been separated into high priority, medium priority and low priority works. Finances had been secured to enable these works to take place. This included replacing carpets in the home, replacing furniture in communal areas and bedroom furniture.

The provider is required to display their inspection rating following a CQC inspection. The rating for the inspection conducted in February 2015 was not displayed on the walls of the home. We spoke with provider about this. They were not aware that they needed to display the rating in the home.

The failure to display the rating was a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The providers and management team were visible throughout the home. Staff told us that they felt confident to contact the management team during evenings and weekends and were confident that they would gain support. The new manager told us that they were most proud of the staff team. They explained that the staff team had lots of experience, qualifications and they had adapted well to changes that had been introduced in the home. There was an open door policy in the home. Staff were encouraged to speak to the manager and the provider and we saw that they were confident to do so.

The new manager shared that the values of the home were to ensure that people were treated with privacy, dignity, respect and that they are supported to be as independent as possible. These values were shared with staff and discussed in staff meetings. Staff meeting records

Is the service well-led?

confirmed this. The new manager also explained that this is also discussed during induction and monitored through induction. They gave an example of when poor practice had been challenged and the action they had taken to resolve this.

The registered manager had recently stepped down from their role to become the deputy manager. The new manager was in the process of applying to become the registered manager. They had a good understanding of their responsibilities. They knew that they were required to notify CQC of incidents and events that they were required to by law. For example, Deprivation of Liberty Safeguards (DoLS) authorisations and any other incidents, such as allegations of abuse.

The new manager told us that they had built links with other providers by attending the Local Authorities' provider forum. The new manager had also developed links with other local homes. They planned to meet on a monthly basis to share good practice and information.

Policies and procedures had been purchased from an organisation, these had been altered to ensure they reflected the service provided at The Island Residential Home. This meant that staff had up to date guidance to follow while delivering care.

Records were securely kept. People's care files and personal information had been stored on shelving in the staff rooms. Staff recruitment records were secured in a locked filing cabinet in the one of the offices.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider has failed to operate an effective quality assurance system

Regulation 17(1)(2)(a)(b)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 20A HSCA (RA) Regulations 2014 Requirement as to display of performance assessments

The provider did not have the inspection rating on display in the home.

Regulation 20A