Mrs B D Miller

Carisbrooke Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This unannounced inspection took place on 3 an 4 January 2018. Carisbrooke is a nursing home. People in nursing 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.

Carisbrooke is a large detached property set within its own grounds and is registered to provide care, nursing and intermediate care services for up to 25 older people. Accommodation is provided over two floors, with a passenger lift providing access between floors. On the day of our inspection, 22 people were living at the home.

The registered manager was also the registered provider, in this report we have referred to them as the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were not always protected from the risk of avoidable harm. Where risks had been identified, action had been taken to minimise the risk, such as using pressure-relieving mattresses. However, there was no system in place to ensure mattresses were set at the correct setting. There was no guidance in risk assessments to guide staff on what the correct setting should be for the person.

Some people's files did not have a Personal Emergency Evacuation Plan (PEEP) to provide guidance for staff and others to support people to reach a place of safety in an emergency. Fire information documentation available to emergency services was not up to date and did not contain a list of current services users or their evacuation plans. This meant staff and emergency service staff did not have all the key information they needed to assist people from the building in the case of an emergency.

People were not always protected by safe and robust recruitment procedures. We looked at the recruitment files for three staff. We found two of the files did not contained details of each staff member's full employment history or the reasons for any gaps in their employment. This meant the provider could not be assured they had taken sufficient action to ensure staff were of good character.

The registered manager had quality assurance and governance systems to ensure procedures were in place to assess, monitor, and improve the quality and safety of the services provided at Carisbrooke. We found the registered manager used a variety of systems to monitor the home. However, governance systems had not identified a number of concerns we found at this inspection. Although systems were in place to identify and record accidents incidents, there was no consistent system in place for analysing and identifying patterns to prevent a reoccurrence.

The registered manager had not always notified the Care Quality Commission (CQC) of significant events, which had occurred in line with their legal responsibilities.

People told us they felt safe living at Carisbrooke. One relative told us "I feel confident to go away and be relaxed in the knowledge that my mother will be well cared for at all times and safe." People remained protected from the risk of abuse because staff understood how to keep people safe. Safeguarding procedures were in place to help protect people from harm and staff understood their responsibilities to do so and to report any concerns.

People told us they were happy living at Carisbrooke. One person said, "I love it, the staff are helpful and kind, do anything for you." Another said, "It's very nice, they are very kind." A relative told us they felt staff supported their mother well, and were friendly, kind and approachable. People told us staff treated them with respect, maintained their dignity and were mindful of their need for privacy.

People told us that staff encouraged them to remain as independent as possible. However, during the inspection we observed that one person's independence was not being promoted as well as it could. We made a recommendation about ensuring staff promote people's independence

The registered manager had arrangements in place for the safe ordering, administration, storage and disposal of medicines. People were supported to take their medicine safely when they needed them. People were supported to maintain good health and had access to health care services. Professionals visiting the service confirmed that staff were providing good quality care and acted on their health care recommendations.

People's individual needs were assessed and care plans were developed to identify what care and support they required. People were consulted about their care to ensure wishes and preferences were met. Staff worked with other healthcare professionals to obtain specialist advice about people's care and treatment.

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. The home worked within the principles of the Mental Capacity Act and the registered manager completed appropriate documentation to evidence this. The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

People were supported by sufficient numbers of staff who responded to people when they required assistance. Staff said there were enough staff to care for people and keep them safe.

People felt staff were skilled to meet their needs and provided effective care. One person told us "Staff seem to know what they are doing, they all do a very good job. No complaints at all." Staff told us they felt fully supported by the provider to undertake their roles. Staff were given training updates, supervision and development opportunities. Staff spoke positively about training and supervisions they received and commented on how they found they could ask questions freely.

Staff supported people to eat and drink and they were given time to eat at their own pace. People's nutritional needs were met and people reported that the food was "excellent" and they had a good choice of food and drink.

People and relatives said they felt listened to and any concerns or issues they raised were addressed and dealt with straight away.

You can see what action we told the provider to take at the back of the full version of the report

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risks to people health, safety, and well-being were not always being effective assessed, managed or mitigated.

Recruitment procedures were not always robust enough to ensure people were kept safe.

People received their medicines as prescribed. The systems in place for the management of medicines were safe and protected people who lived at the service.

People were protected from the risk of abuse, as staff understood the signs of abuse and how to report concerns.

There were sufficient numbers of skilled and experienced staff to meet people's needs.

Is the service effective?

Good

The service was effective.

People received care from staff that had the skills and knowledge to meet their needs.

Supervision systems provided staff with on-going support.

People's consent was sought before any care or support was provided. The requirements of the Mental Capacity Act 2005 (MCA) were being met.

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

Staff worked with external health and social care agencies to provide effective care.

People's needs were met by the adaptation, design and decoration of the premises.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff.

Staff displayed caring attitudes towards people and spoke about people with affection and respect.

People's privacy and dignity were respected. However, their independence was not always promoted as it should.

People were involved in the planning of their care and were offered choices in how they wished their needs to be met.

Is the service responsive?

Good

The service was responsive.

People's assessments and care plans were personalised with their individual preferences and wishes taken into account.

Staff were responsive to people's individual needs and these were regularly reviewed.

People had information on how to make complaints.

People were supported to plan and make choices about end of life care.

Is the service well-led?

Requires Improvement

The service was not always well led.

The service had not notified the CQC of incidents at the home as required by law.

The provider did not have an effective quality assurance system in place to assess and monitor the quality and safety of care and services provided.

There was an open, transparent culture and staff felt supported by the registered manager.

People were supported by staff who were happy in their work and felt valued.

Carisbrooke Nursing Home

Detailed findings

Background to this inspection

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

This was a comprehensive inspection; it took place on the 3 and 4 January 2018 and the first day was unannounced.

The inspection team consisted of one inspector 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 home.

Before the inspection, the registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make. We looked at this and other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about. We contacted stakeholders, including health and social care professionals involved in the service for their feedback. Six health care professionals gave feedback regarding the service.

We spent time in the communal areas of the home to observe how staff supported and responded to people. We spent time carrying out a short observational framework for inspection (SOFI) observation. SOFI is a specific way of observing care to help us understand the experiences of people who could not communicate verbally with us in any detail about their care.

During the inspection, we spoke with ten people who lived at the home and two relatives. Following the inspection, we received three Care Quality Commission feedback forms from people living at the home and one from a relative. We also spoke with two health care professionals who were visiting the home. In addition, we spoke with the registered manager, deputy manager, five care staff, the chef and kitchen porter.

We reviewed three staff files, medication records, staff rotas, policies and procedures, health and safety files, compliments and complaints recording, incident and accident records, meeting minutes, training records

and surveys undertaken by the home. We also looked at the menus and activity plans. We looked at eight people's individual records, these included care plans, risk assessments and daily notes. We pathway tracked some of these individual records to check that care planned was consistent with care delivered.

Requires Improvement

Is the service safe?

Our findings

People were not always protected by safe recruitment procedures. We looked at the recruitment files for three staff. We found two of the files did not contain details of each staff member's full employment history or the reasons for any gaps in their employment. This meant the provider could not be assured they had taken sufficient action to ensure staff were of good character . Other checks, such as police checks and references, had taken place and were recorded in staff files.

The failure to complete necessary checks before allowing staff to provide care, exposed people to unnecessary risk. This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that systems in place to ensure potential risks to people's safety and wellbeing had been considered and assessed were not always effective. We found individual risks had been recorded in people's care plans and management strategies had been drawn up to provide staff with guidance on how to manage risks in a consistent manner. For example, some people were at risk of skin damage. Actions to minimise the risk of harm included using specialist equipment such as air mattresses and cushions. However, when we checked one person's mattress setting we found the pressure mattress was not set correctly for the person's weight. Their mattress was set for a person of 100kgs; their last recorded weight taken on 1 December 2017 was 59.2kgs. There was no guidance in care plans or risk assessments to instruct staff on what pressure the mattress should be set at. These types of mattresses must be set at the correct pressure in order to reduce the risk of skin damage. Risk assessments did not contain information about what setting people's mattresses should be set at and there was no documentation indicating that mattress checks had taken place. We brought these concerns to the attention of the registered manager who immediately responded by checking all mattresses in the home. The registered manager told us mattresses were visually checked daily by staff but this was not recorded.

Despite the pressure mattress being incorrectly set, there was no evidence the person had been adversely affected by the incorrect setting, or had developed pressure ulcers due to lack of care.

Some people's files did not have a Personal Emergency Evacuation Plan (PEEP) to provide guidance for staff and others to support people to reach a place of safety in an emergency. As a significant number of people were unable to move independently to a place of safety in an emergency, it was necessary for care workers to know how to evacuate people to minimise the risks to them in an emergency. Fire information documentation available to emergency services was not up to date and did not contain a list of current services users or their evacuation plans. This meant staff did not have all the key information they needed to assist people from the building in the case of an emergency.

Records were kept in relation to any accidents or incidents that had occurred at the home, including falls. All accident and incident records were recorded in an accident book. The registered manager told us that all accidents were investigated on an individual basis and any actions necessary following the incident, were recorded in people's care records. However, although systems were in place to identify and record accidents

and incidents, there was no consistent system in place for analysing and identifying patterns to prevent a reoccurrence. It was not possible to tell from the records how the home had used the information to learn from incidents and what action they had taken to prevent or reduce re-occurrence and drive improvement.

The provider had failed to ensure all risks to the safety of people receiving care and treatment were appropriately managed and mitigated. This was a breach of Regulation 12 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

We found that other risks were managed well. For example, some people needed help changing their position regularly in order to relieve pressure on their skin. Records showed staff carried out regular checks, including positional changes, at set intervals to ensure people's essential care needs were met in line with their care plans. A visiting healthcare professional told us, "The care at Carisbrooke is second to none and their pressure area care is exceptional." Records showed risks to people were reviewed and updated on a monthly basis or in line with changing needs. This meant staff were provided with up-to-date information about how to manage and minimise risks.

Some people were at risk of irreversible external and internal bleeding due to taking specific blood thinning medicines for their health conditions. We saw their care plans contained information alerting staff what to look out for and when they should seek professional help by alerting the GP or emergency services. For example, staff observed that one person's urine collection bag had some blood inside. They immediately contacted the person's GP and their medicine dose was reduced.

People told us that they felt safe living at Carisbrooke. A relative told us "I feel confident to go away and be relaxed in the knowledge that my mother will be well cared for at all times and safe."

People were protected from the risk of abuse because staff understood how to identify possible abuse, and were clear in how they would report this. Staff told us they received safeguarding adults training and were aware of external organisations they could report their concerns to. Staff said they were confident the provider would act appropriately to any concerns raised but would not hesitate to 'whistle blow' if they needed to. Raising concerns at work, often known as whistleblowing, is the act of reporting a concern about a risk, wrongdoing or concerns about the care provided by their employer.

We saw medicines were managed, stored, administered and disposed of safely. People received their medicines as prescribed and medicines were administered by nursing staff who had received medicines training and had been assessed as competent. We observed medicines being administered and saw this was done in a calm and unrushed manner, ensuring people received the support they required. Medicines were stored safely and systems were in place to record medicines given to people on medicines administration records (MAR). We found stock levels of medicines reflected the stock records. Some people were prescribed 'as required' (PRN) medicines. However, there were no protocols in place to guide staff as to when the medicine may be required. We spoke with the registered manager about this who told us the policy had just been updated and they were currently working on the protocols.

People living at the home, their relatives and staff all told us they felt there were sufficient staff on duty to meet people's needs. One person said, "There seems to be loads of staff, they answer the bell very quickly considering I'm at the top of the house." Another said, "They come immediately when I ring my bell." During our inspection, we observed call bells were answered promptly and staff responded to people in a timely manner. A health care professional who was visiting the home at the time of our inspection told us they felt there were sufficient staff whenever they visited. On the first day of the inspection, there were two registered nurses, one of which was the registered manager, and five care staff on duty. A number of ancillary staff such

as housekeepers, chef, kitchen and laundry assistants were also on duty. The registered manager told us staffing levels were determined according to people's needs and adjusted the rota accordingly.

The home was clean and odour free and the registered manager had effective systems of infection prevention and control. Staff were provided with hand washing facilities, such as liquid soap and paper towels and antibacterial hand gel was available. We observed staff washing their hands before and after delivering care to help prevent the spread of infection. Staff were provided with appropriate protective clothing, such as gloves and aprons and we saw these being used appropriately during the visit. We saw staff had access to an infection prevention and control policy and procedure and had completed relevant training.

People were kept safe as the registered manager carried out a range of health and safety checks on a weekly and monthly basis to ensure that any risks were minimised. For example, fire alarms, emergency lighting, equipment, and infection control. Records showed that equipment used within the home was regularly serviced to help ensure it remained safe to use.

Good

Is the service effective?

Our findings

People told us they had confidence in the staff in meeting their needs. One person said, "There's nothing they won't do for me." Another said, "Staff seem to know what they are doing, they all do a very good job. No complaints at all."

Staff told us when they had started work at the home they received an induction which helped people who lived at the home to become familiar with them. Shadowing experienced staff was also part of the induction training along with mandatory training. All new care staff were required to complete the Care Certificate during their first months of employment. The Care Certificate is a nationally recognised set of standards for staff working in health and social care.

Staff received mandatory training that met the needs of the people they supported. This included training in infection control, safeguarding, fire safety, health and safety, moving and handling, and the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards. Staff also had the opportunity to attend additional training specific to the needs of people living at the home such as; caring for people with a chest drain, complex wound care and caring for people living with Dementia and Parkinson's disease. The training was periodically refreshed to ensure staff remained up to date with best practice. Staff we spoke with were happy with the level of training they received. Registered nurses told us they received the support they needed to maintain their skills and professional registration.

People were cared for by a team of staff who were properly supported to meet their needs. There was an effective system of staff supervision and appraisal for monitoring the team's performance and development. This looked at their strengths and how they could improve and develop in their role. This meant people were assisted by staff who were well supervised and motivated in their work.

People's ability to make decisions was assessed in line with the requirements of the Mental Capacity Act (MCA) 2005. The 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. The registered manager had clear procedures and recording systems for when people were not able to make decisions about their care or support. For example, where a person had been assessed as needing bedrails to keep them safe, an appropriate MCA assessment had been completed. A meeting was held with the person's family and it was agreed that it was in the person's best interests to have bedrails on their bed.

Staff had received training in MCA and demonstrated how they applied the principles of the legislation in their daily practice to support people to make decisions. Staff told us they always asked people for consent before providing care and support and described how they would help people who might find it difficult to give informed consent.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). The manager was aware of their responsibilities to apply for Deprivation of Liberty Safeguards (DoLS) for people whose freedom had been restricted. At the time of our inspection, no one was being deprived of his or her liberty.

People were able to see a range of health care services when needed, and had regular contact with dentists, opticians, chiropodists and GPs. People's care plan contained details of their appointments. Where changes to people's health or wellbeing were identified, records showed staff had made referrals to relevant healthcare professionals in a timely manner. For instance, one person's records showed that staff had sought guidance from the Tissue Viability team where they had concerns about the condition of the person's skin integrity. External healthcare professional told us staff made appropriate referrals and were confident any recommendations would be acted upon appropriately. One visiting health professional told us, "They always do as we ask and work with us. They escalate problems and concerns straight away. People who are nursed here are more acutely unwell and they have responded by upping their game. They recognise complications early and ensure excellent symptom control."

People told us they enjoyed the meals provided by the home. Comments included, "It's very nice, homely, meat, veg and fish", "There's always a choice, and if you don't like it you can always ask" and "The food is excellent. She's a wonderful cook and if you don't like something, or want it changed, she is very amenable."

People chose where they ate their meals. People had access to a comfortable dining room with tables set with tablecloths, cutlery and serviettes. At the time of the inspection, people chose to eat their meals in their rooms and were supported to do so by staff. Where people needed assistance, this was provided in an unhurried manner.

Arrangements were in place to ensure that the nutritional needs of people were met. People's needs had been assessed using the MUST (Malnutrition Universal Screening Tool): This is a method used to work out a person's risk of nutritional problems so that support or referral to specialist professionals can be arranged if needed. This method included checking their medical history, dietary history, weight and other information. Where people had been identified at risk of choking staff were following guidance provided by the Speech and Language Therapist (SALT) and provided people with soft or textured diets and thickened drinks. Each food item was processed individually to enable people to continue to enjoy the separate flavours of their meals.

The chef had been provided with detailed guidance on people's preferences, nutritional needs, and allergies. In addition, we saw the chef had a list of people's dietary requirements. The chef told us how they always tried to cook what people liked to eat, they said, "If I can do it, I will do it for them. I will bend over backwards." We heard staff offering people choices during meal times and tea, coffee, and soft drinks were freely available. People and staff told us that food and drinks were also available during the evening and night.

During our inspection, we looked around the home to see how the home was decorated and furnished and to check if it was suitably adapted for the people living there. Whilst the décor in some areas was old, the home had a welcoming and homely feel. Bedrooms we viewed were comfortable and personalised with photographs, furniture and other personal effects. People could enjoy spending time in a comfortable dining area and spacious conservatory which led out into the garden.

Good

Is the service caring?

Our findings

People told us they were happy living at Carisbrooke. One person said, "I love it, the staff are helpful and kind, do anything for you." Another said, "It's very nice, they are very kind." A relative told us they felt staff supported their mother well, and were friendly, kind and approachable. Another relative said, "I have found all members of staff to be friendly and caring."

There was a relaxed and friendly atmosphere within the home. Staff spoke fondly about people with kindness and affection. Staff knew how each person liked to be addressed and consistently used people's preferred names when speaking with them. One person said, "They always call you by your proper name. I am called [name] by choice, they respect that."

Throughout the inspection, staff had the time to sit and spend quality time with people and showed a genuine interest in their lives. People responded well to staff and we observed lots of smiles, laughter and affection between staff and people they supported. People told us they were happy with the care and support they received and said staff were nice, kind, and caring. One person told us how staff comforted them, "Every so often I have a weepy moment. Some [staff] have a natural kind, caring way and know just what to say." Another person told us that even when staff were busy, they always had time for people, "When they come in they always shout and wave. For friendliness, you can't beat it." Another said, "They always find time to say hello even though they are busy." Staff told us they enjoyed working at the home. Staff comments included, "It's very nice here", "We all want to do a good job" and "Everyone that works here really cares."

People told us staff treated them with respect, maintained their dignity and were mindful of their need for privacy. We saw staff knocked on people's doors and waited for a response before entering. When staff needed to speak with people about sensitive issues this was done in a way that protected their privacy and confidentiality. For instance, when one person requested help with their personal care staff approached the person sensitively and promptly, and supported the person in a calm and relaxed manner.

People told us that staff encouraged them to remain as independent as possible, and when they needed extra support this was provided in a considerate way, which did not make them feel rushed. One person told us, "They are encouraging; they praise you up after you do something. I think they just generally give you confidence. They don't dwell on your symptoms and they keep an eye on you." Staff said it is important they supported people the way they want to be supported. However, during the inspection we observed that one person's independence was not being promoted as well as it could. The person's care plan described how they required supervision and prompting with their meals. We observed staff feeding them their meal rather than assisting the person to feed themselves. We spoke with the staff member about this and they told us they had been instructed to feed the person by senior staff. This did not help promote their independence. We asked the person how they felt about this, they told us, "I can feed myself now, I couldn't at first because of my hands. The staff feed me but they let me pick up my own drinks." They went on to tell us staff helped them with washing and dressing but they always washed their own face and hands. Another person told us when describing the help staff gave them, "I would like to do more on my own, but I don't think they can let

me by law." We brought this to the attention of the registered manager who told us they would speak to staff and ensure people's independence was promoted wherever possible.

We recommend the provider reminds and reinforces to staff the importance of always promoting people's independence.

People were encouraged to express their views and these were listened to and respected. One person told us staff always ask them what they wanted to do, "They ask, 'When would you like to go to bed?'. They know I watch TV programmes and I will say 'I will go to bed after that', it's always my choice."

Records showed people, and their relatives where applicable, were involved in making decisions about care and support. Assessment and care planning documentation showed people were consulted about their wishes when they first came to the home and then on an on-going basis. Relatives told us staff contacted them if there were any changes to their family member's care or if any issues arose. One relative said, "Staff are proactive regarding treatment and everything is done with a smile."

Relatives told us they were able to visit whenever they wanted to and were always made to feel welcome. One person told us their visitors were always made welcome, "They [staff] always ask if they want a cup of tea, coffee. They get cake and biscuits as well." We saw relatives and friends visiting throughout the day, they were able to meet with their family members in communal areas or in the privacy of their own rooms. This showed us that the provider supported people to maintain relationships that were important to them.

People were supported to be comfortable in their surroundings. People told us they were happy with their bedrooms, which they were able to personalise with their own belongings and possessions. This helped to ensure and promote a sense of comfort and familiarity. One person had decorated their room with their own artwork, sewing, ornaments and pictures.

Compliments received by the home highlighted the caring professional approach taken by staff. For instance, one relative had written, "After one day in Carisbrooke, her health and wellbeing improved tremendously. During this time, the nursing care mum received was truly excellent. Not only efficient and well organised but all her needs attended to at the highest standard." Another relative commented, "True care and compassion shown by all of the staff."

Good

Is the service responsive?

Our findings

People told us that their individual needs were met by staff and they were happy with how their care was managed. We observed that staff were responsive to people's needs and supported them quickly when they called out or activated their call bells. One person told us, "The staff are very good here. If you ask them for something they get it, they don't forget." Staff worked in a flexible way in response to people's needs. This meant that some people did not get up until later in the morning, which was their choice. Some people preferred to spend time in their rooms rather than communal rooms and this was respected.

The registered manager undertook an assessment of people's care and support needs before they came to live at the home. This meant that they could be certain their needs could be met. The pre-assessments were used to develop a more detailed care plan. We saw that people's care plans were personalised and took account of people's specific needs, abilities and preferences. They also included information about the level of support each person required to stay safe, as well as how they preferred staff to provide their care. For example, one person's care plan stated they liked to remain in nightclothes after their morning wash.

Care plans contained sufficient detail about how staff should meet the person's needs. For example, people living with diabetes had clear care plans for how to manage their diabetes and medication. This included the dose, signs of high and low blood sugar, monitoring blood sugar levels and what readings were normal for them. There had been reviews with the GP. Staff told us people's diabetes was well controlled and they had no concerns.

One person had been admitted with skin damage; specialist advice from Tissue Viability nurses had been sought and care plans gave clear instructions about the care of these wounds and care charts reflected these instructions had been followed to good effect. Care plans were reviewed regularly and updated as and when required. People and relatives told us they were involved in their care plans and on-going care.

Staff demonstrated a good understanding of the specific needs and preferences of the people they supported and clearly knew people well. Staff told us they had opportunities to read care plans and there was enough information in them to enable them to provide the care people required. Handovers between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored. One member of staff told us, "The handover is usually good, but I'm able to read daily notes if I need more detailed information."

All providers of NHS and publicly funded adult social care must follow the Accessible Information Standard. The Accessible Information Standard applies to people who have information or communication needs relating to a disability, impairment or sensory loss. CQC have committed to look at the Accessible Information Standard at inspections of all services from 01 November 2017.

We looked at how the service shared information with people to support their rights and help them with decisions and choices. Communication and information needs were identified during the pre-admission process and communication plans indicated people's strengths as well as areas where they needed support.

Where people had visual difficulties we saw magnifying lights and audio books were arranged for them and they were referred, wherever necessary, to vision centres and health professionals. Staff helped people with their correspondence by reading letters, menus, newspapers and information for them.

Some group and individual activities were provided. The home used an activities company to provide enjoyable experiences for the people living there, and recently people had enjoyed visits from pet therapy and musical entertainers. Staff spent time with people individually, chatting or completing puzzles. People's comments about activities included, "Entertainment comes to your room; pets, and a chap sings and plays the guitar, and a lady who sings. It's nice, very therapeutic", "I have a lot of visitors, I watch TV, I read, I phone people. I more or less do what I want to do. I don't go downstairs much. I occasionally go downstairs for a meal, but it's my choice" and "A couple of days ago I went downstairs – a ladies' club and it was organised and I thoroughly enjoyed it." However, one person told us "I read a lot. I don't do very much at all. I wish they [staff] would take me for a walk." They told us they had asked staff, but their response had been 'we are very busy'. With the person's permission, we passed this comment on to the registered manager who said they would look into making staff available to accommodate this.

People were encouraged to make choices and to have as much control as possible over what they did and how they were cared for. For example, we saw that people made choices about what they did, where they spent their time and what they ate. Many people stayed in their rooms, according to their preference and needs. Stimulation was available through television, radio and reading matter. For example, someone who was cared for in bed liked classical music; classical music was playing in their room.

People were supported at the end of their life to have a comfortable, dignified and pain-free death. We reviewed people's care records relating to their end of life care wishes and preferences. Where people had chosen to have this conversation their end of life wishes had been recorded. The registered manager worked closely with GP's, palliative care team and the local hospice to ensure people had rapid access to support, equipment and medicines as necessary. Health professionals were extremely complimentary about the end of life care at Carisbrooke. Comments included, "Carisbrooke has such a good reputation for end of life care, people get excellent 'gold standard' care", "I think they are very good and that is why they get a lot of end of life patients" and "The majority of their patients are bedbound and seem to require a high level of nursing need. I have no concerns with their care."

The home had a complaints policy and procedure in place. People and their relatives were provided with information on how to raise concerns when they were admitted to the home. Information on who to address concerns and complaints to was available in the service user's guide. People told us they felt comfortable that if they raised any concerns then these would be listened to and acted upon. One person told us that if they needed to speak to a specific member of staff or the manager they knew how to do this and would feel confident in doing so. Another person said they had never needed to complain and would know the procedures to follow and would not be worried about speaking to the manager. A record was kept of any complaints and what had been done in response to these. This included the action that had been taken to minimise reoccurrence.

Requires Improvement

Is the service well-led?

Our findings

The registered manager had systems in place for monitoring the quality and safety of the service they provided to people. These included a range of meetings, audits, and visual spot checks, for instance checks of the environment, care records, medicines, infection control and health and safety. Although some systems were working well, others had not been effective in identifying issues or did not always demonstrate that checks had been consistently or comprehensively carried out on a regular basis. For example, audits and checks by staff had failed to identify one person's mattress was on the wrong setting for their weight. There was no documentary evidence that there was a system in place to ensure mattresses were checked regularly. We also found that risk assessments in place did not guide staff on the appropriate mattress settings for people's weight.

Although, the provider had a recruitment procedure and policy in place, the quality assurance systems had not identified where checks had not been completed. This meant they did not have a robust system in place to ensure all staff recruited were safe to work with people who were at risk.

We looked at the arrangements in place for managing accidents and incidents and preventing the risk of reoccurrence. We saw that no analysis of accidents or incidents took place to look for patterns or trends, or if any necessary remedial action had taken place. This showed the accident and incident monitoring system was not robust and the home may not learn from incidents, to protect people from harm.

Failure to ensure systems were effective in assessing, monitoring and improving the service was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had not always notified the Care Quality Commission (CQC) of significant events, which had occurred in line with their legal responsibilities. At the start of the inspection the registered manager reported that the lift had been out of action for four days and would not be repaired for another two days. We asked them if they had completed a notification to CQC and were told they were not aware they had to. We asked them to complete the notification during the inspection; however, CQC did not receive this notification during or after the inspection.

Failure to notify CQC of significant events at the service is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (part 4).

People and their relatives felt the registered manager was approachable and listened to them. One person told us, "I can talk to her [registered manager]. She's been here and sat in the chair and we have had a good chatter." We asked if they had confidence in the manager, they told us "Definitely. I think she runs it extremely well and efficiently. I'm very happy." Another person said, "Matron [registered manager] looks after us very well. Nothing serious would ever go wrong, I am sure." A relative told us, "She lovely, and easy to talk to. There's very good leadership." Another relative said, "Matron [registered manager] is wonderful and all the staff are very good." A visiting health professional told us, "I think it is really great here. It is well led and the manager is on the ball and leads a really great team."

The registered manager had a good understanding of people's needs and oversaw the care and support delivered to people along with the senior staff. They were committed to continually improving the home and aspired to provide consistent high quality care and support to people. We found the ethos and culture at the home was positive and person-centred care and support was promoted. Staff received regular feedback from the registered manager to ensure they were providing high quality care and were accountable for their actions. This was often through supervisions or observations of them delivering care.

Staff told us they felt supported by the registered manager. One staff member told us, "Matron [registered manager] is excellent, very approachable; I know I could go straight to her. She has got so much experience. It may be a bit 'old school' but it's really good care. She does so much and all for the right reasons. We are a family and we can go to her with anything." Another said, "We are really well supported. If we need extra training then Matron [registered manager] will get it for us. She promotes good old-fashioned values, keeps very up to date, has high standards of care and expects staff to meet them. She's got a heart of gold." Staff were clear about their responsibilities and knew what was expected of them. Policies and procedures were in place to help guide them and regular staff meetings were held. Staff told us they could raise issues or make suggestions and give ideas to improve the home, at any time.

People and relatives were asked for their feedback about the home in questionnaires and by the staff and the registered manager in general conversation. We looked at the results of recent feedback received by the home in 2017. We found people were happy with the service provided. We saw the registered manager had an 'open door' policy in place; they were available to speak with along with the senior staff, at any time.

To keep up to date with current developments in the care home sector, the registered manager attended workshops, training and conferences. They also attended the local NHS Trust's monthly Matron's forum. They were an active member of the Registered Nursing Home Association (RNHA). The RHNA campaigns strongly for high standards in nursing home care. Their members are nursing home owners committed to delivering quality services to their patients. Staff were also supported to keep up to date and the registered manager supported registered nurses to maintain their professional registration.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider failed to notify CQC of significant events that stop the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure all risks to the safety of people receiving care and treatment were appropriately managed and mitigated.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Systems had not been operated effectively to assess, monitor and improve the safety of the services provided, or mitigate the risks.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed People were not always protected by safe recruitment procedures.