Abbey Health Care Limited

Abbey Court Nursing Home - West Kingsdown

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?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on the 7 and 8 November 2017 and was unannounced.

Abbey Court Nursing Home is a large detached building with large gardens. It provides nursing care for up to 22 older people some of whom are living with dementia. At the time of the inspection there were 15 people living at the service.

The provider was also the registered manager of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the agency. 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 agency is run. The provider was supported in the day to day running of the service by a matron who had worked at the service for many years.

We last inspected the service in March 2017 and found a number of breaches of regulation. These related to management of medicines, not involving people and their loved ones in planning their care and a lack of meaningful activities. There were also concerns relating to the number of staff on duty and the safety of the premises. The provider had failed to establish effective systems to manage complaints and audit the quality of the service. They had also failed to inform the Care Quality Commission (CQC) of incidents which they were required to report. The provider sent the Care Quality Commission an action plan to address the shortfalls, with a timescale to become complaint with the regulations. At this inspection improvements had been made.

People told us they felt safe at the service. They were supported by staff who had been trained in safeguarding and who understood their responsibilities in relation to reporting any concerns. Staff had guidance about how to support people in order to keep them and others safe. Risks to people and the environment had been assessed and the plans in place to minimise risks gave staff the guidance required to keep people safe. We previously made a recommendation about the contents of risk assessments related to the management of diabetes, this had been followed and the risk assessments contained all the required information. At the last inspection people were at risk due to maintenance issues and a lack of cleanliness in the service. A programme of works was underway at the service and progress had been made. People were no longer at risk and the refurbishments had made it possible for staff to maintain cleanliness and minimise infection control risks. The refurbishment plans took into account the needs of the people at the service and making the service as accessible and comfortable as possible for them.
People's needs were assessed prior to moving to the service and this information was used to form the basis of their care plan. People's care plans showed what support they required and how they liked staff to meet their needs. People's care plans included information about their wishes for end of life care. However, care plans would benefit from more detail and step by step guidance for staff to ensure care was provided consistently. At the last inspection there was a lack of meaningful activities for people, some improvements had been made. There was a part time activities co-ordinator in post; they spent time with people in the

communal areas and in people's own rooms. The provider told us there was a plan in place to continue to expand the activities on offer to people.

People were supported by staff who told us they had the training and support they needed to carry out their roles. There were enough staff on duty to keep people safe and meet their needs. Staff had been recruited safely and appropriate checks had been completed to ensure they were suitable to work with people. Staff and the provider used handovers to ensure effective communication about people's needs and any changes staff needed to be aware of.

People's medicines were managed safely by qualified nurses. At the last inspection there were no protocols in place for 'as and when required' (PRN) medicines and there were discrepancies in the number of medicines stored at the service. Improvements had been made. People told us they had their medicines as they liked them and that they were offered pain relief on a regular basis. PRN protocols had been put in place and there were no discrepancies regarding stock levels of medicines. People were referred to health professionals promptly when required and any advice received was incorporated into people's care plans and implemented by staff. Staff used effective communication systems to ensure they understood any changes in people's needs and any actions which had been taken.

People told us they enjoyed the meals and that they always had a choice of what they would like to have. Staff encouraged people to drink during the day offering a selection of drinks both hot and could. When people had specific dietary needs the cook was aware of these and ensured their meals were suitable. 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 routinely asked people for their consent before providing support and people told us staff encouraged them to make as many choices for themselves as possible.

People and staff knew each other well and had built positive relationships. People lit up when staff approached them and often reached out to hold their hand or for a hug. There were communication tools such as picture cards available to people to support them in making their needs known. Staff talked to people about their interests and families throughout the inspection. Visitors were welcomed, offered a drink and obviously knew staff and the other people at the service well. Staff supported people in a way which promoted their dignity and privacy. People told us they were supported to be involved in planning their care and that they were encouraged to remain as independent as possible.

At the last inspection the provider had failed to implement an effective system for managing complaints. At this inspection a system was in place and complaints had been responded to appropriately. People were encouraged to raise any concerns as they occurred or in residents meetings. Some relatives told us they were not happy with how their complaint had been resolved; the provider showed us evidence of the continued actions they had taken to attempt to resolve the family's concerns. The provider had taken action following complaints or concerns to address how the service could improve.

Staff told us they felt supported by the provider and the matron and felt able to express their ideas. The provider had started attending registered manager's forums which they told us had given them an opportunity to increase their own knowledge and keep up to date with new practice. Information about best practice was then used to review the provider's current practice and changes were made as required. At the last inspection the provider had failed to effectively audit the quality of the service. The provider now carried out a range of regular audits of the service. Any learning from the audits was shared with the staff team and used to drive improvement.

Feedback was sought from people, their relatives, staff and visiting professionals. Any concerns raised were addressed directly with the person who raised them, and actions taken were recorded. A summary of the outcome of any surveys or meetings was shared on a noticeboard in the hallway of the service. At the last inspection it was found that the provider had failed to inform CQC of notifiable incidents as required by law. The provider had submitted required notifications and could identify which information needed to be submitted and understood their legal responsibilities in relation to this.

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 from harm and abuse by staff who were trained and knew how to identify and report any concerns.

Risks to people had been identified and were effectively mitigated. Improvements had been made to the environment reducing risks and improving infection control.

There were enough staff to meet people's needs and they were recruited safely.

People's medicines were managed safely and in the way the preferred.

Lessons had been learnt from and improvements had been made as a result.

Is the service effective?

Good

The service was effective.

People's wishes and needs were assessed prior to them moving into the service and people's care was given in line with current legislation and good practice standards.

Staff told us they had the support and training they needed to support people.

People were supported to have food and drink in a way which met their health needs and offered a range of choices.

There were effective communication systems both within the staff team and with external agencies, which enabled people to receive the care and support they required.

People were supported to live with and manage their health conditions and referrals to healthcare professionals were completed promptly.

Improvements had been made to the premises, in a way which

took into account the needs of people. Dementia friendly signage was used to help people orientate themselves.

Staff sought consent from people before supporting them and where people lacked capacity decisions were made in line with legislation and guidance.

Is the service caring?

Good

The service was caring.

People and staff had built positive and affectionate relationships. Staff treated people in a kind compassionate way.

People were supported to have a say about their care. Staff used communication tools to support people to express themselves.

Staff treated people respectfully and took time to ensure their privacy and dignity was promoted.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's care plans showed their support needs but would benefit from step by step guidance for staff about their preferred routines.

People had the opportunity to take part in some activities. However, there was no system in place to review the meaningfulness of activities.

Complaints were responded to appropriately and in line with the provider's policy.

People's care plans included some details about the way they would prefer to be supported at the end of their life. However, these would benefit from more detail.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The provider and staff shared a vision of continuous improvement for the service. Staff told us they were able to share their views and ideas.

Some improvements had been made since the last inspection however, these were not embedded into practice. Some areas required further improvement.

Regular audits had been completed by the provider and external agencies. Any shortfalls found were addressed and shared for learning with the staff team.

People, their relatives, staff and professionals were invited to give feedback to the service. The information received was acted upon then summarised and shared via the noticeboard.

Staff had built positive relationships with local agencies and maintained regular contact when appropriate.

Abbey Court Nursing Home - West Kingsdown

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.

Abbey Court Nursing Home - West Kingsdown 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.
This inspection took place on 7 and 8 November 2017 and was unannounced. It was carried out by two inspectors, an assistant inspector, two pharmacy inspectors, a health and safety advisor and an 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 looked at 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 looked at previous inspection reports and notifications we had received. Notifications are information we receive from the service when significant events happen, like a serious injury.

During the inspection we spoke with ten people and five relatives. We spoke with the provider, the matron, one nurse, the cook and one carer. We looked at five people's care plans and the associated risk assessments and guidance. We looked at a range of other records including three staff recruitment files, the staff induction records, training and supervision schedules, staff rotas, medicines records and quality assurance surveys and audits.

Some people were unable to tell us about their experience of care at the service so we used the Short

Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We observed how people were supported and the activities they were engaged in.

We last inspected this service in March 2017. At that inspection we took found seven breaches of regulations.

Good

Is the service safe?

Our findings

People and their loved ones told us the service was safe. People said, "I feel very safe here" and "I couldn't manage at home anymore, I feel much safer here." Relatives told us, "I can relax knowing my loved is safe here. They really understand their needs and do their best for them."

At the last inspection we found that there were not always enough competent staff to keep people safe. At this inspection, there were enough staff to keep people safe. People's needs were responded to quickly and no one was seen to wait for support. The provider used a dependency tool to plan their staffing levels. Rotas showed and staff confirmed that the staffing levels during the inspection were consistent with the usual levels of staff on duty. Staff had time to sit and chat with people and did not appear rushed.

Staff had been recruited safely and checks had been completed to ensure they were suitable to carry out their roles. These included written references, full employment histories and a Disclosure and Barring Service check to make sure staff were suitable to work with people prior to working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services. Registered nurses are required to revalidate their registration with the National Midwifery Council every three years to demonstrate continuing learning and experience. At the last inspection there was a concern raised about nurses continuing to work at the service without having completed this process, this had now been resolved and all nurse's files evidenced their registrations.

When we last inspected the service there were some shortfalls in the management of medicines. There were no protocols for the use for 'as and when required' (PRN) medicines, people were not always receiving their medicines on time and there were discrepancies in stock levels. Following the inspection the provider had requested an external audit of medicines by a pharmacist. The information from the inspection and audit were used to form the basis of an action plan to improve medicines management. The provider had also taken a more active role in the oversight of medicines, carrying out bi-monthly audits. This had resulted in improvements being made.

Stock levels of people's medicines were correct and PRN protocols were in place to give guidance about how and when the medicine should be given. People told us they received their medicines at the right time, one person said, "They manage my medicines very well." Medication administration records (MARs) supported this and were completed fully and accurately. We observed staff giving medicines to people, these were given as prescribed and staff were knowledgeable about people's medicines, what they were for and how they should be taken. Staff asked for people's consent before administering their medicines and knew people and their medicines well. People's medicines were stored correctly. There were separate MARs in place for people's creams which were accessible to care staff alongside a body map clearly identifying how much cream should be applied and to which area of the body. Some medicines need to be used with in a set time of being opened or they can lose their effectiveness. Medicines had been marked with the date of opening to allow staff to dispose of them after the given time. Storage and records of medicines requiring special storage met the required standards.

At the last inspection people were not protected from harm due to issues with the premises and a lack of cleanliness. Maintenance issues had not been reported and areas of the service did not smell pleasant and were in need of repair. Since the last inspection, a programme of works had been carried out. Carpeting in communal areas which was ripped and retained smells had been replaced with a flooring which was easier to clean and safer for people to use. Staff told us the plan was to continue this flooring throughout the service in a way that caused the least disruption to people. The provider showed us an action plan for the improvement works at the service that included changes to the flooring and redecoration of people's rooms. An additional maintenance person had been employed to manage day-to-day issues so the original maintenance person could focus on the improvements to the service. Regular maintenance checks were being completed and the provider had employed an additional maintenance person to ensure that regular maintenance would be completed alongside the programme of improvement.

Staff carried out regular health and safety checks of the environment and equipment to make sure it was safe to use. These included ensuring electrical and gas appliances were safe. Water temperatures were checked to make sure people were not at risk of being scalded. At the last inspection the service's fire risk assessment was out of date; a new assessment had been completed. Regular checks were carried out on the fire alarms and other fire equipment to make sure they were working properly. People had personal emergency evacuation plans (PEEP) and regular fire drills. A PEEP sets out the physical and emotional support needs that each person had to guide staff how they could be safely evacuated from the service in the event of an emergency.

Risks to people were assessed, assessments were reviewed and updated on a monthly basis or sooner if people's needs changed. People had risk assessments relating to how they were supported to move around the service, falls, choking and any behaviour which could challenge. They also had risk assessments related to any long term health conditions they were living with. Risk assessments gave staff the guidance they required to keep people safe. People who used a catheter had risk assessments which highlight what signs staff should look for which may indicate the catheter was not working or there may be an infection. The risk assessment Staff told us they looked for ways to minimise risks without restricting people. One staff member told us, "We meet with people to talk about how we can minimise risks. For example, one person now has a sensor mat so we know when they are up and about and know to check on them more regularly." Staff encouraged people to use their mobility aids in line with their risk assessments.

Staff were aware of the need for infection control measures and their importance in keeping people well. They told us, "There are monthly infection control audits and a weekly cleaning schedule. It helps us to ensure everything is done at the right time." Throughout the inspection, staff were cleaning areas after they were used and wore the correct personal protection equipment of aprons and gloves when necessary.

The provider analysed all accidents and incidents for learning. Following a recent safeguarding concern about unexplained bruising and concerns at the previous inspection about staff not reporting injuries to people, the provider introduced a crib sheet for staff. This gave step by step guidance about how staff should respond to any accident or injury. Staff told us this had helped them feel more confident in dealing with incidents and ensured all the staff knew what was expected of them.

Staff understood their role in keeping people safe from harm and abuse. Staff had received training and knew how to recognise different types of abuse and how they should respond. One staff member told us, "I would report my concerns straight away. I would go to the provider or I could go to social services if nothing was done." Where people had behaviours which could challenge staff had received training in the best way to support them. People's care plans contained details of trigger which could cause people to become upset or agitated and information about how staff should support them to minimise the risk of them hitting out.

One person became upset during the inspection and could be heard shouting, staff offered the person their preferred drink and sat with them to listen to their concerns. The person was concerned about an upcoming health appointment, staff reassured the person and explained what would be happening. The person began to calm and thanked staff for listening to them. One person told us, "Another person who lives her can get confused and they accused me of taking something of theirs. They got quiet angry and I was upset. Staff dealt with it straight away reassuring both of us. They now encourage the person to sit at the other end of the lounge so we have space from each other." Staff used activities to encourage people to talk about their similarities and differences to encourage understanding and minimise discrimination.

Good

Is the service effective?

Our findings

People and their relatives told us that the service was effective. One person said, "The staff know what they are doing, they always call the GP if I am unwell. A relative said, "They always respond quickly if my loved one is unwell and they find food they like to encourage them to eat."

Before people moved into the service they met with the provider to discuss their needs. People's assessments were comprehensive including the person's history relating to both health conditions and social lives. The assessments which enabled the provider to decide if the service could meet the person's needs and/or identify any additional training staff may need. Once people moved into the service they were allocated a keyworker. A keyworker is a named member of staff who takes a lead role in communicating with the person and the staff team. The keyworker would spend time with people recording their life history and details of their likes and dislikes. People's assessments did not cover all elements relating to equality and diversity such as people's sexuality. The provider told us they would review the process to take this into account, and consider how they could approach this without making people feel uncomfortable.

The provider used local forums and the internet to keep up to date with professional guidance. Information which related to the needs of people at the service such as medicines alerts or National Institute for Health and care Excellence (NICE) guidelines were reviewed for learning. The provider used the learning to review their policies and procedures and staff training. When changes were made to practices staff should follow this was shared and discussed in handovers and team meetings. Handovers are a time when staff's duties overlap allowing them time to share information from one team to another. Handovers and team meetings were also used to share information about people's support needs and any concerns or changes. Staff told us and records showed when people moved into the service the provider worked closely with the previous care provider if appropriate to minimise the disruption to people. When people accessed local hospitals staff maintained regular contact to ensure any changes to their needs were reflected in their care plan and shared with staff before they returned.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

People's capacity had been assessed as part of their pre-admission assessment. Capacity assessments were related to specific decisions and were reviewed on a regular basis. When people were found to lack capacity to make a decision, the decision had been discussed and made in their best interest by the people who knew them best. For example, best interest decisions had been made in relation to planned medical treatment for people. People told us that staff asked for consent before supporting them and we observed staff doing this throughout the inspection. People were encouraged to make as many choices for

themselves as possible. Staff told us, "We have had training in MCA and I always try to get people to make a choice. Sometimes if you offer just two options it is easier for people." DoLS authorisations had been requested as required and staff were aware of who had an authorisation in place and what this meant for the person.

People and their relatives told us that the staff were confident and competent in their roles. At our last inspection we made a recommendation about reviewing the effectiveness of the training staff received, specifically around moving people. Staff told us they had received training in supporting people to move. One person was supported from their chair to a wheelchair using a hoist. Staff supported the person to move following correct procedure. The person told us, "They always take their time and I trust them as they know what they are doing." When staff began working at the service they completed an induction which consisted of training and shadowing experienced staff. Staff told us the training the received was effective and helped them to meet people's needs. There was an ongoing training schedule including core subjects such as safeguarding, first aid and fire safety. There were additional courses relating to people's specific care needs for example training about dementia, Parkinson's and challenging behaviour. The provider had put competency assessments in place and was carrying out regular observations of staff's practice. Staff were given feedback and they told us this helped them to do their job well.

Staff told us they had regular supervisions, including clinical supervisions for nursing staff. This gave staff a chance to review their performance and identify training needs. Staff were encouraged to undertake nationally recognised vocational qualifications to builds their knowledge and skills. The provider told us, "If I observe staff doing things incorrectly I will speak to them straight away and then share the learning in the next handover. Staff had handover at the end of each shift to inform the incoming shift about any changes in people's needs and any outstanding jobs to be completed. The nurse leading the shift also used this time to allocate jobs to each staff member to ensure all staff were clear in their responsibilities and that people received consistent care.

People told us they enjoyed the food. At lunchtime one person was heard to say, "That meal was beautiful." Staff heard them and asked if they would like seconds, the person said they would so staff immediately went to the kitchen to fetch them more food. There were two options for each meal which were displayed on a board in the dining area. People told us if they didn't want those choices they could ask for something else. One person said, "I often have a jacket potato if I don't fancy what is on offer." Some people had preferences in food relating to their culture, the provider and the cook had spent time with one person learning how they liked to prepare certain meals so they could duplicate them. People had completed a recent survey about the food and as a result curries and pasta dishes had been added to the menu.

Some people needed a specific diet or to have their food pureed. The cook was aware of people's needs and ensured their choice of meal was suitable for them. When people were reluctant to eat or began losing weight the service took action, referrals had been made to dieticians and the speech and language team for support. One staff member told us, "I have built up a strong relationship with one person. When they are reluctant to eat I go and sit with them and chat, they then eat well." Relatives told us staff would try lots of things to encourage their loved one to eat, and that they had been asked what their loved ones favourite treat was so they could be offered it. People were encouraged to drink throughout the inspection. There was a selection of hot and cold drinks available to people. One person told us, "I always have a glass of wine with my meal, but I would like the odd gin and tonic." The provider pointed out the person's wine at lunchtime and we told them what the person had said about the gin and tonic. The provider said, "They have never asked for that before, no problem we will get some." The gin and tonic was added to the weekly shopping list.

At the last inspection we made a recommendation about staff having more guidance relating to how to support people living with diabetes. Improvements had been made, people's care plans gave clear guidance to staff about the signs people may show if their blood sugar was too high or too low and what to do in each case. People told us staff helped them to manage their diabetes. One person said, "They are very good, they take my blood sugar levels and give me my insulin. They also keep an eye on how many biscuits I have, as I know they are not good for me." Blood sugar levels were recorded and were very stable. One person had been taking tablets to manage their diabetes when they moved into the service. The staff had supported them to balance their diet and as a result their medicine was no longer needed.

When people had other nursing needs such as a catheter, records showed staff monitored the catheter for any signs of infection. They also recorded the amount of urine a person produced and changed the catheter in line with guidance from the GP. If there was an issue with the catheter and it had been changed earlier than expected staff detailed the reasons why and informed the GP. A catheter is a tube which removes urine from the body; low levels of urine could indicate an issue with the catheter's function or an infection. When people were unwell or needed support from health professionals this was sought promptly. One person said, "Everyone had a cold and when I caught it, it went straight to my chest. They had the GP out here straight away and I had antibiotics to help me get better." Staff used their knowledge of people to identify when people were unwell. Daily logs showed staff had contacted the GP, when they had noted reductions in people's mobility, how much they were eating and drinking or weight loss. Nursing staff regularly monitored people's blood pressure and temperature. The provider told us about the services they could refer to and was clear about which service accepted direct referrals and which had to go through the GP. This meant some referrals could be made quickly by the service to get people the support they needed.

There had been extensive works carried out to the premises, these had been completed in a way which caused the least disruption to people. People were asked for their input about colours for redecoration. One person said, "Naturally I would like to be in my own home but as nursing homes go I think this is about the best one. I've got my own furniture, chairs, photos and pictures". Changes to flooring in the service had improved infection control and made it easier for people to get around. There was access to the garden which was wheelchair accessible and bird feeders had been placed outside the lounge windows. People told us they loved watching the birds and would compete to see whose choice of food attracted the most birds. There were dementia friendly signs around the service which clearly identified toilets, bathrooms and the lift.

Good

Is the service caring?

Our findings

People and their relatives told us the staff were kind and caring. People said, "To me the staff are caring, they get me anything they can, they are very helpful." and "The cleaner comes round she is very nice, if I need anything done like more water in my flowers she will do it for me." Relatives said, "The first few weeks were really tough, sometimes my loved one refuses to eat and refuses their pills, the staff are really helpful and have taken the time to get to know them, we wanted them to have the company but they refuse to go down to the lounge. Staff respect this and spend time with them in their room."

People were supported by staff who spent time getting to know them and who treated them with kindness. One staff member said, "There is a person here with a similar name to mine. They tell people we are best friends. I built up the relationship by listening to them and learning to anticipate their needs so I give them things before they ask for them. It has made the relationship very strong." Another staff member said, "We challenge each other all the time to think about how we say things not just what we say. Your tone of voice really matters."

One person was distressed and anxious; staff were very patient and spent time with them in their room where it was quiet. Later in the day the person came back to the lounge area and was much calmer. Staff told us, "See they just needed a little time, TLC and space." The person asked for their lunch and ate well, staff gave them praise and encouragement to eat. The person said, "See they do look after me, I feel much better now. Thank you so much. [to staff]." They held a staff members hand and stroked it gently. Throughout the inspection there was genuine affection between people, staff and visitors. People's faces would light up when staff approached them; they would ask for a hug or joke with staff. Staff asked people about their relatives and chatted knowledgably about what was going on in people's lives.

People's relatives and friends visited regularly and were welcome at the service. They were offered refreshments when they arrived and chatted to staff comfortably. People spent time with their visitors in their rooms or a quiet area in the lounge. Some people went out with relatives for visits or to go shopping. People had their own mobile phones, but relatives told us they could always call the service land line to speak to their loved one if they wished. People's spiritual needs were recorded in their care plans and they were supported to follow their beliefs. People accessed services at local churches and were offered visits by clergy regularly.

Information was offered to people in formats they could understand. There were picture cards available and documents in a simple format for people to read. Staff used their knowledge of people to tailor their interactions to each person. Some people chatted easily but for others staff used simple sentences or key words to help people understand what was being said to them. At the last inspection we made a recommendation about evidencing people and their relative's involvement in reviewing care plans. People and relatives told us they were involved in regular reviews of care and records had been signed when appropriate. One relative told us, "We regularly talk about my loved one's care, initially we wanted them to spend more time in the lounge and be more sociable, but in working with the staff we have realise that isn't what they want. We have adjusted our thinking and planned with the staff how to minimise isolation without

making my loved one do anything they don't want to do."

One staff member told us, "People have a keyworker and they have time to sit and have regular chats. It is surprising how much you can find out about people in 15 minutes. We use the information people give us to update their care plans and help other staff to get to know them too. We also have some volunteers who visit the service and people from the local church people enjoy that." Records showed the information gathered in keyworker meetings had been added to people's care plans or used to update information. People's daily records showed that they had been supported in the way the preferred and had been supported to continue with their interests and hobbies if they wished. People's care plans gave details if they had a preference about the gender of the person providing their personal care and daily notes evidenced this was respected. People told us they knew what was recorded in their care plans and that they could see them at any time.

Staff treated people with dignity and respect. People told us, "They are very good they always knock on my bedroom door before they enter, even though it is kept open as I prefer it that way." Staff supported people to move from their chair to a wheelchair using a hoist. Staff explained to the person throughout the procedure what was happening and what was coming next. They also ensured that the person was covered throughout, moving the persons blanket as needed to cover their legs. Staff told us, "We always make sure people's doors are closed and the curtains before they undress or get out of bed." Another staff member said, "It is important to remember to speak to people quietly in the lounge or if other people are around. We keep people's files in the office so they are confidential. If we support someone to be weighed in a communal area, we write down their weight and show them rather than say it out loud, so other people don't know."

Requires Improvement

Is the service responsive?

Our findings

People told us that staff were responsive to their needs and understood how they liked to be supported. Staff told us, "We work with people to make sure their care plan really reflects them and what they want or need from us. We try to give people opportunities to express themselves." People told us, "They know all about me and even though it is in my care plan they still ask me if that is how I like things."
Care plans contained information and guidance for staff to follow to help ensure people's needs were met in line with their individual choices. However, in some care plans further detail was required to make sure all staff had information about everyone's preferences. Some people were living with dementia and were unable to tell staff their routines or how they preferred to be assisted. For example, care plans did not contain step by step guidance for staff about people's preferred routines for personal care.
People's life histories were recorded, with details of their careers, achievements and details of people and places which were important to them. The information in people's care plans included their cultural needs and religious choices. Staff were aware of this information and spoke to people about how these needs could be met. This included access to religious services, foods which met their needs and access to music from their country of origin. Daily records showed people had accessed religious services and had been offered food and activities based on their cultural needs. A staff member brought in a music player for one person which contained music in their first language. The person told us, "This is my favourite it reminds me of home and the sunshine."

When we last inspected the service there was a breach in regulation related to people having access to meaningful activities. Improvements had been made and the breach had been met. However, there was no system in place to review activities or to identify meaningful activities for people who were new to the service and incorporate them into the activity schedule. People took part in a range of activities which were co-ordinated by a dedicated member of staff. There was a board in the lounge showing the activities on offer. During the inspection people took part in bingo and a quiz, where they could win a small prize. The quiz was a mixture of general knowledge questions, questions about people's favourite things and song lyrics. People were giggling throughout the quiz and their answers often prompted them to reminisce about their lives and compare stories. People told us about other activities they had taken part in, "I knit blankets for charity" "We have a PAT (pets for therapy) dog who visits, I enjoy that" and "Sometimes one of the staff takes me out for a wander in my wheelchair."
People who chose to stay in their room had planned time with the activities co-ordinator and other staff. They had a choice of how that time was spent, some people liked to be read to, others liked to chat or have a pamper session. The provider told us the activities on offer was an ongoing focus and that they were adapting and adding new things, especially when new people moved into the service. People were already making plans for when summer returned, "I found out the matron likes gardening too, so when the weather improves we will be out there planting and enjoying the time outside."

At the last inspection complaints were not being recorded correctly or responded to appropriately. The provider now had an effective complaints procedure. People told us they knew who to complain to and that they would be listened to. There was an accessible version of the complaints policy displayed, this included

who people could contact outside the service if they were unhappy with how their complaint had been addressed. Relatives told us they had raised concerns and these had been addressed. "If we needed to complain we would be quite happy to. There was an incident when my relative first arrived: the manager took action very quickly." When people and their relatives were not happy with the outcome of the response to their complaint the provider had recorded this and offered to meet with them to try and resolve the issues.

People's care plans contained information about how they would like to be supported at the end of their lives. A relative told us, "The end of life plan was sorted when their care plan was written. The staff were very sensitive in their approach". The service had links with the local hospice and worked with them to ensure they could support people with their palliative care. The person's care plan would be shared with the hospice team, who would then provide the resources and support required to the service. People could choose to stay at the service until they passed away and be cared for by people who knew them. Relatives were supported to stay with people for as long as they wished whilst their love one received palliative care. People's care plans gave details of any advanced decisions they had made including decisions not to be resuscitated. They also contained information about where they would like to spend their last days, who they would like informed and any religious requests. When people had chosen their funeral arrangements these were recorded and included which undertaker should be contacted. The service had received a number of cards thanking the staff for the support they had given families during this time. Staff were offered support following the death of someone who lived at the service through one to one meetings and mentoring by more experienced staff.

Requires Improvement

Is the service well-led?

Our findings

People and their relatives told us that the provider was accessible and the service was well run. Relatives told us that the communication from the service was excellent and that they were asked to give their views. People told us, "[The provider] is lovely they know me really well and often come and chat to me."

At the previous two inspections there had been a breach in regulation relating to people's records not being updated accurately. At this inspection improvements had been made and there was no longer a breach of regulation. However, there were still some areas which required continuing improvement. People's care plans did not contain all the information staff required to give consistent support to people in the way they preferred. Although there had been an increase in activities offered to people there was no system in place to incorporate the interests and hobbies of people who recently entered the service or to analyse which activities provided were successful and meaningful for people. The changes and improvements observed had not had time to be fully embedded in the service. Improvements need to be sustained in order for a service to be rated good.
People's records were readily available and had been reviewed and updated on a regular basis. All records related to people were stored securely with in locked cupboards which could only be accessed by appropriate staff. When changes had been made to people's care plans this was clearly highlighted and shared in handovers and or team meetings. The provider told us they had taken a more active role at the service and had reviewed the systems for the management and overview of the service

At the last inspection the provider had failed to implement effective auditing systems. The provider had reviewed their quality auditing and implemented new systems which enabled them to monitor the service they were providing. An audit of medicines had been requested from the pharmacist and the provider had used this as basis for their own system. Regular audits were completed of the environment, health and safety, infection control and care plans. When the audits identified any shortfalls these had been addressed. For example, the settings of people's pressure mattresses had been monitored by the maintenance person, a health and safety audit showed this meant the mattresses were not checked when they were unavailable. The provider introduced training for all staff at the service about how the mattresses worked and how to check they were working correctly for each person. Staff were now completing the checks on a regular basis and discrepancies were being identified and rectified more quickly.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. So CQC can check that appropriate action had been taken. When we last inspected the provider had not been submitting these notifications as required. The provider could tell us about what information we needed to be informed of and had submitted notifications to CQC in an appropriate and timely manner and in line with guidance.

People, their relatives, staff and professionals were asked for feedback about the service on a regular basis. Their responses were analysed and action was taken to address any concerns raised. A summary of responses and actions taken was displayed in the service. One person had asked for fish and chips from a chip shop and this had been provided. Another person asked to be encouraged to stay up later in the

evening and this had been added to their care plan. Regular resident and relative meetings were held. When people were unable to attend meetings due to ill health or preferring to be in their room, staff spent time with them going through the meeting agenda and asking if they would like to add anything. People used these meetings to give feedback on recent menus and activities and to discuss ideas for improvements or changes.

Staff told us they all had a shared vision to make the lives of people as happy as possible. One staff member said, "This is a small home so we are all like a family. It is really nice to work here, the staff all support each other, which shows." The provider told us they were actively trying to encourage staff to take a role in the improvement of the service by explaining to them the purpose of audits and sharing any improvements as a result in team meetings. Staff told us that they felt supported and valued. One staff member said, "I can always share my ideas and they listen. They realise we spend the most time with people so sometimes come up with suggestions more quickly."

The provider had begun attending forums for registered managers and told us this had had a positive effect. They said, "I have learnt a lot and come across a lot of ideas we could try here. I share the information I get with the staff team to inspire them too. I met a manager whose service was rated outstanding by CQC and I am hoping to visit to see what I can learn." The provider had used information from analysing accidents and incidents to develop additional training for staff about the information they should record. This had resulted in more consistent recording which made the analysis more accurate. People had been referred to the local falls team or sensor mats had been put in place to minimise the risks to people.

The service had an issue with staff turnover. When the provider reviewed this they identified that a large part of this was due to nursing staff working at the service on a work permit. This meant that staff would leave when their permit ended and they left the country. As a result the provider decided to recruit nursing staff who lived locally to give more consistency and reduce turnover of staff. They also told us that due to the concerns raised in the last report they had hired an administrator to assist with the paperwork and had become more actively involved in the over sight of the service. Previously there was a separation between the management of clinical issues, which were overseen by the matron and day to day management which the provider focussed on. The provider told us, "I have realised I need to understand fully what is going on at the service in all areas, so I can reassure myself we are doing things properly."

The provider was using the local forums and links with local healthcare teams to increase their knowledge and understanding of updates in legislation and good practice. As a result of a discussion at the forums the provider had developed a chart showing the audits they carried out and how often which was visible on their office wall and acted as a prompt. The provider and staff were attending training sessions provided locally by the NHS and sharing their learning across the service. If the provider had any concerns they had contacted the local safeguarding team to seek their advice and discuss solutions.
It is a legal requirement that a provider's 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 judgments. We found the provider had conspicuously displayed their rating in the reception.