

Sands Care Morecambe Limited

The Sands Care Home

Inspection report

390 Marine Road East
Morecambe
Lancashire
LA4 5AU

Tel: 01524400300

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02 December 2016

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This unannounced inspection took place on 30 November and 02 December 2016.

The Sands Care Home is registered to provide care and accommodation for up to 96 older people. The home cares for people who require nursing or personal care. Care is provided on a 24 hour basis by registered nurses and care staff including waking watch care throughout the night. There is a lift to access all five floors of the building. The home is situated on the promenade overlooking Morecambe Bay. At the time of inspection 86 people were residing at the home and the registered provider employed approximately 150 staff.

There was not a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The previous registered manager cancelled their registration in December 2015. A new manager has been identified and we noted from our internal communication system they were currently completing the registration process with the Commission.

The service was last inspected over several days in February and March 2016. At this inspection we found the service was not meeting the required fundamental standards. We identified breaches to Regulation 17 (Good governance) of the Health and Social Care Act, (2008) Regulated Activities 2014, as suitable systems were not in place to monitor, assess and improve the quality of services provided and care records were not always complete and accurate. We also identified a breach to regulation 18 (Staffing) of the Health and Social Care Act, (2008) Regulated Activities 2014, as staff were not appropriately deployed to meet people's needs.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Sands Care Home on our website at www.cqc.org.uk

We used this inspection carried out in November and December 2016 to ensure action had been taken to ensure all fundamental standards were now being met. We also carried out the comprehensive inspection to review the rating of the service.

At this inspection visit, we found improvements had been made to staffing. Following the previous inspection visit the management team reviewed staffing levels and deployed additional staff at peak times. New roles were created within the service to support the staff team responsible for delivering care and support. People who lived at the home consistently told us their needs were met by the staff team and they did not have to wait when they required assistance. Staff told us staffing levels had improved and staffing levels now allowed them to spend quality time with people who lived at the home. During the inspection visit we saw this occurring.

We found improvements had been made to ensure paperwork was completed in a timely manner. The registered provider had invested in an electronic care planning system. At the time of this inspection visit in December 2016 we found the service was in the process of transferring care planning information from paper copy to an electronic format. Staff were being provided with on-going training to use the system. The new system alerted staff if a person's care required assessing. Care plans were developed and maintained for people who lived at the home. Care plans covered support needs and personal wishes. Plans were reviewed and updated at regular intervals and information was sought from appropriate professionals as and when required.

We found some improvements had been made to ensure auditing systems were implemented within the home. Following the last inspection visit, members of the management team had received training to enable them to carry out audits. A staff member had been identified to carry out audits as part of their job role. We noted some audits had taken place but these were not consistently applied. The staff member acknowledged that the auditing system was in its infancy and still needed developing. Audits did not consistently identify concerns within the service. For example, the medicines auditing system had not been reviewed since April 2016; consequently concerns identified within this inspection visit had not been picked up. We have made a recommendation about this.

We looked at how medicines were managed by the service. We found good practice guidelines were not considered and medicines records were not consistently up to date. This placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act (2008) Regulated Activities 2014.

People who lived at the home consistently told us they felt safe. We looked at how the service managed risk to keep people safe. Whilst risk assessments were in place for people we found these did not consistently record all aspects of risk. For example, there were no bed rails risk assessments in place within care records for people using bed rails. For people at risk of choking there was not always a choking risk assessment in place. This placed people at harm as risk was not clearly documented for staff to be aware of and address in an appropriate manner. This was a breach of Regulation 12 of the Health and Social Care Act (2008) Regulated Activities, 2014.

During the inspection visit we identified two incidents that should have been reported to the Care Quality Commission. We spoke to the manager about their responsibilities for notifying the commission of significant events. The manager agreed to submit the notifications for both incidents but both of these notifications were not received. This was a breach of regulation 18 of the Care Quality Commission Registration Regulations 2009.

People who lived at the home said the food provided at the home was good. They told us there was plenty of choice and their nutritional and health needs were met. Systems were in place for managing people's dietary needs. We noted input from health specialists when people were at risk of malnutrition.

People spoke positively about the quality of service provided. People consistently told us they were happy with the service provided and said they had no complaints. They were aware of the complaints procedure and their rights to complain.

People spoke highly about the staff. Staff were consistently described as caring and kind. People told us there was plenty of activities on offer to keep them busy. We noted there was a focus on providing person centred care.

People were protected from the risk of abuse. Staff responsible for providing care and support had knowledge of safeguarding procedures and were aware of their responsibilities for reporting any concerns. During the inspection visit we noted one incident which had not been safeguarded by the manager. We discussed their reporting responsibilities as part of the inspection process.

Staff had a sound understanding of the Mental Capacity Act 2005 (MCA) and the relevance to their work. Mental capacity was routinely assessed and good practice guidelines were referred to when a person lacked capacity. Systems were being followed when people who lacked capacity were being deprived of their liberty.

Following the last inspection visit, the registered provider had developed incentives to encourage staff to complete training. Staff praised the variety of training on offer and said they felt supported within their role. The senior management were working proactively to develop a trained workforce.

Suitable recruitment procedures were in place which meant staff were correctly checked before starting employment.

Systems were in place to seek feedback from all people who lived at the home as a means to develop and improve service delivery however these had not been consistently applied. When we brought this to the senior management team's attention, action was taken straight away. We have made a recommendation about this.

People who lived at the home consistently praised the manager and their attitude. People and relatives said the management team was approachable and they were confident if they had any concerns action would be taken.

Staff were extremely positive about ways in which the service was managed and the support received from the management team. They described a positive working environment with a positive culture and high morale.

You can see what action we have asked the registered provider to take at the back of the full version of the 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?

The service was sometimes safe.

People who lived at the home and relatives told us people were safe.

Arrangements were in place for management of all medicines; however they were not consistently applied.

Processes were in place to protect people from abuse. Staff were aware of their responsibilities in responding to abuse.

The service had suitable recruitment procedures to assess the suitability of staff.

Risk was addressed and managed within the home, but documentation was not always present to inform staff of associated risk.

The manager ensured there were appropriate numbers of suitably qualified staff on duty to meet the needs of people who lived at the home.

Requires Improvement ●

Is the service effective?

The service was effective.

People's health needs were monitored and advice was sought from other health professionals, where appropriate.

People who lived at the home praised the food on offer. Nutritional and health needs were met by the service.

Staff had access to ongoing training to meet the individual needs of people they supported.

Staff had an understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and the relevance to their work.

Good ●

Is the service caring?

Good ●

The service was caring.

People who lived at the home described staff as kind and caring.

Staff had a good understanding of each person in order to deliver person centred care. People's preferences, likes and dislikes had been discussed so staff could deliver personalised care.

People told us staff treated people with patience, warmth and compassion and respected people's rights to privacy, dignity and independence.

Is the service responsive?

Good ●

The service was responsive.

Records showed people were involved in making decisions about what was important to them. People's care needs were kept under review and staff responded when people's needs changed.

The service had a complaints system to ensure all complaints were addressed and investigated in a timely manner.

Is the service well-led?

Requires Improvement ●

The service was sometimes well led.

Processes for reporting statutory notification were inconsistently followed.

The service had implemented an auditing system but this was not fully operational or effective.

The management team had good working relationships with the staff. Staff told us regular communication took place between management and staff as a means to promote continuity of care.

The management team sought feedback from relevant parties to improve service delivery however this was inconsistently applied.

Staff described a positive working environment where they felt adequately supported by the management team.

The Sands Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 30 November 2016 and 02 December. The first day was unannounced.

On the first day, the inspection was carried out by two adult social care inspectors, one pharmacy inspector and an inspection manager. One adult social care inspector visited alone on the second day to complete the inspection visit.

Prior to the inspection taking place, information from a variety of sources was gathered and analysed. We spoke with the Local Authorities, Clinical Commissioning Groups responsible for commissioning care and the local Healthwatch team to check if they had any concerns.

We reviewed information held upon our database in regards to the service. This included notifications submitted by the provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people.

Information was gathered from a variety of sources throughout the inspection process. We spoke with 16 members of staff. This included the registered provider, the manager, three members of the senior management team, the kitchen manager, an administrator, the maintenance person, four qualified nurses and four members of staff who provided direct care.

We spoke with eleven people who lived at the home to seek their opinion of the service and spoke with five relatives to obtain their views about service provision.

To gather information, we looked at a variety of records. This included care plan files relating to six people who lived at the home. We also looked at medicine administration records relating to seven people who

received support from staff to administer their medicines.

We viewed recruitment files belonging to six staff members and other documentation which was relevant to the management of the service. This included health and safety certification, training records, team meeting minutes, medicines administration records, accidents and incidents records and findings from monthly audits.

We looked around the home in both communal and private areas to assess the environment to ensure it was conducive to meeting the needs of people who lived there.

Is the service safe?

Our findings

People said they felt safe when being supported by staff at The Sands Care Home. Feedback included, "I feel very safe here. I feel contented. I can close my eyes and go to sleep without a worry." And, "No one would hurt me here, it's a nice place." And, "I feel very safe." Relatives also told us they were reassured their family members were safe at the home. One person said, "[My relative] is very safe here."

At the inspection visit carried out March 2016, we identified a breach to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014, (Staffing). The registered provider had failed to ensure sufficient numbers of suitably qualified, competent, skilled and experienced staff were deployed to meet the people who lived at the home. People who lived at the home told us staff were rushed and could not always meet their needs. We observed this in practice.

At this inspection, we found improvements had been made and the registered provider was meeting the required fundamental standard. The registered provider and the manager had reviewed staffing levels and deployed more staff at peak times. Additional staff were now on duty in the mornings and the evenings. On the first day of the inspection there were 23 care staff and three nurses delivering direct care. There was also another nurse within the building carrying out administrative and managerial tasks that could be called upon in an emergency.

We spoke with people who lived at the home and asked them if they were happy with staffing levels. Feedback included, "If I press my bell they come very quickly." And, "If on the odd occasion you do have to wait, they do it properly. They come and explain and apologise and then you only have to wait a minute." And, "The staffing is excellent."

The manager said improvements had been made to planning of staff. Rota's were prepared in advance so staff absence could be planned for. The manager said an administrator reviewed staffing levels each day. If there was any unplanned absence or a change in person's needs extra staff could be drafted in. The manager said they had a bank of staff to call upon in an emergency. Agency staff would only be used in emergencies.

On the inspection visit we noted staff were not rushed and had time to meet people's needs in a timely manner. We pressed an emergency bell to time the response time and found staff responded within a minute of the bell sounding. During the inspection visit we noted call bells were consistently answered promptly by staff.

We asked staff their opinion on staffing levels. Staff said the management team had been proactive in managing staff sickness. This had resulted in staff attendance at work being more consistent. Staff told us staffing levels allowed them to comfortably carry out their tasks. They said they now had sufficient time to sit and spend quality time with people who lived at the home.

Although people told us they were safe, we found evidence to suggest people's safety was sometimes

compromised.

During this inspection visit, we looked at the arrangements for the management of medicines. We watched a nurse giving people their medicines. They followed safe practices and treated people respectfully. We looked at systems for managing controlled drugs. Staff knew the required procedures for managing controlled drugs. Although we observed some positive practice we found arrangements were not always safe.

Records relating to medication were not completed correctly placing people at risk of medicine errors. For medicines with a choice of dose, the records did not always show how much medicine the person had been given at each dose. We also found when a non-administration code was used it was not always clear why the medicine had not been given. For medicines that staff administered as a patch, a system was in place for recording the site of application but staff had not fully completed this for two people whose records we looked at. This is necessary because the application site needs to be rotated to prevent side effects.

We also saw that some creams were applied by care staff, however application records were incomplete and in one case the medicine administration record (MAR) did not accurately document the cream that care staff were applying. One member of care staff said they had applied cream that morning but had not made a record of the application.

We found where medicines were prescribed to be given 'only when needed,' the required guidance to inform staff about when these medicines should and should not be given, was not always available. Whilst the nurses were able to tell us how the medicines were given, this information was not recorded in detail or specific to individual people. This information would help to ensure that people were given their medicines in a safe, consistent and appropriate way.

We looked at medicines stocks. Three medicines for three people were not available. This means that appropriate arrangements for ordering and obtaining people's prescribed medicines had failed, which increases the risk of harm. We found medicine stocks were not properly recorded when medicines were received into the home or when medicines were carried forward from the previous month. This is necessary so accurate records of medication are available and care staff can monitor when further medicine would need to be ordered.

One person had medicines administered crushed because of swallowing difficulties. However, the information on how this would be done was not clear and there was no information to confirm guidance had been sought from the pharmacist to make sure these medicines were safe to administer in this way.

Medicines kept at the home were stored safely. Appropriate checks had taken place on the storage, disposal and receipt of medicines. This included daily checks carried out on the temperature of the rooms and refrigerators that stored medicines. However, we noted the maximum temperature of the refrigerators on two floors recorded the maximum temperature above that recommended.

These findings evidenced a breach of Regulation 12 Health and Social Care Act (Regulated Activities) Regulations 2014 (Safe Care and treatment) as suitable systems were not in place to ensure medicines were safely managed.

At this inspection visit we looked at how the service managed risk. We looked at risk assessments relating to six people who lived at the home. We noted some risk assessments were in place. These included risk assessments to manage people's risk of falls, risk assessments for people at risk of malnutrition and risk

assessments to prevent people from developing pressure ulcers. These assessments were reviewed at least monthly.

We noted however, risks of people choking and risks of using bed rails were not routinely addressed. When asked, staff could tell us about individual risks presented by people at risk of choking and strategies for managing these risks but there was no accompanying paperwork to guide staff. This may place people at harm if they are being supported by staff who do not know the person's needs. This was a breach of Regulation 12 of the Health and Social Care Act (2008) Regulated Activities 2014 as the service had not done all that was reasonably practicable to mitigate risk.

We looked at how safeguarding procedures were managed by the service. We did this to ensure people were protected from any harm. The manager said all staff were expected to attend safeguarding training as part of their role.

Staff told us they had received safeguarding training. Staff were able to describe different forms of abuse and said they would report any concerns to management. One staff member said, "I would report it to the nurse in charge, so people were safe."

We looked at recruitment procedures to ensure people were supported by suitably qualified and experienced staff. To do this we reviewed six staff files. Full employment checks were carried out prior to staff starting work. The service kept records for each person employed. Two references were sought and stored on file prior to an individual commencing work. One of which was the last employer. When gaps in employment history were present on application forms, these had been discussed and been explored with each applicant.

The service requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is a statutory requirement for people providing a personal care service supporting vulnerable people. The service checked this documentation prior to confirming a person's employment.

The service had a system for reporting accidents and incidents. Records were detailed, concise and up to date. Although records relating to accidents and incidents were completed we noted there had been no analysis of accidents and incidents which would identify any trends or themes so that future accidents could be prevented. On the first day of the inspection visit we discussed this with the manager. On the second day, we saw evidence the management team were taking action to analysis all accident data.

As part of the inspection visit we looked around the building, we noted the home was clean and tidy. The manager said since the last inspection they had worked hard to implement infection control processes within the home. They had identified two staff members who were infection control leads for the home. This enabled them to have up to date information to allow them to improve service delivery.

During the inspection visit we noted some water temperatures in bathrooms exceeded the recommended temperatures set out within health and safety guidance. This placed people at risk of harm from scalding. Staff told us they routinely measured water temperatures before they supported people to have a bath to reduce the risk of people being scalded, however these temperatures were not recorded.

We raised these concerns with the registered provider. They advised us work was in progress to address water temperatures within the home. Following our inspection visit we received confirmation immediate action had been taken to protect people from harm.

We also looked at documentation relating to the health and safety of the home. We noted all required certification was up to date, regular maintenance checks took place and comprehensive records were maintained. Window restrictors, water temperatures and bed rails were checked monthly by the maintenance person employed at the home.

Is the service effective?

Our findings

People who lived at the home and their relatives told us they received effective care. Feedback included, "They get a doctor in to see me if I need one." And, "The staff are helping me to get my medicines reviewed to help me feel better." Also, "I have kept my own doctor. They will get them out to see me if I am not well." In addition, "I am so happy here, the care is so good. They look after me well." One relative praised the way in which staff at the home had dealt with a specific health incident experienced by their family member. They said staff acted professionally and proactively. They said this prevented their family member from being admitted to hospital and contributed to a more positive outcome for the person.

Individual care records showed health care needs were monitored and action taken to ensure health was maintained. A variety of assessments were used to assess people's safety, mental and physical health. Assessments were reviewed regularly. Changes in assessed needs were recorded within a person's care plan. There was evidence of partnership working with other health professionals when people had additional health needs. For example, one person displayed low mood, the nurse in charge assessed their mental health and made a referral to the community health team. We saw evidence of partnership working with the speech and language team, dieticians and general practitioners.

We asked staff how they supported people to maintain good health. Staff said they monitored the health of people and would seek advice and guidance from the nurse in charge if they were concerned.

We looked at how the service met people's dietary needs. We received positive feedback from people who lived at the home about the quality and choice of food provided. Feedback included, "All the food is good." And, "I order my dinner every day. It's always nice." Also, "[My relative] can always have an alternative meal if they don't fancy what is offered. They have put on weight since they came here."

We overheard staff interacting with people at lunchtime. People were offered second helpings of food if they wanted extra. One person had a poor appetite and was reluctant to eat. We overheard staff gently persuading the person to try and eat a little of their food.

We spoke with the kitchen manager. People who required special diets had this detailed within the care records. Records clearly documented people's likes and dislikes and preferred foods. Dietary information was shared with the chef. The kitchen manager said they reviewed people's dietary needs on a monthly basis or as people's dietary needs changed. They told us they sought feedback on the quality of food from people and responded to people's choices. We noted the chef had attended a residents meeting and had agreed to change the menu accordingly when people had made requests. The chef also told us they had received training through the speech and language team and had received training in using thickening agents and allergens. This training equipped the chef to understand the importance of meeting people's dietary needs.

We noted when people were at risk of malnutrition, weights were reviewed on a regular basis using a malnutrition screening tool. We saw a job role sheet which indicated that key-workers were responsible for ensuring people's weights were monitored and recorded. We saw evidence that when one person had lost a

significant amount of weight they were referred to a health professional for further support.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We looked at care records and found the service routinely assessed people's capacity. This meant staff acted lawfully when supporting people to make decisions. When people had capacity this was documented in care records so people could make their own decisions.

We spoke with staff to assess their working knowledge of the MCA. Staff recognised that people had the right to be involved in making decisions for themselves when they had capacity, even though decisions may be unwise. Staff we spoke with were aware of the need to consider capacity and what to do when people lacked capacity. One staff member said, "It's all about supporting people to make decisions." Another staff member said, "We would involve the mental health teams or the person's doctor if a person didn't have capacity."

We looked at staff training to check staff were given the opportunity to develop skills to enable them to give effective care. We spoke to a member of the management team who was responsible for training. They told us the registered provider had worked proactively to motivate staff to attend training. A pay related bonus linked to training was due to be implemented in April 2017. Because of this, staff had been motivated to attend all required training.

We noted training courses were on display for staff to pre-plan their time and book on to. We saw there was a variety of training on offer. Training was provided internally by in-house trainers, from other external agencies and by e-learning.

We looked at a training matrix maintained by the management team and noted there had been an increase in training courses attended since the last inspection. Training had been provided in person centred care and dementia, dignity, DoLS & MCA, moving and handling, fire, food safety, infection control, peg feeding and safeguarding of vulnerable adults. The manager said staff were encouraged to be responsible for their own training but said they were going to review the training programme in February 2017 to see what training was still required for each staff member.

Staff told us the variety of training provided was good. Staff said they could ask for additional training if they thought it would benefit them. Feedback included, "We have a lot of training." Also, "Training in specialist areas can be arranged for us." In addition, "We are always being told about training."

We spoke with a member of staff who had been recently employed to work within the service. They told us they undertook an induction period at the commencement of their employment. They said, "My induction was great, I wasn't left alone. I did some shadowing and lots of training."

We spoke with the staff member responsible for providing training for staff. They told us they had recently

reviewed the induction process and had noted some areas for improvement including effective hand hygiene. They said they planned to further develop the training and induction programme in the near future.

We spoke with staff about supervision. They confirmed they received regular supervision. Staff said managers were approachable and they were not afraid to discuss any concerns they may have in between supervisions. This enabled staff to access further development opportunities if required.

Is the service caring?

Our findings

People who lived at the home were very complimentary about staff providing care. Feedback included, "The staff are really lovely." And, "The staff are very kind." Also, "The staff care about me, they are very caring." In addition, "Everyone is lovely here. I don't know what I would do without the girls (staff)."

Relatives also praised the caring attitude of staff. Responses included, "Everyone is friendly here. Nothing is too much trouble for them. They will do anything for you." And, "Staff genuinely care."

People who lived at the home told us staff sometimes went above and beyond what was expected of them. One person had recently celebrated a milestone wedding anniversary. They told us they were unable to leave the home to celebrate with family, so the service gave them a private room. This allowed them to host a party with their partner and family. They said they had a lovely time celebrating with family. Another person told us the home routinely made birthday cakes and put on birthday parties for people on their birthday. This showed us people were made to feel special.

Staff were aware of people's likes, dislikes and routines. We noted in one person's care records it stated the person found comfort in sleeping with their soft toy on their bed. When we visited the person in their room, we found the person was asleep in their bed with their soft toy beside them.

We noted within the home there were posters on walls reminding staff to treat people with respect. People who lived at the home told us they were treated with dignity and respect. One person said, "They always treat me with dignity and respect." We observed staff supporting a person to transfer from a chair to a wheelchair. We noted staff adjusted the person's clothing to maintain their respect whilst being transferred. We also observed staff adjusting a blanket over a person's legs to protect their modesty.

People who lived at the home and relatives praised the attitudes and personalities of the staff. One person said, "You never hear them muttering or tutting. They are always happy to help." Another person said, "The girls are happy. It makes a difference hearing happiness." Their family member said, "My relative thrives on the happiness of staff. It makes me happy, it's a nice feeling." Another person said, "Staff make me happy."

During our inspection visit we observed positive interactions taking place between staff and people who lived at the home. We observed staff offering reassurance to a person when they looked worried. We noted staff responded when people were in need. Staff offered comfort to people who were upset. We observed one staff member spending time with one person who was upset, stroking their arm and cheek to comfort them. Another person could be heard crying in their room. Staff quickly responded and intervened immediately and the person stopped crying.

During the inspection visit another person received some bad news, staff responded immediately to fetch the person a drink to calm their nerves. Staff also extended support and comfort to the family who were with the person when they received the news. This showed us staff were kind and caring.

Staff spoke fondly about people they cared for. We overheard staff talking about a person who was no longer at the home. They said, "I will miss them. Their smile always lifted your mood." One staff member told us, "I come to work to care and help people."

We spoke to the manager about access to advocacy services. We were told no one at present used an advocacy service but they were aware of how to access them and the benefits they could bring.

In February 2016, the home had been awarded a nationally accredited certificate in End of Life Care. We spoke with the management team about this. They told us they were proud of this award and the positive impact it had upon people's end of life care experiences. They said completing the qualification provided staff with skills to competently manage end of life care for people. We were shown information provided by relatives following bereavements that had occurred at the home. Feedback was positive and included, "You all made the last few weeks of their life easier for us at this difficult time."

Is the service responsive?

Our findings

At the inspection carried out in March 2016, we found care records were not always up to date and accurate. This was a breach of Regulation 17 of the Health and Social Care Act (2008) Regulated Activities 2014. At this inspection visit we found improvements had been made.

The manager told us that following the previous inspection visit they had invested in an electronic care planning system. They hoped the new system would reduce error and improve care recording systems. They had also employed another member of staff to implement the electronic system and train staff how to use it. We were informed the system was not fully functional upon the nursing units as care staff did not yet have access to the iPad's to update records. It was hoped the system would be fully functional by the end of the year. Care records we viewed were therefore split between hard paper copies and an electronic care planning record. We looked at copies of both paper and electronic care records for three people and found there was consistency in the transfer of information.

We looked at care records belonging to six people who lived at the home. Care plans addressed a number of topics including managing health conditions, medicines administration, personal care, diet and nutrition needs and personal safety.

Care plans detailed people's own abilities as a means to promote independence, wherever possible. We noted the electronic system in place monitored accidents and incidents and prompted staff to update and review records on a monthly basis. A relative told us they were consulted with when their family members care needs changed. Another relative praised the responsiveness of the service and the way they responded to a change in their family member's health needs.

At the inspection carried out in March 2016, we identified some concerns regarding the delivery of person centred care. The manager said they were going to liaise with the care home support team to make improvements within this area. At this inspection visit, the manager told us staff had since received training in providing person centred care. People who lived at the home told us care was responsive and person centred. Feedback included, "There is absolutely no problems with the care here, if I ask for a cup of tea they will bring me one." And, "They seem to know I like Weetabix for my breakfast they brought that and I asked for some toast and they brought it in two minutes."

Of the care records we reviewed, we found they were personalised and contained detailed information surrounding people's likes and preferences. Care plans highlighted key points of their likes, dislikes and important factors to consider when supporting them. Peoples consent was sought throughout the care planning process. One person told us, "Staff know me well, they asked about me so I told them."

Staff consistently told us the new staffing levels allowed them time to deliver more person centred care. One staff member said, "A lot has changed (since the last inspection) we have more staff now and we can be more person centred. To do nails, whatever people want." Another staff member said, "I get time to read to people and play cards or whatever they want." And, "I can sit and chat to people about what they want."

This demonstrated that staff were able to spend quality time with people and did not solely focus on task-centred care. One staff member said, "I like working here, everything is about the residents."

We asked people who lived at the home about the variety of activities on offer. People told us there was plenty to do. One person said, "It's alright in here. We do bingo and I enjoy that and there is dominoes on a Thursday. That's nice." Another person said, "Its excellent care here, There is bingo, games, singers, quizzes, trips out and seasonal celebrations for people to join in." Another person said, "The activities keep me busy. There is always something on."

A member of the management team told us the service employed a part time activities coordinator. The activities coordinator was responsible for organising activities on different floors on different days. People from different floors could attend each session if they wished. Posters were on display on noticeboards for people to see what activities were on offer. One person told us staff would remind them daily of what activities were taking place.

On the day of the inspection visit we overheard staff and people who lived at the home singing Christmas carols. It was clear people enjoyed this as they all started clapping when they had finished. One person who lived at the home told us they had been busy the day previous decorating the Christmas tree. They were very proud of their achievements. On the second day of the inspection visit people were baking Christmas cake.

A relative said people were encouraged to personalise their rooms. They told us their family member had recently moved to the home and had brought some of their furniture from home. This enabled the person to feel more comfortable and at home in their new surroundings.

People we spoke with said they had no complaints about current service provision. Feedback included, "I've got no complaints here." And, "I have no complaints, but if I did I would say." Also, "I have no reason to complain." People told us they were aware of their rights to complain and the process to follow. One person told us, "I could look on the wall. It tells me how to complain there."

Relatives also told us they had no complaints. Feedback included, "I can't think of any reason to complain." And, "I have never had to complain. Odd things I have pointed out have always been actioned."

Staff told us they were aware of the complaints procedure and would inform the manager if people complained. The service kept a record of all complaints made and this was reviewed by a member of the management team on a regular basis to ensure actions had been taken.

We noted the formal complaints process in place at the home did not give people clarity about what happened with their complaint once it had been received by the service. We highlighted this to the manager and registered provider on the first day of the inspection visit. On the second day of the inspection they provided us with a flow chart they intended to implement. This gave clear direction as to what would happen when a person complained and the expected time-scales within which they hoped to address the complaint.

Is the service well-led?

Our findings

At the inspection visit carried out March 2016, we identified a breach to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014, (Good Governance). The registered provider had failed to ensure there was an auditing system in place to identify any concerns so action could be taken.

At this inspection, we found some improvements had been made. Following the March 2016 inspection we saw evidence that four staff had received training to increase their awareness of auditing systems. We looked at the auditing reporting system consequently set up and noted some audits had taken place. We noted from records a medicines audit had taken place in March 2016, a care plan audit had taken place in June 2016 and a training audit had taken place in October 2016. We spoke to the member of the management team who was responsible for completing audits. They told us they had also completed an infection control audit and an end of life care audit. The manager told us they had already identified areas of improvement and hoped to continue improving the auditing system to make it more effective. For example, during an end of life care audit they noticed not all people had preferred priorities of care written into their care records. They said as a consequence they had written to staff and asked them to complete this documentation. We saw evidence of this occurring.

Although the service had implemented an auditing system we noted that auditing systems were not repeated at frequent times. The audit of medicines had been carried out in March 2016 but had not been followed up or repeated. This meant that errors in administration of medicines had not been identified and action had not been taken to ensure safe management of medicines.

During feedback on the first day of the inspection, we spoke to the manager and the registered provider about the importance of scheduling regular audits. They told us they were going to look at this further and develop a business plan for improving in this area.

We recommend the registered provider seeks appropriate support and assistance to ensure auditing systems implemented are suitable and effective.

As part of the inspection process we were made aware of a safeguarding allegation that had been investigated internally but had not been reported to the CQC. We were also aware that an incident had taken place earlier that month which necessitated in the police being called to the home. We discussed these with the manager as part of the inspection process who told us they were not fully clear about what required reporting. We referred the manager to the Registration Regulations 2008 guidance and advised them of their responsibilities. The manager agreed that going forward they would consistently refer to this within their role and meet their personal responsibilities. Following the inspection visit we received one of the two required notifications. This was a breach of Regulation 18 of the Care Quality Commission Registration Regulations 2009 as the registered provider failed to submit without delay statutory notifications.

At the time of the inspection visit carried out in December 2016, there was no registered manager in the

post. The previous registered manager had cancelled their registration with the Care Quality Commission in December 2015. We were made aware a new manager had been identified in July 2016 and was in the process of registering with us.

People and relatives repeatedly spoke highly of the new manager and their approachability. Feedback included, "[Manager] is excellent." And, "[Manager] is very caring." Also, "[Manager] is lovely, they care."

These sentiments were also echoed by staff who worked at the home. They praised the management style and leadership abilities of the manager. Feedback included, "[Manager] is approachable." And, "[Manager] is lovely. They are fair and I can speak to them about anything."

People and relatives described the service as well-led. Feedback included, "It's definitely well-led. Everything here is spot on." And, "The service is well managed."

Staff described a positive working culture, where teamwork was good and staff morale was high. One staff member said, "The teamwork is good." Another staff member said, "The morale of staff is very good. We all get on and do our best for residents."

We asked the manager what achievements had been made since the last inspection. The manager said they were proud of their team and the commitment made by all staff. The manager said everyone who worked at the home was committed to making achievements and had worked hard so high quality care could be consistently delivered and maintained. They said staff had 'rallied around to make improvements following the last inspection.'

Staff told us they had seen a notable improvement in the way in which the service was managed since the service had been restructured with a new management team. One staff member said, "It's well managed. We have five managers now. It gives them time to concentrate on their roles."

Staff described communication within the service as good. Staff received a daily handover from staff who were finishing their shift. Handovers allow for information to be passed on to promote continuity of care. The new care management system also generated a handover sheet which detailed all significant events from the previous shift. This information could be printed off and distributed to staff. The manager said they could also use the system to send messages to staff and could track when messages had been received.

Staff told us they had the opportunity to talk with other staff and the management team at regular team meetings. Staff said they could raise any issues they had at team meetings and said they worked as a team to resolve any issues. They also praised the responsiveness of the management team. One staff member said, "You can approach the managers here. They listen."

We asked the manager how they engaged with people to ensure they were receiving a quality service. The manager told us a member of administrative staff was responsible for sending out surveys to people who lived at the home. On the first day of the inspection visit we viewed three returned surveys. We spoke with the administrator responsible for sending out surveys. They told us there was a system in place whereby they sent out surveys to eight residents per month. Completed surveys were then forwarded to a member of the management team for review. They said there had been an oversight and this process stopped when the manager responsible for overseeing the survey's left their role in July 2016. They said surveys had been completed between March and July 2016, but they were unsure as to what the previous manager had done with them. They agreed to take immediate action and send out surveys. Following our inspection visit we

received written confirmation this had been completed.

We looked at recorded compliments the service had recently received. Feedback included, "We would like to say thank you to one and all who gave our beloved [relative] such amazing dedicated, love, care and attention over the years." And, "The kindness, consideration, compassion and understanding that you have all shown towards [relative] have been second to none and above all her dignity has been respected by all."

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	Regulation 18 Registration Regulations 2009 Notifications of other incidents
Treatment of disease, disorder or injury	The registered provider had failed to ensure all reportable incidents were reported in a timely manner. 18 (1) (2) (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The registered provider had failed to do all that was reasonably practicable to mitigate risks to ensure care and treatment was provided in a safe way. 12 (2) (b) The registered provider had failed to ensure systems were in place for the proper and safe administration of medicines. 12 (2) (g)