Beachlands Care Limited

Beachlands Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service
Beachlands Residential Care Home is a residential care home providing personal care to 21 older people. The service can support up to 29 people. People were living with a range of needs associated with the frailties of old age and some people were living with dementia.

People's experience of using this service and what we found
The provider, registered manager and staff team had worked hard to address the areas for improvement following the last inspection. The management of risks to people's skin and recording of accidents had been improved. Staff had received training in supporting people with dementia and were supported with regular supervision. People's needs around eating and drinking were assessed, and the support each person needed was provided. Care plans included information about people's life histories. People were supported to take part in activities that were important and meaningful to them.

Quality assurance systems were continuing to be developed, as they did not always effectively identify all areas for improvement. Changes had been made to record keeping but some further improvements were required to ensure that records fully reflected people's needs, where they need more support and encouragement. For example, with engaging in activities. Further time was needed to fully embed these changes into day to day practice.

People were protected from the risks of harm, abuse or discrimination because staff knew what actions to take if they identified concerns. There were enough staff working to provide the support people needed. Recruitment procedures ensured only suitable staff worked at the service. Risk assessments provided guidance for staff about individual and environmental risks. Staff understood the risks associated with the people they supported. People received their medicines safely, when they needed them.

There was extensive building work ongoing at the time of the inspection. This was being carried out gradually and had been planned to reduce the impact on people. The cleanliness of the home and management of infection control had been maintained throughout the ongoing building work.

People needs and choices were assessed and planned for. Staff received regular training and supervision which enabled them to provide the care and support people needed. People were supported to eat and drink and variety of homecooked meals and snacks throughout the day. People were supported to access healthcare as needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, some improvements were needed in how this was recorded.

People were treated with kindness and care. Staff knew people well, understood their care needs and

interests. People were involved in making decisions about their day to day care and support. People's privacy was respected, and dignity upheld. People were encouraged to maintain their independence.

People were encouraged to take part in a range of activities. Complaints were responded to in a timely way. People's end of life wishes had been explored.

The culture of the service was positive and inclusive. The registered manager was well thought of and supportive to people and staff. People and their relative's views had been sought and acted upon to further improve the service. Staff worked in partnership with other professionals.

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

Rating at last inspection
The last rating for this service was requires improvement (published 14 February 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations. This service had been in breach of regulation for the last three consecutive inspections.

Why we inspected
This was a planned inspection based on the previous rating.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-Led findings below.	**Requires Improvement**

Beachlands Residential Care Home

Detailed findings

Background to this inspection

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

Inspection team
This inspection was carried out by two inspectors.

Service and service type
Beachlands Residential Care 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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
Before the inspection we reviewed the information, we held about the service and the service provider. We sought feedback from the local authority. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We spoke with five people who used the service and four visitors about their experience of the care provided. We spoke with seven members of staff including the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spent time observing people in areas throughout the home and could see the interaction between people and staff. We watched how people were being supported by staff in communal areas.

We reviewed a range of records. This included eight people's care records, medicine records, two staff files in relation to recruitment and training records. A variety of records relating to the management of the service, including fire safety and maintenance of the home.

We used all of this information to plan our inspection.

After the inspection
We spoke to six health and social care professionals about their views of the service.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At the last inspection we asked the provider to make improvements to ensure risks to people were safely managed. At this inspection, we found the provider had made improvements in how they identified and managed risk, including people who needed position changes and those who were at risk of falling.

● Risks to people were well managed. Staff had a good understanding of the risks associated with looking after people. Some people had been assessed as at risk of developing pressure wounds, there was guidance for staff in risk assessments and care plans. These showed whether people were able to change their positions independently whilst sitting in the chair or in bed. At the time of the inspection nobody needed support to change their positions. However, staff were able to tell us how this would be provided and showed us how this would be recorded on the care planning system.
● Guidance for staff included information about the measures in place to prevent pressure damage. This included the use of pressure relieving mattresses and cushions and regular checks of people's pressure areas. Records showed this happened. One person spoke to us about their pressure relieving equipment. They told us staff cheeked it and made sure it was properly inflated.
● Some people had been assessed as at risk of falling. Guidance was in place about how to support people safely without reducing their independence. There were environmental risk assessments of each person's bedrooms to highlight any areas that may present a risk, for example loose carpets in doorways. Any actions identified were addressed and the risk minimised. Staff were seen to support people appropriately when moving around the home to reduce their risk of falling. This included the use of mobility aids and accompanying people when they used the passenger lift.
● One person told us they had not had any falls but were worried about falling. They explained how they used their mobility aid and would have support from staff when leaving their bedroom. This helped them to feel safe.
● Environmental risks were identified and managed. Regular fire checks were completed and personal emergency evacuation plans (PEEPs) were in place to ensure staff and emergency services are aware of people's individual needs in the event of an emergency evacuation. Servicing contracts were in place, these included electrical equipment, gas and moving and handling equipment.

Learning lessons when things go wrong

At the last inspection we asked the provider to make improvements to ensure audits of accidents and

incidents contained all the relevant information. At this inspection we saw that these improvements had been made.

● Accidents and incidents were now documented and responded to appropriately to ensure people's safety and well-being were maintained. The registered manager and staff were now working with a falls practitioner to raise staff awareness of falls, improve documentation around falls, and identify new ways of preventing falls. As part of this a new audit tool had been introduced. This was analysed and monitored to identify any trends or patterns which may show further actions were needed to prevent any reoccurrences and fall numbers had reduced.
● Risk assessments and procedures were reviewed and updated following any accident or incident. Staff were updated verbally about any changes throughout the day and at handover. Information to ensure they had all the information they needed to keep people safe.

Systems and processes to safeguard people from the risk of abuse
● People told us they felt safe at the home. One person said, "I don't have to worry here, I feel safe." Throughout the inspection we saw people were comfortable in staff presence and approached them freely.
● Staff received regular safeguarding training and updates. They were able to tell us about different types of abuse and what steps they would take if they believed people were at risk of harm. One member of staff said, "It's to protect your resident and yourself. You don't want an accident or injury." And "We must follow the steps, report to who is in charge on the day. We can go to the next level, the manager, CQC and the police."

Staffing and recruitment
● There were enough staff working each shift to ensure people's needs were met in a timely way. Throughout the inspection call bells were answered promptly and staff had time to address people's needs when they wanted them. One person told us, "Staff always come when I call, there might be a little wait sometimes but it's never very long." Staff told us "There's always enough of us working." Staff were able to provide people with the support they needed when they needed it.
● There was ongoing building work at the home. The registered manager and provider were mindful that as the size of the home increased then more staff would be required.
● Staff had been recruited safely. Checks were in place to ensure staff were suitable to work at the home. This included, references, Disclosure and Barring Service (criminal record) checks and employment histories. On occasions agency staff were used. As far as possible these were regular staff who knew people and the home. Checks were in place to ensure agency staff were suitable and had the appropriate knowledge and skills to work at the home.

Using medicines safely
● There were systems in place to ensure medicines were ordered, stored, given and disposed of safely. People told us they received their medicines when they needed them. One person said,
"They bring my medicines round to me." Another person told us, "Medicines are supervised, I know just what's coming and when it's coming."
● Only staff who had completed medicine training and been assessed as competent were able to give medicines. This was limited to three staff and meant they had a good understanding of people's medicines and why they were given.
● Medicine records were well completed and confirmed people received their medicines as prescribed. There were protocols for 'as required' (PRN) medicines such as pain relief medicines. Staff understood why people may need PRN medicines and when to offer them. People told us if they needed painkillers they

were able to have them.

● Although staff followed the PRN protocols they did not always record why the person needed the medicine or if it was effective. This did not impact on people because they were able to tell staff why they needed the medicine, and staff informally checked with the person to make sure the medicine had worked. The registered manager and staff told us they always used to record this information and would recommence this immediately.

● Some people were able to take some of their own medicines. For example, one person was able to use their inhaler independently. There were risk assessments in place to ensure they were managed safely and helped people maintain their independence.

Preventing and controlling infection

● Although there was ongoing building work the home was clean and tidy throughout. At the time of the inspection there were no housekeeping staff on duty. However, all staff took responsibility for the cleanliness of the home. A health and social care professional told us, "The home is kept spotlessly clean and I have never smelt any bad odours."

● Staff completed infection control and food hygiene training. Protective Personal Equipment (PPE) such as aprons and gloves were used appropriately when needed. For example, when providing personal care and serving meals. There were suitable hand-washing facilities available throughout the home and staff were seen using these. Appropriate laundry systems and equipment were in place to wash soiled linen and clothing.

● A legionella risk assessment had been completed and regular checks such as water temperatures took place to help ensure people remained protected from the risk of legionella infection.

Good

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At the last inspection we asked the provider to make improvements to ensure staff had the knowledge and skills to support people living with dementia. We found the lack of appropriate support for staff by training and supervision was an area that required improvement. At this inspection we found that staff's knowledge and skills had improved. Staff had a good understanding of supporting people living with dementia.

- Staff had received training to help them support people who were living with dementia. One staff member told us, "The dementia training was really good it really helped me understand how to look after people. It's helped me to understand how to talk to people calmly and to remember it's the condition not the person."
- There was a training plan, and this demonstrated the training staff had received and when updates were required. This included moving and handling, first aid and equality and diversity. Following training staff completed a questionnaire to demonstrate they had learnt from their training. This included a practical assessment of staff skill in relation to moving and handling. If the trainer identified any concerns these were reported to the registered manager and further support would be provided.
- When staff started work, they completed an induction where they were introduced to people and their colleagues and were told about the day to day running of the home. This included emergency procedures and how to report incidents. They then shadowed more experienced staff for two days. This allowed them to get to know people and understand their care and support needs.
- Staff who were new to care completed the care certificate. The Care Certificate is a nationally agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff received regular supervision. This included one to one discussions about their performance. The registered manager also completed observations of staff in practice, this included communication with people and infection control procedures. This helped the provider to ensure staff had the knowledge and skills to look after people effectively.

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

At the last inspection we found that people who needed support to have enough to drink were not always given this support and that records for food and fluid offered and taken required improvement. We found that staff were not always available to people when they needed support with their meals. At this inspection

we found that improvements had been made, and people were supported to eat and drink.

● People had enough to eat and drink and were encouraged to maintain a balanced diet. One person told us about their dietary preferences and how these were adhered to by the chef. They said, "He often talks to me about my food." The cook and kitchen staff understood about people's dietary needs and preferences.
● People were encouraged to eat and drink enough. One person told us, "We never go hungry and there's always an alternative." One person's relative said, "[Relative] eats well, it always looks good." We saw staff offering drinks and snacks to people throughout the day. For one person, living with dementia, staff reminded them to drink and how to hold the cup. When people needed additional monitoring about their food and fluid intake, this was recorded. The electronic recording system provided a total of the fluid the person had consumed to allow this to be monitored. Food and fluid audits were completed monthly to check people were receiving the right support.
● People were offered choices about what they wished to eat and drink and these were respected. Food was presented in an appetising way and staff reminded people what they had chosen. One person told us the food was, "very good." Some people chose to eat in their bedrooms, but many ate together in the dining room. We saw people chatting and listening to music over lunchtime.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs and choices were assessed before they moved into the home. We saw that one person who had recently moved in had a simple assessment recorded on the electronic care planning system, to communicate their needs to staff. The registered manager explained the support plans would be more detailed as they got to know the person.
● Recognised tools) were used to assess people's level of risk of skin damage and malnutrition. People's skin integrity and their risk of developing pressure wounds had been assessed using a Waterlow risk assessment. Action was then taken, which included, appropriate equipment to relieve pressure to their skin and regular checks. People's nutritional risks had been assessed using the Malnutrition Universal Screening Tool (MUST). This helped to identify if people were at risk of malnutrition or dehydration.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● Staff understood people's health care needs and were able to advocate for them to ensure they received the right health care support. For example, one person was unwell. Staff called for medical advice. When it was decided the person needed to go to hospital staff ensured the relevant information about their care needs and medicines were available to go with them. One person's relative told us how the registered manager had worked with healthcare professionals to make sure their loved one received the healthcare they needed. They said, "She [registered manager] made sure he went to hospital, he would have died otherwise."
● People were supported to access healthcare support. People saw their GPs, district nurses, chiropodists and other health professionals as needed. When people were living with specific health condition, such a diabetes, there were care plans in place for staff to support the person with their diagnosis. For example, considering the risk of skin damage and other complications. Staff, including kitchen staff knew who was living with diabetes.
● A visiting healthcare professional who was not familiar with the home told us staff knew the person they were visiting well and understood their needs.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.
In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
● Staff were aware of the importance of people making decisions about their day to day care and support. We saw people offering choices throughout the inspection and supporting people by describing their options and offering choices in a closed and open way, depending on the person they were speaking to.
● When needed people's capacity to make a particular decision had been assessed. The registered manager explained the person had been involved in the assessment and their legal representative involved in the best interest decision. However, records did not reflect this. We have reported on this in the Well-led section of this report.
● The registered manager had applied for DoLS for two people, but these assessments had not yet been completed by the local authority.

Adapting service, design, decoration to meet people's needs
● There was building work happening at the time of the inspection. The provider explained they were expanding the lounge and dining areas of the service for people and adding some additional bedrooms and other facilities such as a hair salon and larger laundry.
● Work was being carried out in stages to reduce the impact on people. For example, ensuring that people always had access to a lounge and dining area. One person's relative told us how their relative enjoyed watching the building work as they had worked in the trade before retirement.
● Whilst some areas of the home were tired and in need of decoration, this was being addressed within the building work that was taking place and planned. The provider had prioritised certain areas for improvement.

Good

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- One person told us, "Staff are lovely." Another person told us, "It's not Mrs this or nurse that here, it's everybody's first names here." We heard another person tell the registered manager, "You are all wonderful people." A health and social care professional told us, "All staff are always friendly, polite and courteous. I have observed a really good rapport with everyone."
- Staff treated people with kindness and care. For example, one person had recently moved into the home. We saw staff stopping and taking time to introduce themselves to the person. Another person was worried about an appointment. The registered manager checked when the appointment was planned for and reassured them.
- Staff enjoyed making a difference for people. One person's relative told us, "I brought in some oranges, the chef juiced them and served it with a straw and a piece of orange." They went on to say how the food is always nicely presented and that makes it appealing to eat.
- People's religious and spiritual beliefs were respected. One person told us about their religious preferences and how they maintained this. People's religions and how they wished to follow them were recorded in their care plans.
- Staff understood equality and diversity. One member of staff told us, "For each person we work a different way, they are different people with different needs."

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

- People were supported and encouraged to make day to day decisions about their care and support. We saw staff offering people choices about food and drink and what people would like to do. One member of staff told us, "It is important to know the history of people and to know them as they cannot always tell you what they want. I offer, would you like this or that."
- People told us they were involved and able to make their own decisions each day. They were able to get up and go to bed at a time of their choice. One person told us they liked to spend time in their own bedroom, this included having their meals there and this was supported.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. Staff ensured they made telephone calls about people in a private place. Staff knocked on people's bedroom doors and waited for a response before they entered. People's rooms were personalised with their own possessions that were important to them, such as photographs.

● People were encouraged to maintain their independence. We saw staff encourage people to do things for themselves where possible. For example, one person had sustained an injury which impacted their mobility and initially refused to use a frame to support them to walk independently and safely. Staff had worked with the person, encouraging them to use the aid, which maintained their independence. Care plans identified the areas that people could manage independently and where they needed staff support.
● Staff understood confidentiality. Discussions about people and calls made on their behalf were done in a closed office. Information about people was kept securely in offices and on a computer system which was protected with password access.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's needs were met through good organisation and delivery.

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

At our last inspection the provider had not ensured that the care of people was appropriate because they had not designed their care to ensure all of their needs were met. This was a breach of regulation 9 Person-centred care of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found sufficient improvements had been made and the provider was no longer in breach of the regulation.

At the last inspection people's care plans did not include information about how to support people living with dementia and some were not always person-centred. We found that electronic care plans were not consistently being used to plan and review care. At this inspection the detail in care plans had improved and staff were confident in using the electronic care planning system.

- Care plans contained detailed information. For example, using single word prompts when speaking with a person and physical gestures such as stroking a limb when putting on clothing.
- We saw staff using the electronic care planning system, reading care plans and completing daily notes about the care and support provided.
- There was information about people's histories in their care plans and staff knew about people and their past lives. One staff member told us they enjoyed history. They said, "What better place is there to work than with elderly people, reminiscing and talking about their past."
- People's care plans reflected their assessed needs. We saw people's support needs were met. One person told us that they required support with their mobility however staff enabled them to maintain their continence and helped them to use the toilet when they needed it.
- When people's needs change, staff changed the support they provided. For example, we saw that one person had become unwell. Staff increased their overnight monitoring of the person to ensure they had the right support, when they needed it.

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

At the last inspection we found there were not enough meaningful activities for people to participate in to meet their social and welfare needs . At this inspection people were encouraged to take part in activities that

were meaningful to them.

● Care plans included information about people's hobbies and interests. People told us, "I've plenty to do. Books, TV, radio. From 2pm there is cards, quizzes and games or just joking with staff." And "They wake me up with a cup of tea, I've got enough to do, I've got my TV, I join in with some activities, I do like bingo."
● Posters advertised regular arm chair exercises, bingo and other activities. We saw people get involved in activity about naming countries. The activity coordinator had recently left. One person told us, "He knocked on all the doors and brought people in." The provider told us they planned to recruit to this role.
● A Seaford based company could provide a driver and mini bus for outings locally on occasion. People took advantage of this more in the summer months.
● The registered manager told us about a wish list they had spoken to people about. This had included supporting some people to see the New Year in with wine, nibbles and watching the midnight fireworks.
● People told us they could have visitors when they wished. We saw many people have visitors and they were welcomed by staff. One person's relative said, "Staff stop and have a natter with me."

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
● People's communication needs were assessed and planned for and information was provided in a way that people needed. For example, for people with some sight loss information was presented in large print. The registered manager told us they had considered other communication methods for people. For example, they had a pictorial menu available should a person require this to help them make choice about their meals.
● Communication plans assisted staff in providing the right communication for people. For example, one person living with dementia's care plan advised staff that they preferred verbal communication but may need time to digest information. We saw staff support the person in line with these plans.
● The communication needs for all people were considered by staff. The registered manager told us about a discussion they had with a person's relative, who has hearing loss. They ensure that this discussion was in a quiet space and checked with the person that they could understand them.

Improving care quality in response to complaints or concerns
● People and their relatives were confident to raise concerns if they needed to. One person's relative told us, "I'd go straight to [registered manager] and [provider]." People's ability to make a compliant had been considered during their care planning, and the type of assistance they would need to do this.
● There was a complaints policy in place. Complaints had been acknowledged and responded to in a timely way. The provider was addressing one complaint at the time of the inspection.

End of life care and support
● People's needs and choices at the end of their lives had been considered. When people had made advanced decisions about their care and treatment these were recorded. Some people had made decisions about their wishes not to be resuscitated and these were recorded.
● No one living at the home at the time of the inspection was receiving end of life support.
● Staff received training and support to enable them to support people at the end of their lives.

Requires Improvement

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

At our last inspection the provider had not assessed, monitored and mitigated the risks relating to the health, safety and welfare of people. The provider had not maintained an accurate, complete and contemporaneous record in respect of each person, including a record of the care and treatment provided to the person and of decisions taken in relation to the care provided. This was a breach of regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
At this inspection we found sufficient improvements had been made and the provider was no longer in breach of the regulation. However, more time was needed to fully embed the changes made into practice and ensure audits captured all improvements needed.

At the last inspection we found the provider's system for audit had not identified a range of areas for action. These included a lack of care plan audits, improvements to records not being identified and maintenance matters needing attention not being responded to. At this inspection we found the provider, registered manager and staff had worked hard to make improvements since the last inspection. However, there were still some improvements needed in records and efficacy of quality assurance checks.

- Although considerable improvements had taken place, there had not been enough time to fully embed all aspects. Following the inspection, the provider wrote to us to tell us they acknowledged there were areas for improvement and what they planned to do to address these.
- Care plan audits had been created and carried out. However, these had not always identified improvements needed in the recording of mental capacity assessments. For example, records did not always show the voice and views of the person and how the assessment was completed. When another person held legal authority to make decisions on their behalf, records relating to this were not confirmed. The provider agreed to work with the external consultant they employed to carry out these audits, to make these improvements.
- Records did not always provide clear guidance to staff when people required more intensive support to engage with activities. However, as staff knew people well and how to engage with individual's, this did not impact on people and most people were able to clearly communicate their wishes. The update of records had been impacted by a change in activity staff.

- The registered manager checked the timeliness of staff response to call bells regularly. They reviewed the

information to identify themes. For example, one person called regularly about their television. Staff were advised to ensure their television was correctly tuned.

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

● The culture of the service was positive and inclusive. One person told us, "I like the idea that it isn't Mrs this or Miss that but using people's Christian names."

● A health and social care professional told us, "There is a very friendly atmosphere within the home. All the residents are looked after extremely well." Another said, "[Registered manager] and their staff are very caring and cheerful, they take a genuine interest in the residents."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● People, their relatives and staff could speak with the registered manager when needed. We saw people seek them out to discuss their care. One member of staff told us, "If I have a problem I ask someone or [registered manager]."

● The registered manager was responsible for the day to day running of the service, they were supported by the provider. Senior care staff took responsibility for leading the shift and for particular elements of the service, such as medicines.

● Notifications had been sent to CQC as required by law. Notifications are information about important events the service is required to send us by law.

● The rating from the last inspection was displayed in the reception area of the home.

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

● People and their relative's views of the service had been sought through surveys. The results of this were analysed and a newsletter circulated to advise of changes that would be made. For example, having information packs about the home available in the reception area.

● People living at the service had meetings together twice a year. Minutes showed discussions about staff, whether they were able to make choices and if their privacy and dignity was maintained. People had discussed the planned building work and how this would look. Those people who did not attend the main meeting were visited in their rooms to ensure their views were also considered. Changes were made following people's feedback. For example, one person did not get along with a member of staff. This was discussed, and it was agreed they would no longer support the person.

● Staff were supported with regular meetings. These included discussions about people, how to deliver support and completing documentation.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The registered manager understood duty of candour, working openly and honestly with people when things went wrong.

● One person's relative told us, "If I can't visit they give me a ring, not just with concerns but to let me know. If [registered manger] has to do a report, she phones me and tells me."

Working in partnership with others

● Staff worked with other professionals to ensure people got the right support. A health and social care professional told us, "The staff have always contacted us appropriately and carried out any instructions following visits promptly."

● Staff worked in partnership with other professionals to improve the service. For example, they were working with the falls team and the medicines optimisation for care homes team to make and embed improvements in the home.