

Bannow Retirement Home Limited

Bannow Retirement Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Requires Improvement 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

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

Bannow provides care and support for up to 26 older people most of whom are living with dementia. The care needs of people varied, some people had complex dementia care needs that included behaviours that challenged. Other people's needs were less complex and required care and support associated with old age, mild dementia and memory loss. Most people were fully mobile and able to walk around the service unaided. At the time of this inspection there were 19 people living at the home.

There was a registered manager in post. 'A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection in November 2017, the service was rated requires improvement. We asked the provider to take action. The provider submitted an action plan saying what they would do to meet the legal requirements in relation to the breaches we found. We undertook this inspection to check that they had followed their plan and to confirm that they now met legal requirements. At this inspection we found that the breaches of Regulation 11 we previously found, in relation to the provider not acting in accordance with legal requirements in seeking consent, had been met.

We found that the breaches of Regulation 12 we previously found, in relation to the provider not ensuring the safety of people by assessing the risks to their health and safety, had also been met.

We found that the provider had also met the breaches we found in relation to Regulation 17 where the provider had not ensured that good governance had been maintained and that systems were not fully in place to monitor and improve the quality and safety of the service provided.

We also found that the breaches of Regulation 18 we previously found, in relation to the provider not ensuring that staff were given the appropriate support to carry out their duties, had been met. The provider had also met the second breach of Regulation 18 in relation to not previously ensuring that sufficient numbers of suitably qualified staff were deployed.

Whilst improvements had been made to people's in-house activities, this was not consistent for everyone. Some people were not receiving the stimulation and social engagement that they needed to improve their quality of life. We identified this as an area of practice that continues to need improvement.

The provider and registered manager had made improvements to the governance and systems to monitor

and improve the quality of service provided. Although the actions taken were evident and ensured that the provider was no longer in breach of the regulation, the improvements were not yet fully embedded and sustained. Therefore, this remains an area of practice that needs improvement.

We observed some good caring practices and engagement between staff and people. However, we observed some practices where staff did not always ensure people's dignity was maintained. This is an area of practice that needs improvement.

People told us they felt safe living at the home. People were protected from abuse by staff who understood their role in keeping people safe. The safeguarding adults' policy was up to date so staff had up to date information to refer to about how to keep people safe from abuse. Staff we spoke with understood how to keep people safe from abuse.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff were aware of their responsibilities around the Mental Capacity Act 2005.

The provider had a safe recruitment system in place. Relevant checks which had been completed before staff began working with people.

Staff were now receiving the support that they needed to enable them to be effective in their roles. Staff told us they were receiving regular supervision sessions and felt better supported by the management team.

People and their relatives were involved in developments at the service and their views were sought. People had been able to give feedback about the service through reviews of their care and through satisfaction surveys.

The provider had implemented a robust system to assess the risk of, and prevent the spread of, infections and to ensure that the premises were safe and clean.

Staff were receiving the training they needed to meet the needs of people at the service.

Risks were identified and managed effectively. Care plans provided clear guidance for staff in how to care for people safely. Assessments and care plans were holistic and identified people's needs and preferences.

People's medicines were managed and administered safely and in accordance with the provider's policy.

People were supported to ensure that they had enough to eat and drink and to access the healthcare services they needed. The service was accessible and had the adaptations and equipment needed to meet the needs of people living there.

People were supported to plan for care at the end of their lives if they wanted to do so. Staff were responsive to complaints and took appropriate actions to resolve concerns raised by people or their relatives.

Incidents and accidents were recorded and monitored. Lessons were learned when things went wrong and changes were made to improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

People were kept safe because the management, recording and administration of medicines was safe.

Risk assessments were undertaken to mitigate risks in areas of support that people required.

The provider had ensured that there were sufficient staff numbers to ensure that people stayed safe.

People were protected by safe infection control measures, which included audits, cleaning schedules and the correct protective equipment worn by staff when required.

Evidence demonstrated that lessons had been learned when things went wrong.

Is the service effective?

Good ●

The service was effective.

People's needs and choices had been assessed and staff knew their individual preferences well.

Staff received the training they needed to give good support. They understood their responsibilities with regard to seeking consent and the Mental Capacity Act 2005.

People were supported to eat and drink enough to maintain a balanced diet.

Staff worked well together and with other organisations. People had timely access to healthcare when they needed it and staff supported them receive the care and treatment

The environment was accessible and adaptations were suitable for people's needs.

Is the service caring?

Requires Improvement ●

The service was not consistently caring

People were treated with kindness and compassion but some elements of observed practice did not always provide people with respectful care.

People were supported to express their views and involved, as far as possible, in making decisions about their care.

People's independence was promoted. However, observations were made that demonstrated that staff didn't always ensure people's dignity and privacy

Is the service responsive?

The service was not consistently responsive

People's care was not always delivered in a personalised way that met their needs and preferences.

Complaints, when received, were addressed appropriately and actions were taken to improve the quality of service delivery to people as a result.

People were supported professionally and compassionately at the end of their lives.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led

Improvements had been made but were not yet fully embedded and sustained.

There were effective governance systems and visible leadership was evident.

People, relatives and staff were positive about improvements in the management of the home.

Requires Improvement ●

Bannow Retirement 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.

We visited the service on the 21 and 30 August 2018. This was an unannounced inspection. The inspection team consisted of one inspector and one expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we checked the information that we held about the service and the provider. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information relating to the service prior to the inspection, this included previous inspection reports and statutory notifications sent to us by the registered manager. A notification is information about important events the service is required to send to us by law.

We spoke with eleven people, four relatives, seven members of staff which included the registered manager, care workers, the chef and a laundry assistant. We also spoke to one healthcare professional prior to the inspection to obtain their feedback.

Not everyone was able to tell us about their experiences, therefore we carried out observations in communal areas and throughout the service to see how people were supported throughout the day and during their meals. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we reviewed the records of the service. We spent time looking at care records for five people. This is when we look at care documentation for people to get a picture of their care needs and how these are met. We also looked at documentation in care plans to pathway track the care experience of people within the home.

We looked at the files of three staff members and reviewed the records relating to areas such as the management of medicines, staff training, safeguarding procedures, risk assessments, incidents and accidents, quality assurance systems and complaints. We also observed medicines being administered and recorded.

Is the service safe?

Our findings

At the previous inspection in November 2017 the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not ensured the safe and proper use of medicines and risk assessments did not contain sufficient guidance for care staff to provide safe care. The provider had not ensured safe catheter care for those who required it. Neither had they ensured that the premises were sufficiently clean to maintain effective infection control. Due to our findings a requirement action was made and the overall rating for this key question was requires improvement. Following the previous inspection, the provider wrote to us to inform us of how they were going to address the issues and ensure improvements were made.

At this inspection, we found that the provider had made improvements to ensure that there was safe and proper management of medicines. People were receiving their medicines safely. Records were consistent and detailed when these medicines should be given. The provider had ensured that individual protocols were detailed and in place for medicines that were prescribed 'as and when required' (PRN). Staff were trained to administer medicines and recording was consistent and accurate. Medicines were ordered, administered and stored safely. We observed a medication round during the inspection where we saw staff administering medicines safely and ensuring that medication administration records were completed accurately. One person lacked capacity to consent to their medicines and were receiving their medicines covertly, that is without their knowledge and agreement. Appropriate assessments were recorded and included decisions that had been made in the person's best interest in line with the Mental Capacity Act 2005

At this inspection, we found that the provider had taken steps to ensure that risks to the health and safety of people during care and treatment had been assessed and recorded appropriately. The provider has addressed shortfalls identified from the previous inspection to ensure that people's safety, and that of staff members, were mitigated in relation to the management of behaviours that challenged. The provider had implemented specific risk assessments, where necessary, for those people whose safety was compromised by these behaviours. For example, a detailed risk assessment had been completed for a person who showed behaviours that challenged whilst being supported with personal care. The person was at risk of falls on these occasions and the assessments contained guidance and measures for staff to mitigate these risks and reduce the person's anxieties.

We saw good safe practices in the moving and handling of people that reflected the risks presented in their assessments. We observed a moving and handling procedure that required a person to be turned in bed to safely receive their medication. The two staff members discussed how they would complete the transfer before commencing and then proceeded to use the necessary equipment to mobilise the person. This was completed efficiently and with minimal disruption to the person. People's care and support plans held risk assessments that ensured people's safety in areas such as nutrition, pressure area support, falls and other environmental considerations.

The provider had implemented additional monitoring and support to ensure safe catheter care for people.

Each person requiring catheter support had a risk assessment in place. A daily communication book was used to track and monitor catheter output. A single worker, supported by a senior, was allocated on each shift to focus on ensuring that people were supported safely and effectively. Staff demonstrated a good knowledge of people's output levels and which people require more frequent checks when output was higher. We observed one staff member addressing the needs of one person effectively during our observations. Records showed that leg straps were alternated weekly to ensure which are alternated weekly. We spoke to one healthcare professional who supported people at the service with general wound care and catheter care. She told us that staff support in this area was quite good and that she had, "No concerns. People look well looked after."

At this inspection we found that the provider had also made improvements to assess the risk of, and prevent the spread of, infections and to ensure that the premises were safe and clean. The provider had recruited new cleaning staff following the requirement notice being issued. We found that a more robust daily cleaning schedule was in place and audits of this had been undertaken by the registered manager. We observed that the service was clean and well maintained and saw domestic staff undertaking cleaning tasks in both communal areas and people's rooms. Staff were observed wearing appropriate protective clothing when handling food and medicines. We observed staff changing gloves between using moving and handling equipment and then providing personal care to ensure that any potential for cross-contamination was mitigated. These improvements meant that the provider was no longer in breach of the regulation.

At the previous inspection in November 2017 the provider was in in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had also not always ensured that there were sufficient numbers of suitably qualified and competent staff deployed. At this inspection, we found that improvements had been made to ensure there were enough staff deployed to keep people safe. We observed that there were sufficient staff to meet the needs of people. The registered manager told us that they were using their own dependency tool to determine appropriate staffing levels which was reviewed monthly. A dependency tool is a method to calculate staffing requirements based on the number of hours people require to undertake their support. We also looked at rotas showing staff levels for the previous two months that demonstrated that sufficient staff were being deployed for each shift. The registered manager told us that current assessed levels were based on a higher capacity than the service had, therefore there were more than sufficient staff to meet people's care needs. These improvements meant that the provider was no longer in breach of the regulation.

People told us they felt safe. One person said, "Oh yes, I feel safe and secure. They keep their eye on everything." Systems were in place to help protect people from the risk of harm or abuse. The registered manager was aware of the correct reporting procedure for any safeguarding concerns. A safeguarding policy was available for staff to access if needed and all staff had received regular safeguarding training. Staff demonstrated a good knowledge around how to recognise and report safeguarding concerns and told us they would initially speak to the team leader or head of department but could also contact the registered or deputy manager at any time if they had concerns. One staff member told us she felt that, "Safeguarding awareness is great" amongst staff.

The provider had a safe recruitment system in place. Relevant checks which had been completed before staff began work. For example, disclosure and barring service (DBS) checks, a DBS check is completed before staff began work to help employers make safer recruitment decisions and prevent unsuitable staff from working within the care environment. Application forms included information on past employment and relevant references were obtained before staff could commence employment.

Environmental risks and risks to people's safety in the use of equipment was well managed by staff. The

provider also undertook a number of health and safety checks to ensure that people remained in a safe and secure environment including gas and safety checks. The provider had ensured that an appropriate fire risk assessment of the service had been completed, including ones for each person's room. People had individual personal evacuation plans (PEEPS) in place to ensure they could be safely moved from the service in the event of an emergency. These plans considered risks associated with people's physical and mental health conditions, together with the support they would need to safely evacuate.

People's safety was well managed. The provider ensured that people's safety was consistently maintained following incidents and accidents that had occurred. Incidents were recorded appropriately as were subsequent actions and measures to prevent reoccurrences.

Is the service effective?

Our findings

At the previous inspection in November 2017 the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not ensured staff were given appropriate support and supervision to enable them to carry out their duties. Following the previous inspection, the provider wrote to us to inform us of how they were going to address the issues and ensure improvements were made. At this inspection, we found that the provider had made changes to the way it supported staff to enable them to carry out their duties. The provider had implemented a system where senior carers now undertook the supervisions of care staff while the registered manager carried out those of senior staff.

Staff told us that they were now receiving regular support sessions and felt better supported by the management team. One staff member told us, "We have been receiving a lot more supervisions in the past year." The registered manager was now receiving increased support to enable them to manage the service effectively. One carer told us, "The manager is now getting more support above her." Another carer told us she was receiving formal support every six weeks and said, "The sessions make you feel better when you know you're doing it right." These improvements meant that the provider was no longer in breach of the regulations.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met.

At the previous inspection in November 2017 the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered person had not acted in accordance with legal requirements where people did not have the capacity to consent. At this inspection, we found that the provider had made improvements to its practices around seeking consent and had acted in accordance with legal requirements. At this inspection, the registered manager told us that there were eight people who had a DoLS authorisation, while a number of applications had been submitted for consideration. People had DoLS care plans in place that described how the person's capacity, or lack of it, affected their communication, how this affected their acceptance of care and how this impacted on any resulting behaviour that challenged. The care plan detailed what restrictions were in place for that person and how staff could support them. The provider had undertaken appropriate mental capacity assessments and had recorded agreed decisions. This showed that relevant people had been consulted and that

consideration had been given to ensuring that the least restrictive option was chosen.

Staff demonstrated a good knowledge of mental capacity and the processes around deprivation of liberty safeguards. They were aware of specific restrictions that people had in place to keep them safe. The provider was working in accordance to these restrictions. The registered manager has been working with the local authority DoLS team on ensuring that applications had been applied for correctly, and was clear on their responsibilities in this area. These changes and improvements meant that the provider was no longer in breach of the regulations.

People were supported by staff who understood their needs and provided effective care that respected their wishes and choices. People's care needs, individual preferences and choices had all been assessed by the provider. This information had been used to complete care plans that worked towards achieving the outcomes that the person wanted.

The registered manager was focused on ensuring that staff received the appropriate training to carry out their roles effectively. Staff told us that the organisation and delivery of training had improved considerably. The service had changed training providers in the past year and staff told us of the impact of this in being more effective in their role. One staff member said, "The new trainer is brilliant. They are more proactive and interactive." One staff member told us they had received dementia training that had allowed them to learn, "different ways to support people with the condition."

Care staff received a structured induction programme that ensured they knew what the role entailed and how to undertake it effectively. The induction required staff to understand the needs of people at the service and to shadow established workers to see how to undertake direct care. All new care staff undertook the care certificate. The care certificate is an identified set of standards that health and social care workers adhere to in their daily working life and aims to provide care workers with the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support. Staff received training in areas such as safeguarding, Mental Capacity Act, nutrition, manual handling and infection control. Care workers also received training in specific areas to support the specific needs of people such as continence training, dementia and challenging behaviour awareness. The registered manager told us they would source additional support from external professionals to supplement training, such as guidance from the continence team.

People were supported to eat enough to maintain a balanced diet. One person told us, "The food here is good. They do a lot of different meals." We observed people having their lunchtime meal in the dining room. The food looked appetizing and healthy and contained plenty of vegetables and salad items. We observed people having pureed meals. These are soft meals that have been prepared to support people who have difficulties with swallowing to enable them to eat to minimise the risk of choking. The pureed meals were well presented and looked like the original dish. One staff member told us, "The residents on a pureed diet have the same choice as the other residents not on a pureed diet." People told us that they thought the food was good. We observed lists of people's nutritional requirements in the kitchen and the chef told us that care staff will update him of any changes to people's dietary needs.

People were supported live healthier lives and to access healthcare services. Records demonstrated, and the registered manager told us, of the different health care professionals and specialist support that they had supported people to access. This ranged from support from the local falls team to provide guidance on managing people's mobility needs to the continence team for support with catheter care. We saw evidence of timely referrals to the Speech and Language Therapy team to support people with dietary needs. One person had received support from these professionals due to risks of choking. Records showed that the

input from this team, together with ongoing follow up actions undertaken by care staff, had been effective in meeting the nutritional requirements of one person.

People's needs were met well by the design and adaptation of premises in keeping people safe, promoting social interaction and providing areas for quiet reflection. The main lounge was split into two areas, one of which was used by people as a quieter area to relax. Staff told us that the library was often used by people for quiet reflection and to have use for special occasions. There was a large secure garden at the back of the service that people accessed frequently. People living with dementia were supported by visual and pictorial prompts around the service. For example, pictorial reminders next to light switches and prompts to ensure personal care was completed fully. The registered manager had also ensured that signs on doors were now in permanent fixed frames to ensure that they couldn't be removed. A sensor beam was used at the foot of the stairs to alert staff that someone wanted to use the stairs and staff could then offer support as needed.

Is the service caring?

Our findings

At the last inspection in November 2017, it was identified that there was an area of practice that needed to improve. This was because people's dignity and respect had not always been considered. At this inspection, this continued to be the case following observations of some practices.

We observed some good interactions between staff and people throughout the inspection, and people told us that staff were caring in their approach. However, we made observations of where staff did not support people appropriately to maintain their dignity.

During the inspection we observed the toilet door in the ground floor communal corridor being wide open when people were still using the facilities. This occurred on two occasions for the same person and once for another person. It was clear that their confusion had caused them to forget to close the toilet door or not to be diligent in closing it. When a staff member was told about this after the initial observation they informed us that the person got up a lot to move around and that it was difficult to know if they were always going to go to the toilet. We observed sufficient numbers of staff throughout the inspection to ensure that incidents such as these, where people's dignity was compromised, could be avoided.

We observed one person requesting a cup of tea and a biscuit from a member of staff. The staff member then asked an inspection team member if they also wished for a drink. The inspection team member was brought a drink but the person's request was forgotten and they did not receive their requested drink until afterwards when they were again prompted by the inspection team member.

These are areas of staff practices and caring approaches that need improvement.

We also saw examples of staff demonstrating a caring and respectful approach to people. We observed staff taking time to sit with people and discuss the activity or task they were engaged in. One person was being supported by a staff member to look through a themed scrapbook that they were clearly enjoying. We saw two residents engaged in a physical activity with a balloon that they appeared to be enjoying and physically engaged with. One person told us, "They are all smashing staff" while another person said, "They are all lovely."

Care plans held information about the person's life and history, while detailing their likes, dislikes and preferences. Staff knew the names of everyone and had a good understanding of their needs. We observed staff engaging with people in a kind and caring way. People looked relaxed and at ease around staff and engaged with them warmly. We observed staff engaging in a friendly but professional manner with people.

We observed some patient, caring support being provided during the inspection. We observed one person having their nails cut by a staff member while both engaged happily with each other. People were supported to express their views. Staff communicated with people in different ways according to their needs. For example, some people received information in written form, and some needed verbal communication. Advocacy was available for people who needed support to be involved in decisions about their care and

support. Staff also consulted people's family or representatives where appropriate. One relative told us, "Staff were always willing to provide information via telephone concerning mum. This was very much appreciated."

People's personal information was kept securely and staff demonstrated an understanding of their responsibilities about protecting people's confidentiality. Staff meeting notes showed that staff had been reminded of the importance of keeping people's information confidential following the introduction of new data protection guidelines.

People's differences remained to be respected. Diversity was respected with regard to people's religion and care plans detailed this. People's religious needs were documented and guidance for staff on how to support people to meet these needs. Records showed that these needs and wishes were being met by the provider.

Staff ensured that people who were unable to access the communal areas readily were cared for and received regular visits. One person, who was being supported medically with a condition that required them to remain in their room, was observed being visited regularly by staff. Staff had ensured that the person's physical appearance was attended to by staff to maintain their dignity. Records also demonstrated that staff had been diligent in providing regular visits to check on their wellbeing.

Relatives we spoke to were happy with the care provided by staff. Relatives told us that staff made them feel welcome at the home and were free to do so when they wished. One family member told us that staff, "Could not be more accommodating", while another confirmed that their relative was, "definitely happy" living at the service.

Is the service responsive?

Our findings

At the last inspection in November 2017, it was identified that there was an area of practice that needed to improve. This was because staff had not received any guidance in relation to Accessible Information Standards (AIS) and care plans had not assessed people's requirements in relation to these standards. From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the AIS in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs relating to people with a disability, impairment or sensory loss. At this inspection, it was evident that improvements had been made. Staff were aware of the need to meet people's communication and information needs effectively and records showed that their obligations under the Accessible Information Standards had been discussed in staff meetings. Care plans had included details of how people's specific communication needs should be met, and, where applicable, how information could be adapted to meet this need.

At the previous inspection in November 2017, it was identified that there was an area of practice that needed to improve. This was because there was little emphasis on activities for people living with dementia that could act as memory triggers or enhance past skills, hobbies or occupation. The previous report had suggested the introduction of memory triggers such as rummage boxes to stimulate memories and exploration of NICE guidelines in relation to expanding the activities available to meet people's individual social needs relating to living with dementia. However, we did not see evidence that these suggestions had been acted upon and introduced.

While there had been activities introduced, there was still little emphasis on providing meaningful occupation for people living with dementia. The provider had started to address this area with the introduction of a fish tank within the communal lounge, as a method of visual stimulation for people who were living with dementia. However, throughout the course of the inspection, we observed little interest in this from people. One staff member told us that they felt no one was interested in this and that this had not been beneficial or effective for people. We asked the registered manager what impact this had for people living with dementia, who told us that the level of engagement was dependent on the cognitive ability and mobility of people.

The registered manager told us that they were considering purchasing smart TV's to support people to be interactive but commented that they didn't feel there was much dementia supportive technology on offer. In the provider's current information return there was no reference within the service's future plans to pursue options for further dementia support in this area. We observed periods where people living with dementia were disengaged and would have benefitted from further interaction with staff and engagement in dementia specific activities. This is an area that continues to need improvement.

Despite these areas that needed improvement, we did observe some people being supported by the activities coordinator and staff during the morning and afternoon. One person said of the coordinator, "I like her, she is good to me." Another person commented on staff's engagement with activities, "Yes, they always give me things to do." We observed one person actively engaged in an age appropriate colouring activity

which they clearly enjoyed. We observed the activities coordinator engaging with residents and clearly demonstrating that she knew them personally and their needs. The coordinator was using an electronic tablet with which she was playing songs that were then played over the speaker. She was then asking people what they would like to hear and they were joining in together and singing.

The service had an adjacent library which we were told was used for quiet areas for people to access. The room was stocked with books and games. People could access the service's hair salon where an external hairdresser would support people on a regular basis. People could access a garden that was well maintained and made accessible for all people. People were supported to undertake activities within the service and trips in the community. One person told us, "They are smashing here, they take me down to the old town, I have no complaints." Another person said, "I love the things we do here."

Care plans were detailed and personalised to include people's interests and the things that were important to them. People's care plans were based upon people's assessed needs and preferences. For example, one nutritional care plan detailed how one person, who did not eat or drink much, should be supported by staff to encourage them to do so. The care plan provided a structure of techniques and support to improve this. The plan detailed specific locations in the service where the person had been known to like having meals. There were also instructions on portion sizes to mitigate the occasions when meals were refused. The care plan linked with a risk assessment that looked to balance the preferences of the individual for sweet foods while managing their diabetes. Information relating to specific choices and tastes was then passed to the chef to ensure that preferences were included in each meal for that person. Staff we spoke to throughout the inspection demonstrated a good knowledge of people's preferences and care needs.

People's changing needs were acted upon by the provider to ensure continued wellbeing. For example, in response to one person's deterioration in mobility, the provider offered the person a choice to change rooms to a more suitable ground floor location. Although this was declined the provider continued to look for the least restrictive options and installed a floor sensor for additional protection. The impact of this was that options were explored that enabled the person to retain their independence, while staff responded quickly to ensure the person's continued safety.

The provider had a complaints policy in place, and a copy displayed for visitors to make a complaint should they wish to. We looked at complaints that the provider had received to determine whether appropriate action had been taken and if the provider had used the experience to improve the quality of care. One complaint we saw had prompted an appropriate and proportionate response by the management to the complainant and had detailed what retrospective actions had been implemented to mitigate further shortfalls. Relatives and people we spoke with knew how to make a complaint and felt comfortable raising an issue if they did. One relative told us, "I would go to anyone in the home to raise a concern."

There was no one currently in receipt of end of life care although staff were provided with training on how to support people with support at the end of their lives. We spoke to the registered manager about the support staff provided for people at the end of their lives. The registered manager told that the person's GP would be consulted regarding suitable adjustments to medicines and discussions would take place with the person and relatives about their wishes and preferences. The registered manager confirmed that this would be an ongoing discussion as they had found that often a deterioration in health with people with dementia occurs in stages which gives staff time to prepare accordingly. Relatives of people have been invited to stay in the service during their relative's final days. The provider also ensured that staff were appropriately supported and were offered emotional support and debriefings. The registered manager stated that in this area, "staff really come into their own." We saw positive comments from one relative of a person who had been supported at the end of their life by staff. The relative stated, "I'm so grateful you made her days happy,

surrounded by fantastic staff who genuinely showed they cared."

Is the service well-led?

Our findings

At the previous inspection in November 2017 the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not ensured that good governance had been maintained and because there were not effective systems in place to assess, monitor and improve the quality of the services provided.

Following the last inspection in November 2017, the registered manager had created an action plan to address the breaches of regulations that we had identified. They explained the actions that had been taken in order to make improvements. At this inspection we found that some actions had been taken and improvements were evident to ensure that the provider was no longer in breach of this regulation. However, the improvements were not yet fully embedded and sustained.

There were systems in place to audit the effectiveness of care plans which were completed on a quarterly basis. The registered manager had also implemented a system where specific tasks relating to people's personal care was recorded on a daily basis. The impact of this was that the registered manager could track where people had been refusing specific areas of personal care over periods of time and identify the reasons behind this. The registered manager was in the process of ensuring that care plans were standardised across the service. Although this process had been completed for many people, there were still care plans that were in the process of being updated to the providers new requirements. The registered manager confirmed that this was a work in progress. Effective systems for ensuring the cleanliness of the service had now been implemented following the last inspection. The registered manager had ensured that a more robust daily scheduling process was in place and that this was monitored regularly.

The registered manager had made changes to an area of the governance structure where senior carers had now been delegated specific areas of responsibility in ensuring quality performance and ongoing monitoring of service delivery. The impact of this was that staff felt more empowered to drive improvement, and whilst the registered manager still retained oversight of quality assurance systems, this allowed her to focus more on the overall governance and direction of the service. Senior carers had responded positively to these changes and told us that they had embraced their new responsibilities. Senior carers were now undertaking the supervisions of care staff, a system that one senior carer informed us was, "Working better." Care staff told us that the frequency and quality of supervisory support had increased and improved over the past year making them feel more supported and valued. Senior carers were also responsible for completing quality assurance audits for medicines, infection control systems and support for new staff in the service.

Key worker reviews were now being completed. These reports were audited by senior carers monthly and any changes in need would be reflected in people's updated care plans. We were told that this system was a work in progress and that further work still needed to be undertaken to ensure that key workers were completing these regularly. This is an area that requires further development to ensure that information is being communicated between staff effectively to make the necessary changes to people's care plans.

At this inspection we found that the registered manager had made some progress in ensuring that the

leadership of the service was able to support people effectively and safely, and to provide visible and credible support to the staff team. The registered manager recognised and acknowledged the need for strong governance. The manager was committed to seeing continuous improvements in the service and had prioritised addressing the issues highlighted in the last CQC inspection report. All the staff we spoke to during the inspection were very positive about the changes that the registered manager and provider had made. One staff member told us, "Staff morale is much better now." Another staff member confirmed that, "The general mood has definitely improved."

The registered manager confirmed that she was receiving support from the provider to implement the improvements needed, an area of support that care staff had also recognised and appreciated. One staff member told us, "The registered manager is getting more support from above her." The registered manager had made a number of changes to systems that monitor and evaluate the quality of the service, although their effectiveness had not been fully demonstrated and required further time for systems to be embedded. The registered manager told us that she was eager for improvements to continue and be embedded but was aware that some shortfalls remained. This is an area that needs further improvement.

There was a registered manager in post. 'A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

Systems were effective in identifying patterns to drive improvements in the service. The registered manager had oversight of incidents, accidents, safeguarding events and complaints. They used this information to make improvements. Audits and quality monitoring systems were completed regularly and action plans were developed in areas such as health and safety, infection control, fire safety and medicines to ensure improvements were made and any shortfalls were addressed.

People and their relatives told us that they had confidence in the management of the service and had noticed positive changes since the last inspection. One relative told us of the impact that the management and staff had had on their family member. She told us, "They've kind of gave me my dad back." People and their relatives spoke of the openness and transparency within the service. One relative told us, "If I have any concerns I know I can raise it with anyone at the home." Another relative told us that the management and staff, "Could not be more accommodating." Questionnaires and surveys were carried out annually and suggestions and comments had been identified and taken forward to action accordingly.

People and their relatives could give feedback about the service through quality assurance surveys which were completed annually. The provider had completed an action plan to use the comments received to inform improvements of the service.

Staff were supported to pursue qualifications and continuous learning. The registered manager told us that her focus and vision was to provide training and development so that, "Staff feel that they've achieved something." Staff had been encouraged, and were undertaking, further qualifications in care as part of their continuous improvement. One person at the service commented that, "Staff have been here for quite a long time. There are lots of young staff who have worked their way up."

Staff had made links with organisations, professionals and other agencies to enhance the support they provided. This included developing positive working relationships with community nurses, falls team, speech and language therapists and the continence service. People had been supported through links to the hospital based team that provided physiotherapy to those who required it. The service had also

established links with the local church to provide group and individual services to people.