

Fishponds Care Limited

Quarry House

Inspection report

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Date of inspection visit:
18 October 2017
19 October 2017

Date of publication:
30 November 2017

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This comprehensive inspection took place on 18 and 19 October 2017. The inspection was unannounced, this meant the staff and provider did not know we would be visiting.

Quarry House is registered to provide accommodation for up to 65 people who need nursing or personal care. At the time of our visit, 61 people were living in the home. The home is arranged over four floors. Each floor is separated into two units. A central staircase and two lifts provide access to each floor. The provider is also registered to provide personal care to people living in self-contained purpose built apartments next to the home. At the time of our inspection no-one living at those apartments was receiving personal care.

At our last comprehensive inspection in September 2016 we found breaches of four of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We rated the service as Requires Improvement. Following that inspection we told the provider to send us an action plan detailing the measures they would take to make the necessary improvements.

We then carried out a focussed inspection in July 2017. The purpose of that inspection was to follow up on safeguarding concerns shared with us. As a result we inspected and reported upon whether the service was safe. We found the service required improvement in that key question area and identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following our inspection we told the provider to submit a further action plan detailing the measures they would take to make the necessary improvements.

Overall, at this inspection we found improvements had been made and many of the actions detailed in the provider's action plans achieved. However, we found improvements were still required to ensure the service provided to people is consistently safe, effective and well-led.

There was no registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The previous registered manager had left the service in July 2017. A new manager commenced in July 2017 and has submitted an application for registration to the Care Quality Commission.

People were not always kept safe because medicines were not well managed. Medication administration records were not always completed. This meant it was not possible to be sure people had received their medicines as prescribed. Guidance for when people should be offered PRN (as required) medicines, did not provide enough detail. The recording and storage of medicines was not thorough enough to ensure safety at all times.

The service had not consistently complied with the requirements of the Mental Capacity Act 2005 (MCA).

People's capacity to make their own choices and decisions had not always been assessed. Where people had been identified as not having the capacity to make a particular decision, decisions made on their behalf were not always arrived at in a manner consistent with the principles of the MCA. Some people were being deprived of their liberty without this being correctly identified and authorisation applied for.

Staff received basic induction and update training but had not had training to equip them with the knowledge and skills to effectively care for people living with dementia.

Quarry House is a newly built modern facility that following registration with CQC opened in January 2016. It was well equipped and the physical environment was clean and fresh. However, it was lacking in stimulation for older people and particularly those living with dementia. The provider and manager had identified some ideas for improving this. In order to best make progress with this, the manager and provider should consider reviewing their action plan detailing the changes they intend to make.

Individual risk assessments and management plans had improved, although some required further detail to ensure people were kept safe. Some people's care and support plans also required further detail to ensure they described the person centred care they would receive. These were areas the manager and senior staff were addressing on a planned basis and, some had been reviewed and did provide sufficient detail.

People were supported by sufficient numbers of staff. Checks were carried out on staff before they started work with people to assess their suitability to work with vulnerable people. Staff understood their role and responsibilities to keep people safe from harm and had received training on safeguarding vulnerable people.

Staff were kind, caring and knew people well. They treated people with dignity and respect and were sensitive to their needs. On both days of our inspection we observed a number of positive interactions between people and staff and, saw how these contributed towards people's well-being. People were offered a range of well-planned group and individual activities. Effective links had been established with community groups to provide a wider range of activities for people and reduce the risk of social isolation.

People were supported to see a GP and other healthcare professionals when they needed to do so. People were able to choose the food and drink they wanted. The manager and other senior staff were well liked and respected and had some plans in place to improve the service people received.

We found breaches of four separate regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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?

The service remains as Requires Improvement.

People were not always kept safe because medicines were not well managed.

Individual risks to people were assessed and plans put in place. However, some required greater detail to ensure people were kept safe.

People's care and support plans did not always give sufficient guidance for their individual needs to be met safely.

There was enough staff to safely provide care and support to people. Checks were carried out on staff before they started work with people to assess their suitability to work with vulnerable people.

People were kept safe by staff that understood their role and responsibilities and knew what action to take if they had concerns.

There were systems in place to minimise the risks of infection.

Requires Improvement ●

Is the service effective?

The service remains as Requires Improvement.

The service did not comply with the requirements of the Mental Capacity Act 2005 (MCA).

Staff had not received training to equip them with the knowledge and skills to effectively care for people living with dementia.

Communication between staff was not always thorough and effective.

People had access to a GP and other healthcare professionals when needed.

Staff ensured people had enough to eat and drink.

Requires Improvement ●

Is the service caring?

Good ●

The service has improved to Good.

People were cared for by staff that understood their needs and knew them well.

Staff treated people with dignity and respect and were sensitive to their needs.

People were involved in making decisions about how they wanted to be looked after.

Is the service responsive?

Good ●

The service has improved to Good.

People's needs were assessed and plans drawn up to meet them before they moved into the home.

Some care plans had recently been reviewed and were person centred and took into account people's likes, dislikes, hobbies and interests. The manager and senior staff had a plan in place to review and update others to ensure they were person centred.

People were offered a range of well-planned group and individual activities.

Managers and staff listened to people's views and made changes as a result.

Is the service well-led?

Requires Improvement ●

The service remains as Requires Improvement.

Quality audit checks had not always been effective in identifying where improvements were required and, when they were, action had not always been taken to make the required improvements.

The provider should continue to strive to improve the suitability of the environment for people living with dementia.

There was a clear management structure in place. The manager and other senior staff were well liked and respected and had made some improvements to the quality and safety of the service.

Quarry House

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 18 and 19 October 2017 and was unannounced. The inspection was carried out by two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to this inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We also reviewed the information the provider had given us in their Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We were also able to review and consider the findings of a quality assurance visit carried out by Bristol City Council on the 10 July 2017.

We contacted eight health and social care professionals involved with the service and were provided with a range of feedback. On the day of our inspection we spoke with a health care professional visiting the service. We have incorporated views and comments shared with us by professionals into the main body of our report.

On the day of our inspection we spoke with a total of 17 people using the service. Not every person was able to express their views verbally. Therefore we carried out Short Observational Framework for Inspection sessions (SOFI 2) on two different floors of the home. SOFI 2 is a specific way of observing care to help us understand the experience of people who could not tell us about their life in the home. We also spoke with family members of three people visiting their relatives.

We also spoke with a total of 16 staff, including the manager, the provider's operations manager, three

registered nurses, one team leader, a member of housekeeping staff, the activities organiser and assistant and seven care staff.

We looked at the care records of eight people using the service, four staff personnel files, training records for all staff, staff duty rotas and other records relating to the management of the service. We looked at a range of policies and procedures including, safeguarding, whistleblowing, complaints, mental capacity and deprivation of liberty, recruitment and equality and diversity.

Is the service safe?

Our findings

At our inspection in September 2016 we found people's medicines were not safely managed. During that inspection, we identified shortfalls regarding the ordering, storage, administration and recording of medicines.

At this inspection we found that although significant improvements had been made, further improvements were required to ensure medicines were managed safely.

We found people's medicine administration records had not always been signed by staff to evidence they had received their medicines as prescribed. We saw 16 gaps in these charts over a three week period. There was no documentation to show staff had identified or investigated these gaps. This meant there was a risk people had not received their medicines as prescribed.

This was also the case with topical medicines. Topical medicines are applied to body surfaces such as the skin and are prescribed to treat ailments in the form of, creams, foams, gels, lotions, and ointments. Although some administration records had been completed in full, not all had. For example, one person had been prescribed a cream twice a day, but the record had not been signed on 15 occasions during October 2017. Another person had been prescribed a cream twice a day, but the record had not been signed on nine occasions during October 2017. When people had been prescribed creams or lotions, the instructions for staff were not clear. For example, records contained instructions such as 'apply to affected areas' and 'apply to red areas'. This meant that staff may not know where the creams needed to be applied. On one record we looked at, staff had signed to indicate they had applied the cream, but the name of the cream was not written on the chart, so it was unclear what had actually been applied.

Some people had been prescribed medicines on a PRN (as required) basis. Although there were PRN protocols in place which informed staff when the medicines might be required by people, these were generic rather than person centred. All of the protocols for the use of paracetamol for example, were the same. They did not take into account where individual people might experience pain, or how they might indicate this. This is particularly applicable for people who might not be able to communicate when they were in pain. Protocols for the use of anti-anxiety medicines were also generic and did not contain any person centred information about people.

These were continued breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

Other aspects of the management of medicines had improved. With the exception of the example given above, medicines were stored safely. Clinic room temperatures and medicine fridge temperatures were monitored. Bottles of liquids had been labelled with the opening date, which meant staff could easily see when they would expire. Stock balance checks of medicines were undertaken regularly.

We observed part of a medicines round and saw on that occasion medicines were administered safely and

the nurse ensured people had swallowed their medicines before signing the MAR chart. There were photographs of people in place which meant that staff who were unfamiliar with people, such as new, or agency staff would be able to recognise them. However, these had not been dated which meant it was difficult to confirm if the pictures were still a true likeness of people. People's preferences in relation to how they liked to take their medicines had been documented. For example, 'takes tablets from his hand all at once' and, 'give her a hug and say I've got your medication with me to save you the trouble of getting it out of the cupboard'.

At our inspection in September 2016 we found people were not kept safe from risk. During that inspection, we identified that risks to people had not been sufficiently assessed and, action had not always been taken to mitigate risk.

At this inspection we found that although significant improvements had been made, further improvements were required to ensure people received safe care based upon their individual needs.

People's care plans contained risk assessments for areas such as mobility, falls, skin integrity and malnutrition. The assessments had been reviewed on a monthly basis. Where risks had been identified plans provided guidance for staff on how to reduce the risks. For example, in one person's falls prevention plan the reasons for the person being at risk were documented, such as poor vision and balance. The plan guided staff to ensure the person was wearing the correct footwear and that they used their mobility aid. However, in another person's plan who had also been assessed as being at high risk of falling, the guidance for staff was 'able to mobilise independently, but requires supervision as at risk of falls'. There was no other guidance for staff.

Care plans did not always contain the information needed for staff to provide safe care and support to people. Some people using the service sometimes displayed behaviours that might be distressing to others. In these instances, the plans did not always provide enough guidance for staff on any triggers that might lead to the behaviours, or how to support the person and reduce any anxiety. For example, in one person's plan it had been documented, 'can become anxious and display challenging behaviours', however the only guidance for staff given in the plan was to, 'spend time talking with (person's name), be supportive'. We observed this person when they were distressed and staff did respond in a positive way. However, when we asked staff how they knew how to respond, they said, "I just know from experience". Another person's plan in relation to their behaviours was more detailed and provided clear guidance for staff on how to keep them and others safe.

Another person's plan documented they had limited verbal communication, but the guidance for staff was 'the care staff who know (person's name) will need to interpret his needs in order to provide appropriate care'. There was nothing documented in relation to how staff would be able to interpret the person's needs and no guidance for staff who might not know the person so well.

Some of the plans we looked at referred to the fact that people would not be able to express when they were in pain. Staff were guided to use a pain assessment tool to help identify when people were in pain, but this was not seen in all of the plans of people with communication difficulties. For example, in one person's plan it had been documented that they could not say when they were in pain, but the guidance for staff was limited to 'observe body language for signs of pain or discomfort'. The signs were not listed so it was not clear to staff to know which signs to look for.

These were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

Some people required assisting with moving and handling which involved the use of hoisting equipment. Moving and handling assessments had been completed and we saw there was guidance for staff that was easily accessible. This included details of any equipment that was required, including mobile hoists. When these hoists are used, people require slings of the correct size and type. These are then fitted to the hoist to keep the person safe. It is important that people are assessed to ensure they have the correct size and style of sling. This ensures they are safe and comfortable when being moved. Each person had their own individual sling for their sole use.

At our inspection in September 2016 we found people were not cared for by sufficient numbers of staff to keep them safe and meet their needs. At our inspection in July 2017 we recognised efforts had been made to increase the staffing levels to meet people's needs. However, we identified that further improvement was required to ensure people were kept safe and their needs met by sufficient numbers of skilled and experienced staff.

At this inspection we found improvements had been made which must now be sustained.

Action that had been taken included additional staff being provided during the day and activities staff providing assistance on two floors at breakfast time.

The manager explained how staffing levels had been assessed using a staff dependency tool which was then reviewed each month. We discussed with the manager and senior staff the specific challenges posed by the lay out of the building. With the home being arranged over four floors and, each floor divided into two units staffing is required in eight different areas. This requires careful planning and must be borne in mind as an additional factor when calculating staffing levels. They recognised this and said this would be considered when reviewing staffing arrangements.

We observed people on each of the four floors and saw people's needs were met. A call bell system was in place for people to request staff when needed. When activated these were answered promptly by staff. At lunchtime on each day we ensured members of the inspection team were present on different floors. This allowed us to observe whether there was enough staff to meet people's needs at this busy time. We saw there were enough staff and people received the care required to provide safe care and assistance.

People and relatives said there was enough staff. Most staff also said there was enough staff. Comments included; "Staffing levels are much better now" and, "We have enough staff to meet people's needs". However, we were informed staffing levels had been low on one day on a weekend. We examined the records of staffing on that day and spoke with the manager. We identified that due to sickness staffing levels had been lower than identified as required by the dependency tool. However, we saw measures had been taken to ensure people were kept safe. Staff working that day told us they had, "Pulled together" and that, "The nurse working that day was great, everyone was well cared for".

Despite the concerns we identified people consistently told us they felt safe. Comments included; "The staff are good, they are always around and look after me", "I get up two or three times during the night they come straight to me whatever the time", "She (indicating a particular staff member) helps me a lot, nothing is too much trouble", another person when asked if they felt safe said, "Good God – yes, the staff are brilliant". Relatives we spoke with also said they felt people were safe.

Staff knew about the different types of abuse to look for and what action to take when abuse was suspected, witnesses or alleged. They were able to describe the action they would take if they thought people were at risk of abuse, or being abused. They told us they would report any concerns they had about a person's safety

or welfare to the nurse in charge or the manager. They knew they could report directly to the local authority, the Care Quality Commission (CQC) or the Police. Staff completed safeguarding training as part of their induction and ongoing training programme. Managers and staff had appropriately raised areas of concern within the previous 12 months. Staff knew about 'whistle blowing' to alert management to poor practice.

Personal emergency evacuation plans had been prepared for each person. These set out the level of support the person would need if the building needed to be evacuated. A schedule of regular checks of the safety of the environment and equipment was in place and these were carried out. These included fire safety checks, hot and cold water system checks and an assessment of any maintenance required. An annual fire risk assessment had been completed in October 2016. The manager said an assessment for October 2017 had been arranged.

We found recruitment practices were safe and relevant checks were completed before staff worked with people. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check an applicant's police record for any convictions that may prevent them from working with vulnerable people. References were obtained from previous employers. The provider had also checked that qualified nursing staff were registered with the Nursing and Midwifery Council.

Staff had access to equipment they needed to prevent and control infection. This included protective gloves and aprons. The provider had an infection prevention and control policy. Staff had received training in infection control. Those we spoke with had a good understanding of how to prevent infection and control its spread. Cleaning materials were stored securely to ensure the safety of people. The accommodation was safe, clean and well maintained. We also noted the environment was free from odours. This had been achieved through careful installation and use of extractor fans.

Is the service effective?

Our findings

At our inspection in September 2016 we found people were not always lawfully deprived of their liberty because staff did not understand the requirements of DoLS.

At this inspection we checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met.

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 made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS).

We found the majority of staff had undertaken training on MCA and DoLS. A plan was in place to ensure the remainder of staff would also receive training on 9 November 2017. We observed staff asking people for their consent prior to assisting them. For example, we heard staff asking people where they wanted to sit, whether they wanted to join in with activities and whether they wanted to listen to some music. One member of staff walked into one of the dining rooms and asked people, "Would you like me to open the window or are you comfortable as you are?"

However, consent to care and treatment was not always sought in line with legislation and guidance. Although records showed that people's capacity to consent to certain aspects of their care had been assessed, when people did lack capacity, best interest decisions were made on an informal basis and were not always documented. Although we saw that the correct process had been followed in relation to whether people had flu vaccinations, the process had not been followed for other aspects of care. For example, care plans contained statements such as, 'we can make appropriate decisions in her best interests' and, 'does not have capacity - staff to make decisions in (person's name) best interests'.

Some people had bed rails in place to prevent them falling out of bed. Although they had been assessed for the use of these, there were no capacity assessments in place to determine whether people were able to consent to their use. There was also no documentation to show how the decision to use them had been reached, whether any less restrictive options had been considered or, whether other health professionals or an advocate had been involved in the decisions. Instead care plans contained statements such as 'at risk of falling out of bed, bed rails in place'.

In some care plans staff had documented that room PIR's (passive infrared sensors) should be used to alert staff if the person was moving around unassisted or if they left their room. For example, in one person's plan

it had been documented 'PIR for his safety and others'. Again, there was no documentation to show that people's capacity to consent to this had been assessed or how the decision had been reached.

These were breaches of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Need for consent.

At our inspection in September 2016 we found staff had not received sufficient training to enable them to provide the care people needed.

At this inspection we found some improvements had been made regarding the training of staff. The manager and other senior staff showed us the training records of staff. Newly appointed staff completed induction training, including the completion of the Care Certificate. The Care Certificate was introduced in April 2015 for all new staff working in care and is a nationally recognised qualification. Once they had been in post for a year all staff were expected to attend 'mandatory update training'. This consisted of training on; health and safety, infection control, safeguarding & mental capacity, basic life support, moving and handling and fire safety. Some additional training was also provided, including clinical areas for nursing. Arrangements were in place for staff that had not yet completed their mandatory training updates to do so.

However, staff had still not received comprehensive training on caring for people living with dementia. Staff said they felt they needed further training on this. A health and social care professional also raised the lack of knowledge of staff on caring for people living with dementia as a concern. This, added to the lack of detail in people's care plans meant people remained at risk of not receiving the care they needed.

This was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

Staff received the support required to effectively carry out their roles. The service had a programme of staff supervision in place. Supervision meetings are one to one meetings a staff member has with their supervisor. Staff told us they felt supported by the manager. Care staff also said the nursing staff provided them with guidance and support. Some staff told us they had not received supervision for some time but understood the manager was arranging for these to take place. We saw the manager and senior staff had a plan in place to ensure all staff would receive regular supervision. The same plan identified when people would have an annual appraisal.

People had enough to eat and drink. Their weights were monitored and when people lost weight external support and advice was sought. Some people had swallowing difficulties and they had been assessed by the speech and language therapist (SALT). In these instances care plans contained the guidance from the SALT team on how staff could prevent people choking. However, the plans did not provide any person centred information such as people's food or drink preferences or any adapted cutlery requirements.

Some people were having their food and fluid intake monitored. Monitoring charts that we looked at had been completed in full and showed that people had received their target amounts to drink. People had access to drinks and snacks throughout the day and we saw that people were regularly offered these.

People told us they enjoyed the food and menu choices available to them. Comments included; "The food is good", "I feel full, I like the choices here", "You can choose, what you eat and what you do" and, "The food is good and everyone is so kind". Menu choices were balanced with a choice of fresh meat, fish and fruit and vegetables. We observed a variety of drinks and snacks were available for people throughout the day. People had access to soft drinks and water in their rooms

Care records showed relevant health and social care professionals were involved with people's care. Plans were in place to meet people's needs in these areas and were regularly reviewed. There were detailed communication records in place and records of hospital appointments. People had health plans in place that described how they could maintain a healthy lifestyle. People were registered with a GP surgery. Records showed that people were reviewed by the GP, the dementia wellbeing team, the diabetes nurse specialist, a chiropodist, a physiotherapist and attended hospital appointments. People confirmed they were assisted by staff to see their GP and other healthcare professionals when they needed or wanted to.

Is the service caring?

Our findings

People and relatives told us staff were caring. Comments included; "The staff are kind", "Everyone is kind and nice", "I would be upset if I had to leave here, I can go out for a smoke when I want" and, "She helps", whilst smiling and pointing at a particular staff member. A visiting health professional said, "The staff are very kind and seem to really care about people here". Relatives said, "The permanent staff are great. They clearly think the world of her" and, "She's well looked after. I've no worries at all. Things are much better than they were".

During our structured observations and throughout the two days of our visit we saw people were treated in a kind, caring and respectful way by staff. Staff were friendly, sensitive and discreet when providing care and support to people. They clearly knew people well and respected them. They were able to tell us about people's interests and individual preferences.

We observed a number of positive interactions and saw how these contributed towards people's wellbeing. Staff spoke to people in a calm and sensitive manner and used appropriate body language and gestures. They showed tact and used both verbal and non-verbal communication techniques, including good use of personal positioning to be able to maintain eye contact with people.

There was a relaxed atmosphere and people appeared comfortable around staff. We saw staff and people laughing and joking together. When one person was distressed, staff showed kindness and compassion when trying to provide comfort. One staff member hugged the person and rubbed their back, saying, "You like having your back rubbed don't you?" Another member of staff assisting the same person, walked them to their room, and pointed out pictures on their wall, saying "Look at your wedding picture. Doesn't your husband look handsome?" and, "Would you like me to put some music on for you?"

During mealtimes we saw staff were attentive and ensured the experience was well organised, calm and pleasant. Staff encouraged people to be as independent as possible but were attentive enough to offer help as and when required. We saw staff offer to cut food up for people who were finding the food difficult to manage.

Some of the language used within care plans, daily records and charts did not demonstrate respect or dignity for people. For example, in one person's plan the person was referred to as being 'quite demanding'. The instructions on another person's chart were for a cream to be applied 'every pad change'. In one person's daily notes it had been documented 'wandering a lot' and 'toileted throughout the day'. However, we felt this was not indicative of how people were treated or viewed by staff. We spoke with the manager and senior staff who told us they were addressing the written language and terminology used to ensure it was more consistent with the dignity and respect with which people were treated.

Staff knocked on people's doors and sought permission before they entered people's own rooms. Staff told us what they did to make sure people's privacy and dignity was maintained. This included keeping people's doors closed whilst they received care, telling them what personal care they were providing and explaining

what they were doing throughout.

People's care records included an assessment of their needs in relation to equality and diversity. We saw the provider had planned to meet people's cultural and religious needs.

People were supported to maintain relationships with family and friends. People's care records contained contact details and arrangements. Staff said they felt it important to help people to keep in touch with their families.

The service operated a keyworker system, where a staff member was identified as having key responsibility for ensuring a person's needs were met. Staff told us this system allowed them to get to know the person they were keyworker for well and ensure the needs of the person were met.

People were given important information about the home. For example, on arrival people were given a 'Resident Handbook' that contained key information about the home and the management structure. There was information on fire procedures, the catering facilities, the care standards people should expect and how to make a complaint. In addition to this, people were provided with telephone numbers for a range of organisations, including the CQC and local safeguarding teams. This ensured that key information was communicated to people for them to understand more about the home.

Staff had discussed with people their end of life plans and what they wanted to happen in the event of their death or if they should suddenly become ill. As a result plans had been developed to provide guidance for staff on what to do if this occurred. These had been completed with people's relatives and included details of when people wanted to be admitted to hospital and when they preferred to stay at the home. These included details on decisions people had made on hospitalisation and where appropriate a DNACPR. A DNACPR is a way of recording the decision a person, or others on their behalf had made that they were not to be resuscitated in the event of a sudden cardiac collapse.

When talking with staff they spoke about people in a positive manner. They stressed people's talents and demonstrated they valued them as individuals. Staff we spoke with said they felt the care people received was good and, when asked, all said they would be happy for a relative of theirs to use the service.

Is the service responsive?

Our findings

People's needs were assessed prior to them moving in to the service to ensure their needs could be met. Care plans we looked at were variable in quality with some being far more person centred than others. The manager and senior staff were working through these plans to ensure they were person centred and comprehensive. Those that had been reviewed and updated provided a good overview of people's needs and wishes. We saw a realistic plan was in place to ensure each care plan was reviewed with the involvement of the person themselves and where required and appropriate family and friends and other professionals.

Plans in relation to people's health needs were detailed. For example, diabetic care plans informed staff of the signs and symptoms of high and low blood sugars and the action that would be needed. Wound care plans provided staff with guidance on dressing regimes and there were photographs in place so that staff could easily identify when wounds had progressed or deteriorated.

People who were at risk of developing pressure ulcers had care plans in place which informed staff how to prevent these occurring. The guidance included the frequency of position changes people required in order to prevent skin breakdown. Records showed that people had their positions changed in accordance with the care plan. Some people also had air mattresses in place to relieve the pressure on vulnerable areas of the body. All of the mattresses we looked at had been set correctly.

In people's bedrooms one page summary sheets were placed on bedroom doors. These were reversible so they could be turned over to maintain confidentiality. These gave an overview of things important to the person. For example, family and friends and sports teams and places they had connections with. They also included a brief summary of needs which were written in a discreet and respectful way. These sheets gave care staff an 'at a glance' reference to assist in talking with the person and providing their care and support. One member of staff said "The charts are a really good way of getting to know people. We (the staff) all really like them".

People participated in a range of individual and group activities based upon their hobbies and interests and, likes and dislikes. These were carefully planned and included activities both outside and within the home. Staff told us it was important for people to be active and have opportunities to engage in their hobbies and interests. Two activities staff were employed and both spoke passionately and enthusiastically about the need to provide stimulation for people.

During our inspection we saw activities took place as planned. These included craft sessions and singing groups facilitated by the activities staff and, indoor gardening run by external volunteers. Throughout the activities we saw care staff assisted activities staff working alongside them and engaging positively with people. For example, we saw care staff encourage and explain to a person the benefits of attending the singing group, the person said, "You are good to me". People told us they enjoyed the activities. Comments included; "We can choose what we do, we had really good entertainment here last week", "There is plenty to do here and you can choose what you want to do" and, "The activities here are fantastic". Records were kept

detailing how successful activities had been and who had participate in them. This allowed staff to identify people who had not been involved and offer them one to one activities.

Activities staff had developed links with external agencies to assist in the provision of activities. A variety of entertainers were regularly used and, staff from charitable agencies established to improve activity provision in care and nursing homes used for advice and to provide activities. They were able to explain to us how these measures worked towards combatting the possibility of social isolation. One said, "We would like to increase the amount of community involvement further".

Regular meetings for people and their relatives were held. We looked at the minutes of the meetings in August and September 2017. These had been attended by the manager, deputy and activities organiser. The records of the meetings detailed discussions on activities, food and people and relative's views and opinions on a wide variety of aspects of their care. Actions to be taken as a result were clearly recorded and we were able to confirm these had either been completed or were being worked towards.

People, their families and friends all said they felt able to raise any concerns they had with managers and staff. The provider had a clear policy on complaints and people and families received this policy on admission. An 'easy read' version of this was on display in communal areas of the home. We reviewed the complaints log and saw there had not been any entries between June 2016 and July 2017. The new manager had taken up post in July 2017. We discussed this with them and it was clear that it was unlikely none had been received during that time and, it was more likely issues raised had not been recorded. However, from July 2017 onwards complaints received had been recorded. From July 2017 to the end of September 2017, 16 complaints had been received. We saw these had been clearly recorded, along with the action taken to investigate the matter and the feedback provided to the complainant. This showed complaints raised were now being listened to and where required action taken to make improvements.

Is the service well-led?

Our findings

At our inspection in September 2016 we found the quality auditing systems were not effectively implemented to ensure risks to the health and safety of people were identified and the quality of the service monitored and improved.

At this inspection we found that although significant improvements had been made, further improvements were required to ensure these systems were effective.

Regular audits of the safety and quality of the service people received had been planned and carried out. The schedule of audits planned was comprehensive and covered the areas required to assess the safety and quality of the service.

However, they had not always been effective in identifying where improvements were required and, when they were action had not always been taken to make the required improvements. For example, auditing of care plans had not identified the negative language and terminology in written records, the lack of detailed guidance for staff in care plans and, the lack of mental capacity assessments. An audit of medicines completed on 3 July 2017 had identified issues with recording of administration stating as a required action, 'To promote the need for reporting missed doses or unsigned charts'. However, we saw no evidence that action had been taken to address this and, saw this remained an area for improvement.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

At our inspection in September 2016 we identified that accurate recording of people's care had not been maintained.

At this inspection we found improvements had been made. These must now be sustained.

Overall, we found records relating to the care people received to be much improved. We have reported elsewhere in this report where we found there to be specific deficiencies. However, the concerns we reported on following our inspection in September 2016 had been rectified.

The home was well equipped and the physical environment clean and fresh. However, it was lacking in stimulation appropriate for older people and particularly those living with dementia. Following our inspection in September 2016 the provider had sought advice from a reputable source on alterations that could be made to improve the environment for people living with dementia. We saw a copy of the report and recommendations made as a result. These recommendations had been incorporated into an overall action plan. The provider had plans to provide themes and rename the floors in accordance with these. The themes proposed are; garden, ocean, country and sky. The plan is to develop murals and artwork reflecting those themes. Plans were also being considered to improve signage and directions for people to make it easier for them to find their way around. The registered manager also explained the installation of themed

'pods' was being planned. These would provide themed areas where people could spend time. These ideas are based upon researched best practice for providing living environments for people living with dementia. However, the timescale for completion of specific actions was not clear. We recognised this was partly because the provider intended to consult people and relatives further to gain their views of these proposals.

We recommend the provider reviews their action plan detailing the changes they intend to make and when.

The management structure was clear and understood by staff, relatives and professionals. The manager was assisted by a deputy, team leaders and senior nurses. Without exception we were told the manager and other senior staff were supportive and approachable. Staff told us they were able to raise any concerns regarding poor practice with senior staff and were confident these would be addressed. Other comments from staff regarding the leadership and management of the service included; "(Manager's name) is very approachable, I can talk to them anytime", "(Manager's name) is a good manager" and, "(Manager's name) and (Deputy's name) are great, they help out when needed, which means they know people and they understand what it's like for care staff". The manager told us they felt supported by the provider and felt together they could, "Take the service forward". Staff told us the manager and deputy carried out unannounced visits to the home at weekends and during the night.

An on call system was in place for staff to access advice and support if the manager was not present. Staff confirmed they were able to contact a senior person when needed.

The manager had a good understanding of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and ensured they kept up to date with best practice and service developments. The manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received appropriate notifications from the service since our last inspection in July 2017.

Staff meetings were held regularly. We looked at the minutes of previous meetings and saw a range of areas were discussed. These included; individual care and support arrangements, activities and staff related issues. Staff told us they found these meetings helpful. Records of these meetings included action points which were monitored by the manager.

Accidents, incidents, complaints and safeguarding alerts were appropriately reported by the service. The manager investigated accidents, incidents and complaints. This meant the service was able to learn from such events. Health and safety management was seen as a priority by managers and staff. Action had been taken to minimise identified health and safety risks for people using the service, staff and others.

Health and safety management was seen as a priority by managers and staff. Action had been taken to minimise identified health and safety risks for people using the service, staff and others. The policies and procedures we looked at were comprehensive and referenced regulatory requirements. Staff we spoke to knew how to access these policies and procedures. This meant clear advice and guidance was available to staff.

There was a business continuity plan that set out the procedures to be followed in the event of an incident that caused disruption to normal working. If this incident affected the ability of the home to give care provision as usual and maintain adequate safety and wellbeing of people and staff, the plan had guidance on the action that should be undertaken. These could be events such as disruption to gas, water or electricity provision or failure of equipment within the service.

A copy of the most recent report from CQC was on display at the service and accessible through the provider's website. However, the report on display at the home was not easily visible for visitors. This requires improvement to ensure that any current or prospective users of the service, their family members, other professionals and the public could easily access the most current assessment of the provider's performance.

At the end of our inspection feedback was given to the manager, two senior nurses and team leader. They listened to our feedback and were clearly committed to providing a continuously improving, high quality service, valued by people, families and professionals. This was consistent with the approach of managers and staff throughout our inspection, where they had been open, honest, transparent and helpful towards the inspection team.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	People's consent had not always been sought prior to care and treatment being provided. The principles and requirements of the Mental Capacity Act 2005 (MCA) and associated code of practice were not consistently applied. Regulation 11 (1).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	People's medicines were not always managed safely. This included the the administration, disposal and recording of medicines. Regulation 12 (2) (g). People's care plans did not always give sufficient detailed guidance to safely provide their care and support. Regulation 12 (2) (b).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The providers systems and processes for assessing, monitoring and improving the safety and quality of the service people received, were not always effective. Regulation 17 (2) (a).
Regulated activity	Regulation
Accommodation for persons who require nursing or	Regulation 18 HSCA RA Regulations 2014 Staffing

personal care

Treatment of disease, disorder or injury

People were not cared for by staff who had received the training required for them to effectively carry out their roles. Regulation 18 (2) (a).