Dr Sunita Nagpal and Partners

Salisbury Residential Home

Inspection report

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Overall summary

This inspection took place on 30 June 2015 and was unannounced

Salisbury Residential Home provides accommodation and care for a maximum of 31 older people, many of whom are living with dementia. At the time of our inspection there were 26 people living in the home.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

The service was rated Inadequate following our last inspection. We met with the provider and the manager, who acknowledged the amount of work that needed to be done, in order to improve the service provided for people living in the home. During this inspection we saw

Summary of findings

that significant improvements had been made to the running of the home and mostly positive comments were received from people living in the home, relatives and staff.

Our previous inspection of November 2014 identified concerns that people's medicines were not managed safely. During this inspection we acknowledged that although significant improvements had been made, there were some areas that still required improvement and concluded that there remained a breach.

People were still not fully protected against the risks associated with unsafe medicines management because some records were inaccurate and some had not been completed. In addition, some people's PRN information was not sufficiently detailed and some prescribed 'external use' medicines were not stored securely.

Our previous inspection of November 2014 identified concerns that staff, the manager and the provider did not have a good understanding of the Mental Capacity Act (2005) or the Deprivation of Liberty Safeguards. Therefore, there was a risk that people who lacked capacity to make their own decisions did not consistently have their rights protected. During this inspection we saw that although significant improvements had been made, there were some areas that still required improvement and concluded that there remained a breach.

Some staff had completed training in MCA and DoLS and some were booked to do it. Appropriate Deprivation of Liberty Safeguard (DoLS) applications had been made for some people, who lacked capacity, although formal mental capacity assessments and 'best interest' decisions were not always clearly recorded in people's care plans and capacity assessments or best interests decisions were not in place for people receiving crushed or covert medicines. However, staff consistently respected people's choices and obtained consent from people before doing anything.

Our previous inspection of November 2014 identified concerns that the provider had not taken proper steps to protect people from the risks of receiving inappropriate or unsafe care as they had not always assessed the risks to peoples safety, carried out an assessment of people's needs or planned and delivered care to ensure people's welfare and safety. During this inspection we saw that sufficient improvements had been made and concluded that this was no longer a breach.

People's care plans had been updated and guidance for staff was much improved. Detailed assessments of risks for people had been completed and staff had a good understanding of how to support people appropriately to minimise the risks.

Issues and concerns regarding infection prevention and control were identified during our previous inspection in November 2014 and an audit was carried out by an NHS infection control nurse in February 2015. During this inspection we saw that a number of improvements had been made, with a cleaner environment overall and equipment that was clean, hygienic and fit for purpose. Procedures had also been improved to reduce to possibilities of infection and cross contamination.

Following a visit from the local authority's Fire Officer in May 2015, some areas for improvement and action were identified. During this inspection we saw that some of the required works had already been completed and a quote had been obtained for an upgrade to the current fire detection system.

Our previous inspection of November 2014 identified concerns that there were not always enough staff to meet people's needs or to keep them safe. During this inspection we saw that improvements had been made to the consistency of staffing levels and concluded that this was no longer a breach. Staff were deployed appropriately and there were sufficient staff to meet people's needs and ensure their safety most of the time.

Our previous inspection of November 2014 identified concerns that some staff members training was out of date and some had not received appropriate training to enable them to provide people with safe and effective care. During this inspection we saw that sufficient improvements had been made and concluded that this was no longer a breach.

Staff were appropriately trained for the roles they carried out. Although some updates were still required, further relevant training was already planned. Supervisions, observations, handover meetings and staff meetings also helped enhance staff's knowledge and skills to be able to support people safely and effectively.

Summary of findings

Our previous inspection of November 2014 identified concerns that people were not always supported to eat their meals where it was required. During this inspection we saw that sufficient improvements had been made and concluded that this was no longer a breach.

Staff supported people who needed assistance to eat and drink, according to their individual needs. People were also given sufficient amounts and choices of food and drink and were encouraged to be as independent as possible with regard to eating and drinking. A number of people were having their mealtimes monitored in order to ensure they were eating and drinking sufficient amounts and any concerns were referred to the dietician and, where necessary, the speech and language team, in a timely way.

Our previous inspection of November 2014 identified concerns that staff did not always treat people with consideration or respect. People did not always have choice and there was little evidence to show that people were involved in making decisions about their care. During this inspection we saw that improvements had been made and concluded that this was no longer a breach.

People's choices were considered and respected and staff took time to listen to people and provide reassurance, particularly when their mood was low. Staff respected people as individuals. People were also involved as much as possible in planning their own care.

Our previous inspection of November 2014 identified concerns that assessments of people's needs had not been carried out appropriately and care records did not contain enough information within them to enable staff to understand what care people required. During this inspection we saw that improvements had been made and concluded that this was no longer a breach.

People's needs had been assessed and were regularly reviewed. Care plans described people's individual circumstances and provided clear guidance for staff to know how to support people effectively and in line with their wants and needs.

People were also able to access other healthcare professionals and services as and when needed and referrals for specialist input, such as the falls team or dietician were made in a timely fashion.

Our previous inspection of November 2014 identified concerns that some people's care records contained inaccurate information and some records had not been completed as required by the provider. During this inspection we saw that although significant improvements had been made, there were some areas that still required improvement and concluded that there remained a breach.

Care plans and records relating to people's daily care had been completed appropriately and were up to date. However, formal mental capacity assessments and 'best interests' decisions were not always clearly recorded in people's care plans and some of the records relating to the administration of medicines were inaccurate or incomplete.

Our previous inspection of November 2014 identified concerns that people who used services and others were not protected against the risks associated with unsafe or inappropriate care due to ineffective systems to monitor the quality of the service provided. During this inspection we saw that although significant improvements had been made, there were some areas that still required improvement and concluded that there remained a breach.

The manager, one of the providers and senior care staff were regularly monitoring the quality of the service provided by way of audits, check lists and observations. However, these audits were not always effective as some did not identify gaps or inconsistencies in care provision and record keeping.

The level of staff training had improved and was ongoing. Senior staff and management constantly carried out observations and any poor care practice was picked up quickly and dealt with promptly by the care coordinator or manager.

A quality assurance survey had recently been carried out, with questionnaires being given to people using the service, their relatives and staff and all the results were mostly positive

The management team were approachable and supportive and people were able to make a complaint if they needed and any concerns raised were listened to and responded to appropriately.

Summary of findings

Staff morale had improved and was good and improvements had been made to how the home was run and organised overall.

We found that the provider was in breach of three regulations. You can see the action we have told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

People were not fully protected against the risks associated with unsafe medicines management because some records were inaccurate and some had not been completed.

There were usually sufficient staff available to meet people's needs appropriately, people were cared for in a clean and safe environment and appropriate assessments of risk had been completed. Guidance on how to minimise identified risks was available for staff.

Staff understood how to recognise signs of possible abuse and followed the appropriate reporting procedures. Safe recruitment procedures were also followed.

Requires Improvement

Is the service effective?
The service was not always effective.

Formal mental capacity assessments and 'best interests' decisions were not always clearly recorded in people's care plans and capacity assessments or 'best interests' decisions were not in place for people receiving crushed or covert medicines. Deprivation of Liberty Safeguards were applied appropriately where needed.

Staff were appropriately trained and skilled for their roles and received appropriate support and supervision from their line managers.

People were provided with sufficient quantities of food and drink and were assisted with eating and drinking when unable to do this for themselves.

People were able to access healthcare services in and outside of the home, as and when they needed.

Requires Improvement

Is the service caring?
The service was caring.

People were consistently treated with dignity and respect by staff who cared about them. People were also able to make choices, which were respected by staff.

People were listened to, felt they mattered and able to express their views about the care and support they received.

Good

Is the service responsive?
The service was responsive.

Good

Summary of findings

People received care and support that was individual to their needs, staff responded to people's needs in a timely fashion and any concerns or complaints were listened to and responded to appropriately.

Is the service well-led?

The service was not always well led.

The provider's systems for assessing, monitoring and improving were not wholly effective, as they did not always identify gaps or inconsistencies in care provision and record keeping.

The management team was approachable and supportive and people living in the home, relatives and staff were able to be involved in developing and improving the quality of the service.

Requires Improvement

Salisbury 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 took place on 30 June 2015 and was unannounced. Two inspectors, a medicines management inspector, and an expert-by-experience completed this inspection. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

Before our inspection we looked at information we held about the service including statutory notifications. A notification is information about important events which the provider is required to tell us about by law. We also reviewed information and reports recently given to us by the local authority's quality monitoring team, a fire officer and an infection prevention and control nurse.

During this inspection we met and spoke with 19 people living in the home, a relative, one of the owners, the registered manager, a visiting health professional and 11 staff, including seniors, care staff, domestic and kitchen staff.

As some people were living with dementia and not able to tell us in detail about their care, we also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at care records for nine people and a number of medication records for people living in the home. We also looked at the records for three members of staff in respect of training, supervision, appraisals and recruitment and a selection of records that related to the management and day to day running of the service.

Requires Improvement

Is the service safe?

Our findings

Our previous inspection of November 2014 identified a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (which corresponds with Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014). We identified concerns that people's medicines were not managed safely.

During this inspection we acknowledged that, although significant improvements had been made, there were some areas that still required improvement. This meant that there was a continuing breach of Regulation 12 and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how information in the medication administration records and care notes for people living in the service, supported the safe handling of their medicines. Medicines were administered by staff who had received training and further training was scheduled to be delivered.

Audits were in place to enable staff to monitor and account for medicines. These showed people living in the service overall received their oral medicines as prescribed. However, we noted that the audits did not identify a number of inconsistencies in records which suggested this was not always the case. We found that records for the administration of medicines prescribed for external application were incomplete and so did not confirm these medicines were being administered as intended by prescribers.

Supporting information was available to assist staff when administering medicines to individual people. There was information about known allergies/medicine sensitivities for people living at the home. However, there was a lack of information about how medicines should be administered to individual people taking into account their preferences. There were body chart records in place showing where on the body pain-killing skin patches were to be applied. However, the charts did not record the removal of the patches in line with best practice.

When people were prescribed medicines on a PRN 'as required' basis, we found that there was some written guidance in place for staff to refer to about these medicines. However, there was insufficient information to show staff how to administer these medicines to people prescribed them to manage their psychological agitation, so people may not have the medicines given appropriately and in a consistent way to meet their needs.

Medicines were being stored at the correct temperature and medicines for oral administration were stored safely. However, medicines prescribed for external use, which were kept in people's rooms in areas of the home where there were people living with dementia, were not stored securely. Therefore vulnerable people were not protected against access to these medicines to prevent them from accidental harm.

Containers of eye drops that have short expiry times were not handled in a way which identified the time of opening of the containers so people were at risk of being given medicines that had expired and were no longer fit for use.

We discussed these with the owner, who acknowledged the concerns and confirmed that they would review people's records and the issues raised and take immediate action to rectify them.

Meanwhile, people who were living in the home told us that they had no concerns with the way in which their medicines were handled and no delays with administration were reported.

We also noted that the manager and staff were working closely with the NHS Medicine Management Team, who were also providing Medicine Administration Record (MAR) training for the staff. This assured us that improvements would be ongoing.

Our previous inspection of November 2014 identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (which corresponds with Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014). We identified concerns that the provider had not taken proper steps to protect people from the risks of receiving inappropriate or unsafe care as they had not always assessed the risks to peoples safety, carried out an assessment of people's needs or planned and delivered care to ensure people's welfare and safety.

During this inspection we saw that sufficient improvements had been made and concluded that this was no longer a breach. For example, people's care plans had been updated and guidance for staff was much improved.

Requires Improvement

Is the service safe?

Detailed assessments of risks for people had been completed and, when asked, staff were able to correctly describe the care and support needs for each person living in the home, as well as demonstrate their understanding of the risks to people and how to minimise them. The information staff told us matched what we read in people's care records.

Staff told us that restraint was not used and explained that if a person became distressed or agitated, they made sure everyone was safe and provided one-to-one support until the person was reassured and became settled again. Staff also told us that they completed incident and accident forms when people exhibited behaviour that was challenging, injured themselves, others or staff or had a fall.

We observed one example when a member of staff approached a person walking in the hallway who was becoming distressed. We saw that they spoke to the person quietly and in a calm and dignified manner and asked if they were alright. This person replied, "No" and said they needed help. The member of staff then asked the person if they would like to go for a walk, to which the person agreed and they walked together towards the garden. Meanwhile, a second person living in the home moved to grab hold of the first person causing them to shout out in alarm. A second member of staff came immediately and guided the second person away, talking quietly and reassuringly. We noted that both people then received some one-to-one support until they were both settled again. On reviewing people's care plans, we saw that staff had acted in accordance with the guidance that had been recorded.

Our previous inspection of November 2014 identified a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (which corresponds with Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014). We identified concerns that there were not always enough staff to meet people's needs or to keep them safe.

During this inspection we saw that improvements had been made to the consistency of staffing levels and the more appropriate deployment of staff. We determined that, in most cases, there were sufficient staff to meet people's needs and ensure their safety and concluded that this was no longer a breach.

For example, we spoke with people about whether they thought there were always enough staff on duty to support them. The majority of responses we received were positive, with people saying that call bells were always answered quickly, day and night, and that staff looked in on them during the night to check they were okay. One person said, "There are enough staff to look after me so I think there are enough". A relative told us, "Mostly there seems to be enough staff around. Occasionally the staff seem very busy and people have to wait about ten minutes for help." This person also added, "This is a good home. The staff do all they can to make sure the people living here get all the care and attention they need."

Other people told us that occasionally there were shortages of staff, but most of the time staff were available. Two people said that more staff were needed at night, as call bells often rang a long time. We discussed the comments from people regarding the staffing levels and the manager told us that they continually kept the staffing levels under review and adjusted them if people's needs changed or increased. However, they also confirmed that they would review these further, particularly for the night shifts.

Staff told us that they felt there were enough staff most of the time and that staff absence was usually covered sufficiently. Staff also told us that the home did not need to use agency staff, as absences were covered by existing staff. One staff member said, "This is a busy home at times but we can call upon the team leader and care coordinator to help us work on the floor." Another member of staff said, "If we are busy or there is an emergency, we can ask for more staff to help us."

The rotas and the handover records showed how many staff were on duty and how staff were deployed during their shifts. We saw that the staffing levels had been consistent over the four weeks prior to this inspection. Our observations during this inspection showed that staff were deployed appropriately and that there were sufficient staff to meet people's needs most of the time. However, we acknowledged that there were a few occasions when the numbers of people requiring individual support and attention at the same time, was in excess of the numbers of staff available. For example, reassuring people if they become distressed and supporting people to go to the toilet.

Requires Improvement

Is the service safe?

Issues and concerns regarding infection prevention and control were identified during our previous inspection in November 2014 and an audit was carried out by an NHS infection control nurse in February 2015.

During this inspection we saw that a number of improvements had been made. For example, the commodes, furniture, over tables, frames and wheelchairs we looked at were found to be clean and in good condition. Protective clothing and appropriately coloured bins, bags, buckets and mops were seen to be available and in use. Liquid soap was seen at all sinks with hand washing instructions. We checked the beds and linen in four bedrooms and all were found to be clean and of a good standard.

We noted that housekeeping staff now had cleaning and deep cleaning schedules, which they followed appropriately. Staff told us, "The home is cleaner now and has no lasting odours." And a visiting healthcare professional said, "The home is much cleaner and no odours now. I can wash my hands now, previously there was not always soap or a paper towel for me to use".

Following a visit from the local authority's fire officer in May 2015, some areas for improvement and action were identified. During our inspection we saw that some of the required works had already been completed and a quote had been obtained for an upgrade to the current fire detection system, which the manager confirmed would be completed in the very near future. This told us that the provider was taking appropriate measures to rectify issues and ensure the home was safe for people to live in.

All except one new member of staff knew what to do in an emergency and said they had regular fire practice that included an evacuation of people living in the home. The manager told us that a written plan of evacuation was displayed outside the office door and was also available in the 'fire log' that was kept in the main office. The manager also confirmed that signs were displayed throughout the home informing visitors of planned fire drills.

We saw that temperatures in and around the home, including the communal areas, were recorded daily on the staff handover sheet, to ensure the environment remained comfortable for people. Other records we looked at showed that essential servicing and maintenance had been undertaken and was up to date in respect of areas such as gas, electric, water, legionella, hoists and lifts. This also helped ensure the ongoing comfort and safety of people living in the home.

Meanwhile, people living in the home said they felt safe living there. One person told us that this was their second time staying in the home and that everything was as good as the first time. They said, "I feel very safe here, my [relative] visits me, there are no restrictions. I go out when I can".

A relative told us, "[Name] is well cared for and this means I can go away for a short holiday at times knowing they are safe."

People told us that they were never 'made' to do things. One person said to another, who agreed, "We are never forced to do anything, are we? They always ask and if you don't feel up to having a bath for instance, no they would never force you".

People also told us that they were treated well, with emphatic replies from two: "…they are well trained." said one, and the other followed with, "And if a new one comes, they work with the old ones, which we think is good don't we!"

Staff spoken with demonstrated good knowledge and understanding with regard to keeping people safe from abuse and the reporting procedure, should they be concerned about any possibilities of abuse. Staff we spoke with said they had completed safeguarding training and knew how to recognise, prevent and report abuse and that they also knew how to 'whistle blow' if needed.

We noted from the safeguarding folder in the office and the handover records, that where incidents had occurred on occasions, these had been promptly reported to the local authority's safeguarding team.

For example, an incident regarding the possible mismanagement of a person's medicine had been reported appropriately to the local authority's safeguarding team and a thorough investigation into the cause of the incident had taken place. On completion of the investigation, we saw that a detailed action plan had been compiled and improvements were made to the home's practices, in order to minimise the possibility of a reoccurrence. The relevant staff were also supervised by the manager and required to undertake additional training.

Requires Improvement

Is the service safe?

We saw that the home followed safe recruitment practices. One recently employed member of staff told us that they had completed an application form and attended an interview. Following this, a criminal records check was carried out, proof of identification was provided and references were obtained from previous employers. The staff records we looked at confirmed this to be the case. We also spoke with the visiting chiropodist who told us that they had a qualification as a foot health practitioner and also had a criminal records check carried out by the manager.

Requires Improvement

Is the service effective?

Our findings

Our previous inspection of November 2014 identified a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (which corresponds with Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014). We identified concerns that some staff members training was out of date and some had not received appropriate training to enable them to provide people with safe and effective care.

During this inspection we saw that sufficient improvements had been made and concluded that this was no longer a breach. For example, everyone we spoke with, who commented, felt the staff were well trained and had the skills to support them. One person said, "They look after me very well, they're very good". And a relative emphasised, "I really commend the staff".

Staff told us that they had completed sufficient training to equip them to carry out their roles and, although some updates were still required, everyone said that there was further relevant training planned. Staff confirmed that they had completed training for moving and handling, fire safety, health and safety, infection control, safeguarding, dementia awareness, rights and responsibilities and effective communication. We also noted that some staff had completed National Vocational Qualifications (NVQ), or equivalent, to levels two or three.

Staff said they had not yet completed training in assisting people to manage behaviours that may challenge but they also told us, "We hold staff discussions about helping people when they are anxious or angry towards others. We learn from each other what works and what does not work and how to help a person manage their behaviour. Training is being sorted out for us". Staff also told us that they had completed induction training and three to five days of shadowing of staff member before working unsupervised.

The staff records we looked at also confirmed that staff had recently received training that was relevant to their roles. These records also showed that staff received one-to-one support and supervisions One member of staff said, "Yes, we have supervision and team meetings and we can speak freely and raise our concerns". Staff also said that the manager and care co-ordinator promoted best practice and took action if any staff member was observed using poor practice.

Our previous inspection of November 2014 identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (which corresponds with Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014). We identified concerns that staff, the manager and the provider did not have a good understanding of the Mental Capacity Act (2005) or the Deprivation of Liberty Safeguards. Therefore, there was a risk that people who lacked capacity to make their own decisions did not consistently have their rights protected.

During this inspection we saw that although significant improvements had been made, there were some areas that still required improvement. This meant that there was a continuing breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

For example, there were some people for whom the service had consulted with their GPs about administering some of their tablets crushed and concealed in food (known as covertly), to enable them to swallow them. The manager confirmed to us that some of these people were unable to consent to their medication and that decisions were regularly being made to give them their medicines in this way in their best interests. However, the manager confirmed that there had been no assessment or recording of these people's capacity to consent to their medicines being administered covertly or records showing that best interest decisions had been made by staff on their behalf. Therefore people who lacked capacity to consent may not have been administered their medicines in a way that was appropriate and in their best interests.

Some staff had completed training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and some told us that they were booked to do it. We saw records that showed appropriate DoLS applications had been made for some people, who lacked capacity. However, we noted that formal mental capacity assessments and 'best interests' decisions were not always clearly recorded in people's care plans. We spoke to the manager about this issue and they confirmed that they would take prompt action to rectify the situation.

Requires Improvement

Is the service effective?

We observed staff working in accordance with the MCA and we received very positive comments from people using the service. Other observations during this inspection and comments from staff also assured us that the culture within the home was very much about respecting people's choices and obtaining consent.

For example, one person told us, "I have help with everything I need and the staff know how I like things done because they have asked me." Another person said, "Yes, I am asked by the staff to choose what I wear and eat." And, "If I said no to anything they [staff] would not make me."

We observed a member of staff seek permission from one person to administer their eye drops and, upon agreement from the person we saw the member of staff was gentle, accurate, skilled and efficient. Another person told us, "The staff always ask me if they can help me before they do anything and they explain to me what they are going to do." And, "I trust the staff because they know me well and do not make me do things I do not want to."

We also observed another person, for whom a DoLS application was pending, stating that they wanted to go home. We saw that information in this person's care plan provided guidance on how the staff should manage this situation and we saw that staff followed this guidance appropriately. For example, offering to go for a walk with the person and providing reassurance to help reduce their confusion and agitation.

Our previous inspection of November 2014 identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (which corresponds with Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014). We identified concerns that people were not always supported to eat their meals where it was required. During this inspection we saw that sufficient improvements had been made and concluded that this was no longer a breach.

For example, there were sufficient staff available to assist people who needed assistance to eat and drink and we observed people who required assistance being supported according to their individual needs.

We saw staff sit with one person in the dining room to provide support and we observed two people, who remained in bed, being assisted to eat. We noted that each person was assisted at their own pace and we saw staff gently wake one person who had been asleep, to encourage them to eat and drink.

We also saw that people were encouraged to be as independent at lunch time as they possibly could, with the provision of adapted cutlery, crockery and drinking vessels being provided as needed. We observed that people's independence was further encouraged by way of staff cutting people's food into smaller pieces, putting food onto the spoon for a person to eat by themselves and by gently reminding people to eat.

People selected their choice of meal at the beginning of the day and, although people were not shown a choice of food at the meal time, we saw that if they did not want what was offered, alternative choices were provided. For example, when we observed that one person clearly didn't like their food, a member of staff knew exactly what the person would eat in this situation, and another dish was prepared and served quite quickly, which they started to eat immediately.

The staff were cheerful and chatty with people during the lunch period and we noted that for another person, who did not wish to eat a main meal at all, they were offered two desserts - which they happily ate.

One person told us, "The meals are good, we get two choices and I get plenty to eat." Another person said, "You can have something else if you do not like what has been cooked." A third person we spoke with said, "The food here is great. I like a bacon sandwich for my breakfast and that's what I have. Do you know you can have a full English breakfast every day if you want it".

A relative we spoke with said, "It's extremely good food here. [Name] is eating better than they have for a long time. In the rare event that [name] doesn't like the lunch choices, they sort something out if needs be".

During the course of this inspection we observed drinks frequently being offered and delivered to people in the communal lounges as well as their own rooms. We saw there were regular cold drinks offered, as well as hot drinks, from a tea and coffee trolley. We noted that it was a warm day and the staff were conscious of encouraging people to drink plenty and keep cool. Whilst speaking with one

Is the service effective?

person in their room, a member of the catering staff knocked on the door and cheerfully delivered a milky coffee and some chocolate biscuits (both favourites, according to the person's relative).

We noted that a number of people were having their mealtimes monitored and we saw regular record keeping in respect of people's intake of food and drink, in order to ensure they were eating and drinking sufficient amounts. For example, we saw that staff provided appropriate encouragement at times when people were reluctant to eat. For one person, we saw it was recorded that they may sometimes prefer to have their meals after the main mealtimes, which was respected by staff. In addition, we noted that if the person did not wish for the main menu options, that alternatives were suggested and offered.

We saw that where any concerns were identified with regard to people's eating, drinking or weights, that appropriate referrals were being made to the dietician and, where necessary, the speech and language team, in a timely way.

We looked at the care plan for one person who had very specific dietary needs and saw that all the relevant information was well documented. All the staff we spoke with were very clear in their knowledge of the person, particularly with regard to what they could or couldn't eat. When we asked the cook about how they knew what people's needs were, in addition to their likes and dislikes, they explained how people's preferences were written down and updated if they changed. They also demonstrated, without hesitation, that they were fully aware of the complex dietary needs for one particular person and showed us where and how their individual food and ingredients were stored, to ensure they were not given the wrong food and remained well.

One person told us, "I'm diabetic and they have to sort out what I eat and I have to get my medicines on time. They do all that".

Everyone we spoke with, who commented, said that if they needed to see a nurse or a GP or anyone like that, the staff always sorted it out for them. One person said, "They're very good about things like that". Another person told us, "I am quite independent but the staff sort out my medication for me". A third person commented, "Oh yes, they'd get me a doctor or nurse if needs be".

Discussions with people and observations during this inspection assured us that people were able to access healthcare professionals and services as and when needed. For example, the chiropodist was visiting a number of people living in the home at the time of our inspection and we noted that one person in particular received regular visits from their GP. We also noted that one person had taken a fall while attempting to sit on a stool and that this incident had been reported promptly to the falls team, although they did not feel any further referral was necessary at that time and the staff would continue to monitor the person.

We saw that people were also regularly supported to attend and receive other healthcare services from people such as the optician, dentist, audiologist, physiotherapist and the speech and language team. A relative told us, "The staff keep me informed if [name] is not so well or sees the doctor."

Good

Is the service caring?

Our findings

Our previous inspection of November 2014 identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (which corresponds with Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014). We identified concerns that staff did not always treat people with consideration or respect. People did not always have choice and there was little evidence to show that people were involved in making decisions about their care.

During this inspection we saw that improvements had been made and concluded that this was no longer a breach. For example, everyone who commented agreed they felt respected by the staff. One person told us, "First thing, they always say hello and ask me if I want anything". Another person said, "I like to be on my own part of the day and they leave me in my room".

Another person living in the home told us, "If I ask for something or for them [staff] to do something that's not urgent and they are too busy at the time, they say 'we'll do it later'. They always come back and whatever gets done or sorted out. That means we matter, and that's really important"!

A member of staff told us, "We are encouraged to treat the people living here as individuals. We get to know the person and how they like to be cared for." Another member of staff said, "We do not get people up in alphabetical order now, we assist people up as they wake up and wish to get up."

People's choices, wishes and preferences were seen to be recorded and known by staff. Most people who commented said they got the care they needed, when they needed it. Some people said they were happy that the staff knew what care they needed and did not feel they needed to be formally involved in reviewing their care plans other than through discussions with staff on a daily basis.

We noted from discussions and information recorded in people's care plans that people were involved as much as possible in planning their own care. For example, we saw it recorded that people had clearly stated whether they preferred a bath or a shower and when they liked to have these. People also confirmed other lifestyle choices such as the times they liked to retire to bed and rise in the mornings, whether they preferred a cup or a mug and what their preferred daily routines were.

We saw that staff took time to listen to people and provide reassurance, particularly when their mood was low. For example, we saw that appropriate attention was given to one person who became anxious and upset and staff used a friendly, quiet approach, whilst constantly giving the person reassurance and choice. We also noted that staff listened to people and respected their choice when they did not want to be assisted, offering to come back later.

Throughout the course of this inspection, we observed staff consistently treating people with dignity and respect. We noted that bathroom, toilet and bedroom doors were closed when people were being assisted with their personal care and staff knocked on bedroom doors before entering.

Whilst we were speaking with two people in one of the lounges, a member of staff gently reminded and supported one person to go for a 'bathroom visit'. We witnessed a 'no fuss' approach, as the staff member spoke quietly and behaved in a kind and caring way to do all they could to preserve the person's dignity and privacy.

We also observed a member of staff responding immediately to a person with communication difficulties. The carer demonstrated that they understood the person's needs and helped them to the toilet in a kind and caring way.

A relative told us, "The staff here are kind and seem to know what they are doing." They also told us that the staff would take them to their family member's bedroom to speak with them in private if a personal conversation or discussion was needed.

One person we spoke with had just had a pedicure done by the visiting chiropodist, who walked the person gently back to their room so we could talk privately. This person said, "They look after me here well, they're very good".

The chiropodist said, "People tell me they are happy and content living here. Staff speak to the people that live here very kindly and politely and I have seen nothing but kindness here".

Good

Is the service caring?

We noted that at least three people living in the home, who we spoke with, were smokers. All three of these people told us that the staff helped them out to the garden for a cigarette when they wanted and that they would stay outside for a chat with them if they weren't too busy.

When asked if they felt supported to maintain their independence, one person said, "Yes, I am as independent as I want to be, but I know they're there if I need them. I know about my care, the tablets I'm on now suit me very well". Another person told us that one of the care staff was taking them out shopping later in the week. This person also mentioned that last Sunday they and a relative had gone out for lunch at the café opposite the home. They said, "This keeps me going, I feel independent when I go out".

One relative told us that their family member was very happy and felt safe in the home, which was "everything" as far as they were concerned. This person told us, "I cannot say enough. This is a great, caring environment. I'm always made to feel welcome and they always offer me a drink".

Good

Is the service responsive?

Our findings

Our previous inspection of November 2014 identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (which corresponds with Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014). We identified concerns that assessments of people's needs had not been carried out appropriately and care records did not contain enough information within them to enable staff to understand what care people required.

During this inspection we saw that improvements had been made and concluded that this was no longer a breach.

We saw that people's care records contained information that showed how each person's needs had been assessed and the care plans showed people's individual circumstances and medical diagnoses, together with clear guidance for staff to know how to support people effectively and in line with their wants and needs. On reviewing six care plans, we saw that each one was specific for the person it related to and provided succinct information regarding the resources required to support the person, any identified risks and the way in which risks should be managed.

Staff also confirmed that people had their care needs assessed and that these were regularly reviewed. Staff told us that information explaining the support people needed was much clearer and more easily accessible. For example, we saw a folder in the office that contained a copy of each person's care plan summary and we saw that staff could refer to this at any time for a quick overview of a person's needs and risk assessments. Each person also had a copy of their care plan in their rooms, with further information being stored in a filing cabinet in the office.

We saw that staff used the 'Abbey Pain Scale' to help identify and measure any pain or discomfort that people may be experiencing, which was particularly useful for people with later stage dementia and limited ability to communicate verbally. We noted that the observations that staff took note of included people's vocalisation, facial expressions, body language, behaviour and general physical demeanour.

We looked at the handover records for the previous five days and saw that these had been consistently completed and were very detailed in respect of people's needs and general wellbeing. We saw that these records provided a good source of communication between staff on different shifts and helped ensure consistency and continuity with regard to providing people with effective care and support. Staff told us that they could rely on daily shift handover for information about people, together with what was written in people's daily care notes.

On reviewing people's care plans, some people were noted to require minimal assistance with washing, dressing, personal care and mobilising, while other people required one or more care staff to provide support with some of these aspects of their care. We also saw that various equipment was available to help people remain as independent as possible, such as adapted cutlery, plate guards, drinking vessels, walking frames and bathing aids.

We saw that regular records were being maintained in respect of the personal care that people received, such as bathing, shaving and support with oral care. We also noted that people were being repositioned, in accordance with the instructions in their care plans and repositioning charts were in place, together with pressure relieving equipment, to help prevent people acquiring pressure ulcers.

People living in the home spoke positively about how they were able to make choices about their daily lives, with comments such as, "I can have a bath or shower whenever I want one." And, "We can do what we like here and you can get up and go to bed at any time."

We saw that staff mostly responded to the needs of people in a timely manner. They also regularly spoke with people who were just sitting quietly, to check whether they wanted anything and make sure that they were okay. One person told us, "The staff are good at reminding me of important things like putting my glasses on and using my frame when I am walking."

Staff and people living in the home told us that some activities were provided by an activities staff member, such as, music, games and outings to the café. However, people's comments and the plan of daily activities seen displayed on the wall in the hall were not reflected during our inspection, as the activities person had been required to cover a care shift instead, due to the short-notice absence of a member of the care staff. This meant that activities were very limited for people on this day.

Good

Is the service responsive?

Three people we spoke with told us they liked to spend their days watching TV and having a chat. Some people also liked to go outside for a chat and a cigarette. We were told that activities such as bingo, a quiz and more recently skittles, were run from time to time in one of the lounges for people living in the home. One person said they liked to do their knitting in their room.

Although there was an activities schedule, people we spoke with were not fully aware of what was planned. One person said, "You get asked if you want to join in and if you don't want to then you don't". Another person told us, "There are some things arranged for us to do here such as musical entertainment, outings to the café, games and cards." And, "When something is being arranged for us to do we are asked what we would like to do today. Not much is planned."

No-one living in the home indicated that they had much connection with the local community, other than through their relatives or friends who visited and took them out sometimes. A number of people told us they liked to go out and one person mentioned that one of the care staff was taking them shopping that week. They said how much they liked to go to the shops and see Great Yarmouth. We noted that one person was not at the home on the day of our inspection, as they were at a day centre.

One person, speaking for himself and another, said, "We like to go to the shop along the road. We're kept safe, one of the carers always comes with us". The other person agreed, saying, "Oh yes if we want a wander out, they get us organised and come with us". These people acknowledged that they needed assistance and support from staff when they went out and were happy to be accompanied.

During our observations we noted that the communal lounges were quite noisy at times. For example, the television was on loudly in the front lounge in the morning and again after lunch, although no one appeared to be watching it. We observed that two people were trying to talk but, as they could not hear each other, they moved themselves out of the lounge. We also observed loud music playing in the rear lounge during the afternoon, which meant that staff had to raise their voices when talking to people. One person told us, "You cannot always get much quiet here so I go to my bedroom in the afternoon. Yes my bedroom is very comfortable and I have my own things in there." This meant that we could not be assured that people were always entirely comfortable in the communal areas or whether these areas were as people wished them to be.

We noted that input and involvement from people living in the home and their relatives, where appropriate, was evident from the information we read in people's care plans. We also saw that quality assurance questionnaires had recently been given to people living in the home, relatives and staff, in order to get people's views on the care they received. However, one person told us, "I have not seen my care records or been asked to give my opinion of the care I receive". A relative also said, "I have not been asked to give my opinion about the care my relative receives and have not seen the care records held about them."

Staff told us, "We get to know people really well and even those who cannot tell us their views. We recognise when they disagree with us by their facial expression or the shaking of their head. We respect their views." They also said, "We encourage people to make their own decisions by giving them a choice and time to answer."

People's responses were mostly positive, when we asked whether they felt able to make a complaint if they needed to and whether they felt any concerns raised were listened to and responded to appropriately.

One person told us, "I did have to complain that things were going missing from my bedroom and when I told the staff, they arranged for my door to be locked when I am not in there. Yes, I have a key and can go to my bedroom at any time."

Other people said they would complain if they needed to and one person told us, "Yes I would say something – no problem, but everything's fine right now. They ask us if we want anything or if anything needs changing, but we think there's no need for change". Another person sitting nearby nodded in agreement with this.

People living in the home, relatives and staff told us that concerns were listened to and resolved to their satisfaction. One relative told us, "Staff are always willing to have a quick word with me and I have no complaints". One member of staff told us, "Complaints are immediately dealt with and the issue is discussed during handover so that it does not happen again."

Requires Improvement

Is the service well-led?

Our findings

Our previous inspection of November 2014 identified a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (which corresponds with Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014). We identified concerns that some people's care records contained inaccurate information and some records had not been completed as required by the provider.

During this inspection we saw that although significant improvements had been made, there were some areas that still required improvement. This meant that there was a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

For example, formal mental capacity assessments and 'best interests' decisions were not always clearly recorded in people's care plans and some of the records relating to the administration of medicines were inaccurate or incomplete.

We looked at the care plans for eight people, together with a number of records relating to people's daily care such as, personal care records, daily notes, repositioning charts, food and fluid intake charts and handover records. All of these records had been completed appropriately and were up to date.

We noted that where referrals had been made for people to healthcare professionals such as the GP, district nurse or dietician, that this information was recorded in people's daily notes but not always immediately reflected in their care plans or risk assessments. However, we did acknowledge that staff were in the process of ensuring people's care plans and risk assessments were fully updated to incorporate this information. Staff also told us that they were able to quickly review any immediate changes in people's care needs by looking at the handover records and daily notes.

Our previous inspection of November 2014 identified a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (which corresponds with Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014). We identified concerns that people who used services and others were not protected against the risks associated with unsafe or inappropriate care due to ineffective systems to monitor the quality of the service provided.

During this inspection we saw that although significant improvements had been made, there were some areas that still required improvement. This meant that there was a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although the provider carried out audits to monitor various aspects of the service, we found that these audits were not always effective. For example, audits had not identified a number of inconsistencies in record keeping or records relating to people's medicines. Audits had also failed to identify that mental capacity assessments and best interests decisions were not recorded for people using the service, where required.

All of the care records we looked at contained clear guidance for staff and staff were clear about people's needs and the care they required. The manager, one of the owners and senior care staff were regularly monitoring the quality of the service provided by way of audits, check lists and observations. Staff told us that their level of training had improved and was ongoing, which had helped them improve the quality of care they provided for people. Staff also told us that senior staff and management constantly carried out observations and if any poor practice took place, it was picked up very quickly and dealt with promptly by the care coordinator or manager.

Staff explained that 'learning from incident' discussions were carried out during handovers and one member of staff said, "We have discussions with our team leaders and the care co-ordinator at handover meetings when things go wrong or issues occur".

We looked at the results from a recent 'resident's questionnaire', which 17 people had responded to and the friends and family questionnaires, which eight people had responded to. We saw that the responses were mostly positive with the majority of scores out of 10 being in excess of seven.

Nine members of staff responded to the staff questionnaire. We noted that these were mostly very

Is the service well-led?

positive in respect of training satisfaction, whether the staff enjoyed their job, being proactive in meeting people's needs, residents being given enough rights and choice and the standard of care people received.

The manager told us that they were reviewing all the responses and were in the process of drawing up an improvement plan for any areas that were less than positive.

Following our last inspection, we met with the provider and the manager, who acknowledged the amount of work that needed to be done, in order to improve the service provided for people living in the home. During this inspection we saw that significant improvements had been made to the running of the home and mostly positive comments were received from people living in the home, relatives and staff.

The manager had become registered with CQC since our last inspection and all other registration conditions were being met appropriately. Notifications about incidents, such as safeguarding concerns, were being sent to CQC as required, although we highlighted the fact that these notifications should be emailed where possible, using the correct CQC notification forms. The manager acknowledged this and said they would ensure the correct forms were used in the future.

We acknowledged an open and inclusive culture within the home, with one example being that the owner and manager had openly shared the previous inspection report with staff, people living in the home and relatives. The contents of the report and the findings of our previous inspection were discussed with people and we saw that people were encouraged to share their views and make suggestions for the improvements that were required.

One member of staff told us, "I love this home and the recent improvements to the cleanliness of the home, the taking on of new staff and the changes made to the computerised care plans have really improved staff morale and team working." Another member of staff said, "Communication is getting better and the care co-ordinator keeps us informed. We can give opinions at staff meetings."

We saw that the manager had responded to formal complaints appropriately, with timescales given, together written explanations or responses describing the action that would be taken. One example we noted was when a relative wrote about their concerns regarding their family member's old, heavy duty, commode being exchanged for a new, light-weight, one because it was not as stable and could get knocked over when attempting to sit on it. We saw that the manager's response was to explain that, following their recent infection control audit, some of the older commodes had needed to be disposed of. They also reassured the relative that their family member did not use the commode without assistance and that they were always supported to use it by two members of staff, which minimised the risk of it being knocked over. We saw that the relative was satisfied with this response.

However, one relative we spoke with did comment that "If we need to discuss anything with the manager we can knock on their office door. At the time I feel listened to, but action is not always taken as promised and there are currently no resident and relatives' meetings arranged here for us to attend." The manager acknowledged this fact and told us that resident and relatives' meetings were in the process of being organised for the near future.

Virtually all the staff said that the manager was approachable and that they felt listened to and supported. Everyone said the care co-ordinator listened and gave good support. Staff told us that when the manager was busy and sometimes not available, that they could rely on the team leaders and care coordinator for support. One member of staff said, "The manager is approachable and deals with problems quickly". Other staff told us that they felt the manager had good ideas for improvements and that the owner was also available in the service on most days.

We were also told that the staff morale had improved and was good now. One member of staff said, "Improvements have been made to how the home is run and organised that are helping us work better together."

Another member of staff stated, "I would recommend this home to anyone wishing to live or work here".

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 11 HSCA (RA) Regulations 2014 Need for consent People who use services were not fully protected against the risks associated with other people making decisions on their behalf, such as covert medicines. This was because formal mental capacity assessments and 'best interests' decisions were not always carried out and clearly recorded in people's care plans. Regulation 11 (1), (2) and (3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance People who use services were not fully protected against the risks associated with unsafe medicines management because some records were inaccurate and some had not been completed. Regulation 17 (2)(c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The service did not do all that is practicable to mitigate any such risks; Medicines must be administered accurately, in accordance with any prescriber instructions and at suitable times to make sure that people who use the services are not placed at risk. Regulation 12 (2)(b)

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance People who use services were not fully protected against the risks associated with a lack of effective systems for assessing, monitoring and improving the quality of the service. This was because the provider had not identified some areas where actions for previously required improvements were still outstanding or had not been appropriately maintained. Regulation 17 (1) (2)(a).