SHC Rapkyns Group Limited

Forest Lodge

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 5 & 6 December 2016. It was unannounced. There were 56 people living at Forest Lodge when we inspected. People cared for were This inspection took place on 5 and 6 December 2016. It was unannounced. There were 56 people living at Forest Lodge when we inspected. People cared for were mainly older people who needed nursing care and were living with dementia. People had a range of care and treatment needs, including stroke, heart conditions, breathing difficulties, diabetes and arthritis. Many people needed support with all of their personal care, eating and drinking and mobility needs. Some of the people were living with behaviours which may challenge others.

Forest Lodge is a large house which had been extended. People's bedrooms were provided over two floors, with a passenger lift in-between. There were sitting rooms and a dining room on the ground floor. Forest Lodge was situated in its own grounds, which were shared with other services, also owned by the provider. This group of services were situated in a rural area near Uckfield in East Sussex. The provider for the service was SHC Rapkyns Group Limited, who own a range of services across south east England.

Forest Lodge had a 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.

The last inspection took place on 3 and 9 November 2015. At that inspection we found the service required improvement. This was because the service was not always safe, responsive or well led, due to people's assessments and care plans not always reflecting all of their needs. This was a breach of Regulation 12 of the HSCA 2014 Regulations and we required that the provider take action to address this. The provider and registered manager had met the requirements of this regulation. People now had relevant assessments and care plans, which outlined how their risk was to be reduced and care and treatment needs met.

At this inspection, the provider's systems for audit required improvement because their audits had not identified there was a lack of consistency across the home in people's care plans and documentation. The provider's other systems for audit were effective, including receiving and acting on feedback from relevant persons.

People's medicines were managed in a safe way and there were full records about supporting people with their medicines. All medicines were securely stored. People received the support they needed to enable them to eat and drink what they wanted. They could choose where they ate their meals. Staff were available to support people who needed assistance with eating and drinking.

People said there were enough staff on duty to support them. Staff were available to respond quickly to people when they needed assistance. Staff were recruited in an effective way, to ensure they were safe to care for people.

Staff knew how to ensure people were protected against risk of abuse. All staff were aware of their responsibilities where people lacked capacity. People had clear individual assessments in relation to their capacity. The registered manager had ensured relevant referrals were made to the local authority under the Deprivation of Liberty Safeguards (DoLS).

All people had relevant care plans, including where people had complex healthcare, nursing and treatment needs. People also had clear care plans about living with dementia, these were followed by staff. Where people needed support from external professionals, such as the tissue viability nurse (TVN) or speech and language therapist (SALT), the home ensured referrals took place promptly and professionals' directions were followed.

People and their relatives said staff were caring. Throughout the inspection, we saw many examples of a caring attitude from staff to people. Staff supported people's independence and helped them to make choices. People's privacy and dignity was respected in their daily lives.

The home employed several activities staff. A range of activities were provided to people to suit their diverse needs. People were fully supported in participating in activities as they wished.

Staff were trained in their roles, including supporting people who were living with dementia. Staff were appropriately supervised to ensure they could provide effective care and treatment to people.

Both people and staff said they could raise issues with managers when they needed to. They felt confident action would be taken if they did this. People and staff commented on the support they received from the registered manager and other senior managers for the provider. People said the home was well managed and supportive of their needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from risk and there were effective systems for the management of medicines.

Staffing levels were appropriate to meet people's needs and ensured staff were available to support people at busy times of the day.

Staff were aware of how to protect people from risk of abuse.

The provider had appropriate systems to ensure staff were recruited in a safe way.

Is the service effective?

Good

The service was effective.

Staff were supported by training and supervision to ensure they provided people with the care and treatment they needed.

People could choose their meals. Where people needed it, they received the support they needed with eating and drinking.

The home had systems to ensure people were assessed in accordance with the Mental Capacity Act 2005 (MCA) and relevant referrals were made where people were at risk of being deprived of their liberties.

The home liaised effectively with external professions where people needed additional support.

Is the service caring?

Good

The service was caring.

Staff cared for people in a kind and friendly way, ensuring their privacy, dignity and preferences were respected.

Staff supported people in being independent and sought people's agreement when providing care.

Staff knew people as individuals and respected them as people.

Is the service responsive?

Good

The service was responsive.

People's care plans reflected their individual needs and were followed by staff.

People were involved in a wide range of activities, both in groups or individually. People were supported in going out of the home if they wished.

The service had a complaints policy. People's relatives were confident action would be taken if they raised issues.

Is the service well-led?

Requires Improvement

Some areas of the provider's audits required improvement to ensure all relevant issues relating to care planning and documentation were identified.

The provider ensured people received quality care by its other auditing systems and was open to developing new ideas.

The registered manager and provider supported staff and listened to their feedback. Staff reported on the effective teamwork and management structures which supported them.

Forest Lodge

Detailed findings

Background to this inspection

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

This inspection took place on 5 and 6 December 2016. It was unannounced. The inspection was undertaken by an 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 service.

Before our inspection we reviewed the information we held about the home. We reviewed the provider's information return (PIR). We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We met with 18 people who lived at Forest Lodge and observed their care, including the lunchtime meal, medicines administration and activities. As some people had difficulties in communication, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with nine people's relatives and visitors. We inspected the home, including people's bedrooms, sitting rooms, the dining room and bathrooms.

We spoke with 14 of the staff, including registered nurses, care workers, domestic workers, kitchen workers, activities workers and maintenance workers. We also met with the registered manager, two managers for the provider and a tutor from the provider's academy.

We 'pathway tracked' eight of the people living at the home. This is when we looked at people's care documentation in depth, obtained their views on how they found living at the home and made observations of the support they were given. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection we reviewed records. These included staff training and supervision records, staff recruitment records, medicines records, risk assessments, accidents and incident records, quality audits and policies and procedures.

Good

Is the service safe?

Our findings

At the last inspection, this area required improvement. This was because risk to people was not always fully assessed and relevant actions were not always taken to mitigate such risks. We identified a breach of Regulation 12 of the HSCA Regulations 2014. Following the inspection, the provider sent us an action plan. At this inspection, we found the provider and registered manager had met the requirements of the regulation.

People commented on safety. One person's relative told us, "I think it is very safe here for my relative." A person's relative told us, "It is a safe environment, the house is clean, tidy and comfortable and there are plenty of staff around." A person's relative told us they were pleased about the attitude of staff towards safety. They said they had provided the person with a large armchair with wheels. They told us staff moved the chair safely and door frames had been changed in order to accommodate this chair. Another person told us their relative could show behaviours which may challenge. They told us this was managed well because, "They have removed most things from their bedroom for their safety and the staff are always cheerful and kind."

At the last inspection, where people used bed rails, they were not always used in a way which ensured their safety. The provider had ensured everyone who needed bed rails had safe equipment, including beds with integral bed rails, which were securely fixed. All people had individual assessments for bed rails, which conformed to national guidelines, and were regularly reviewed. Where people could be at risk of slips and falls, for example in rooms which had darker areas, the provider had reviewed the lighting and how each room was laid out, to reduce this risk.

Many people needed support from staff to move about safely. All people had risk assessments in relation to their mobility. People had individual care plans which outlined how they were to be safely supported with moving. Where people needed to be assisted to move used using a hoist and sling, each person's care plan had clear information, these included photographs where relevant. Some people had specialist chairs to support them in moving about the home. Staff supported people to move in such chairs in a safe way and were careful to make sure people's arms and legs were safely positioned all the time.

People had assessments for risk of pressure damage, these were regularly reviewed. Where people needed air mattresses, the required setting of the air mattress was recorded, this was followed by staff. People also had individual assessments for risk of falling. The registered manager regularly reviewed when people fell and made sure relevant action was taken to reduce people's risk. For example one person had recently been referred to the falls team for an assessment.

The home environment was safe. There were full records to show equipment was regularly checked and serviced. This included lifts and wheelchairs. Water outlets were regularly checked. All fire safety checks were completed regularly and in accordance with guidelines. Fire safety equipment was regularly serviced.

At the last inspection, the safe and proper management of medicines was not always ensured. This was also

a breach of Regulation 12 of the HSCA Regulations 2014. The provider sent us an action plan following the inspection. At this inspection, we found the provider and registered manager had met the requirements of the regulation.

People said they were given their medicines as prescribed by their GP. A person's relative told us, "Their medication is given regularly and I have checked with the GP that all is ok."

Registered nurses gave people their medicines in a safe way. A person showed signs of distress and agitation when taking their medicines. The registered nurse gave the person a cheerful smile and remained very friendly towards them. The person calmed down and went on to happily take their medicine. Registered nurses carefully read each person's medicines administration record (MAR) before dispensing medicines. Registered nurses sat down with each person to support them in taking their medicine and were kind and gentle when they did this. They gave people the time they needed and did not rush them. Registered nurses always checked the person had swallowed all of their medicines before signing their MAR. An agency registered nurse said the home's systems ensured they had relevant information, so they could give the right medicines to the right person, even though they did not personally know some of the people they were supporting.

There were clear records about people's medicines. Where people were prescribed medicines on an 'as required' (PRN) basis, each person had a clear protocol about this. For example, a person was prescribed sleeping tablets. They had clear records which showed how staff were to support the person to sleep in other ways, before they gave them their sleeping pill. There were records of when people had needed to be given PRN medicines, these enabled review of the person's need for the medicine and its effect on them. For example, a person was prescribed a medicine which supported them if they had pain from angina. Their records enabled review of the frequency of such episodes and other factors which supported them. People had clear care plans about how they took their medicines. For example a person's care plan showed they preferred to take their medicine with yogurt, not water. There had been much progress in ensuring where people were prescribed skin creams, that there were clear records of when the person needed to have the cream applied and to what part of the person's body. A few areas about documentation of skin creams had been identified in a recent medicines audit and there was a plan for when actions on this would be completed.

All medicines were safety stored. Temperatures of medicines cupboards and medicines fridges were regularly checked to ensure they remained at the correct temperature. There was a full audit of medicines brought into and disposed of from the home. This included occasions where people had refused medicines. All limited life medicines were dated on opening to ensure they were not used after their expiry dates.

People said there were enough staff on duty to meet their needs. A person told us, "There are always loads of staff around and they are very kind." A person's relative told us, "There are always plenty of staff around when I visit," and another said, "Oh yes, there's enough staff." A relative told us the person spent most of the time in their own room but if you "Press the bell, they come running." Another person's relative told us the person remained in their own room but there were enough staff to check on them regularly throughout the day.

Staff also confirmed there were enough staff. One care worker told us, "We have enough staff here." A domestic worker told us there were enough domestic workers employed so they, "Can get everything done." Both activities and maintenance workers confirmed there were enough staff on duty so they could carry out their roles. Two activities workers confirmed if they needed assistance, for example if the person wanted to go to the toilet, there were always enough staff to support the person, so the activities staff were not

disturbed from their role. A registered nurse said if they felt they needed more staff, for example if a person needed additional support they "Always referred it to management," and management would "Do something."

We observed there were enough staff to support people. We heard a person calling for help from their room, their call was responded to promptly. On two different occasions, we used people's call bells, at their request. Staff responded in less than one minute. Several people used wheelchairs to move about the home. There were enough staff to ensure they were supported in the way they needed, and when they wanted. At lunchtime people received the support they needed from staff to eat their meal.

People said the home's systems ensured they were safeguarded from risk of abuse. A person's relative told us, "I do feel they're safe here." Another person's relative said staff attitude ensured the safety of people. They said, "Staff take verbal abuse from some of the residents and there's never a cross word back." A person's relative said they felt safe because of the staff. They described occasions where their relative could be verbally or physically aggressive. They said if this happened, they rang the emergency bell and staff came at once to support them. Because of this, they felt safe continuing to visit their relative, which was what they both wanted.

Staff were very clear on their responsibilities for safeguarding people from risk of abuse. One care worker told us, "Our job is making sure everyone is looked after safely." A member of the ancillary staff told us, "If I ever saw anything I'd report it straight away – no reservation." A registered nurse told us about actions they would take to ensure a person was safeguarded if they observed inappropriate behaviour towards them. They also knew about the importance of documenting such concerns, and reporting them promptly. The deputy manager had a full awareness of what to do if a member of staff told them about any safeguarding concerns. They said they had needed to work within the home's safeguarding procedures in the past and were confident doing so.

Staff safeguarded people in practice. At lunchtime, a person picked up a spoon and aggressively started poking the person on their right. A care worker distracted the person from what they were doing, and when the person had forgotten about the spoon, they quietly moved it away so neither person was distressed. Two people started to have a loud, verbal argument, this was quickly observed by staff who defused the situation and supported both of them in calming down, so the situation did not escalate.

There were clear recruitment processes, which ensured staff were assessed as being safe to work with people, before employment. All staff had a checklist at the front of their files to verify appropriate checks had been carried out. These had all been completed. Checks included application forms with full employment history, health declaration, two references and police and other checks, all received before the person started work. Staff at all levels completed a literacy and numeracy test before employment to ensure they had the appropriate skills to perform their role. This included registered nurses as well as other staff. All registered nurses had their pin number checked with the Nursing and Midwifery Council (NMC). All prospective staff had an interview assessment completed to verify they were safe to work and to identify any areas which may need further consideration after employment.

Good

Is the service effective?

Our findings

At the last inspection we found outcomes for people in this area were good. Staff were supported and trained to care for people effectively. People were supported to eat and drink what they wanted and needed. People's healthcare needs were met and staff worked within the MCA.

Staff continued to be positive about the training and support they received. A member of staff told us, "We've lots of training." Staff showed a positive attitude towards their own development. A member of staff told us, "It always helps to learn something new." A registered nurse told us they had done "All the mandatory training, which includes dementia care." They described their "Regular supervision," and confirmed "I can bring up things during supervision." Senior staff showed a kind attitude to more junior staff and described occasions when they had supported junior staff following incidents where they had assisted a person who had shown behaviours which may challenge.

We met with a newly employed member of staff. They told us they had a week's induction at the provider's head office. This was followed by a week of supervised working in the home. They said the length of supervision depended on, "What suited me." They said they had completed a 1:1 supervision since their employment began, when they discussed their progress with their supervisor. There were clear records of induction of new staff, which complied with national guidelines. All members of staff had the same core induction, with additional separate areas according to their roles. Four of the staff were agency staff. They had all worked in the home previously. All had records of their induction. This included key safety areas such as water, gas and electricity turn off points and the location of first aid boxes.

The registered manager had a training and supervision plan so they could see which members of staff needed which training and when they were due a supervision. The training plan included relevant areas such as moving and handling, first aid and fire safety. The training staff received meant they supported people in a safe way. For example, we observed staff appropriately supported people in moving, including the use of aids. Staff were all trained in relevant areas relating to the people living at Forest Lodge, including dementia care. A tutor told us the emphasis of the training was on the person, not the label of their condition. A care worker showed a very detailed knowledge of dementia and how it affected the people living at Forest Lodge. Registered nurses were trained in relevant areas, including wound care. Domestic and maintenance workers were trained in the Control of Substances Hazardous to Health (COSHH). They showed an understanding of the importance of COSHH in their role

Staff received regular 1:1 supervision and an annual appraisal. Staff could raise issues if they wanted to during these meetings. Records showed part time and bank staff also received 1:1 supervision. Registered nurses had weekly group clinical supervision. The notes of the most recent meeting showed registered nurses had reviewed the people who were being weighed weekly and if the actions taken had been appropriate. The provider was supporting registered nurses in revalidation with the NMC.

People were positive about the meals. A person told us, "The food is good, it's hot and there is a choice. There is always plenty of it so I don't feel hungry." Another person told us, "I choose what I want, it's hot and

it tastes nice." A person's relative told us how the person was putting on weight since they came to this home. They said they had been worried because the person been very thin before they were admitted. A person told us their relative had been given pureed meals in hospital. Their relative had told staff they would like food to be given as normally as possible and staff were attempting to do this. They said the person had been given soft fish the previous day and had enjoyed it.

Some people ate in the dining room. They sat at different sized tables depending on what suited them, some with two people on them, others with places for six or seven people. Staff were readily available to support people and understood about people's different needs. A person became confused at lunch and was not able to find anything. A care worker gently put the person's hands on to their cutlery and tapped the side of their plate, so they could locate where everything was. Once they were orientated, the person ate their meal independently. A person ate their first course very quickly. A catering worker gave the person their dessert promptly. They explained to us that if the person was asked to wait, they sometimes took other people's meals or became anxious and noisy, disturbing others from eating. A registered nurse noticed a person had become distracted during their meal. They gently reminded the person it was lunchtime and their food might get cold if they stopped eating. The person remembered where they were and what they were doing and continued to eat.

Some people chose to eat in their rooms. There was a peaceful atmosphere of quiet order on the bedroom floors at lunchtime. We saw a care worker supporting a person to eat in their own room. They said, "Hello", orientated the person to what was happening and sat down, making sure the person understood they were about to support them with their meal.

People were offered choice. One person wanted a sandwich, and another an omelette. A person's care plan documented how they liked tomato ketchup. They had a bottle of ketchup next to them and were supported in using it as they wished. People were given relevant aids to support them in eating independently, such as plate guards and appropriate cutlery.

All people had nutritional risk assessments. These were regularly reviewed. Where people were losing weight, they were weighed weekly and their records showed their condition was closely monitored. Some people needed support to maintain adequate hydration. Throughout the day when people in the lounge asked for a cup of tea or other drink, this was quickly provided. At lunchtime, a catering worker brought drinks for people, carefully checking with each person what they wanted to drink. A person finished their glass quickly. They saw the catering worker going past with jugs of drink and made a noise towards the kitchen worker who smiled and refilled their glass. All people who remained in their own rooms had drinks left in front of them. Records of fluid intake were accurate and were totalled every 24 hours so assessments could be made of whether the person was drinking enough. Several people were prescribed thickening agent to enable them to swallow safely. They had clear care plans about this, which were followed in practice. All of the staff we spoke with showed a very detailed knowledge of the consistency of drink each person needed and how to correctly mix thickening agent into people's drinks.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

All people had mental capacity assessments. These were decision specific. For example a person had a very detailed mental capacity assessment, which outlined they continued to be able to make simple decisions about what clothes they wore and what they liked to eat, and how staff were to support them in continuing to do this. A person's condition was changing. Their mental capacity assessment, as well as other assessments, were being regularly reviewed to reflect their changing condition. Where decisions were needed to be made on people's behalf they had clear records about best interests meetings, these included all relevant parties. For example on occasion, one of the people needed to be given their medicines in a covert or disguised way. Their records showed who had agreed to this decision. The person's records also showed they had not needed to be given their medicine covertly for a long time, due to the support staff were giving the person. In their PIR, the provider gave us accurate information about the number of people who were subjected to a deprivation of liberty safeguard (DoLS). All of the staff were fully aware of which people had a DoLS in place. They were also aware of what this meant for each person.

People's health care needs were supported in an effective way. A person had been admitted to Forest Lodge with multiple wounds. They had a clear assessment and care plan about management of these wounds. Records showed all of them had now healed, apart from one, and that was making good progress. The person's records also showed effective partnership working with the TVN. A person had a catheter. Their records showed staff were following national guidelines on management of people who have catheters. Registered nurses confirmed there were enough registered nurses employed, who had the appropriate qualifications to change the type of catheter prescribed for the person, throughout the 24 hour period. A person was showing changes in their dementia care needs. They had clear documentation about this, including referral to a psychiatrist. Enough registered nurses who had been trained in taking blood were employed, to ensure people living with dementia were not distressed by having an external healthcare professional who was unfamiliar with them to take their blood. Activities workers reported on a prompt and effect response when a person needed emergency attention. One of the activities workers described when a person fell over, saying that staff came "Straight away" to appropriately support the person.

Good

Is the service caring?

Our findings

At the last inspection, we found outcomes for people in this area were good. People said staff cared for them in a kind and supportive way. Staff respected people, ensuring their individual needs were met and their privacy and dignity maintained. Where people were at the end of their lives, care was provided in a person-centred way.

People told us staff were caring towards them. A person told us, "I am very happy here, it is like a large family." Another person said, "Nothing is too much trouble here". A person who remained in bed all the time smiled and told us, "I am comfortable." A person gave us a big smile, thumbs up and wink when we asked them if the staff were caring. People's relatives commented on the caring atmosphere in the home. A person's relative told us, "The care is good, it's what you see, it's kindness, a pat on the arm or a smile, it doesn't have to be about language." A person's relative told us, "Staff are wonderful," and another said "They look after him so well." A person who was visiting a relative who was very frail told us, "It is lovely to be here, we can sit here in peace and be together". A new member of staff told us, "It's a nice feeling home, it's caring."

Staff respected people's dignity. A person's relative told us, "He needs a lot of personal care, and this is done well. He is well cared for and always looks clean and comfortable. He is always shaved". Another person's relative told us, "All his personal care is done for him, and he always looks clean and tidy." A person who remained in their room was upset because they had dropped some tea on themselves. The care worker who supported them was very kind and reassuring, saying the person was not to worry, it would not be a problem to help them to get changed. A care worker supported a person coming back from the dining room after lunch. They helped them to wash their hands and face after the meal and also to go to the toilet. A care worker assisted a person to eat and drink, they cleaned round the person's mouth in a very gentle way.

Staff were consistently polite to people and sought their permission before supporting them. A person's relative confirmed this, telling us, "They're always polite." Another person's relative told us, "Staff always say thank you, give people a thank you smile, wave, gently squeeze their arm etc." At lunchtime, all staff always asked people's permission, before putting on a clothes protector. We saw one person giving a care worker a beautiful smile when they asked permission to do this. A care worker moved an empty chair, a person snapped "Don't do that" at the care worker. The care worker was very polite to the person, smiled at them and explained why they had moved the chair. Before lunchtime a person was having an argument with someone they could see, but who was not visible to other people. The care worker supporting the person remained polite, cheerful and friendly. The person then became calm, sat down at their table and was able to concentrate on eating their meal. A person who sat in a big wheeled chair showed anxiety about what was happening before they were moved. The care worker sought the person's permission, explaining where they were going and why they were doing this, and the person calmed down.

People said both the environment of the home and staff ensured their privacy. A person's relative told us, "There is always somewhere to go for privacy." Two people were in the quiet lounge with their visitors which they told us "Provides privacy." Some people shared a room with another person. Personal items were

named, including wash bowls. Where people shared rooms, their care plans reflected this and the risk to their privacy and dignity included actions staff were to take to reduce this risk. At lunchtime, a kitchen assistant heard noise was coming from the kitchen to the dining room, because the door had been left open. They promptly closed the kitchen door to make sure the people on the tables nearby were not disturbed by the noise and their privacy affected.

Staff supported people in making choices. A person's relative commented on the "Flexible approach" in the home, saying, "Sometimes she comes down to the lounge, not others, it's up to her." When we started the inspection, some people were up and dressed, some awake but still in bed, others were still asleep with their curtains closed, depending on what they chose to do. A person told us they were taken regularly to see a close relative in another home which "Makes my day." A person had a care plan which stated they chose to have their bag with them at all times and also documented the items they wished to have in their bag. Staff followed this care plan throughout the inspection.

Staff supported people's independence. A person told us they were independent and wanted to remain so, but would not be afraid to ask if they needed help. A person's relative told us they had spoken to staff asking them to encourage their relative to become more mobile and staff were "Doing their best." A person was encouraged to move from a wheelchair to a chair by manoeuvring themselves. This was successful. A person wanted to stand up, this took a considerable time but staff encouraged the person to stand up independently and did not take the quick option of using an aid, which would have reduced their independence.

Staff showed a caring, calm approach. At lunchtime, a person decided they did not like the chair offered, they went and got another one, but did not like that one either, so they got a third. Staff did not react by stopping the person from getting these identical chairs, but let the person do what they wanted to do. Staff were very reasonable, discussing with the person which chair they wanted and if they had not got too many. After a period of time, the person sat at the table in one of the chairs. Staff then asked the person's permission to move the other chairs. Staff remained calm and easy throughout this time. This meant the situation did not escalate and the person did not become distressed. We heard a person and a member of staff giggling with each other, the person gently teasing the member of staff about what they had been up to the night before. A person was confused and unsure. The care worker with them orientated them to the time of day, where they were and what the weather was like outside. A person looked anxious and was calling out. A registered nurse noticed this quickly. They clearly knew the person well and what caused their anxiety. They were kind and friendly as they supported the person.

A person was receiving end of life care. They looked calm and peaceful. A member of staff was allocated to remain with them at all times. The member of staff was not called away to support other staff and when they needed a break, another member of staff supported the person. This meant the person was not left alone and they were appropriately supported to do what they wanted. For example, in the late morning they wished to get up and sit in a chair. The member of staff supported them to do this and sat with them, quietly discussing the TV programme they were watching.

People's records were clear. Where people showed behaviours which may challenge, records were written in a non-judgemental way, accurately describing what had happened and how long occurrences had lasted. We met with two people whose records showed their preferred name was not their first name. Staff always called people by this name and referred to the person when discussing their needs with other staff by this name.

Good

Is the service responsive?

Our findings

At the last inspection we found outcomes for people in this area required improvement. This was because people did not always receive responsive care in relation to their more complex care needs. We identified a breach of Regulation 12 of the HSCA Regulations 2014. Following the inspection, the provider sent us an action plan. At this inspection, we found the provider and registered manager had met the requirements of the regulation.

People said staff provided a responsive service. A person's relative told us, "Staff notice small details, he's got a chest infection, so he's not going down to the sitting room, but they've made sure he's got music he likes playing in the background." A person's relative told us, "When he needed complex care, they were there for him." People's relatives said staff communicated with them. A person's relative told us, "Staff always say if she's not well," and another said, "They definitely tell me everything." A person's relative told us they were supported to visit when they wanted to, "I pop in a lot, I'm always in and out, I like that." A care worker told us about the importance of providing a responsive service, saying, "The main thing is to get to know them as people." A registered nurse told us about the importance of working with people's relatives, saying, "Relatives are an integral part of it all." A care worker told us, "We've lovely relatives here."

Where people had complex care needs, they were supported appropriately. A person's relative told us, "The care is good they know what to do. He has 24 hour care so I know he is safe and they do everything they can for him. I visit every day and am always made welcome and told what has gone on." One person had a clear care plan about the support they needed to prevent risk of damage to their heels. Staff followed this care plan when providing the person with care. Another person had a care plan which described what they were able to do about changing their position and where they needed support to do this. Staff we spoke with knew about this care plan. A registered nurse told us about a person's difficulties with maintaining continence. What they told us was clearly documented in the person's care plan and staff followed what was in their care plan. Staff generally worked in the same area of the home. This meant they got to know people as individuals and they received consistent care from staff who knew them. The importance of continuity of care was understood and supported by the home's management.

Most of the people were living with dementia, including behaviours which may challenge. People's relatives commented on staff's effective response to meeting people's dementia care needs. A person's relative told us, "He has been extremely disruptive, but they know how to look after him." Another relative told us, "They are very kind and aware of his behaviour, they know what he needs to have done and do this very well."

People had clear care plans about how to support them with their dementia care needs. Staff responded to people appropriately, so they were fully supported. A person's records showed their complex behaviours associated with dementia had decreased since they were admitted. This was confirmed to be the case by their relative. A frail person had a care plan which documented they were unable, and did not wish, to get out of bed, but may be restless and could shout out when left alone. It stated staff were to check on the person regularly and support them. We saw staff followed this person's care plan and were consistently polite and helpful to them.

We heard a person shouting at a care worker from their room. They used a wide range of swear words at the care worker. The care worker followed the person's care plan and remained very polite, smiling and cheerful with the person. Once the person had expressed themselves, they calmed down quickly. Staff told us this was what happened if they responded to the person in the way set out in their care plan. A person had a care plan which stated they could become distracted easily. At lunchtime the person suddenly stood up, with their meal half eaten in front of them. This was quickly observed by a care worker who supported the person in orientating themselves with what was happening and where they were, so the person sat down and carried on eating.

People said a wide range of activities were provided. One person told us, "I have regular visitors and there is always something going on here," and another said, "There are always things to do, we have bingo of different kinds, quizzes and music." People said they were supported in going out if they wanted to. One person told us, "In summer, the garden's beautiful." People's relatives also commented favourably on the activities provided. One person told us their relative "Loves the activities." Another relative told us, "There are always people around and the activities are always going on. He doesn't join in though as he likes the peace and quiet."

We met with two of the activities workers. They told us activities were provided seven days a week. They provided large groups, small groups and 1:1 activities. They also had a volunteer who supported people with games and cards. A trained activities dog visited once a week and went to people's own rooms as well as the sitting rooms. There was a weekly lunch club at a pub, which was popular. Outings were provided, for example to the sea, including a fish and chip lunch. Special events were marked, for example Father Christmas was visiting during the evening of the first day of our inspection. Holy Communion was available once a month and the Roman Catholic priest visited flexibly, depending on what people wanted.

We observed activities in the main lounge. Some people joined in activities, while others watched. One person was exuberant, which resulted in a lot of laughter and banter which was well received by other people. As well as activities staff, care workers, registered nurses and the registered manager joined in some of the activities, supporting people with engagement. There was lots of enjoyment, including laughter by all taking part. There was a smaller sitting room where people were engaged in quieter activities. Some people preferred to remain in their own rooms. The activities worker said activities staff visited these people every day. We saw staff regularly stopped to have a quick chat as they went past a person's room. The person smiled at the member of staff, appreciating contact, although they were too frail to participate in any prolonged engagement.

People said they could raise concerns and felt concerns and complaints would be acted on if they needed to do so. A person's relative told us if they had any complaints or concerns, "I'll talk to [the registered manager's first name], she's very understanding." Another person's relative told us, "I can't fault anything." A person's relative told us they had a "Good rapport with senior staff," and "Communication was good." They said they would have "No hesitation," if they needed to complain. A person said they were happy with their relative's care but had a small area they wanted to talk to the registered manager about. The registered manager went to see the person and promptly reassured them about the matter. There was a complaints procedure, which was displayed and available to people. We looked at complaint records. There were no current complaints documented. The registered manager told us this was because people's relatives were regularly updated and they contacted them with any concerns.

People's relatives said they were consulted, including by being sent a questionnaire. We looked at the results from a recent survey of relatives about the quality of care. Responses from relatives were positive about the standards of care provided by the home. Regular meetings were held for people and their

relatives to enable them to provide comments about the care they received. Notes of the most recent meeting showed lunchtime outings had been discussed. A person had also requested a particular DVD which they thought everyone would enjoy.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection we found outcomes for people in this area required improvement. This was because the provider's systems for audit did not always identify areas for improvement. Since the last inspection, the provider and registered manager had taken action, however some areas were still in need of improvement, this related to fewer areas than at the previous inspection.

The provider had a detailed audit system. However this continued to require improvement because some areas relating to meeting individual people's needs had not been identified and acted on to ensure their risk was reduced and needs met. Several of the people were assessed as being at high risk of pressure damage. Some of these people sat out of bed for long periods every day. People's risk of pressure damage does not reduce when they sit out of bed. One of the people had several references in their daily records to early pressure damage. We asked different staff about how they ensured these four people's risk was reduced when they sat out of bed. Staff gave us differing responses, which did not follow the people's care plans. The provider had not identified that these people's care plans were not always being followed by staff, to ensure their risk of pressure damage was reduced when they sat out of bed. A person had a stoma and used a stoma bag for some of their continence needs. The person had no information in their care plan about the type of aid used or how their personal care was to be maintained in the light of this stoma. The provider had not identified that as the person did not have a care plan about their stoma, staff including agency staff, would not have relevant information about the person's individual care needs in relation to their stoma.

The provider had also not identified in their audits that there was a lack of a consistent approach to care planning across different parts of the home to ensure all people's safety and wellbeing. We met with three people who were living with diabetes. Two of the people had full and detailed care plans, which complied with national guidelines about their diabetes, one did not. The provider had not identified this risk to the person in their audits. Some people needed support with their bowel care needs. Some people had clear records relating to this. Others did not and included a person whose records indicated they had not opened their bowels for over two weeks. The risk to this person had not been identified during the provider's audits. A person remained in bed all the time. They had bed rails which were covered with protectors to ensure their safety. We discussed with the registered nurse in charge of the area how they reduced risk of sensory deprivation for the person, who was living with dementia, as they would not be able to see out of bed. The registered nurse told us about actions they took to ensure this did not happen. The provider had not identified that this information was not included in the person's care plan. Because it was not documented the provider could not ensure all staff acted consistently to meet the person's dementia care needs. They also could not review the effectiveness of the care given to the person.

People were positive about management of the home. A person's relative told us, "I have a very positive attitude from [the registered manager's first name] and there is nothing I'm afraid to ask about." A person's relative described the registered manager as "The nicest lady." We met with a person who was living with dementia, including a degree of memory loss, they still clearly knew the registered manager as a person they "See about a lot." A person's relative told us, "I can't praise it enough," about the home. A different person's relative described the atmosphere of the home, saying, "It's nice here there is always something going on

and plenty of people around." A member of staff told us, "We've always got a manager to go to here."

The provider's other systems for audit identified areas for action. This included the relatives' survey questionnaires. For example a person's relative had raised individual issues in their questionnaire. The provider had responded to these comments. The provider had plans to continuously improve and develop the service. This included recent improvements to the area leading to the dining room and in the dining room itself. These improvements followed principals of supportive environments for people living with dementia. People's bedroom doors were being provided with veneers, which gave the appearance of a front door, to enhance people's individual space and support privacy. As people's rooms became vacant, the old flooring was being replaced by more modern, attractive flooring. The provider performed regular audits of infection control and health and safety. There were systems to ensure regular maintenance of the building. Management meetings considered a range of issues, including the use of agency staff and how this was to be kept to a minimum to ensure continuity of care to people.

Staff commented on the supportive culture in the home. A registered nurse said, "Management listen if I raise any concerns." A care worker told us, "I feel supported all the time." A care worker said they could "Definitely talk," during staff meetings. A care worker said, "I feel comfortable to say things at staff meetings," they said management "Takes suggestions." A care worker described the area manager as "Approachable." A care worker said they received regular supervision saying, "And they listen to what I say." A registered nurse said they "Definitely" were able to bring things up during supervision. A care worker said, "The management's good, they ask if I'm all right." A care worker told us, "If I tell nurses of any concerns they listen to me."

Staff meetings were used to support them in their roles. For example notes of a recent meeting showed that, following matters being raised by staff, clarification had been given in relation to responsibilities for cleaning commodes between the day and night staff. Notes of meetings showed staff raised other issues, for example concerns about the under-dilution of juice for people, which was putting some people off drinking, as their drink tasted too strong for them. Where staff raised matters at supervision action was taken. For example a member of staff had raised the issue of some staff speaking in their own language when caring for people. The registered manager had put an action plan in place and was monitoring the issue. The registered manager was open to different ideas, for example suggestions about further development and training for staff in activities relating to dementia. There were clear support systems for staff where people showed complex behaviours if staff felt they needed additional support. All incidents were documented, to enable management review.

People commented on the good team-work and were aware of management structures which supported this. An activities worker told us because of the team work "It's good here." They said "Staff know what's happening, they always listen, they know who to go to for what if something needs looking into." A care worker also said, "Communication's good here." A care worker said, "We're close knit here, everyone knows everyone very well" and another "We help each other, we work like a team." The registered manager was part of the staff team and monitored how staff supported people. At lunchtime, the registered manager was present in the dining room. The attitude of people and staff showed this was something the manager usually did, and her involvement was appreciated by both people and staff.