

The Island Residential Home Limited

The Island Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

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

The unannounced inspection was carried out on 05 and 07 April 2016.

The Island Residential Home provides accommodation and personal care for up to 38 people. Some were older people living with dementia, some had mobility difficulties, sensory impairments and some were younger adults. Some people received their care in bed. Accommodation is arranged over two floors. There is a passenger lift for access between floors. There were 33 people living at the home on the day of our inspection.

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

The provider of the service had recently changed their legal entity. The change meant that this was the first inspection for the new provider. However the home had been inspected before. We inspected the home on 13 August 2015.

When we last inspected the home we found breaches of Regulation 17 and Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also made recommendations about recruitment records and maintaining a list of staff signatures who are trained to administer medicines. We asked the provider to take action in relation to Regulation 17 and Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we received positive feedback from people, relatives and health and social care professionals.

People were not protected from abuse or the risk of abuse. The manager and staff were aware of their roles and responsibilities in relation to safeguarding people; however, safeguarding incidents had not always been appropriately reported to the local authority and CQC.

Risks to people's safety and welfare were not always managed to make sure they were protected from harm.

Recruitment practices were not always safe, gaps in employment history had not always been explored.

Staff had not all received training relevant to their roles. Some staff had not received regular supervision.

People's care plans had not been reviewed and updated to ensure that their care and support needs were clear and their preferences were known.

Effective systems were not in place to enable the provider to assess, monitor and improve the quality and safety of the service. Audits undertaken had not picked up the concerns about recruitment records, risk, infection control, training, supervision, care plans and activities.

People's view and experiences were sought during meetings and through quality assurance surveys. Relatives were also encouraged to feedback through surveys. The provider had not always acted on feedback given in a timely manner.

Some people were encouraged to take part in activities that they enjoyed. People were supported to be as independent as possible. However, people with higher care needs and those people receiving their care in bed did not have the same opportunities.

There were procedures in place and guidance was clear in relation to the Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. Staff had a good understanding of the MCA 2005 to enable them to protect people's rights. Care plans and documentation did not evidence that the MCA had been followed in cases. We made a recommendation about this.

People were supported and helped to maintain their health and to access health services when they needed them. However advice and guidance about meeting people's health care needs had not always been added to people's care plans to detail their needs had changed. We made a recommendation about this.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. No Deprivation of Liberty Safeguards (DoLS) applications had been made to the local authority, because no one was deprived of their liberty.

Medicines administered were adequately administered, stored and recorded to ensure that people received their medicines in a safe manner.

Relatives told us that they were able to visit their family members at any reasonable time, they were always made to feel welcome and there was always a nice atmosphere within the home.

People and their relatives knew who to talk to if they were unhappy about the service. When complaints had been received, these had been investigated within suitable timeframes.

Meals and mealtimes promoted people's wellbeing, meal times were relaxed and people were given choices.

There were enough staff on duty to meet people's needs.

Relatives and staff told us that the home was well run. Staff were positive about the support they received from the management team. They felt they could raise concerns and they would be listened to.

Communication between staff within the home was good. They were made aware of significant events and any changes in people's behaviour.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Risks to people's safety and welfare were not always well managed to make sure they were protected from harm.

The provider and registered manager had not always reported safeguarding incidents to the local authority. Staff knew how to safeguard people from abuse.

Effective recruitment procedures were not in place, records relating to employment were not complete. There were enough staff deployed in the home to meet people's needs.

People's medicines were well managed and recorded.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff did not have all the essential and specific training and updates they needed. Some staff received supervision however some had not received supervision and appraisal for some time.

People were offered a choice of drinks and food.

Staff were aware of the Mental Capacity Act 2005 (MCA). Care plans and documentation had not always assumed capacity, which was the core principle of the MCA.

People received medical assistance from healthcare professionals when they needed it. However changes to people's health needs had not always been reflected in people's care plans.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect. People's information was treated confidentially. Personal records were stored securely.

People were consulted about how they wanted their care delivered.

Relatives were able to visit their family members at any reasonable time.

Is the service responsive?

The service was not consistently responsive.

People were not always provided with personalised care. Some people had activities which met their needs; however people who received their care in bed did not have access to activities to meet their needs.

People's and relatives views were gathered, however feedback had not always been acted on.

The home had a complaints policy, which was on display in the home. The provider had responded to complaints in an appropriate manner.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

Systems to monitor the quality of the service were in place, however these were not always effective. Audits had not picked up the concerns we found during the inspection.

Staff, relatives and health and social care professionals had confidence in how the home was run. Staff told us they were well supported by the management team.

Staff were aware of the whistleblowing procedures and were confident that poor practice would be reported appropriately.

Requires Improvement ●

The Island Residential Home

Detailed findings

Background to this inspection

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

This inspection was carried out on 05 and 07 April 2016. Our inspection was unannounced.

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

We gathered and reviewed information about the service before the inspection including information from the local authority, notifications that the provider had sent to us about important events and incidents and our last report.

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

We examined records including staff rotas; management records, care records for eight people and seven staff files. We looked around the premises and spoke with 20 people, 11 staff including the provider. We also spoke with two relatives, one visitor, one volunteer and two visiting nurses.

We spoke with the registered manager by telephone after the inspection as they were on holiday during our inspection.

We asked the registered manager to send us quality audit records, some policies and procedures, assessment records, training records and risk assessments. These were sent to us in a timely manner.

This was the first inspection of The Island Residential home for the new legal entity of the provider.

Is the service safe?

Our findings

Most people told us they felt safe. Comments included, "There is always someone to call if I need help"; "I sleep much better at night here because someone is awake and looking out for me"; "They help to keep me safe when I have a shower and when they move me from my wheelchair to the bed and when I get up in the morning"; "They do their best to make sure I don't hurt myself and always make sure I have taken my medication" and "They always make sure I have my medication and always ask me if I need any pain relief". One person told us they didn't feel safe because they were concerned about fire risks as other people were smoking where they shouldn't be.

Relatives told us their family members were safe. Comments included, "I'm never concerned, she's safe" and "There's quite a turnover of staff and different people, new staff have shown they know her, they've done their homework".

At the last inspection we made a recommendation that records relating to recruitment of staff needed to be improved. At this inspection we found that recruitment records had not improved. All seven staff files did not have photographs and two of the staff files did not have a full employment history. The provider and registered manager had employed new staff since the last inspection and had not checked reasons for gaps in employment. One new staff member had a gap of 21 years in their employment history which had not been explored. Another application form showed an employment history but had not entered start and end dates for some of the jobs held. Records did not evidence that the provider or registered manager had explored this. This meant that the provider had not carried out sufficient checks to ensure the staff member was suitable to work around people who needed safeguarding from harm. References had been received by the provider for all new employees. It was not possible to identify if they were up to date and current as the provider had not followed good practice by dating them when received.

The examples above were a breach of Regulation 19 (2) (a) (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

New staff had started work before relevant checks had been made through the Disclosure and Barring Service (DBS). DBS applications had been made, however the outcomes were unknown due to delays. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. This meant that the provider's recruitment and selection policy was not being followed. However, the registered manager had put risk assessments in place to reduce the risk to people. Staff without appropriate checks were not allowed to work alone and were not able to provide personal care to people.

The provider had a safeguarding policy that was dated April 2015. This detailed the types of abuse and gave staff guidance about who to report their concerns to. The policy listed a contact number for the local authority that was no longer in use. The local authorities safeguarding adult's policy, protocols and guidance was located in the registered managers office, this was dated April 2015 and did contain up to date contact numbers for the local authority. Staff we spoke with had a good understanding of abuse and how to

report safeguarding concerns. One staff member gave us examples of when they had raised concerns in the past and how they had been dealt with. The member of staff knew how concerns could be raised with external organisations if they felt that they would not be taken seriously by the organisation. The registered manager had not followed their own policy and procedure for informing the local authority safeguarding team. An incident had occurred between two people which had not been reported to the local authority or CQC. This meant the local authority was not aware of all incidents that happened within the home.

This failure to safeguard people from abuse was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks in relation to accessing equipment and items that could cause serious harm had not always been assessed and resolved. Risk assessments did not address individual risks such as one person had tools such as screwdrivers which they kept in their bedroom. Their bedroom was kept unlocked. The provider said that it had been agreed that they would be moved to the summer house however this was not documented in the person's care file. In one person's care records, a falls risk assessment had been completed which identified them as being at a medium risk of falls. The action plan was generic and did not reflect the individual actions required to support the person. The falls risk care plan did include information such as the person required the support of two members of staff for mobilising as well as the size of sling that needed to be used for the hoist. In another person's care file the person's risk assessment had not been updated since the person had a fall which resulted in them being admitted to hospital. Risk assessments had not adequately addressed fire risks. Some people had been caught by staff smoking in their rooms, despite the provider, the registered manager and the fire officer talking to them about the dangers of this, they had still continued.

Risks to staff had not always been dealt with quickly. The repairs records showed that kitchen staff had reported on several occasions that the plug to the Bain Marie was faulty and getting dangerously hot. A Bain Marie is a large piece of equipment used to keep food hot. Accident and incident records showed that the equipment hadn't been repaired or taken out of use when the risk was first identified. It was only taken out of action when a member of staff suffered a burn.

During the inspection we found that some bathrooms did not have pedal bins which meant that people had to touch the bin lid to open the bin which increased the risk of contamination. Some bathrooms had wire radiator covers which were dirty and dusty.

The examples above showed that registered persons were not assessing or mitigating risks to people's safety effectively and were not assessing the risk and preventing, detecting and controlling the spread of infections. This was a breach of Regulation 12(1) (2)(a)(b)(d)(e)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff supported people to make sure they were safe, staff frequently reminded people to put their seatbelts on whilst they were using their wheelchairs in the home. One person told us that they had fallen out of their chair several times and hurt themselves. Safety measures had been put in place to minimise the risks of injury from falling. Staff explained that it was difficult to manage as the person frequently unclipped their seat belt. We observed the person doing this at times during the inspection.

Work had been carried out to improve the premises and this work was on-going. A relative told us, "They are doing the home up, it needs doing up". New windows had been fitted throughout the home. On the day of the inspection a new roof was being laid. Some rooms had been redecorated. The registered manager and provider explained that further improvements were still in progress. Painting, decoration and new carpet

were due to be done however these were on hold until the main repairs were complete. The provider explained that some of the internal decoration and carpeting had been delayed because of the planned work to the ceilings and roof. They did not want new carpets and flooring becoming damaged or dirty during the process. There was a clear and detailed project plan in place which detailed all of the work completed and the outstanding work.

The extractor fan which had previously been fitted to the smoking room used by people had stopped working some weeks before the inspection. The room was still in use which meant that smoke was not being extracted from the room adequately. The smell of stale cigarette smoke was present in most areas of the ground floor of the home and in some rooms upstairs above the smoking room, the action taken by the provider and registered manager regarding this was not effective.

There were suitable numbers of staff on shift to meet people's needs. The staffing rotas showed that there were plenty of staff, on occasions this was reduced due to staff sickness. Rather than using agency staff to cover sickness, the staff team were offered extra work. The staffing rota showed that the provider also worked shifts to provide cover to ensure people had consistent staff support from staff they knew and staff that knew their care and support needs well.

Medicines were stored in the medicines room, which was securely locked. We observed a trained member of staff administering people's medicines during the evening medicines round. They checked each person's medication administration record (MAR) prior to administering their medicines. The MAR is an individual record of which medicines are prescribed for the person, when they must be given, what the dose is, and any special information. People were asked if they were in pain and whether they required PRN (as and when required) medicines. Medicines were given safely. The staff member discreetly observed people taking their medicines to ensure that they had taken them and made appropriate records of medicines that people had taken.

Appropriate checks of the environment had been carried out. The fire alarm had been tested weekly, regular fire drills had taken place, weekly water temperatures had been checked for all bedrooms, bathrooms and sinks. The maintenance team carried out monthly checks of all rooms.

Is the service effective?

Our findings

People told us they enjoyed the food. One person said, "The food is very good and we have as much as we want. We also have a cooked breakfast on Saturdays". People told us their health needs were well met. One person said, "If I feel unwell they call the doctor for me". Another person told us, "I often have to go into hospital as I have many health problems which they understand here".

Relatives told us that staff meet their family member's health needs well. One relative told us, "Staff have picked up when [person] isn't well, she goes off to the GP, they have let us know". Another relative told us their family member liked the food.

Staff had not always received training and guidance relevant to their roles. Training records evidenced that staff undertook training by completing workbooks, which were sent off for marking and evaluation. The courses included training in health and safety, moving and handling, safeguarding and infection control. Some staff had not yet completed courses to meet people's assessed needs. Kitchen staff had not undertaken training in relation to diabetes to help them understand the importance of certain ingredients in food such as sugar and carbohydrates. One staff member explained how they supported people to access the community. They had not undertaken training in epilepsy and diabetes yet they supported people with these health conditions. Records showed that no staff had undertaken epilepsy training. This meant they may not be able to effectively manage people's care and support if the person became unwell.

We received mixed feedback about supervision and support available to staff. Staff had not received regular supervision from their line manager. One staff member said they should have had a supervision meeting in June 2015 but it hadn't happened. The same staff member told us they had not had an appraisal despite working at the service for a number of years. Another staff member gave us examples of mixed messages they had received from the management team. Records showed that some new staff had received supervision and observations of their care and support. This meant that staff received mixed support and supervision from the management team for them to carry out their roles.

The lack of support, supervision and training was a breach of Regulation 18 (1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had been undertaking diabetes and insulin administration training with the community nursing team. We spoke with the nurse who had been carrying out competency assessments of staff who had learnt how to administer insulin. They told us that the training for staff had relieved the pressure on the community nursing service and had increased choice and control to people. Five staff had been signed off by the nurse as competent to administer and another five staff were currently being assessed. The nurse explained that since the training had been completed people no longer had to wait for a nurse to arrive to administer their insulin; this meant that they could have their meals when they wanted.

New Staff undertook induction training with the registered manager when they first started, this enabled them to familiarise themselves with the home, policies and undertake some training. New staff shadowed

experienced staff to help them get to know people and their routines. New staff were at different stages within the induction process. Induction records showed that some staff had not yet fully completed their induction and required observations of their competency to make sure they were working according to the policies, procedures and good practice guidance.

People received medical assistance from healthcare professionals when they needed it. Staff recognised when people were not acting in their usual manner, which could evidence that they were in pain. Staff understood people's health needs and the district nurse visited every other day for people who required medical support with pressure areas. Staff had sought medical advice from the GP when required. Referrals had been made to speech and language therapist (SALT) and the dietician for people who needed it. Records demonstrated that staff had contacted the GP, ambulance service, dementia specialists, palliative care nurses, community nurses, hospital and relatives when necessary. People had seen an optician on a regular basis to check the health of their eyes. A chiropodist visited regularly.

People's weights had not always been monitored and recorded regularly. Some people had not been weighed for several months, including those people who had been losing weight. The provider told us that all people with pressure sores were being treated by district nurses. Wound charts were being completed for people when they developed sores or wounds. Staff completed where on the body map the wound was and in some cases how it was caused and the date it was identified. However there was no further action documented or information to confirm whether the wound had healed. There was guidance in one person's care files from district nurses regarding how a person's wound should be managed and the care that the person needed in order to support them to heal. The guidance was documented in the healthcare professional visit records however this did not relate to the guidance in the person's skin integrity care plan. As additional guidance had been given by district nurses when they visited, it was not clear which guidance was current and which was no longer relevant.

We recommend that the provider reviews and monitors people's healthcare records to ensure that information about people's care and health is up to date and relevant.

Visiting nurses gave us positive feedback about the home and staff. One nurse told us the staff are responsive and "Will make contact if they have queries". Another nurse said, "Staff are good at recognising changes in skin and make contact with us or ask us when we are in" and "I'm very happy with pressure care".

Staff had a good understanding of the Mental Capacity Act (2005). We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We observed staff offering people choices. However, the MCA had not always been followed. One person's care plan had been signed by a relative to consent to their care however there had been an assessment completed about the person's capacity which showed they were able to consent for themselves. Their care plan stated that the person, "Will communicate well" and "Memory is good". One person was being cared for in bed due to a pressure sore. The person had bed rails in place however their care plan did not reflect the use of bedrails. There was no risk assessment in place and consent to the use of bed rails had not been documented.

We recommend that the provider reviews and monitors care to ensure consent is obtained following the principles of the Mental Capacity Act (2005).

People were not deprived of their liberty, therefore the registered manager had not applied to the local authority under the Deprivation of Liberty Safeguards (DoLS).

The service employed a cook who worked from 07:00 to 14:00 each day. A kitchen assistant worked three days per week to prepare tea. The provider said that they were supporting them to learn new recipes so that they were able to add more variety to the evening menu. People had been asked what they liked from the old menus and whether there were any dishes they would like added to the new menu as part of the menu planning process. People were able to make suggestions for the menu at their 'residents' meetings which were held weekly.

The home had a rolling four week menu in place which had been recently reviewed to incorporate more choices for people about meals that they liked to eat. The cook said "I like that there is more choice now so that everyone is eating something that they want to eat because they have chosen it". People were asked what they wanted to eat the day before however people were able to change their mind on the day and ask for other food if they wanted to. People were offered two choices of meals and teas but other alternatives such as jacket potatoes were available. Lunch choices included steak and kidney pudding or vegetable curry and roast chicken or toad in the hole. Tea choices included pizza with garlic bread or sandwiches and vegetable soup with bread and butter or sandwiches.

People had drinks offered throughout the day and people that were not mobile had drinks placed within their reach. We observed lunch and saw that the portions were generous and there was very little waste. Those with smaller appetites were given portions accordingly. Juices were provided and also tea if requested.

We observed meal times in both the ground floor and first floor dining rooms. People were able to choose where they sat and what they ate. People were chatting amongst themselves and there was a relaxed atmosphere. Staff chatted with people while they were serving their lunch. People were given drinks with their meals. Some people had lidded beakers if they struggled with drinking from ordinary glasses. Most people were able to eat independently however staff assisted people if they noticed that they were struggling or hadn't eaten much. One person began choking on four occasions however no staff went over to offer assistance or see whether they would like a drink.

People gave positive feedback about the food and made comments including, "That was very nice that" and "There's loads of apple in the crumble mmm". We observed that staff dished people's desserts up whilst they were still eating, this meant that the dessert sat on the table getting cold whilst the person ate their first course.

The handovers between staff going off shift and staff coming on shift were documented. This included information about any medical concerns and the emotional wellbeing of people who lived in the home. This ensured that information was passed on and documented appropriately.

The provider informed us that as part of their refurbishment plan they had been doing research into dementia friendly environments. They planned to change the décor to support people with dementia to orientate themselves in the home when their dementia advanced.

Is the service caring?

Our findings

People told us that staff were kind and caring. Comments included, "We can have a laugh and joke with them. They are never unkind and they are really lovely girls" and "Good carers, good staff, good cleaners and the food is excellent. I can't fault it".

Staff knew people well and by name, many people had lived at the home for many years. Some people's relatives had lived at the home before them. Caring gestures were made by staff such as a pat on the hand, a hug or sitting with people talking to them. Caring was also extended to staff caring about relatives who visited.

Relatives told us that staff were friendly, caring and kind towards their family members. Comments included, "She's well looked after"; "As far as I know staff are kind and caring"; "I feel [person] gets good care here, I always have" ; "They have a homely atmosphere"; "Staff are nice, they struggle with keeping staff. The new staff are kind and caring, let's hope they keep them" and "She's always well looked after".

During the inspection we observed staff knocking on doors and asking permission to enter. One staff member said, "I always knock before going in, it's their privacy". People were treated with dignity and respect. Staff involved people in what was going on and enabled them to feel in control when they repositioned them. Staff told us they would close the door when providing personal care.

Throughout the day we observed good practice. People's calls for help were answered quickly. Staff communicated with people in their preferred manner. We observed staff checking with people to see if they were feeling better if they had felt unwell earlier in the day.

Staff had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal records were stored securely. People's individual care records were stored in the locked office to make sure they were accessible to staff. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

People's bedrooms had been decorated to their own tastes and personalised with pictures, photographs and items of furniture such as beds and sofa's in from home to make their rooms more homely.

People told us they had been involved in making decisions and planning their care. They were asked how they wanted to be cared for and about their likes and dislikes. Care files evidenced that people and their relatives had been involved with planning and reviewing their care. These had been signed by people or their relatives. One person said, "Now I need more help from them, they have put it in my care plan so everyone knows about it".

Relatives told us that they were able to visit their family members at any reasonable time. Relatives explained that they visited their family members at different times of the day and they were always made to feel welcome. Technology was used to support people and their relatives to connect. One person's family

lived abroad, they were supported by staff to keep in contact through using a video link over the internet. This meant that they could see their relatives and talk with them at the same time. A Visitor told us, "We're always made to feel welcome when we visit".

People's religious needs were met. People were able to go to church if they were able to access the community without difficulty. The activities staff had arranged for a six weekly church service to be held at the home. A visitor said the service lasts half an hour and there is time to talk with people afterwards. The service has become quite well attended with 20 people attending.

Is the service responsive?

Our findings

People told us they knew who to talk to about complaints and compliments. Comments included, "We don't have much to complain about but know we can speak to someone if we do"; "We also have residents meetings and can tell them then or make suggestions". We are also kept up to date about the alterations going on here"; "If I'm not happy with something I tell them, then that is the end of it. Tomorrow is another day and I don't hold grudges"; "When I have complained it has been resolved to my satisfaction".

Relatives knew the provider and all said they could speak to the management team when they needed to. One relative said, "The managers are approachable".

The activities schedule showed that planned activities included weekly bingo, exercises, weekly shopping trips, weekly 'residents' meetings and trips out for tea/coffee. We spoke with staff about activities. Staff told us that only people who could manage their own personal care and continence were supported to go out. If a person was not able to then additional staff would have to support them to take part. Staff told us that this had only happened once in a year, which was when people were supported to go to a party at Christmas. When we last inspected the service, one person became very animated when talking about activities, they had shown us pictures of them fishing, which was something they really enjoyed. We asked staff if the person had continued to do this activity. Staff told us that this had not happened again since because there were not enough staff and this person would need someone with them to enable them to take part and stay safe.

People that received their care and support in bed did not have access to activities to stimulate them. The activities staff planned some in house activities such as arts and crafts, giant board games, bowling, quizzes, and listening to music. Only four people liked arts and crafts. Staff told us people liked music, the activities staff had arranged singers to visit the service. There was also a computer that people were able to use. One person told us, "I like to get on the computer when I can". However most of the activities were activities that could be done for little or no cost, the activities budget was very small.

Some people were supported to be part of their local community and some attended a local day service. Some people took themselves off to the local shops, pub or to the beach. Activities staff supported a weekly shopping trip for people to buy personal items. Staff explained that people enjoyed going out the most. Staff explained that the weekly shopping trip was going to be stopped because of costs associated with supporting the activity. The provider explained they had plans for refurbishment in the downstairs lounge/dining area and said that they were considering opening a small shop which would be run by people and it would allow for people who were less able to access the community to be able to purchase items such as toiletries for themselves. One person said that they thought this was a good idea and would like to help out.

Relatives told us they took their family members out when they could. One relative told us their family member, "Has enough to do, but doesn't always want to do things, she used to go to Age Concern, she now spends most of her time in the lounge, she likes food and she likes company".

People's experience of activities was mixed, improvements were required to ensure that all people had access to activities to keep them active and to stimulate them.

Whilst each person had a care file which detailed their care and support needs, we found that care files contained generic paperwork which was only completed in relevant places for people. However, this meant it was difficult to find information quickly and easily and there were a lot of blank forms which were not necessary for each person. Some care files contained conflicting information. One person's care plan had not been reviewed or amended since they had moved to the service in October 2015. However, there had been changes made to the person's medicines and the person had been admitted to hospital on several occasions. Another person had a pressure area and was receiving medical support from the community nurses in relation to this. However the person's wound care plan was not completed. Life histories were not in place for all people. This meant staff did not have up to date and relevant information about people's support needs staff may not have all the information they need to build a rapport with people and provide care and support according to their preferences.

One person was known to show aggressive behaviours to staff at times. The care plan for the person did not contain any information about how they should be monitoring the person's behaviour. There was a separate file kept that some staff were completing with information about times when the person had been aggressive. There was no guidance for staff in the person's care plan about how or when they should be documenting. There was no oversight to identify whether there was any pattern of behaviour or how staff could identify whether this behaviour was likely to happen and how to minimise the risk of it happening. Where staff were recording aggressive behaviours, staff were not always recording what had happened before the incident and how it had been managed to diffuse the situation. Another person had a history of self-neglect which was highlighted in their mental health plan. Their personal care plan did not reference the person having a history of self-neglect and how to prevent it occurring in the future.

These examples of evidence a breach of Regulation 9 (1)(a)(b)(c)(2)(3)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's views had not always been acted on. Surveys had been given to people which had gathered feedback about people's experiences of living in the home. The people who lived on the first floor had not been asked about their views since September 2014. The people on the ground floor had been asked for their views in July 2015. Views included, 'All new changes great'; 'Very happy with home'; 'Very happy with everything' and 'Food very good'. One person's survey stated they, 'Would like more showers and hair wash'. We checked the person's records and found this person had not had a shower since 2015. We spoke with the provider about this and they explained that they were waiting for a piece of equipment. Staff explained that one piece of equipment had been sourced in late autumn 2015 however another piece of equipment was still needed. The registered manager and provider had not chased up the equipment which meant that the person had gone without.

The failure to act on feedback was a breach of Regulation 17 (1)(2)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives had been sent surveys in 2015 to request their feedback about their family members care. Positive feedback had been given. Comments included, 'We are very satisfied with the love and care mum is receiving'; 'I'm very happy'; 'The home seems caring and provides a warm, friendly environment' and 'Good to see refurbishment inside and in the gardens, I would like to see residents encouraged to use the gardens'.

The provider had a complaints policy and procedures which included clear guidelines on how and by when

issues should be resolved. It contained the contact details of relevant external agencies, such as the Local Government Ombudsman and the Care Quality Commission. The complaints procedure was on display in the reception area, which meant that people and their relatives knew how to formally complain. People and relatives confirmed they knew who to talk to if they had any complaints.

We reviewed the complaints records and saw that written complaints were documented and the records evidenced that they were responded to within agreed timescales. The response included an investigation and when warranted an apology was provided. The person who made the complaint was provided with a clear explanation of the steps that were taken to prevent the issue from being a problem in the future.

Compliments had been received. We read one which had praised a particular staff member, it read, '[staff member] was really upbeat and happy which seemed to raise the whole atmosphere on the top floor'. Another read, '[Staff] was really helpful'. Thank you cards had been received by the service, these were displayed on the notice boards so that people, relatives and staff could read them.

People told us that meetings were held weekly. Three people told us they liked to go to them and were able to talk about things that they wanted to do or anything that they were unhappy with. One person said that they had arranged for a fire officer to come in and give a talk to people about the dangers of smoking within the home. Records of meetings showed that the meetings were generally well attended and people were able to make requests and be involved in the running of the home. One meeting record evidenced that people were asked if they would like to be involved with interviewing for new staff.

Is the service well-led?

Our findings

People told us that the home was well managed and they told us that the provider was frequently visible in the home. We observed that people knew the management team and felt comfortable to chat. Comments included, "We feel we are listened to when we make suggestions and very occasionally a complaint" and "They like to know we are happy and contented here".

Relatives were positive about the home and how it was run. One relative told us, "I'd recommend it [the home] to anyone". One relative commented about the visual improvements. They told us, "Decoration and outside has dramatically changed".

At the last inspection we reported that the provider was still introducing quality assurance systems and embedding these into practice. At this inspection we found that this was the same. The registered manager had undertaken one audit of the home in January 2016. They planned to next audit in June 2016.

The service's quality assurance policy states, 'The organisation believes that a culture that is supportive of continuous improvement must be maintained by way of regular auditing and reviewing of the standards of performance in all aspects of the organisation and its personnel, followed by open discussion of its strengths and weaknesses and action planning to resolve weaknesses'.

The registered manager explained that the quality assurance schedule was to alternate audits with surveys to ask for feedback on a quarterly basis. The audit report from January 2016 had not picked up any of the concerns we found during the inspection in relation to recruitment records, staff training, risk, activities and failing to act on feedback. This meant that quality assurance systems were not robust and did not effectively monitor the quality of care and support being provided. The January 2016 audit had recorded that 'Staff to audit care plans and risk assessments every month'. However the registered manager and provider have a responsibility to check that the action required is happening in practice and to check that staff understand what is being asked of them.

The registered manager told us they checked the content of care plans. We questioned whether changes to care plans were checked when people's health needs changed. The registered manager explained that staff and health professionals wrote in the person's notes. We checked care plans and people's notes. We found that the notes had not been used to update the care plan. This meant that all staff were not aware of the person's current care and support needs.

This evidences a breach of Regulation 17 (1)(2)(a)(b)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems were in place to monitor all accidents and incidents. The registered manager checked completed accidents and incidents on a monthly basis to check for trends and look at ways to reduce future incidents.

The registered manager and provider had notified CQC about important events such as deaths, serious

injuries and safeguarding concerns. One safeguarding concern had not been reported appropriately, we discussed this with the registered manager who immediately reported the incident to the local authority and CQC.

Staff were aware of the whistleblowing procedures and voiced confidence that poor practice would be reported. Staff told us that they would escalate concerns to CQC as well as the local authority. Effective procedures were in place to keep people safe from abuse and mistreatment.

The provider had displayed the rating of the last inspection in a prominent area so that people, visitors and relatives could view the rating given by CQC following the previous inspection.

Staff told us that communication between staff within the home was good and they were made aware of significant events. Staff were positive about the support they received from the management team. Staff told us that the staff work well together as a team, one member of staff said, "[provider name] I can't fault – she's been amazing". Another staff member told us, "We have regular staff meetings and emails about the home, we have a communication book. There is good communication between the night and day staff". They went on to say "I'm happy in my job".

We viewed the previous three staff meeting minutes and saw that staff were confident in raising concerns and issues with the management team. The meeting records show that practice issues were discussed as well as thanks to staff when things have gone well.

Most staff felt valued by the provider and registered manager. One member of staff said that they didn't feel valued as a member of staff. They said that they didn't feel that they could talk to the registered manager as they had tried on several occasions. They stated the registered manager "Appears not interested and you are told to talk to the seniors or sort it out yourself". They gave examples of some concerns that they had raised, however they had not seen that any action had been taken to resolve them. Other staff told us that the registered manager delegated tasks to the team leaders and seniors, they were able to ask the team leaders for support and if this was not forthcoming they felt comfortable to approach the management team. New staff members told us, "I really like it here, everyone is really caring" and "I love it here, I'm always busy".

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had not ensured that people received appropriate care and activities that met their needs and reflected their preferences. Regulation 9 (1)(a)(b)(c)(2)(3)(a)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider has failed to assess and mitigate risks to people and staff, failed to ensure that the premises are safe for use, failed to assess the risk of and prevent, detect and control the spread of infections. Regulation 12 (1) (2)(a)(b)(d)(e)(h)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had not established systems and processes to effectively prevent abuse. Regulation 13 (1)(2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured that leadership

and quality assurance systems were effective to make sure people were safe and they received a good service. The provider had failed to act on feedback.
Regulation 17 (1)(2)(a)(b)(e)(f)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The provider had not operated recruitment procedures effectively.
Regulation 19 (1)(a)(b)(2)(a)(3)(a)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider had not ensured that staff were suitably supported, trained and competent to provide safe and appropriate care.
Regulation 18 (1)(2)(a)