# Townsend Life Care Ltd

# Port Regis

## Inspection report

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## Ratings

| Overall rating for this service | Requires improvement |
|---|---|
| Is the service safe? | Requires improvement |
| Is the service effective? | Requires improvement |
| Is the service caring? | Requires improvement |
| Is the service responsive? | Requires improvement |
| Is the service well-led? | Requires improvement |

## Overall summary

This was an unannounced inspection that took place on 18, 19 November and 4 December 2015.

Port Regis is located on the outskirts of Broadstairs. It is a large building with two separate parts set over two floors. Some bedrooms had en-suite toilets and wash rooms. The service provides accommodation for a maximum of 70 people and provides care to older people and those living with dementia. There were 56 people living at the service when we carried out our inspection.

We last inspected the service on 20 and 22 January 2015. At this time the service was rated inadequate and was in breach of some of the regulations. Since the last inspection improvements had been made and the providers were working through their action plan to meet the regulations.

The service has a registered manager who has worked in the home for many years and was present on the last day of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

# Summary of findings

'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.

People said the staff were good and they felt safe but people in the main part of the home also said they got very fed up. On one occasion during the inspection four people told us they did not like the home very much and one person said, "It isn't as good as it used to be."

Since the last inspection another activities coordinator had been employed so that there was one person based in each part of the home. Different activities were organised during parts of the day. People were treated with dignity and respect. At times, staff were busy and did not have time to spend with people.

Our observations suggested that despite the increase in activities available in the main home, people still spent long periods of time with nothing to do and had their heads down, staring and dozing. This was less apparent in the West Wing where there was quite a bit of general activity that people were watching. People were more active walking around and stopping to chat to people of their own accord. Some people were partially hearing or partially sighted and this made it more difficult for them to find things of interest to do.

Staff had received basic training and had a good knowledge of each person's care and support needs. The registered manager was developing the staff training and some courses had been booked with external trainers. There was no system to check the effectiveness of training and if it had improved staff's way of working. This was an area for improvement.

People felt that there were enough staff to support them. Agency staff were being used while permanent staff were being recruited. Recruitment procedures were thorough to ensure only suitable staff were employed.

People were supported to eat a healthy varied diet and at their own pace. People would benefit from mealtimes being arranged so that they were a more actively social occasion. Staff took their time to make sure people were supported properly to come into the dining room and many people needed help with walking aids or one of the hoists. It took a considerable time for everyone to be seated ready for their meal before the food was brought through so the first few people to come into the dining room had been sitting waiting with nothing to do.

The two parts of the home were organised separately and there was a different atmosphere in each. The West Wing was set up to support people who lived with dementia and was light and spacious. The main home had high ceilings and wood panelling and the rooms were large. This part of the home seemed "austere", as one visitor described it, and effort had been made to make it look more homely. Some improvements had been made to the décor and furnishings and new easy chairs had been bought. The chairs had been arranged in smaller groups rather than at the edge of the lounge so that people could socialise more easily. The layout of the West Wing seemed more homely despite the practical lino flooring in the lounge area. The flooring had recently been laid and needed to be replaced in the dining room because it had bubbled up. There had been improvements to the cleanliness in the home with an increase in cleaning hours and revised cleaning schedules. Some improvements had been made to the premises to make it suitable for people's needs, including new flooring and chairs. Redecoration was in progress to help orientate people with dementia and sensory difficulties. Signs and symbols were also being placed around the home to assist people. This was a work in progress so was still an area for improvement.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The registered manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Mental capacity assessments had been carried out to determine people's level of capacity to make decisions in their day to day lives and for more complex decisions when needed. DoLS authorisations were in place, or applications had been made, for people who needed constant supervision because of their disabilities.

Most of the staff in the team had worked in the home for many years. Senior staff were given areas of responsibility and this helped make sure things got done.

People's health and wellbeing was supported by regular visits from healthcare professionals. There were clear

# Summary of findings

medicines procedures and medicines were given out and stored safely. Each person had a care plan detailing their needs and any potential risks. The registered manager was in the process of updating the care plans and risk assessments.

The owner and registered manager talked about how they were focusing on developing an open culture within the staff team. Staff meetings and handovers were being held more regularly and discussion about practice was encouraged during the meetings. Staff were also encouraged to comment on each other's attitude and working practice both to praise and to highlight where they felt behaviour and comments could be misinterpreted and improved. Staff said they had welcomed this and felt comfortable discussing issues with each other.

Systems were in place to monitor and audit the quality of service people received and to gain people's views but this had not yet resulted in a plan to develop and improve the service. There was a complaints procedure and all complaints were responded to and acted on.

# 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?**

**Requires improvement**

The service was safe.

Risk assessments were being reviewed. These assessments were designed so that people had the support they needed and were protected from avoidable harm. Support and equipment were provided to enable people to maintain their independence.

There had been some recent changes in the staff team and recruitment was underway. In the meantime agency staff were filling in the gaps to make sure there were sufficient staff.

There was a good recruitment process and safety checks were carried out as part of this to make sure only staff who were suitable were employed.

Medicines were managed safely and people received their medicines when they needed them.

Staff knew how to recognise and respond to abuse.

**Is the service effective?**

**Requires improvement**

The service was not consistently effective.

Improvements had been made and the registered manager ensured the requirements of the Mental Capacity Act 2005 were met in respect of people making decisions about receiving care and treatment.

Some people's care and support needs may have meant that their liberty was restricted. The registered manager had ensured that relevant applications to the statutory authority in relation to Deprivation of Liberty Safeguards had been submitted.

Staff had received basic training and had a good knowledge of each person's care and support needs.

People's health and wellbeing was supported by regular visits from healthcare professionals.

People were supported to eat a healthy varied diet and at their own pace. People would benefit from mealtimes being arranged so that they were a more actively social occasion.

Some improvements had been made to the premises to make it suitable for people's needs, including new flooring and chairs. Redecoration was in progress to help orientate people with dementia and sensory difficulties.

**Is the service caring?**

**Requires improvement**

The service was not consistently caring.

# Summary of findings

The service tended towards task led care instead of person centred care and this was an area for improvement.

People were treated with respect and given choices around their personal care. Staff were busy and did not always properly listen to what people wanted.

People were supported by their family and friends. People's relatives and friends were able to visit whenever they wanted.

**Is the service responsive?**

**Requires improvement**

The service was not consistently responsive.

A variety of activities were organised to entertain people but some people did not want to participate in the planned activities and there were no alternatives that were suitable for them. Some people spent long periods of time unoccupied.

Each person had a care plan and these were used regularly by staff to document care given. The care plan format was being updated to make sure it contained all relevant information and was up to date.

There was a clear complaints process. People and their relatives said they felt comfortable raising concerns with the owner, registered manager and staff.

**Is the service well-led?**

**Requires improvement**

The service was not consistently well led.

Systems were in place to monitor and audit the quality of service people received but this had not resulted in a plan to develop and improve the service.

Developing the service as a result of people's views and the quality monitoring system was an area for improvement.

The owner and registered manager were working on promoting a more open positive culture within the home. Team meetings were being held regularly to give staff the opportunity to express their views and staff were encouraged to reflect on their practice.

The registered manager and deputy managers spent time in the main parts of the home, so that they could be accessible to people and staff.

# Port Regis

**Detailed findings**

## Background to this inspection

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

This inspection took place on 18, 19 November and 4 December 2015 and was unannounced. Due to the large size and the layout of the home the inspection team consisted of three inspectors and a specialist advisor. The specialist advisor was someone who had clinical experience and knowledge of working with people who had dementia. The inspectors all looked at different aspects of the service and were all in different parts of the building, in both the main house and the West Wing. On the second day there were two inspectors and the last day was carried out by the lead inspector who provided feedback to the owner and registered manager.

We gathered and reviewed information about the service before the inspection. We did not request a Provider Information Return (PIR) for this inspection because the provider had already completed one for the last inspection along with other information we held about the service. We looked at previous reports and checked for any notifications we had received from the provider. This is information about important events that the provider is required to send us by law.

During the inspection we looked at records in the home. They included records relating to people's care, staff management and the quality of the service. We looked at four staff files, eight people's assessments of needs and care plans and observed to check how staff interacted with people and how their care was given. We also looked at the quality assurance information including surveys, the records of building and equipment safety checks, training plan and records and medication administration records. We had a look round the home including the kitchen and food storage.

We spoke with 17 people who lived in the service and seven of their relatives to gather their feedback. We also spoke with the owner and the registered manager, eight members of staff and two community health professionals involved in people's care and treatment.

During the inspection we observed how the staff spoke with and engaged with people. Some people were not able to talk with us because of their health conditions so 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 looked at how people were supported throughout the day with their daily routines and activities and assessed if people's needs were being met. We reviewed eight care plans and associated risk assessments. We looked at a range of other records, including safety checks, four staff files and records about how the quality of the service was managed.

We last inspected the service on 20 and 22 January 2015 and requested an action plan for improvements as the provider was in breach of some of the regulations. The provider gave us a clear action plan within the timescale requested.

Requires improvement

# Is the service safe?

## Our findings

At the previous two inspections, the provider did not have adequate systems in place to respond to concerns about people's safety. Following our last inspection the provider sent us an action plan detailing the actions they would take to ensure people were kept safe.

The policy and procedure for safeguarding people and whistleblowing had been reviewed and was now in line with the local authority safeguarding protocols. There was additional information available for staff about how to report their concerns, who they should report to and how quickly they should report any concerns which had been raised. Staff reported any concerns immediately and the provider took appropriate actions to ensure these were acted on. Concerns were raised with the local authority safeguarding team where appropriate.

Staff knew what the different types of abuse were and were aware of their own responsibilities to report matters of a safeguarding nature. Staff knew who to report any concerns to and said they would not hesitate to escalate any concerns to outside agencies, if they felt they were not dealt with appropriately. At the last inspection staff lacked confidence in reporting any matters of concern, at this inspection we found that staff were now more confident to report their concerns.

People said they felt safe in the home. Visitors expressed their relief that their relatives were with other people who could keep an eye on them. A relative commented, "We know she's safe now."

Risks to people's wellbeing had been assessed by the registered manager and recorded in each person's care plan. Risk assessments gave general information and some of them needed to be updated to reflect current conditions due to changes in need. The registered manager and deputies were reviewing the risk assessments as part of the overall care plan reviews that they were undertaking. At the time of the inspection they were about half way through. Individual risk assessments included: risk of skin breakdown for people with limited mobility, not having enough to eat and drink, risks to be considered when people were managing their own medicines and using mobility equipment. Where risks had been identified, for example, if a person was at risk of choking, guidelines for staff about how to reduce the risks were in the care plans.

Staff reported accidents and incidents to the manager who was responsible for making sure appropriate action had been taken to reduce the risk of accidents happening again. All accidents and incidents were logged and reported to external agencies as required. A monthly analysis of accidents and incidents was carried out to identify if any trends or patterns had developed that needed to be addressed and they could learn from any mistakes. For example, this looked at whether a fall was unwitnessed, where people fell and if people had more than one fall. If people fell more than once they were referred to the falls clinic for further advice and support. Although the provider had improved the analysis since our last inspection, it was still not always possible to tell exactly what action had been taken to fully monitor accidents and would benefit from further development.

Health and safety audits of the environment and equipment were carried out by the registered manager or deputy manager regularly to make sure people were safe in the home.

There were policies and procedures in place for emergencies, such as, gas / water leaks. Fire exits in the building were clearly marked. Regular fire drills were carried out and documented. There was an emergency procedure and each person had a personal emergency evacuation plan (PEEP). A PEEP sets out the specific physical and communication requirements that each person had to ensure that they can be safely evacuated from the service in an emergency. Some of these PEEPs needed to be modified to make sure they were still suitable if a person's needs changed.

There were procedures in place to recruit new staff. Appropriate checks were carried out including obtaining a Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. References were obtained and checks were carried out on people's employment history. Before employment started prospective staff completed an application form and attended an interview. Records were kept of the interview and all other relevant documents were stored appropriately.

The home used an assessment tool to determine staffing levels. The numbers of people living in the home fluctuated and people's frailty and dependence on staff varied, so the

Requires improvement

# Is the service safe?

staffing tool was completed monthly and regularly checked. Agency staff were supporting the team at the time of the inspection because some staff had left the service and the registered manager was in the middle of recruiting more staff. Staff were polite and took their time with people when giving care. We saw staff being attentive but there were long periods of time where people were left unattended in the main part of the home. This was due in part to the size and layout of the main building. There was a call bell system that people used and the bells were answered in a timely way. Staff were busy in the West Wing but there were more opportunities for people to interact with them. Increasing the time people were able to interact with other people including staff in the main part of the home was discussed with the registered manager and is an area for improvement.

Medicines were managed safely. People said they were happy with the way their medicines were managed and said they were glad to hand the responsibility over to the staff. People did have the opportunity to manage their own medicines if they chose to but at the time of the inspection no one had chosen to do this. There was a clear medicines administration policy and only staff who were trained gave out the medicines. The medicines were given out at mealtimes and taken to people who were in their rooms. Staff gave the medicines out carefully, locking the trolley when they left it unattended. An incident regarding the administration of a person's medicine during the inspection was responded to appropriately by the owner and registered manager.

All medicines were stored safely in lockable cabinets and trolleys. Medicines were labelled clearly, on the container, and tablets and creams were kept separately. There was a medicines fridge for medicines that needed to be stored at a prescribed temperature. The medicines storage area was kept clean and well organised.

Records were clearly completed and there was information for the staff about the prescribed medicines they were handling. There were instructions for the staff to follow for people who had medicines only when required. All relevant instructions were clearly written in the record sheets to assist staff. The manager carried out audits to make sure there were no mistakes and the prescribing pharmacist visited the home to provide training and carried out an annual audit. All medicines that were not needed were disposed of safely. There were instructions for staff of what to do in emergencies, for example, with the oxygen cylinders.

Arrangements for keeping the service clean and hygienic had been reviewed and improvements had been made to meet the regulations. A member of staff had been nominated to take the lead in the team for infection control. All staff had received training in infection control and this was part of the training given to all new staff. Cleaning schedules were in place so that the whole home was cleaned routinely. Housekeeping and kitchen staff were employed and had clearly defined roles. Some of the cleaning tasks were carried out by care staff as part of their caring duties and any of these tasks were included on the shift planner so that everyone in the team knew what needed to be done each day.

Requires improvement

# Is the service effective?

## Our findings

People said the food was good. Relatives said there was always plenty to eat and drink but they were a bit worried that their relative was unable to reach the drinks that were left out. Staff said they were allocated to parts of the home and were responsible to make sure people had enough to drink in between meals.

At the last inspection we found that there was insufficient training given to staff. The registered manager had included development of the training in their action plan and the improvements to training provided was ongoing. Staff had been attending training and further training had been booked, including a practical moving and handling training event with an external trainer that had been organised for all staff to attend.

Most of the staff in the team had worked in the home for several years and were experienced carers. The training that had been carried out was refresher training because they had attended training previously and this training was organised to keep their skills and knowledge updated. The training was given each year or every other year depending on what it was and what staff needed to know. This included subjects like moving and handling, first aid and infection control. Other training like fire safety was completed more regularly and some training, for example, Mental Capacity awareness, was given once and then reminders were given at team meetings and one to one meetings with the staff and manager.

We spoke with eight staff who were knowledgeable and said they were confident in their role. We talked about the different types and styles of training and they explained that the training they received at Port Regis was usually a system of written questionnaires followed by a written test. Generally staff found this unsatisfactory but because the majority of the staff were experienced, it had not affected their basic competency in their roles. This would be different for new or less experienced staff who would need more thorough training. One staff explained that they had received training in moving and handling at another organisation and part of this was experiencing what it felt like to be lifted in the hoist. They said how useful that had been in their understanding of how important it was to make sure people felt comfortable and safe. The current style of training did not provide this level of understanding and awareness for staff. Providing effective training using a mixture of training methods is an area for improvement.

Staff had recently been given a 'Guide to Dignity in Care' to read through and had been provided with a certificate to say they had received training for this. Staff said this was a useful document but without discussion about how they were going to implement it in the home it could not really count as training. There had been no follow up to see how reading this document had made any difference to their practice. Checking staff competency and making sure staff were utilising their training to develop their practice was an area for improvement.

New staff received induction training. This training was designed to be carried out during a three month probation period for new staff. When staff first started working at the service they completed an induction and a probationary period. This included shadowing experienced staff to get to know people and their routines. Staff were supported during the induction, monitored and assessed by the registered manager to check that they were able to care for, support and meet people's needs.

Regular staff meetings and handovers highlighted people's changing needs, allocations of work and reminders about the quality of care delivered. Staff had the opportunity to raise any concerns or suggest ideas. The registered manager held regular one to one staff meetings so that staff had the opportunity to air their views and discuss their training and support needs individually. The registered manager was able reinforce and remind staff of the home's policies and procedures and plan future training and improvements suggested from these.

We spoke to agency staff about how they were supported in their role and what information they had to make sure they knew how to support and care for people. Agency staff said they enjoyed working in the home and had been happy to return there to work when a request came into their agency.

People said the food was good and there was plenty of it. People were offered drinks at regular intervals. Jugs and cups were placed on nearby tables and staff checked to see if people wanted a drink. People were offered a choice of meal when the food was being served. Food was served from a trolley so that people could see what was on offer.

Requires improvement

# Is the service effective?

There were usually two courses and food was served at the right temperature. People were supported to eat at their own pace. People were given the support they needed to make sure they ate well.

People were encouraged to eat in the dining room but the opportunity for this to be a social occasion was limited. People seemed spread out and some ate in isolation. Staff took their time and made sure people were supported to walk with their walking aids or lifted using the hoist so that people moved to and from the dining room safely. This generally took an hour or so but on the first day of our inspection this took nearly an hour and a half, which meant that some people were sitting in the dining room waiting all that time for their meal. People did not complain but the opportunity for this to be a social occasion or to have some kind of activity, for example some magazines, at the table while they were waiting was not considered. In response to our comments the staff put some music on and the atmosphere lifted. This is an area for improvement.

Decisions about care had been made in people's best interests and in line with their legal rights. The registered manager and staff were aware and had knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLs). Following the last inspection the registered manager had reviewed the mental capacity assessments as part of the review of each person's care plan folder. People had assessments related to their individual needs so that it was clear what support people needed to make day to day decisions. Staff told us about providing care for people who did not have sufficient mental capacity to make decisions for themselves. All the staff were aware of their responsibilities in relation to the MCA. Staff were aware that people's capacity fluctuated and were responsive to people's changing needs. When bigger decisions needed to be made for example, medical treatment, best interest meetings were held with all relevant people to support including relatives and advocates. (An advocate is a person who is independent and can support a person to make a decision that is in the person's best interests.)

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Some people were constantly supervised by staff to keep them safe. Because of this, the registered manager had applied to local authorities to grant DoLS authorisations. The applications had been considered, checked and granted for some people ensuring that the constant supervision was lawful.

The manager and staff had a clear understanding of people's care and health needs. They were able to explain how they supported people to maintain good health. When any concerns were identified this was reported to the registered manager or senior staff and other health care professionals were involved. Arrangements had been made between the staff and community health professionals to meet individual needs. There were clear guidelines for staff in people's care plans so that health conditions could be responded to promptly.

People said they were looked after well and maintained their health. District Nurses visited regularly, supporting people with skin conditions and other health conditions and commented that the staff were approachable. People were provided with the equipment they needed, including airwave mattresses and cushions to protect their skin and help keep them comfortable.

The service was involved in pilot projects run by the community health professionals and this helped them take advantage of new innovative ways to support people to be as healthy as possible.

Requires improvement

# Is the service caring?

## Our findings

People's visitors said that the care was good, that staff supported people with their basic needs and a visitor commented, "People are generally cared for." They followed this comment up by saying, "Girls are all good." Visitors also commented that the staff had clubbed together to make sure their relative had a birthday cake on their birthday and said how much they appreciated this.

Staff knew people well and explained that each person's care was given slightly differently because they got to know how people liked to be cared for. Staff put effort into supporting each person when they were giving care. They moved from task to task and remained focused on what they were actually doing but in between there was little interaction and once people had been given their care, and were up and dressed, they sat in the chair and that is where they remained until the next care need was required. For example, going to the toilet or going into the dining room for their meal. Due to the number of people in the home there were long periods of time when people were given no stimulation at all. In some parts of the home there was a TV on but most people were not watching it.

Staff had a good knowledge of people's background history and interests and responded to people appropriately when giving care. If people had sensory difficulties, for example if they had sight difficulties and hearing difficulties there was little support to help them. Staff made allowances, for example, talked to people while they were guiding them to let them know where they were walking and avoid objects but they were reliant on staff. In the West Wing the home was being decorated in contrasting colours so that it was easier to differentiate door frames, different rooms and toilets. This was designed so that people could maintain as much independence as possible. Making the environment more suitable and staff support for people with dementia and sensory difficulties, to help them maintain their independence was an area for improvement throughout the home.

In the West Wing people were very active at times, walking around the lounges and other parts of the home. Staff were aware of who needed assistance and spoke to them and provided activities to occupy people. People had lots of competing needs and staff responded gently and with sensitivity. Staff were generally friendly and respectful towards people. They appeared to have a good understanding of how to respond to people. They also knew the names of family members so could talk with people about them.

Staff were very busy moving from one person to another to provide their care and responding to requests from people. Organising the staffing and routines in the home so that care could be provided in a more person centred way is an area for improvement. We discussed this with the registered manager.

Staff and relatives told us that visitors were welcome at any time. During our inspection there were a number of friends and relatives who visited. They told us that they visited whenever they wished. Staff were welcoming and polite and spent time updating people about their relatives. Staff had knowledge of people's needs, likes and dislikes. People were called by their preferred names and the staff and people chatted together and with each other.

People were treated with dignity and privacy was respected. People could have their doors shut and staff would knock and gain permission before entering. There was a room that was used for hair dressing and treatments so that these could be offered in private. People could receive visitors in private if they wished and meetings discussing people's personal information were held in private.

Requires improvement

# Is the service responsive?

## Our findings

There were a variety of organised activities but people spent significant periods of time with little or no stimulation. This was partly because only a proportion of people could, or wanted to participate in the planned activity. Staff said they spent time talking with people when they provided their care but there was minimal interaction with them in between this. People sat in their chairs and snoozed. One of the days when we were there observing, a visitor came into the lounge and started talking to people, immediately the room came alive and people were laughing and chatting. People said they were happy to spend some time just relaxing because they did get tired easily but this needed to be interspersed with meaningful activity. The home employed two full time activities coordinators who provided a variety of activities including reminiscence quizzes, arts and crafts, sing-a-longs and exercises to music. People said they enjoyed these. The activities coordinators were quite innovative and produced relevant meaningful activities for people who had difficulty focusing at times, particularly people in the West Wing. People said that entertainers also visited the home and children from the local school were due to come in and sing Christmas carols.

Some people were able to chat to each other. The furniture was arranged in small groups to enable people to be closer together. Most people were only able to talk to the people sitting right next to them because they were frail or had sensory difficulties. More support was needed for people with sensory difficulties to help them communicate with others, express themselves and have meaningful occupation.

Since the last inspection another activities coordinator had been employed so the number of activities and the time spent providing activities had increased. Despite this observations from visitors, community health professionals and during the inspection found that people were largely unoccupied. This is an area of improvement.

Each person's needs had been assessed before they moved into the service to make sure the home would be suitable to meet their needs. People and their relatives were involved in the assessments, which continued when they had moved in and were reviewed if any of their needs changed. Support was provided from community services to assist if needed. People were reassessed by social services if the home was unable to meet their needs appropriately.

Some people said that staff had got to know them and that they went along with the routines of the home. Some visitors said they had been able to have conversations with the manager that related to the care of their relative. But people and their relatives we spoke with were unaware of the written care plans.

All the care plans were being updated by the registered manager, who was in the process of making them more person centred. The registered manager said that each person was involved in the review of their care plan with the help of their relative or representative. We looked at the two different styles of care plan and discussed them with the registered manager. The records were being organised so that they were clearer and the information was more accessible. The new care plans included 'This is Me' document (The plan that had been designed to support participation for people with dementia and recommended by Skills for Care). There was an on-going record of people's current needs and care given. All daily care information was recorded for each person by the staff at the end of their shift of work. The manager checked the daily notes that the staff wrote and any reported events, incidents or accidents to make sure the care was meeting the person's needs as part of the review. The changes to people's care plans were discussed and agreed with the person and their representative before being put into place.

Some people were living with dementia and, at times, could be anxious, angry or upset. When this happened staff were calm and gently reassured the person or tried to distract them. One person became anxious and staff talked with them reassuringly about a recent visit from their son, the person appeared happier and less anxious after talking with staff.

Each person had a care plan that included a 'behaviour and emotional support' section. There was information included about what to do if the person became anxious or upset and about what might trigger certain behaviour. The behaviours the person may show were recorded with the action staff should take to minimise the triggers and how to support the person safely. There was a focus on occupying and distracting people to reduce the impact of any behaviour on the person and others.

Requires improvement

# Is the service responsive?

People and their visitors said if they had a concern or complaint they talked to the registered manager and staff. People and their relatives had been invited to meetings, which gave them the opportunity to talk about any concerns. Relatives had told the registered manager that they were concerned about clothes not being returned from the laundry. The registered manager had arranged for 'lost property afternoons', where people and their relatives could collect any belongings. The registered manager was also working with relatives to ensure that people's clothes identified who they belonged to so they could be returned. Staff told us that if anyone raised any concerns, they would report it to the manager.

There was a written complaints procedure, which was on display in different parts of the service. There was also a summary of the complaints procedure which was available in large print and told people who they could complain to. Since our last inspection there had been six complaints. All complaints received have been addressed within the 28 day timescales. Records showed that all complaints have been resolved satisfactorily.

Requires improvement

# Is the service well-led?

## Our findings

At the last inspection we found that whilst audits and checks were carried out by the owner and registered manager, issues had not always been picked up or acted on. At this inspection the registered manager had reviewed the quality auditing process. Audits on all aspects of the care provided and the safety and upkeep of the building were carried out monthly. The registered manager kept a report of all checks made with an action plan for what needed to be improved upon. The registered manager had focused on the work highlighted in the action plans they made in response to the last inspection. Progress had been made and there were still some areas that were being worked on.

People, their relatives and staff were asked for their feedback about the service on a regular basis. People and relatives said they usually talked to the registered manager directly but were also given a survey to complete for their comments. Feedback could be given anonymously if people preferred. There was mixed feedback from people and relatives about the home. Some people and their relatives said the home was satisfactory and that they were listened to but they had to persist for things to get done. Some visitors said they visited regularly and felt the registered manager and owner were approachable and always let them know what was happening with their relative, and said they were very happy with the service provided. Written feedback and cards were kept in the quality monitoring folder with comments, "Thank you for your wonderful care and patience", "A big thank you" and "Your care brought comfort to the family". Responding to people's feedback and making sure there was a clear development plan for the service following quality audits was an area for development.

The registered manager understood relevant legislation and the importance of keeping their skills and knowledge up to date. The service had links with the other organisations and forums to share and promote best practice. Recently the owner and registered manager had agreed to participate in two new health projects run by the community health professionals. This would include staff training in specific areas related to the care of people and close working with the health professional leads. These projects were due to start in January 2016 and would be part of the development of the service at Port Regis.

Staff said they had a good rapport with the registered manager and were able to say what they thought about the service and share ideas. There were team meetings for staff to discuss various aspects of the service and they had one to one meetings with the registered manager to discuss their own development.

The staff teams were organised so that there was a team in the main house and a team in the West Wing. The registered manager and a deputy manager were based in the main home and two deputy managers were based in the West Wing. The deputy managers worked as part of the team and carried out care tasks, for example, assisting with meal times, as well as the management tasks. A deputy manager said, "I fit in paperwork whenever I can." Whilst it is acknowledged that some caring is good for managers to keep in touch with what is happening in the service, the current balance of time was having an impact in their management role and the deputies had requested some additional care staff hours to enable them to carry out their management role more effectively. This was an area for improvement.

Senior staff were given areas of responsibility so that between them and the manager they could make sure all aspects of the care and running of the home were carried out. Staff said they liked this and it meant that they were able to take ownership of their role in the service and it was easier to make sure things got done. There was a shift planner for each day and staff were allocated specific tasks each day so that everyone knew what they were doing and what their responsibilities were. Staff said this worked well. The registered manager said it meant that staff were accountable and they could follow up if there was a problem or if they wanted some information about anything.

The owner and registered manager talked about how they were promoting an open culture within the team. They said staff worked in pairs when delivering care and experienced staff worked with less experienced staff and they encouraged feedback directly to each other to recognise good practice and where improvements may be needed. Staff said that if they saw a member of staff working in a way that may not be good practice or could be misinterpreted they would comment to the staff member. The registered manager said that better ways of working were being developed through this approach.

Requires improvement

# Is the service well-led?

Equipment was maintained in good order and had been checked and serviced at appropriate intervals to make sure it was safe to use. A maintenance person was employed in the home and there was a system for repairs to be carried out promptly. A folder contained records and plans for all checks that were regularly carried out including servicing of the shaft lift, servicing of the electrical system in the home, portable appliances checks, hot water checks and all hoisting equipment was regularly serviced. External contractors were called in when needed. There was a plan to refurbish the shaft lift due to general wear and tear following a recommendation from the contractors. There was also a plan to replace one of the boilers so that the heating and hot water provision would be more efficient across the whole home.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.