

Visram Limited

Ranvilles Nursing & Residential Care Home

Inspection report

5 - 7 Ranvilles Lane
Titchfield
Fareham
Hampshire
PO14 3DS

Tel: 01329842627

Website: www.brookvalehealthcare.co.uk

Date of inspection visit:

29 October 2019

30 October 2019

31 October 2019

Date of publication:

26 November 2019

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Ranvilles Nursing & Residential Care Home provides personal and nursing care for up to 53 older people who may be living with dementia or other mental health needs. At the time of our visit there were 31 people living in the home, many of them with complex needs. The home accommodated people in one adapted building.

People's experience of using this service and what we found

People received care and support that was safe. The provider had improved how they identified and managed risks to people's health and wellbeing, including the risk of abuse or avoidable harm. The provider had improved how they learned from accidents and incidents to keep people safe. There were enough suitably skilled staff deployed to support people safely. There were effective recruitment processes in place to make sure staff employed were suitable to work in the care sector. Processes to manage medicines safely and reduce the risk of infection remained good.

People received care and support that was largely effective and based on thorough assessments. Staff received training to deliver effective care according to people's needs and preferences. The provider worked with other agencies to deliver consistent and effective care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. We identified further improvements were needed in how the provider responded to authorisations to deprive people of their liberty and meeting current best practice guidance around dementia-friendly environments.

There were caring and kind relationships and interactions between people and their care workers and other staff. These were based on compassion and understanding of people's needs. The provider worked to respect and promote people's privacy, dignity and independence, and encouraged people to be involved in their care.

People's care and support did not always meet their needs and reflect their preferences. People's care plans, including end of life care plans, were still task-focused rather than person-centred. The provider was aware of best practice guidance with respect to meeting people's communication needs. There were some imaginative activities tailored for people living with dementia, but more activities relevant to people's interests, hobbies and cultural background were needed.

The provider had made improvements to their individual governance and quality assurance processes. However, these were not yet joined up to form a continuous, effective overall governance and quality system, and there was no overall service improvement plan. The provider worked in cooperation with others and had processes in place to engage with people who used the service, relatives and staff.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at

Rating at last inspection and update

The last rating for this service was inadequate (report published 24 May 2019). We found breaches of six regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. We required the provider to audit the service every month and report to us the outcome of each audit. At this inspection we found improvements had been made, and the overall rating is still requires improvement. There was one continuing breach of regulation. The provider was no longer in breach of the other five regulations.

This service has been in special measures since 24 May 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in special measures.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach in relation to people's care and support meeting their needs and reflecting their preferences.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement 

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement 

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-Led findings below.

Ranvilles Nursing & Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team comprised two inspectors, an assistant 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 care service.

Service and service type

Ranvilles Nursing & Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had about the service, including the last inspection report, notifications of events sent by the provider as required by regulations, and monthly audit reports sent by the provider as required by a registration condition we added after the last inspection. We read information sent to us by

staff and members of the public since the last inspection. This included both positive and negative comments. We used all this information to plan our inspection.

The provider was not asked to complete a provider information return (PIR) before this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. The provider shared some of their draft PIR during the inspection.

During the inspection

We spoke with 14 people who used the service and 12 visiting relatives. We spoke with 10 members of staff including the provider, the provider's quality manager, the registered manager, deputy manager, nursing and care staff, an activities coordinator, kitchen, cleaning and maintenance staff. We also spoke with three healthcare professionals and an independent advocate who visited the service during our inspection.

We observed the care people received in the shared areas of the home, including how people received medicines. 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 reviewed a range of records. This included five people's care records, including medicines records. We looked at three staff files in relation to recruitment. We reviewed reports of internal and external audits, and records and analyses of incidents and accidents. We looked at files including fire safety, safeguarding, infection control, quality assurance, and a sample of policies and procedures.

After the inspection

We reviewed information supplied by the provider via email during and after our visit. We reviewed the evidence we gathered during the inspection and information sent to us by the provider to rate the service according to our published characteristics of ratings.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to assess risks and act effectively to manage and reduce risks relating to people's safety and welfare. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- Staff had received training in behaviours that challenge, and moving and positioning. Since our last inspection the provider had arranged a significant programme of training from specialist suppliers in these areas. We saw staff use positive methods to distract and redirect a person who had become anxious. Staff were aware of good practice and were able to use these techniques in a calm way.
- Equipment and furniture were available to help staff support people safely. The provider had arranged for adapted chairs for people who could not keep a safe comfortable position in standard furniture. Where appropriate the provider had replaced moving and positioning equipment and worked with NHS professionals to train staff to use it safely. We saw staff were confident to use equipment to support people in a safe way.
- The provider had processes in place to identify, assess and manage individual risks to people's safety and welfare. One person assessed as being at very high risk of falls had a low bed with crash mat and sensor alarm linked to the call bell system. The person's risk assessment had considered the use of bed rails, but these had been rejected as not appropriate for this person. Where possible people's risks were managed in the least restrictive available way.
- Staff were aware of actions needed to reduce people's risks. Where a person was at risk of pressure injuries, staff checked their skin regularly and encouraged them to change position. Where a person was at risk of becoming anxious, staff had clear strategies to support them at each stage if their behaviours escalated. These included distraction, keeping the person occupied, and, if needed, medicines prescribed to be taken "as required".
- The provider used standard tools to assess people's risks. There were regular re-assessments of people's risks around poor nutrition and pressure injuries. These assessments informed people's care plans which contained guidance for staff to follow. Staff were aware of what they needed to do such as following re-positioning schedules and recording people's intake of food and fluids. People were kept safe as their needs changed. A visitor told us they were "very grateful" their partner was well looked after and safe.
- The provider took appropriate steps to make sure the building and equipment used were maintained in a safe way. There were regular maintenance and safety checks on equipment such as hoists used to help

people change position. There had been a recent fire risk assessment. People had individual evacuation plans showing the support they would need in an emergency. The provider kept an overview of the risk status in the service with major risks identified and rated red, green or amber according to their seriousness.

Learning lessons when things go wrong

At our last inspection the provider had failed to reduce risks to people's health, welfare and safety by reviewing and analysing incidents and accidents. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- The provider had put in place a process for recording, responding to, and analysing incidents or accidents. There was a "lessons learned" meeting after accidents or incidents. The provider analysed each week's incidents for trends and patterns. These included the type of incident, where and when it happened. Where the process identified actions, the analysis included naming a responsible staff member and date to complete the work by, with progress and updates on previous actions.
- The provider took action in response to lessons learned. Examples included additional staff training, working with other professionals to identify appropriate equipment and furniture, communicating to staff additional risks associated with changing weather, and updating people's care plans and risk assessments.
- The lessons learned process interlocked with other processes as appropriate. The provider used staff supervisions and handovers to follow up and consolidate actions. Where necessary incidents fed into the safeguarding process. The process linked safeguarding records, incident reports, care plans and risk assessments. People could be confident the provider learned from incidents and accidents to improve the service they received.

Staffing and recruitment

At our last inspection the provider had failed to make sure enough suitably skilled staff were deployed to support people safely. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- The provider made sure there were enough staff with the right mix of skills to support people safely. Staffing levels were determined using a dependency tool based on risk levels identified in people's care plans. The provider maintained rotas with staffing levels above the minimum generated by the dependency tool, particularly for nursing staff. We saw staff could go about their duties in a calm, professional manner.
- People told us there were enough staff based on the numbers of people living in the home at the time of our inspection. One person said, "I feel safe here as there is always someone about to help if I need it." Staff told us staffing levels had improved. Although there was still a high use of agency staff, the provider used regular agency staff who were familiar with the service and people using it. One employed staff member said, "We have had lots of agency, but they're getting to be regulars so you don't even see them as agency staff now really."
- The provider's recruitment practices included the necessary checks that staff were suitable to work in the care sector. Staff files included the records required by regulations to be kept. Records included details of

nurses' current registration. Where the provider employed agency staff, they received confirmation from the agency of checks made to make sure staff were suitable to work in the care sector.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems, processes and procedures in place to protect people from the risk of abuse and poor care. Staff received appropriate training in safeguarding and were aware of safeguarding issues and how to respond to them. Staff understood their safeguarding responsibilities and spoke about them confidently. They were aware of contacts outside the organisation where they could report concerns if necessary. Staff had access to the provider's whistleblowing policy and told us they would be happy to follow it if they had concerns.
- The provider followed their processes if concerns were raised about people's safety. There was cooperation with other agencies including the local authority to investigate concerns. The provider notified us as required by regulation when certain events occurred. Records in place showed these processes were followed.

Using medicines safely

- The provider had processes in place to make sure people received their medicines safely and as prescribed. The provider reviewed people's prescriptions with their GP, and where they were no longer needed medicines were discontinued or doses reduced. Staff kept appropriate, accurate and complete records of medicines administered. Processes were in place and followed for people with medicines prescribed to be taken "as required", creams and ointments, inhalers and liquid medicines.
- The provider had suitable arrangements in place to store medicines securely and according to the manufacturers' guidance. Staff checked the temperature of the medicines fridge twice a day. Arrangements were in place for the storing and recording of controlled drugs in line with legal requirements. Staff kept records of when liquid medicines and inhalers were opened so that people could be confident their medicines would be effective.
- People received their medicines from staff who had appropriate training. There were yearly competency checks to make sure training had been effective. There were daily audits and stock checks to monitor that staff administered medicines correctly. A visiting relative told us they were reassured their loved one was safe because they took their prescribed medicines regularly.

Preventing and controlling infection

- The provider had arrangements in place to make sure the home was kept clean and hygienic, and people were protected from infections. These included audits, and an annual statement in line with government guidance. A regular health and safety audit was in progress at the time of our inspection. We saw the shared areas of the home, people's rooms, furniture and equipment were kept clean.
- Staff were aware of their responsibilities to control the risk of infection. We saw staff using disposable gloves and aprons at appropriate times, including when supporting people at mealtimes. Staff told us they had training in infection control, and there were records of spot checks of staff practice, including hand hygiene.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to provide sufficient training as was necessary to enable staff to carry out the duties they were employed to perform. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- The provider had focused on supporting staff with training in areas identified at our last inspection. All staff we spoke with said they felt the quality and amount of training they received had improved since the last inspection. One staff member said, "There's been a massive overhaul of training, there was training I think that was lacking but it's been sorted now." Staff told us they felt suitably prepared by the training they received.
- The provider had brought in external specialist training suppliers and healthcare professionals to deliver training. These included specialists in techniques for managing distressed behaviours safely. Staff had experienced a "virtual dementia tour" which attempts to provide an insight into living with dementia. The provider had worked with community healthcare professionals to develop skills in using equipment to support people to move and reposition themselves. Staff had up to date training in specialist areas of supporting people.
- The registered manager had records in place which showed they had a system to monitor training and staff supervisions. Staff new to care completed the Care Certificate during their induction. This sets out an agreed set of standards for workers in the social care sector. Staff told us supervision meetings could be used to identify training needs. The registered manager had seen an improvement in staff confidence as a result of improvements in training.

Ensuring consent to care and treatment in line with law and guidance

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 when this is in their best interests and legally authorised under the MCA. In care homes this is usually through MCA application procedures called the Deprivation of Liberty Safeguards.

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.

At our last inspection the provider had failed to comply with the Mental Capacity Act 2005. This was a breach of Regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 11.

- Staff had received training in mental capacity and deprivation of liberty. They understood the principles, including assuming people had capacity until assessed otherwise, and making decisions in their best interests if they lacked capacity. Records showed people's families, advocates and independent representatives took part in best interests decisions. The provider's processes supported staff to respect people's right to liberty.
- Where people were at risk of being deprived of their liberty, the provider applied for authorisations in line with the safeguards. The provider also applied for renewals in a timely fashion. Some conditions on authorisations to deprive a person of their liberty were met, for instance where there was a condition to support the person to have access to their paid representative.
- However, the provider had not always complied with other conditions. In two cases the supervisory body had imposed a condition or recommendation about access to a family member or other person from the same cultural background. There were notes which showed the provider had tried to meet these but without success. This meant the person had not had the positive outcome expected.

Adapting service, design, decoration to meet people's needs

- The provider had not made progress since our last inspection in improving the decoration and design of the home for people living with dementia. There were some adaptations such as use of contrasting colours and some signs to help people find their way around. However, the decoration and adaptation could be improved to reflect current best practice. People's rooms were individual and personalised, but there was no indication on the door outside to show whose room it was. People would benefit from more and clearer signs.
- The building had been adapted to provide a variety of shared areas. There was a large enclosed garden, but access to this for people was limited in the winter, including for people whose care plan indicated they would benefit from time spent in the fresh air. The provider had plans to improve the layout and furniture of a large shared lounge. There was a smaller lounge where it was easier for people to interact with each other. Another small lounge with access to the garden was available for more private visits. There was also a smoking room for people who chose to smoke. One person said, "It's good to go up there, although I do need help. It gets me out of my chair, and it's better than going outside for a smoke."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care was based on assessments and care plans which reflected relevant standards and guidance. The provider's policies and procedures took into account legislation and other legal requirements and regulations. Relevant guidance from NICE (National Institute for Health and Care Excellence) was available to staff. This included guidance on dementia care, oral health, mental capacity and handling medicines.

Staff took into account input from speech and language therapists when people required special diets. The registered manager had improved their pre-admission assessment process since our last inspection to make it more thorough.

- People's care led to positive outcomes. Visiting relatives described how one person's "sleeping patterns had improved", another person was "more compliant with personal care", and a third person "appeared more content". One visitor said, "They have done the best for [Name] here." Another visitor said, "[Name] is well looked after and the carers are fantastic. Since she came here I now have peace of mind."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff involved people in choices about what they ate. People had a choice of hot meals and drinks. Staff made sure people who stayed in their rooms had enough to eat and drink. Staff found imaginative ways to encourage people to eat if they were likely to be distracted at mealtimes. Kitchen staff knew about people's individual choices and preferences and prepared their meals accordingly.

- People had a balanced, healthy diet which took into account their dietary needs. Kitchen staff took into account people's individual needs and specialist advice, taking care over the appearance of pureed meals so they looked appetising. People told us the food was good and cooked to their liking. One person said, "The food here is very good. They do it all for me. My favourite meal is breakfast here, they do a really good cooked breakfast. I had the chicken curry for lunch, it was delicious."

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other services to make sure people had consistent care when moving between services. If people went into hospital, staff escorted them and provided a clearly recognisable bag for their personal belongings and information. If people moved to another service, the provider arranged viewings, worked with the other provider to make the transfer as professional and calm as possible, and had a member of staff accompany the person when they moved.

- When people moved into the home the provider worked to make the introduction as easy as possible. This included inviting the person and their family to view the home first, and working with them on their initial care plan. Where possible they arranged for people to come into the home on a quiet day and at a quiet time when staff would be available to make them welcome.

Supporting people to live healthier lives, access healthcare services and support

- People's care and support took into account their day to day health and wellbeing needs. People could join in group and individual activities designed to support their wellbeing, such as music therapy and aromatherapy. Staff supported people to take on enough fluids by offering fruit and jellies, as well as hot and cold drinks.

- People had access to healthcare services. Staff supported people to attend GP appointments, and a GP visited the home weekly. Healthcare professionals we spoke with said staff made appropriate referrals, and listened to them and shared their advice with colleagues.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider had not done enough to make sure people were treated with dignity and respect. This was a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 10.

- There were arrangements in place to make sure people's privacy and dignity were respected and promoted. People could see their GP and have other confidential conversations in private. The registered manager was aware of legal requirements to protect confidential information about people, and the practice in the service respected this. Guidance on how to respect people's dignity was available to staff and followed. For instance, where people had their drinks thickened to make them easier to swallow, each person had their own prescribed container of thickener, clearly labelled with their name, for staff to use. The provider made sure people were respected as individuals.
- People's family could visit at any time without restriction and were made welcome. One person told us, "I have been here four years and I like it here. My brother comes in to see me once a week. There is no restriction on visitors." Another person's relative said, "I come in a lot and I am always welcome. The carers are really very good, there is always staff about." They said they appreciated the support network of care workers and other people's relations who were sharing the same experiences.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with kindness and respect. We saw mostly good examples of staff engaging with people. These included showing affection, respecting people's communication needs and giving them time. People responded to these staff interactions positively. Their facial expressions and body language showed their mood improved after these interactions. People's relatives told us people liked the staff who supported them. One person's relative said, "I liked this place the minute I walked in. The atmosphere was right. I believe the care [Name] gets is very good."
- Staff knew and respected people they supported. Staff told us about people's likes and dislikes, hobbies and interests. People's care and support reflected needs that arose from their religious or cultural background. Staff spent time with people, and were aware if people did not have visitors and might therefore appreciate time with staff. Staff showed affection and sympathised with people if they became

upset or distressed. One staff member said, "All the residents are lovely. They are like family. They have all got such different characters. They are great."

Supporting people to express their views and be involved in making decisions about their care

- The provider encouraged people to take part in decisions about their care. Staff involved people and their families in reviews of their own care plans. Staff gave people choices as they supported them with every day activities. We heard staff say, "Would you like tea or do you fancy something different today?" and, "Would you like jam or marmalade sandwiches, or maybe a bit of both?" People had the opportunity to change their mind and have something different.
- Staff supported people with patience to express their views. Staff made sure it was easy for people to make eye contact when they spoke with them, by kneeling or sitting down. One care worker showed great patience while supporting a profoundly deaf person, and wrote their answers down for the person to read. Another care worker gave us an example of how they understood a person's needs when they could not express them verbally. "One of our residents, if you see him with his fingers like this, then you know he's getting a bit agitated, so we'll have a little walk around with him. Sometimes he likes to take a trolley around so instead of taking it off him we empty it so it's safe and go with him".
- The provider supported people to use independent advocacy services to make sure their interests were represented in decisions about their care. Information about these services was available to people and their families. Records showed where people had an independent advocate, they were involved in relevant discussions.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had not done enough to make sure people's care and support met their needs and reflected their preferences. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although improvement had been made at this inspection, the provider continued to be in breach of Regulation 9.

- The provider had not done enough to make sure people's care plans reflected their needs, individual preferences, aspirations, interests and personal history. The provider had made improvements to some people's care plans, but there were still areas to be improved. Of the care plans we reviewed, one was a lot more detailed than the others with individual details about the person's routines and preferences. However, other care plans were still task-based. For example, one stated how many baths per week the person had, but there was no individual information about their preferences around bathing. Another person's care plan stated their religion, but there was no information about how to meet their spiritual needs. Another care plan lacked information about routines, preferences around personal care, and preferred dress.
- People received care and support that met their physical needs. Feedback from people and their relatives about how these needs were met was positive. Records showed staff supported people according to their care plans to avoid pressure injuries, to reduce the risk of falls and behaviour that challenges, and to record food and fluid intake if the person was at risk of poor nutrition.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People who needed individual (one-to-one) support to take part in activities did not always benefit from activities to avoid social isolation or follow their interests. One person who was cared for in bed should have had daily one-to-one support to spend time in the shared lounge. They had not received this support on 16 days in October before our inspection. The registered manager told us this was because of difficulties engaging agency staff to provide the support as commissioned. The provider had already contacted the commissioners to try and resolve this but there was no solution at the time of our inspection.
- The provider had invested in equipment to improve activities for people living with dementia. This included interactive dementia dolls, imitation animals, and an interactive projector which was programmed with a wide range of sensory and other activities. The projector was mobile which meant people cared for in their rooms were able to use it. All of these were used to improve people's wellbeing, enjoyment and quality

of life.

- However, activities did not always reflect people's individual, social and cultural interests. Staff kept records of people's activities which tended to be of a more general type. One person's activities in October before our inspection were: film afternoon, hairdresser, chatting to staff/newspapers, assistance with reading, newspapers, hand massage, chatting with staff, gardening, chatting with staff, family visit. Staff had noted they enjoyed gardening, but this was not followed up with individual support to promote this interest.

End of life care and support

- End of life care plans remained basic with little information about people's individual preferences and wishes. Nobody at the home was receiving end of life care at the time of our inspection. The provider had started end of life care planning with records of advance decisions. However, this was limited to general statements about avoiding pain, avoiding hospital and whether the person wished to be resuscitated. There was no information in the care plans we reviewed about people's individual preferences, spiritual or religious needs, or wishes concerning family involvement.

Failure consistently to plan for and deliver care that met people's needs and reflected their preferences was a continued breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of the legal requirements of the AIS. People's care plans included any needs arising from a disability or sensory impairment and steps staff should take to meet them. These included an awareness of the need to speak slowly and clearly, using large print and writing things down for people. The provider had investigated other methods to meet people's communication needs, such as the use of picture cards.

Improving care quality in response to complaints or concerns

- The provider had a suitable process and policy for dealing with complaints, which was displayed for people and visitors to read. There had been three complaints logged since our last inspection. These had been dealt with and followed up professionally. The registered manager told us they preferred to deal with concerns before people felt the need to complain formally.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider did not have effective, documented processes to monitor the quality of service provided. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- The provider had put in place an effective governance system. The provider and the registered manager worked together effectively with a more formal, documented communication process. This included written reports from the registered manager to the provider and written records of the provider's visits to the home. Communication with staff was via team meetings, shift handovers and supervisions. One staff member said, "I feel supported, supervisions are more regular and you can ask for more in between."
- The provider had put in place an effective quality assurance system. There was a system of internal audits, developed with input from the provider's quality manager. The provider had also worked with an external quality consultant using mock inspections, support visits and conference calls. This system had helped to deliver improvements. However, there were still some gaps, with no records available of some monthly internal audits. There was no high level audit or check that the individual audits were done to schedule, or to show that actions identified in the individual audits had been followed up and completed.
- There was a better understanding of regulatory requirements with information available to staff. A staff member told us, "The last inspection opened our eyes. At the moment I can't fault anybody, the carers are brilliant and it feels better." The registered manager had notified us when certain events happened in the running of the service, as required by regulation. The registered manager had sent us reports and information monthly, as required following the last inspection.

Continuous learning and improving care

- The provider had put processes in place to identify learning points and required improvements. These included quality audits, analysis of incidents and accidents, feedback from people, relatives, staff and other professionals. The provider had taken steps in relation to these in order to achieve the improvements we found at this inspection. However, the registered manager had ideas and aspirations for the service which

were not included in these processes. There was no overall service improvement plan with actions, costs, resources, timescales, responsibilities and status information. We suggested this during the inspection. Following our discussions with the provider, they sent us a draft service improvement plan.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service promoted care which maintained people's independence, privacy and dignity, rights, choices, and fulfilment. These values were communicated and understood by staff. One staff member told us, The home is well managed. We get good support from [registered manager] and [deputy]. If one's not here, then the other is. I know I could go to them and guarantee it would be discussed." A visitor said, "They are very professional, we know we can talk to them and that they'll get things done."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities under the duty of candour. The service was managed in an open, transparent way with honest communication with people and their families. A visitor said, "We have just come back from a six week holiday so we had a lot to ask and the manager has sat and talked with us at length."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider encouraged people who used the service and others to engage with and be involved with the service. There were regular staff and relatives meetings. If relatives could not attend the meetings, both the provider and the registered manager were open to direct contact with them. The provider had introduced staff surgeries during their regular visits, if staff wanted to speak with them directly.

Working in partnership with others

- The provider had positive engagement with others, such as the local GP surgery and local authority. The provider had worked with community health teams via multi-disciplinary team meetings to make improvements to people's care and support. The provider had joined a quality pilot steering group set up by the local clinical commissioning group.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The care and treatment of service users did not always meet their needs and reflect their preferences. The registered person did not always carry out an assessment of the needs and preferences of the service user. The registered person did not always design care and treatment with a view to achieving service users' preferences.</p> <p>Regulation 9 (1) (b) and (c) and (3) (a) and (b)</p>