Seaway Nursing Home Limited

Seaway Nursing Home

Inspection report

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Date of inspection visit:
04 December 2018

Date of publication:
14 January 2019

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We inspected Seaway Nursing Home on the 4 December 2018. We previously carried out a comprehensive inspection at Seaway Nursing Home on 12 and 13 March 2018. We found the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns in respect to people not receiving person centred care, people not being treated with dignity and respect, people's consent to care and treatment not being sought correctly, the provision of meaningful activities, safeguarding procedures not being implemented, assessments of risk and healthcare guidance not being followed, the environment and equipment available at the service, quality monitoring, the provider notifying the CQC of important events, record keeping and staffing levels. We also found further areas of practice that required improvement, in relation to recruitment practices, the recording of PRN 'as required' medicines and promoting people's independence. The service received and overall rating of 'Inadequate' from the inspection on 12 and 13 March 2018 and was placed into Special Measures. After this inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to these breaches. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as Inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

Seaway Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Seaway Nursing Home is registered to provide care and accommodation for 20 older persons with nursing, residential care and physical care needs. At the time of this inspection, there were 12 people living at the service.

We undertook this unannounced comprehensive inspection to look at all aspects of the service and to check that the provider had followed their action plan, and confirm that the service now met legal requirements. We found improvements had been made in many areas since the previous inspection. However, despite the improvements that we identified, we were unable at this inspection to determine whether the current service provision had been fully embedded and could be sustained over time, should the number of people living at the service increase.

The overall rating for Seaway Nursing Home has been revised to Requires Improvement. We will review the overall rating of Requires Improvement at the next comprehensive inspection, where we will look at all aspects of the service and to ensure the improvements have been sustained.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were happy and relaxed with staff. They said they felt safe and there were sufficient staff to support them. However, despite the improvements identified in relation to staffing levels, we were unable at this inspection to determine whether the current service provision and levels of safety could be sustained over time, should the number of people living at the service increase.

The provider undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement. The service had an ongoing action plan and significant improvements had been made since the last inspection. However, the delivery of the action plan would need to be monitored over time to ensure that the improvements identified could be fully implemented and sustained.

Care plans described people's needs and preferences and staff knew people well and how they wished to receive their care. However, despite the improvements identified in relation to the planning and delivery of personalised care, we were unable at this inspection to determine that the systems of care planning had been fully embedded and could be sustained over time, should the number of people living at the service increase.

Suitable measures had been taken to ensure that people were safe, but their freedom was not restricted. Accidents and incidents were recorded appropriately and steps taken to minimise the risk of similar events happening in the future. Staff were knowledgeable and trained in safeguarding adults and what action they should take if they suspected abuse was taking place.

When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work within the care sector.

Medicines were managed safely and in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the provider was meeting the requirements of the Deprivation of Liberty Safeguards.

People felt well looked after and supported. We observed friendly and genuine relationships had developed between people and staff, and they were encouraged to be as independent as possible.

People were encouraged and supported to eat and drink well and there was a varied daily choice of meals. Special dietary requirements were met, and people's weight was monitored, with their permission. Health care was accessible for people and appointments were made for regular check-ups as needed.

People chose how to spend their day and they took part in activities in the service and the community. People told us they enjoyed the activities, which included quizzes, singing, exercises, films, arts and crafts and themed events, such as reminiscence sessions. People were also encouraged to stay in touch with their families and receive visitors.

Risks associated with the environment and equipment had been identified and managed. Emergency procedures were in place in the event of fire and staff were aware of these.

Staff had received essential training and there were opportunities for additional training specific to the needs of the service. Staff had received supervision meetings and had formal personal development plans.

People's individual needs were met by the adaptation of the premises. Peoples' end of life care was discussed and planned and their wishes had been respected. People had access to technology to ensure they received timely care and support.

People were encouraged to express their views and had completed surveys. Feedback received showed people were satisfied overall, and felt staff were friendly and helpful. People also said they felt listened to and any concerns or issues they raised were addressed. Staff were asked for their opinions on the service and whether they were happy in their work. They felt supported within their roles, describing an 'open door' management approach, where managers were always available to discuss suggestions and address problems or concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

There were enough skilled and experienced staff to ensure current number of people living at the service were safe and cared for. However, we were unable to determine whether the current service provision could be sustained over time, should the number of people increase.

The provider used safe recruitment practices. Staff understood their responsibilities in relation to protecting people from harm and abuse.

Potential risks were identified, appropriately assessed and planned for. Medicines were managed and administered safely. Appropriate infection control procedures were followed.

Is the service effective?

Good

The service was effective.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the service was meeting the requirements of the Deprivation of Liberty Safeguards.

People spoke highly of staff members and were supported by staff who received appropriate training and supervision. The environment was adapted to meet people's needs.

People were supported to maintain their hydration and nutritional needs. Their health was monitored and staff responded when health needs changed.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff.

People were involved in the planning of their care and offered choices in relation to their care and treatment.

People's privacy and dignity were respected and their independence was promoted.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Care plans accurately recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes. However, we were unable to determine whether the current service provision could be sustained over time, should the number of people increase.

People were supported to take part in meaningful activities. They were supported to maintain relationships with people important to them. People's end of life wished were planned for and respected.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident they would be listened to and acted on.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

There were systems in place to assure quality and identify any potential improvements to the service being provided. However, we would need to see systems and processes fully embedded, to ensure the current service provision could be sustained over time, should the number of people increase.

The provider promoted an inclusive and open culture and recognised the importance of effective communication. Forums were in place to gain feedback from staff and people.

Seaway Nursing 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 took place on 4 December 2018 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. Seaway Nursing Home was previously inspected on 12 and 13 March 2018 and was rated as Inadequate overall.

On this occasion, we did not ask the provider to complete a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we observed the support that people received in the communal lounge and dining area of the service. Some people could not communicate with us because of their condition and others did not wish to talk with us. However, we spoke with five people, a visiting relative, two care staff, a registered nurse, the chef, an activities co-ordinator, the registered manager and the regional manager.

We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We spent time looking at records, including six people's care records, five staff files and other records relating to the management of the service, such as policies and procedures, training records and audit documentation. We also 'pathway tracked' the care for two people living at the service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Requires Improvement

Is the service safe?

Our findings

At the last inspection on 12 and 13 March 2018, the provider was in breach of Regulations 12, 13 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because procedures to safeguard people from abuse were not consistently being followed, some people were subjected to unauthorised restrictive practices, there were concerns around people's safety and there were insufficient staff to meet people's needs. We also found further areas of practice that required improvement, in relation to recruitment practices and the recording of PRN 'as required' medicines. After the inspection, the provider wrote to us to say what they would do to meet legal requirements. Improvements had been made and the provider was now meeting the legal requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However, we have identified areas of practice that need improvement.

At the last inspection we found the staffing levels to be inadequate and this had placed people at risk. At this inspection the staffing levels were appropriate, however, the number of people living at the service had reduced from 16 to 12 since the previous inspection. The provider had implemented a dependency tool. This tool looked at people's care needs and calculated the required staffing numbers. The current assessment was up to date and we saw that staffing levels met people's care and social needs. Feedback from people indicated they felt the service had enough staff. One person told us, "I have a bell in my room. They come quite quickly". Staff also told us that they felt the current staffing levels were sufficient. One member of staff told us, "The staffing is greatly improved, we have regular staff and use less agency". Another said, "It is good here with staffing, we have a good team". Our own observations supported this and we saw people being attended to in a timely manner and staff responding to people's requests and needs. We were told agency staff were used as required and existing staff would also be contacted to cover shifts in circumstances such as sickness and annual leave.

However, despite the improvements identified in relation to staffing levels, we were unable at this inspection to determine whether the current service provision could be sustained over time, should the number of people living at the service increase. The service is approximately 60% full, whilst it is acknowledged that the current staffing levels improved the safety of people, the service would need to demonstrate appropriate staffing arrangements over a defined period of time, to ensure that the sustainability of good care could be achieved for people. We therefore, at this time, have rated this key question as Requires Improvement.

At the last inspection we saw that inappropriate uses of restraint had been used to manage people's behaviour, for example, the use of lap belts. Also, staff had not always fully investigated accidents and incidents, and had not always safeguarded people from abuse and improper treatment. We found at this inspection that improvements had been made. Suitable measures had been taken to ensure that people were safe, but their freedom was not restricted. People were supported to take positive risks, such as mobilising independently around the service, and care plans had been reviewed to ensure they were current. Up to date risk assessments were in place which considered the identified risks and the measures required to minimise any harm whilst empowering the person to undertake the activity. For example, what was acceptable in terms of restrictions for people and how they could be supported in the least restrictive way. The assessments outlined the associated hazards and what measures could be taken to reduce or

eliminate the risk. Staff confirmed that they found risk assessments and information within people's care plans useful as it provided them with guidance about how to support people in a safe manner. Staff had a good understanding of what to do if they suspected people were at risk of abuse or harm, or if they had any concerns about the care or treatment that people received in the home. They had a clear understanding of who to contact to report any safety concerns and staff had received up to date safeguarding training. They told us this helped them to understand the importance of reporting if people were at risk, and they understood their responsibility for reporting concerns if they needed to do so. There was information displayed in the service, so that people, visitors and staff would know who to contact to raise any concerns if they needed to. There were clear policies and procedures available for staff to refer to if needed and we saw paperwork that demonstrated that the service had liaised transparently and effectively with the local safeguarding authority when required. Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. We saw specific details and any follow up action to prevent a re-occurrence was recorded, and any subsequent action was shared and analysed to look for any trends or patterns.

At the last inspection we identified concerns that people's safety was being compromised, as staff were not routinely following assessments and guidance developed by external healthcare professionals. We saw that improvements had been made. The regional manager told us that all care plans had been reviewed and updated and that up to date information from external healthcare professionals, such as speech and language therapists (SALT) was available for all staff. Furthermore, the importance of following these assessments had been reiterated to staff.

At the last inspection we saw an area of improvement required in relation to the recording of PRN 'as required' medicines. At this inspection, we saw that improvements had been made. We looked at the management of medicines. The registered nurses were trained in the administration of medicines. PRN guidelines were up to date for people and we checked that the recording of whether PRN was taken or refused had been completed on the medication administration records (MAR). A registered nurse described how they completed the MAR and we saw these were accurate. We observed a nurse administering medicines sensitively and appropriately. Nobody we spoke with expressed any concerns around their medicines. One person told us, "They bring it to my room and give it to me". Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as temperature checks and cleaning of the medicines fridge. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed.

At the last inspection we saw an area of improvement required in relation to recruitment processes being followed. At this inspection we saw that improvements had been made. Staff had been recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. The provider had obtained proof of identity, employment references and employment histories. Nursing staff were registered with the Nursing Midwifery Council and had up to date registrations.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. There was a

business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property. People's ability to evacuate the building in the event of a fire had been considered and where required each person had an individual personal evacuation plan.

People were cared for in a clean, hygienic environment. During our inspection, we viewed people's rooms, communal areas, bathrooms and toilets. The service and its equipment were clean and well maintained. The service had an infection control policy and other related policies in place. People told us that they felt the service was clean. Staff told us that Protective Personal Equipment (PPE), such as aprons and gloves, were readily available. We observed that staff used PPE appropriately during our inspection. Hand sanitisers and hand-washing facilities were available, and information was displayed around the service that encouraged hand washing and the correct technique to be used. Additional relevant information was displayed around the service to remind people and staff of their responsibilities in respect to cleanliness and infection control. Infection control training was mandatory for staff, and records we saw supported this. The service had policies, procedures and systems in place for staff to follow, should there be an infection outbreak such as diarrhoea and vomiting. The laundry had appropriate systems and equipment to clean soiled washing, and we saw that any hazardous waste was stored securely and disposed of correctly.

Good

Is the service effective?

Our findings

At the last inspection on 12 and 13 March 2018, the provider was in breach of Regulations 9, 11 and 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not routinely worked in accordance with legislative requirements in relation to recording people's consent to care and treatment, people did not have a positive dining experience and guidance provided by healthcare professionals was not always adhered to. After the inspection, the provider wrote to us to say what they would do to meet legal requirements. Improvements had been made and the provider was now meeting the legal requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we identified concern in relation to staff adhering to the legal requirements associated with assessing people's capacity and obtaining consent. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We saw that improvements had been made and staff knew the correct procedures to follow and were aware of their responsibilities under the Act. The regional manager told us, "We have given further training for staff around the MCA and DoLS. All capacity assessments for people have been reviewed and we have made DoLS applications for everybody who needs one". Paperwork we saw and conversations we had with staff supported this.

At the last inspection we identified concerns around the mealtime experience. People ate in their rooms and no communal dining facilities were available for them. At this inspection, we saw that improvements had been made. The communal dining and lounge area had been decorated and new furniture had been added. The room now had a large dining room table and people were encouraged to eat communally and socialise in the lounge. The regional manager told us that originally people had been reluctant, but by implementing events, such as high tea, the communal lounge and dining area had become popular. We saw that this was the case. Throughout the day people congregated in the lounge and at lunchtime six people enjoyed a communal meal together, whilst being supported by staff. The atmosphere was calming and relaxing for people. People were encouraged to be independent throughout the meal and staff were available if people wanted support, extra food or additional choices. People ate at their own pace and some stayed at the tables and talked with others, enjoying the company and conversation. All the time staff chatted socially with people, encouraged them to eat and were checking that people liked their food. Picture menus were available for people to choose their meals, and people were complimentary about the food and drink. People could eat when they wanted and food and drink was available throughout the day and night. One person told us, "They make my dessert available for me in the evening as I don't like a dessert at lunchtime".

Staff understood the importance of monitoring people's food and drink intake and monitored for any signs of dehydration or weight loss. Where people had been identified at risk of weight loss, food and fluid charts were in place which enabled staff to monitor people's nutritional intake. We saw that food and fluid charts were completed accurately.

At the last inspection, we identified concerns in relation to recommendations and guidance provided by healthcare professionals not always been adhered to. For example, people were placed at risk, as staff did not routinely follow guidance from speech and language therapists (SALT) in relation to people's swallowing abilities. We saw at this inspection, that improvements had been made. The registered manager told us that all SALT guidelines had been updated and detailed in people's care plans. Furthermore, details were displayed in people's rooms, so that staff could easily see what they were required to do. The regional manager told us that they had ensured that all staff had read the SALT guidelines and the importance of following them had been reiterated. A member of staff told us, "We are always following the SALT guidelines and the care is very much improved. We pass on information in daily meetings and record any specifics". Paperwork and our own observations of care delivery supported this. In addition, people had input into their care from healthcare professionals such as doctors, occupational therapists, dentists and dieticians whenever necessary. We saw that details of these assessments were in peoples care plans and people's health and wellbeing was monitored on a day to day basis.

Staff undertook assessments of people's care and support needs before they began using the service. The pre-admission assessments were used to develop a more detailed care plan for each person which detailed the person's needs, and included clear guidance for staff to help them understand how people liked and needed their care and support to be provided. Documentation confirmed people continued to be involved where possible in the formation of an initial care plan.

People's individual needs were met by the adaptation of the premises. There were adapted bathrooms, toilets, handrails, passenger lifts and slopes to ensure people had access to all areas of the service. Dementia friendly signage was used throughout the home to help orientate people.

Staff received effective training in looking after people, were supported and had a good understanding of equality and diversity, which was reinforced through training. Staff, including agency staff, received an induction to familiarise them with the running of the service and ongoing support.

The Equality Act covers the same groups that were protected by existing equality legislation - age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership (in employment only) and pregnancy and maternity. These are now called `protected characteristics´. Staff we spoke with were knowledgeable of equality, diversity and human rights and told us people's rights would always be protected.

Good

Is the service caring?

Our findings

At the last inspection on 12 and 13 March 2018, the provider was in breach of Regulations 9 and 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because interaction between staff and people did not always demonstrate a respectful or caring approach. We also found further areas of practice that required improvement, in relation to the promotion of people's independence. After the inspection, the provider wrote to us to say what they would do to meet legal requirements. Improvements had been made and the provider was now meeting the legal requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection, we found the principles of privacy and dignity were not embedded into every day care practice, some interaction between staff and people were negative and disempowering. We saw at this inspection, that people were supported with kindness and compassion. They told us caring relationships had developed with staff who supported them. Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. One person told us, "I have a joke and a laugh, they know me well". Another person said, "They are lovely staff who know me well". A relative added, "The staff are worth their weight in gold". A member of staff told us, "The environment is happy, we all have a laugh and some banter. It is a very homely home". Positive relationships had developed with people and staff showed kindness when speaking with people. Staff took their time to talk with them and showed them that they were important. The registered manager told us how specific training around dignity and respect had been given to staff and the importance of this reiterated to staff in meetings and supervision.

At the last inspection we identified an area of improvement, as people were not routinely encouraged and supported by staff to maintain their independence. Anyone receiving care and support values independence highly, as it brings with it dignity, control, self-esteem, and fulfilment. We saw that staff supported people and encouraged them, where they were able, to be as independent as possible. One member of staff told us, "We're encouraging people to use the lounge, it's creating a real family feeling. I wouldn't want to be stuck in my room all day". Care staff informed us that they always encouraged people to carry out personal care tasks for themselves, such as brushing their teeth and hair. A member of staff said, "I'm a stickler for looking good, nice hair and lippy. I encourage people to get ready and do what they can". We saw examples of choice and independence being promoted. For example, one person asked for a daily newspaper and a member of staff said they would get it for them, but offered the person the opportunity to go to the shop with them to choose it themselves. We saw other examples of staff encouraging people to join others in the communal lounge and dining room, and prompting people to eat and drink independently.

Throughout the inspection, we observed people being given a variety of choices of what they would like to do, what they would like to eat or drink and where they would like to spend time. People were empowered to make their own decisions. People told us they that they were free to do very much what they wanted throughout the day. They said they could choose what time they got up, when they went to bed and how and where to spend their day. Staff were committed to ensuring people remained in control and received support that centred on them as an individual. One member of staff told us, "We always offer choice and

help the residents have what they want".

Staff also recognised that people might need additional support to be involved in their care and information was available if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

People were able to maintain relationships with those who mattered to them. Visiting was not restricted and guests were welcome at any time. People could see their visitors in the communal area or in their own room. Staff understood people wanted to maintain links with religious organisations that supported them in maintaining their spiritual beliefs. Discussions with people on individual beliefs were recorded as part of the assessment process. People told us staff would arrange for a priest to visit if they wanted one.

Requires Improvement

Is the service responsive?

Our findings

At the last inspection on 12 and 13 March 2018, the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people were not always supported in a person centred way and did not routinely have access to meaningful activities and stimulation. After the inspection, the provider wrote to us to say what they would do to meet legal requirements. Improvements had been made and the provider was now meeting the legal requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However, we have identified areas of practice that need improvement.

At the last inspection, the care received by people was not personalised to the individual. Additionally, the recording of people's care was not accurate and people's assessed needs were not routinely being followed by staff. We saw at this inspection that people's needs were assessed and plans of care were developed to meet those needs, in a structured and consistent manner. Documentation confirmed that where possible people and their relatives were involved in the formation of their care plans. The regional manager told us that all care plans for people living at the service had been reviewed and updated to reflect their current needs, daily routines, wishes and preferences. Our own observation and documentation we saw supported this. Each section of the care plan was relevant to the person and their needs. Areas covered included; mobility, nutrition, continence and personal care. Information was also clearly documented regarding people's healthcare needs and the support required meeting those needs, for example about the care of people with pressure wounds, or specific swallowing requirements. Further documentation contained personal information, which recorded details about people and their lives, interests and preferences. Staff told us they knew people well and had a good understanding of people's family history, individual personality and interests, which enabled them to engage effectively and provide meaningful, person centred care. One member of staff told us, "The paperwork is so much better, we are providing person centred care". We pathway tracked two people and saw that staff were aware of the care that people needed and followed agreed plans of care. The provider was also meeting the requirements of the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Staff ensured that the communication needs of others who required it were assessed and met. We saw that where required, people's care plans contained details of the best way to communicate with them and staff were aware of these. For example, one person required staff to use written material to communicate, as they were hard of hearing.

However, despite the improvements identified in relation to the planning and delivery of personalised care, we were unable at this inspection to determine that the systems of care planning had been fully embedded and could be sustained over time, should the number of people living at the service increase. The service was approximately 60% full and has been through an extensive period of review, involvement and support from the provider and other stakeholders such as the local authority and clinical commissioning group (CCG). Whilst it is acknowledged that the current care plans and delivery of care from staff improved outcomes for people, the changes made will need time to be embedded to show sustained improvement. The service would need to demonstrate appropriate planning and delivery of person centred care over a defined period of time with increased occupancy, to ensure that the sustainability of good care could be

achieved for people. We therefore, at this time, have rated this key question as Requires Improvement.

At the last inspection we identified concerns in relation to activities and people's social wellbeing being met. Improvement had been made and there was regular involvement in activities, and the service employed specific activity co-ordinator. There was a range of activities throughout the week, including weekends. The regional manager told us how staff had been specifically allocated activities tasks at the weekend to ensure that the activities provision was available all week. Activities on offer included singing, exercises, films, arts and crafts and themed events, such as reminiscence sessions. One person told us how they loved to paint and was pleased that the provider arranged for an artist to visit the service. A further person enjoyed classical music and singing and told us how a member of care staff shared this interest. They said, "I like the singing here, it makes it more homely, he is always doing that". Feedback was received from people to gather their ideas, personal choices and preferences on how to spend their leisure time. This information was detailed in people's rooms, so staff could easily see what people enjoyed doing and were interested in. On the day of the inspection, we saw activities taking place for people. The activities co-ordinator had arranged to take some people to the shops in the afternoon and games and discussions took place throughout the day. We saw people now spent time in the communal area talking with each other. Staff ensured that people who remained in their rooms and may be at risk of social isolation were included in activities and received social interaction. Staff set aside time to sit with people on a one to one basis. Religious services were also made available for people.

Peoples' end of life care was discussed and planned and their wishes had been respected if they had preferred not to discuss this. People were able to remain at the service and were supported until the end of their lives. Documentation showed that peoples' wishes, with regard to their care at the end of their life, had been respected.

People had access to technology to ensure they received timely care and support. The service had a call bell system which enabled people to alert staff that they were needed. We saw that people had their call bells within reach and staff responded to them in a reasonable time.

People and relatives were aware of how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible and displayed around the service. Complaints made were recorded and addressed in line with the policy with a detailed response.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection on 12 and 13 March 2018, the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. This was because quality assurance processes did not always ensure that the delivery of care met people's needs and did not drive improvement, record keeping was not accurate and the provider had not routinely notified the CQC of events in line with their registration. After the inspection, the provider wrote to us to say what they would do to meet legal requirements. Improvements had been made and the provider was now meeting the legal requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However, we have identified areas of practice that need improvement.

At the last inspection we identified concerns in relation to the providers systems of quality monitoring and governance. Audits that had been carried out had not always picked up issues and concerns. Issues and concerns that had been identified did not always have robust and effective plans of action or improvement developed. At this inspection, we saw that improvements had been made. The provider undertook quality assurance audits that identified shortcomings in quality. We saw audit activity which included care planning, MCA and DoLS assessment, accident and incident recording, infection control and health and safety. The results of which were analysed in order to determine trends and introduce preventative measures. For example, care plans were now person centred and up to date and PRN guidance had been added to MAR's. The provider had also developed an ongoing action plan detailing what action would be taken to drive improvement and ensure quality and safety at the service. Progress of this action plan was monitored by the management of the service. The action plan appeared practical and appropriate, however the delivery of the plan would need to be monitored over time, with a greater number of people living at the service, to ensure that the improvements identified could be implemented and sustained. We therefore, at this time, have rated this key question as Requires Improvement.

At the last inspection, the provider had not always complied with their responsibilities in respect to their registration with the CQC. Services that provide health and social care to people are required to inform the CQC of important events that happen in the service, such as safeguarding referrals and this had not routinely taken place. We saw that at this inspection, improvements had been made. The managers at the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The managers at the service were also aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and sets out specific guidelines providers must follow if things go wrong with care and treatment.

At the last inspection we received variable feedback from people and staff in respect to the care delivery and the way the service was managed. At this inspection, we saw that improvements had been made. People and relatives told us that their experience of the care was better, and staff commented they felt supported and could approach the management team with any concerns or questions. One person told us, "I find the manager accessible and always trying to do her very best, all the time they are striving to get better". A

relative added, "There have been significant changes. It is a happier place, the atmosphere has lifted and the place seems to have improved so much in the last year. The staff and the manager are approachable and give me an update each day". A member of staff said, "What I'm seeing is great, things are going up and up. The management support us without a doubt". Another member of staff said, "The managers are very good. They are always supporting the home, they are very caring". Staff were encouraged to ask questions, make suggestions about how the service is run and address problems or concerns with management. Additionally, the registered manager told us that in light of the concerns identified at the last inspection, changes to the way they carried out their roles had been made. For example, they had implemented senior care worker roles, who had responsibility for supporting other staff and monitoring standards of quality. They stated that this had improved the way the service delivered care. The regional manager told us, "We've worked really hard together and supported each other. We've had support from registered managers in other homes. Staff are happy and have been integrated into the service. We've improved the environment and activities and record keeping". We also saw that the registered manager no longer worked on nursing shifts at the service and therefore had freed up more time to concentrate solely on their registered manager's role.

At the last inspection, we identified concerns in relation to record keeping. At this inspection, we saw that improvements had been made. The regional manager told us that care records had been reviewed and the importance of accurate record keeping had been reiterated to staff. Senior care staff had responsibility to check records and to support staff to ensure they were completed correctly, and the regional manager additionally carried out audits of record keeping. The records we saw were accurate and up to date. One member of staff told us, "Paperwork is much better".

We discussed the culture and ethos of the service with the registered manager, regional manager and staff. One member of staff told us, "I adore working here, we're like a family. We provide compassionate care. I have a great interest in my job and I am proud to work here". Another member of staff said, "It is very good working here". Management was visible within the service and took a hands-on approach. A member of staff said, "If I have a problem, the managers help me in all situations". Another member of staff said, "Management are always available to us". The service had an emphasis on team work and communication sharing, and there were open and transparent methods of communication. Staff attended daily meetings. This kept them informed of any developments or changes to people's needs. Staff commented that they all worked together and approached concerns as a team. One member of staff said, "We are a good team and very supportive".

People and staff were involved in developing the service. We were told that people gave feedback about staff and the service through questionnaires and surveys, and that resident and relative's meetings also took place. Staff were also aware of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. We saw that policies, procedures and contact details were available for staff to do this.

Mechanisms were in place for the registered manager to keep up to date with changes in policy, legislation and best practice. The registered manager was supported and monitored by a senior manager team and was able to meet with other managers from the group. Up to date sector specific information was also made available for staff, including guidance around infection control, meaningful activities and accurate recording. The management also liaised regularly with the local authority and clinical commissioning group (CCG) in order to share information and learning around local issues and best practice in care delivery, and learning was cascaded down to staff.