

The Island Residential Home Limited

The Island Residential Home

Inspection report

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Date of inspection visit:

17 September 2019

18 September 2019

Date of publication:

19 November 2019

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 

Summary of findings

Overall summary

About the service

The Island Residential Home is a residential care home providing personal and nursing care to 32 people at the time of the inspection. People living upstairs were over 65 years old. Some people upstairs were cared for in bed. People living downstairs were younger adults. The service can support up to 34 people.

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

Medicines records were not always accurate and complete. People were at risk of being given a medicine they were allergic to because allergy records in some care notes did not match the information within their medicines administration records. People's confidential data around medicines was not always archived or disposed of securely.

People had received their medicines as prescribed and these medicines were available to them in a timely manner. Staff demonstrated a good understanding of medicines and the needs of the people at the service.

There were systems in place to check the quality of the service. However, the systems to review and check the quality of the service were not always robust, they had not identified the concerns we raised in relation to medicines management. This was an area for improvement.

Food and fluid records had improved since the last inspection, but some inconsistencies were found. One person's records showed that fluid had been incorrectly added up, so the record showed that they had drunk more fluid than they had. There was no overall monitoring for this person as the target intake had not been completed. This is an area for improvement. People told us they liked the food at the service and were able to choose what they wanted to eat.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Improvements had been made to care records to show that mental capacity assessments had taken place in relation to specific decisions. Some improvement work was required as there were some assessments which contained conflicting information.

Risks to people's safety had been suitably assessed and managed, this was a clear improvement since the last inspection. Staff followed the risk assessments and guidance. One person's risk assessment contained conflicting information. This is an area for improvement.

There continued to be enough staff to keep people safe. The manager was able to deploy more staff as and when people's needs changed. Staffing was arranged flexibly. Staff were recruited safely.

Prior to people moving in to the service their needs were assessed. These assessments were used to develop the person's care plans and make the decisions about the staffing hours and skills needed to support the

person. People were reassessed as their needs changed to ensure the care they received met their needs.

People felt safe living at The Island Residential Home. Staff had the knowledge and training to protect people from abuse and avoidable harm. People said, "It is a nice place; I like it here it's a lovely home and all the staff are excellent"; "I like it, it feels like home to me, I just come and go as I like" and "Staff are really nice and friendly, always very helpful."

The service had been maintained and was clean and fresh. Contractors were working in the service to replace fire doors and bathroom suites.

Improvements had been seen across the service since our last inspection. The provider, management team and staff had worked hard to make sure people received quality care and support.

People had choice over their care and support, dignity and privacy was respected by staff. People told us staff were kind and caring and treated them well.

People had access to a range of different activities throughout the week. People told us that they took part in these and that they were enjoyable. Activities were also provided for people who received their care and treatment in bed.

People had been involved in planning and discussions about their wishes and preferences in relation to their end of life care.

When people needed medical attention, this was quickly identified, and appropriate action was taken. For example, if people were losing weight referrals were made to dieticians. The service worked closely with the GP and other health care professionals who visited the service regularly.

The provider had developed systems to monitor accidents and incidents and learning lessons from these to reduce the risks of issues occurring again. Records evidenced where follow up action had been taken after the accident or incident.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Inadequate (published 04 April 2019) and there were five breaches of regulation. The provider had failed to operate effective quality monitoring systems. The provider had failed to effectively manage risks and medicines. The provider had failed to plan care and treatment to meet people's needs and preferences. The provider had failed to operate effective recruitment procedures. The provider had also failed to notify CQC about important events that had occurred.

The provider completed an action plan after the last inspection to show what they would do and by when to improve, they provided updates to this action plan each month.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations 9, 12 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found that the provider was no longer in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Improvements had been made to quality monitoring systems, However, further improvements were

required because medicines records had not always been well managed. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This service has been in Special Measures since 04 April 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

The Island Residential Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by two inspectors and one expert by experience on the first day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspection was carried out by three inspectors on the second day. Two of the inspectors on the second day specialised in medicines.

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

The service had a manager that was not registered with the Care Quality Commission. The manager had applied to CQC to register and this was in progress. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day of the inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections.

We reviewed the information we held about the service including previous inspection reports. We also looked at notifications about important events that had taken place in the service, which the provider is required to tell us by law.

We contacted health and social care professionals to obtain feedback about their experience of the service. These professionals included local authority commissioners, local authority safeguarding teams, local authority care managers, a nurse assessor and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Healthwatch told us they had not been to the service since we last inspected and had not received any information about the service. We received feedback from two local authority social workers, two local authority safeguarding workers, one local authority commissioner and a nurse assessor. We used all of this information to plan our inspection.

During the inspection

We spoke with 13 people and three relatives about their experience of the care provided. We spoke with nine members of staff including the provider, manager, operations manager, training manager, head of care, senior care workers, care workers and the cook. We observed staff interactions with people and observed care and support in communal areas.

We reviewed a range of records. This included six people's care records and 22 medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection the provider had failed to ensure the safe management of prescribed medicines. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12. However, medicines records needed to be improved.

- People were at risk of being given a medicine they were allergic to. The allergy records in some care notes did not match that of the medicines administration record (MAR).
- Where medicines were prescribed 'when required' (PRN) there were not always PRN protocols in place to support staff with when to give the medicine and the expected outcome.
- Information on how people like to have their medicine administered and any special administration methods were not available to staff whilst they were conducting the medicines round. This information is helpful to ensure residents get medicines in a person-centred way. The information was available in care plans.
- Medicines, including controlled drugs, were not always stored safely and securely within the locked medicines room and were not all recorded in line with legal requirements. We addressed specific concerns with the provider on the day of the inspection and actions were taken immediately to rectify this.
- People's confidential data around medicines was not always archived or disposed of securely.
- Several people had notes in their care records to withhold a medicine if their resting heart rate was below a certain threshold. There was no clear evidence of physical health being monitored regularly by staff to ensure that the medicine was suitable to be given.

The provider had failed to ensure medicines records were accurate and complete. This was a breach of Regulation 17 (good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Records showed that people had their medicines as prescribed and these medicines were available to them in a timely manner. Staff demonstrated a good understanding of medicines and the needs of the people at the service.
- People were complimentary about medicines. They said, "Staff do medicines regularly; I know what I'm taking and am quite happy"; "I self-medicate I have a locking cupboard in my room"; "Usually medication is

alright" and "Medicines are always regular; it confuses me when the names change."

Assessing risk, safety monitoring and management

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

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

- People's care records contained risk assessments to keep people safe. Risks to the environment had been considered as well as risks associated with people's health needs.
- Risk assessments gave clear, structured guidance to staff detailing how to safely work with people. The risk assessments had been regularly reviewed and updated. Staff followed the risk assessments and guidance. One person's risk assessment contained conflicting information about when to reposition them. This could lead to staff supporting the person to reposition too frequently. This is an area for improvement.
- The safety of the environment was risk assessed and hazards managed by the management team. For example, electrics, gas, fire, infection control, legionella, food hygiene, medicines, fixtures, fittings and equipment, as well as security of the premises.
- The provider was in the process of carrying out essential works to improve fire safety in the service to meet the Regulatory Reform (Fire Safety) Order 2005. This included replacing fire doors throughout the service. Staff had carried out regular fire alarm tests and regular practice drills had taken place.
- Each person had a Personal Emergency Evacuation Plan this detailed the level of assistance and the type of equipment required they would need to reach a place of safety in the event of an emergency.
- People told us they felt safe. Comments included: "I feel safe I'm not frightened of anyone, the home is brilliant, wonderful staff, wonderful home and excellent food"; "There is no reason why I shouldn't feel safe the staff are always there if you need them"; "I feel very safe living here" and "Bathrooms are non slip when they are wet."

Staffing and recruitment

At our last inspection the provider had failed to operate effective recruitment procedures. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 19.

- Staff were recruited safely. For example, Disclosure and Barring Service checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable.
- The provider had carried out sufficient checks to explore staff members' employment history to ensure they were suitable to work around people who needed safeguarding from harm. References had been received by the provider for all new employees.
- The provider had introduced a dependency tool to measure the dependency of people living at the service so enough staff could be deployed. The tool was reviewed in retrospect on a monthly basis. This meant that it reviewed the previous months staffing against people's assessed dependency. The management team agreed to review this process.

- There continued to be enough staff to keep people safe. The manager was able to deploy more staff as and when people's needs changed. Staffing was arranged flexibly. People told us, "Usually enough staff, sometimes they could do with an extra one"; "I think there are enough staff"; "Generally speaking, enough staff"; "There probably is enough staff but you can always do with more" and "Enough staff always around." A healthcare professional said, "There was enough staff on when I visited."
- People told us their call bells were mostly answered quickly, which met their needs. Comments included, "Good response to buzzer"; "If I press my bell they come quite quickly"; "My wheelchair got stuck once and the buzzer was 14 foot away, so I couldn't reach it. Someone came eventually, my sling was caught around the wheel. I now have my buzzer closer" and "Come quickly if I pull the cord."

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities to protect people from abuse. They had received training to make sure they had the information they needed to keep people safe. Staff described what abuse was and told us how they would respond and report if they witnessed anything untoward.
- Staff told us the provider and manager were approachable and always listened and took action where necessary, so they would have no hesitation in raising any concerns they had. They knew how to raise and report concerns outside of their organisation if necessary.
- Information was displayed around the service telling people about how to keep safe and how to report abuse. This information was also available in an easier to read format.

Preventing and controlling infection

- The service was clean. Staff used protective equipment such as gloves and aprons to protect people and themselves from healthcare related infections.
- The equipment and the environment had been maintained. The provider's maintenance team carried out repairs and maintenance in a timely manner. The provider had a redecoration plan in place, bath and shower rooms on the ground floor had been replaced and work was ongoing to decorate bedrooms.
- One part of the service has a strong smell of stale urine on both days of the inspection. We reported this to the manager who arranged for staff to clean the flooring with a carpet cleaner.
- Health and social care professionals told us, "The home was clean and suitably maintained"; "It is clean and tidy and the staff are helpful and friendly" and "I'll say Island Residential is clean and suitably maintained."
- People told us the service was clean. Comments included, "The washing and cleaning are very good"; "I think the service is clean and washing is good"; "Washing good and cleaning excellent" and "Clean and smells fresh"

Learning lessons when things go wrong

- The provider had developed systems to monitor accidents and incidents and learning lessons from these to reduce the risks of issues occurring again. For example, staff meeting records showed that staff had discussed an incident involving a person who had drunk too much alcohol. The staff team had talked about the best ways of engaging the person and working with them. Risk assessments had been amended following the incident to ensure additional guidance was available to staff to ensure the person received additional monitoring if they were intoxicated.
- Records evidenced where follow up action had been taken after the accident or incident. This included who had been notified of the incident and whether support plans and risk assessments had been updated.
- One person (who was living with dementia) risk assessment had been reviewed and updated following an incident when they left the service without staff. The management team had put in place additional monitoring and guidance to keep the person engaged and active to reduce the risk of it happening again.

Is the service effective?

Our findings

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

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

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

At our last inspection the provider had failed to ensure records were accurate and complete. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Food and fluid records had improved since the last inspection, but some inconsistencies were found. For example, one person's records showed that fluid had been incorrectly added up, so the record showed that they had drunk more fluid than they had. There was no overall monitoring for this person as the target intake had not been completed. This is an area for improvement.
- People's meal time experiences were mostly good. However, on the first day of our inspection people living upstairs had delays to their meals and people were served in an ad hoc manner. People sitting at the same table were not served their meals together which meant that people sat and watched others eat their meals before they were served theirs. This is an area for improvement.
- People told us they liked the food at the service and were able to choose what they wanted to eat. Feedback about the food was mostly positive. People told us, "We all eat what we get, very rarely do you see food left on the plate"; "Food is good, if I don't like what's on the menu, they give me something else"; "The food is very good"; "I like the food but I don't like spicy food and sometimes both things are spicy so they have to give me something different"; "I always eat in my room; the food is good"; "The cook is very amenable; I am very fussy but the cook is happy to accommodate me" and "Food is satisfactory, I'm a cheese and biscuit fiend so they indulge me by giving me that for snacks." A healthcare professional told us, "My service user was happy with the nutrition provided."
- Meals and drinks were prepared to meet people's preferences and dietary needs.
- People had their meals in the dining rooms or in their bedrooms. The menu board in the dining areas displayed the choices available. Staff told us they helped people to make their meal choices using pictures if they needed it.
- People had been weighed regularly. Where people had lost weight and this was a concern, appropriate referrals had been made to the GP and other healthcare professionals.

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

At our last inspection we recommended that registered person's review practice in best interest decision making, following the Mental Capacity Act 2005 code of practice.

At this inspection we found that the provider had acted on our recommendation.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The manager had correctly applied for DoLS within the MCA for some people living at the service. Some of these applications had been authorised by the local authority at the time of this inspection. The management team monitored when they were authorised or due for renewal. One person had a condition attached to their authorised DoLS to improve communication between the person and their relative. This had not been added to their care plan and there was no evidence that communication had improved.
- Improvements had been made to care records to show that MCA assessments had taken place in relation to specific decisions. Some improvement work was still required as there were some MCA assessments which contained conflicting information. For example, one person had been assessed as not having capacity to make decisions about bed rails. However, a bed rail consent form completed on the same day showed they had given their verbal consent to these. The person confirmed to us that they had consented to them.
- People with capacity to consent to decisions about their care had signed consent forms.
- We observed that people made decisions about their care and treatment. We heard people declining and accepting offers of food, drink, personal care and people chose whether to participate in activities. Care records recorded where people had made choices.
- Staff told us they encouraged people to make their own choices about the assistance they had and asked for permission before helping them. People told us, "You can choose when you get up. I get up when they come in usually about 8.00am, I go to bed at 7.30 then listen to my talking book for about an hour then go off to sleep"; "I get myself up in the morning and get dressed"; "I prefer a bath than a shower, a shower takes twice as long so easier to have a bath, they do my back, my hair and my feet" and "Get up when I like, go to bed when I like."
- Where some people did not have capacity to consent to a specific decision, relatives had signed the consent form detailing that they were the person's lasting power of attorney (LPA). Records showed that best interest meetings had taken place and best interest assessors were involved where people lacked capacity to consent to a specific decision.
- Copies of the LPA documentation had been checked by the management team to verify that relatives had the authorisation to make decisions on behalf of the person.

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

- Prior to people moving in to the service their needs were assessed. These assessments were used to develop the person's care plans and make the decisions about the staffing hours and skills needed to support the person. However, some areas identified in people's assessments had not always been included and embedded in people's care plan. One person lived with dementia, there was no care plan to detail how dementia affected them. Another person had a visual impairment, their care plan did not detail how staff would need to support them with participating in activities. This is an area for improvement.
- The assessment included making sure that support was planned for people's diversity needs, such as their religion, culture, health needs and their abilities.

Staff support: induction, training, skills and experience

- People told us that staff were skilled and well trained. Everyone felt safe when being transferred. Comments included, "I have my own sling, I am hoisted with two people, the hoisting is good" and "Staff are skilled at moving and transferring me."
- Staff received appropriate training to carry out their roles. This included statutory mandatory training; medicines, infection control, first aid, sepsis awareness, health and safety and moving and handling people. Staff had received training to enable them to meet people's specific health needs. Staff felt supported by the management team and felt confident to request additional training from the provider if they felt there were areas where they needed additional support.
- Staff received effective support and supervision for them to carry out their roles. Staff confirmed that they were supported to undertake qualifications in relation to their roles. Staff told us they felt well supported by the management team. One member of staff told us, "Feel well supported in senior role, there is always someone to go to; [head of care, administration manager or the manager]."
- The provider was in the process of introducing champion roles to the service. Staff with a keen interest in certain topics such as dementia, diabetes, health, oral care, medicines, dignity and continence would receive additional training and support and take on responsibilities within the team to act as role models, help others and challenge poor practice.

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

- The design and layout of the service met most people's needs.
- People knew where their rooms were. Their room doors had their names and photographs. People knew where to find communal areas such as the lounge, dining room, bathrooms and toilets. The garden was flat which made it easily accessible. One person told us, "I use the garden for smoking."
- Contractors were carrying out works to the service to update and refurbish bathrooms, shower rooms and toilets. The rooms that had already been completed had been fitted with equipment such as toilet seat risers and grab rails.
- The provider had started to improve floor levels within the building. Bedrooms on the top floor had a small slope from the corridor into each room as well as handrails fitted. As rooms became vacant; work had been carried out to raise the whole bedroom floor, so the floor was at the same level as the hallway.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

At our last inspection the provider had failed to ensure records were accurate and complete. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People received appropriate support to maintain good health.
- People were supported to attend regular health appointments, including appointments with consultants, mental health teams and specialist nurses. The GP visited the service regularly.
- Records showed that staff took timely action when people were ill.
- People were supported to see a doctor, optician, dentist and chiropodist regularly. People told us, "The doctor is called quite quickly"; "Either the ambulance or the handyman takes you in the van to hospital appointments, you are always accompanied"; "Regular eye tests, dentist and chiropodist"; "Call the doctor if I'm not well" and "They take me to the dentist and the doctor if I need it."
- People living with diabetes were supported to test their blood sugar levels daily, this was carried out by the district nurses who visited each day to administer insulin injections.
- The management team and staff detailed how they worked closely with healthcare professionals to ensure people's health needs were met. This was evidenced throughout people's care records. A healthcare professional told us, "They did take on board my suggestions and did liaise with the GP and the district nurses."
- When people's needs changed, this was discussed at staff handover. Handover records were checked daily by the manager to ensure that relevant actions had been taken.

Is the service caring?

Our findings

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

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

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

- People told us that staff were kind and caring and treated them well. Comments included, "I love the staff, they are all great"; "They have treated me so good, they are my family now"; "I think I'm looked after very well"; "The staff are very good"; "I have a keyworker and I get on well with her"; "The staff haven't always got time to chat because they are so busy but the keyworker spends time with me"; "If you need anything just ask, all the staff are good"; "Staff all very caring, I can have a laugh and a joke with them"; "Nothing but praise for the staff" and "Staff have time to chat and they know me very well, they know I like extra-large helpings."
- Staff provided discreet care and support and helped people when they needed it. For example, we observed staff gently helping a person to their feet using their walking frame by supporting with a gentle hand on their back as they got out of the chair.
- Relatives told us staff were warm, friendly and kind to their loved ones. One relative said, "I can't imagine more caring people." Another relative told us, "The staff are really nice and friendly, always very helpful." A healthcare professional said, "Staff are nice and friendly."
- Staff referred to people by their preferred names and supported inspectors to do this when they were chatting with people.
- Relatives and visitors were welcomed at any reasonable time. The relatives and visitors we spoke with said they were made to feel welcome.
- People's religious needs were met. Church services were held at the service regularly, people could attend these if they wished to. One person said, "I use the church service every week." Another person told us, "Now and again the vicar comes."

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

- People were involved in making decisions about their care and support and they were encouraged to express their views on how they preferred to receive their care and support.
- People and their relatives had been asked about their lifestyle choices and these were respected.
- People self advocated (where they could) and relatives advocated on their loved one's behalf if they lacked capacity or wanted assistance to help them make decisions about their lives. Advocacy information was available around the service, no one had an independent advocate. Advocates support people with making choices and understanding their care and treatment needs.

Respecting and promoting people's privacy, dignity and independence

- People were able to spend time with their relatives in private in their own rooms and communal spaces

around the service.

- We observed staff knocking on doors before entering people's bedrooms and checking with them it was ok to enter. This included when people's doors were open.
- People's personal records were stored securely in the office.
- Staff knew people well and knew their likes and dislikes. Staff took time to sit with people, chat and offered reassurance when this was required.
- Staff discreetly asked people if they were in pain and wanted pain relief during medicines administration rounds. Staff discreetly checked with people to see if they wanted assistance to go to the toilet.
- Staff told us they ensured people's curtains and doors were closed when they supported people with their personal care. Staff said they protected people's dignity by covering people up with towels when supporting people to wash and dress. People told us, "Always knock on the door before they come in" and "Always knock on the door even though I leave my door open because I am claustrophobic."
- People were supported to be as independent as possible. For example, people were encouraged to carry out personal care tasks themselves on areas of their bodies that they could reach. We observed that some people were able to independently make themselves hot drinks in the kitchen when they wanted to. Some people were able to go out into the local community independently. People told us, "If it's nice I go out, I sign out and let them know when I am back"; "They give me a lot of freedom"; "Every day I go out in my electric chair" and "Quite independent, occasionally have help with a shower."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection the provider had failed to plan care and treatment to meet people's needs and preferences. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

- People had care plans in place, which reflected their current needs. People's care plans detailed how many baths or showers they preferred each week and what support people needed with this. Records showed that people had been offered baths and showers and when these had been accepted or declined.
- The service was responsive to changes in people's care and support needs. One person's care needs changed during the inspection as they had been fitted with a continence aid, their care plan and file was immediately updated to record this change and information was added to the staff handover records so all staff who worked with the person knew about the change.
- Care plans were mostly person centred and contained information about how each person should be supported in all areas of their care and support. Each care plan had a life history section, which had been completed with the involvement of the person and their relatives. This section provided key information about the person's life, hobbies, preferences, religious and cultural or social needs. A relative said, "I helped with care plan and did a 'this is me form' with life history etc."
- Care records included details of the person's preferred routine, for example when they wanted to get up or go to bed, and where they preferred their meals. People and their relatives (if this was appropriate) were involved in care planning and review of care plans. People told us, "I have a review of my care plan regularly"; "Review care plan every now and again"; "Care plan is reviewed" and "They revise my care plan regularly and explain it to me."
- The management team had been reviewing and amending care plans and work to complete this was ongoing.

Meeting people's communication needs

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

impairment or sensory loss and in some circumstances to their carers.

- Information in the service was available in a variety of formats to meet people's communication needs.
- Accessible documents such as advocacy information, complaints information, staying safe from abuse information was on display around the service. The manager was implementing some easier to read care plans for people that needed it.
- People with visual impairments had access to talking books.

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

- A range of activities were available for people who lived at the service and people were able to choose if they wished to join in with activities. Activities information was on display on notice boards. Some people chose to stay in their bedrooms.
- Activities included, singing, bingo, hand massage, film afternoons, exercise, board games, card games, quizzes and memory games. The activities coordinator visited people in their bedrooms to provide one to one activity for people that didn't want to join in with group activities in communal areas.
- People told us, "I join in with some of the activities, but I can't write or paint with my right hand"; "Trips are very expensive"; "There is a boot fair on the land opposite on Wednesday and Sundays I like to go"; "I wander round having a natter here and there. We play skittles and do quizzes but there are only one or two quiz books so questions get repetitive"; "If I wanted to go out, they would take me"; "Haven't had an outing for a long time"; "The activities leader does my shopping for me at the big [supermarket] I just give her a list"; "I use the library downstairs and sometimes I watch the television"; "I like to join in with the activities. I have been out for coffee mornings and shopping sprees"; "Now and again I join in with the activities"; "Staff take me out to the Pizza Hut and to help with the shopping. I'm in charge of the trolley" and "I've got my own entertainment, laptop, television and DVD Player. Temporarily the internet is a bit of a frustration, since they have moved the office, I can't get a signal in my room, but they are working on it."
- The provider had invested in technology called 'Remind Me care'. Activities staff were being trained to use this which would enable them to enhance reminiscence activities with people.
- People received regular visits from their relatives and friends. Staff told us that relatives were welcomed at any time.

Improving care quality in response to complaints or concerns

- People and their relatives told us they would complain to the staff or manager if they were unhappy about their care.
- People said, "No need to make a complaint. If something goes wrong, I mention it to the carer. If they can't sort it, they talk to someone more senior"; "I tell the staff if I'm upset with them and we sort it out" and "If I had a problem, I would talk to my care worker then move on."
- The complaints policy was on display and gave people all the information they needed should they need to make a complaint.
- There had been two complaints about the service since the last inspection. One of which had only arrived the day before the inspection, so it was still being investigated. The other complaint had been resolved satisfactorily.

End of life care and support

- People had been involved in planning and discussions about their wishes and preferences in relation to their end of life care. For example, people's care records evidenced the type of funeral they wished to have and where they wanted to receive treatment at the end of their life.
- Some people had consented to do not attempt resuscitation (DNAR) with their GP or consultants.
- The service was not providing any care and support for people who were at their end of their life at the

time of the inspection.

Is the service well-led?

Our findings

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection the provider had failed to store securely and complete, accurate and contemporaneous records and failed to effectively monitor and improve the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At our last inspection the provider had failed to notify CQC without delay of incidents was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17, however further improvement was required. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- There were systems in place to check the quality of the service including reviewing care plans, incidents and accidents, medicines, safeguarding, maintenance, room audits and health and safety. Where actions were needed these were recorded and the management team were in the process of completing these. However, the systems to check the quality of the service were not always robust, they had not identified the concerns we raised in relation to medicines records. This is an area for improvement.
- Medicines audits were completed both daily and monthly by the provider covering a range of areas that had been identified as requiring improvement. Whilst these were being completed regularly, due to the number of issues around medicines storage and handling we found on the day of the inspection we could not be sure that these were being conducted in a way which was addressing issues in a timely manner. This is an area for improvement.
- The provider had introduced a new staffing and management structure and tools to enable them to effectively monitor the service since the last inspection. The provider's operations manager carried out a thorough audit of the service on a monthly basis. External management consultants carried out audits and checks of the service and reported the results of these to the management team. Actions to address issues identified were dealt with swiftly.
- The provider had a very good oversight of the service as they had daily contact with the management team. The provider set daily additional targets for the service to work on and weekly management meetings were held to review what was happening in the service and progress with improvement.

- The provider had notified us of most specific incidents relating to the service. One had been missed, which was identified during the inspection. This was rectified immediately. These notifications tell us about any important events that had happened in the service.
- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The last inspection rating was prominently displayed at the main entrance, as well as being displayed on their website. The provider had informed people and their relatives about the rating at the last inspection and had communicated how they planned to improve the service. one relative said, "[Manager] was up front about the rating and told us about this when we viewed the home."
- There were a range of policies and procedures available to staff governing how the service needed to be run. These were regularly reviewed and updated.
- The management team were committed to ensuring that people received improved experiences and high-quality care and that lessons were learnt from the previous inspection and inspections in the provider's other local services. The manager received support from the provider and the wider management team.

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

- The service had held 'resident's meetings' regularly since the last inspection, where people were asked their opinions about the service. Meeting records showed varying numbers of people participating. The meeting records showed that the provider and management team listened to people. One meeting record showed that people had suggested adding items to the breakfast menu. The management team had put in place that people could have a cooked breakfast when they wanted them. Previously this had been restricted to one day per week.
- People told us, "If I need to bring something up at the residents meeting, I do and it normally gets sorted. The activities leader goes around individually and you can speak your piece. The manager came to the last meeting and told us about the building work"; "I asked if we could have an activity room upstairs so we could have activities upstairs because I miss out on a lot of things because I don't like going down in the lift"; "Eventually things happen from the residents meeting" and "Act on our suggestions and hopes."
- The provider had given surveys to people to gain feedback about their experiences of living at the service since the last inspection. They had sent 34 surveys and 18 had been completed and returned. The survey results showed that 95% of people who responded wanted more choice of activities, 90% said they get opportunity to go out, all said they are given choices. 45% said home could be improved, 20% said staff were not always polite to them. The provider had taken action to address the issues gained in feedback. The provider had sent another survey to people to gain an updated view of people's experiences since improvements had been made. The provider was waiting for the completed surveys to be returned.
- Staff had been surveyed in April 2019 to gain their feedback about working for the service. 28 staff had been sent surveys. The provider had received 13 back. The survey results showed that staff gave positive feedback regarding enjoyment of their roles, training and they felt listened to. 55% said communication could improve, 20% said more support needed for them in their role, 50% said working conditions could be improved. The manager had put in place actions to improve this.
- Relatives had also been surveyed in April 2019. Five surveys were completed and returned out of 18 that had been sent out. The responses were mixed; some relatives had said they did not always feel welcome, and two relatives commented that the menus and food choices needed improving. The manager put in place changes as a result of the feedback.
- Compliments had been received. One relative had commented in April 2019 that the atmosphere at the service had changed for the better. A relative told us, "Good communication can't fault it, if anything happens, they call me straight away and they are completely open."
- Staff told us that they were able to share their ideas and felt listened to. Staff meetings had taken place

regularly. A staff member told us they had requested new equipment for their role and within the shift they worked the new items had been ordered.

Continuous learning and improving care

- The manager kept up to date with best practice and developments. They told us they received bulletins and information, including CQC newsletters and Medical device alerts.
- The manager had been actively working to improve oral health care following NICE guidance. They told us they had completed dentist referrals for some people and were tracking the referrals to support people to have better oral healthcare. One relative told us that their family member had lost their dentures before moving to the service whilst they were in hospital. They explained, "Staff are assisting to get a dental appointment."
- The manager had not yet attended forums for registered managers run by Skills for Care or the local authority as they had been focused on driving changes and improvements to the service. They told us they would prioritise this to help them build up a larger network of support.

Working in partnership with others

- The service worked closely with other health and social care professionals to ensure people received consistent care and treatment. A health care professional told us, "The manager of the care home showed high competence and knowledge of the issues related to my particular service user."
- Staff told us they were kept informed about engagement and outcomes with health and social care professionals that could result in a change to a person's care, for example, following a visit from the community nurse, GP or dietician.
- Handover records and group chat records evidenced that staff communicated with each other effectively. The records enabled the provider and the management team to have clear oversight of the service.

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

- People and their relatives told us they knew the manager and felt that there was an open culture. Comments included, "I know the manager he does come and chat occasionally"; "New manager very amenable, any problems he sorts it out"; "Home is well managed. I had a shower last Monday in the new shower room and I noticed a couple of things missing, no grab rail and no coat hanger and they have already been fitted"; "Well run, nice people staff and residents" and "Well managed; new manager is very good."
- Staff told us the management team encouraged a culture of openness and transparency. Staff felt well supported by the management team. A member of staff said, "Management team is approachable. It's like a big family, I knew I would get on with [manager] as soon as I met him. Carers know people best so it's important they are listened to. I am happy to knock on [manager's] door and he is always happy to listen." Another staff member said, "Everyone is really supportive. Management have been great, everyone; [manager, operations manager and provider]."
- The provider had carried out checks of audits and records within the service to ensure they were fulfilling their role and monitoring the quality of care.
- The provider's statement of purpose states that their aims are, 'To provide high-quality care and support to adults by meeting individual need in a safe, caring, effective and responsive way by a well-led workforce with the skills, knowledge and resources to meet the highest standards.' It was clear from the experiences of people living at the service and our observations that the provider was meeting their aims and objectives for the service. However, there were still areas that needed improvement.

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 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure medicines records were accurate and complete. Regulation 17 (1)(2)