South Coast Nursing Homes Limited

Manor Hall Nursing Home

Inspection report

Borough Lane
Eastbourne
East Sussex
BN20 8BB

Tel: 01323722665

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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 3 and 6 November 2017 and was unannounced. The inspection was carried out by two 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.

Manor Hall Nursing Home is a 'care home'. People in care homes receive accommodation and nursing care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Manor Hall Nursing Home provides nursing and personal care for up to 44 people in one adapted building. There were 36 people living at the home at the time of the inspection. They had a range of complex health care needs which included people who have stroke and diabetes. Manor Hall Nursing Home also provides care and support for people who require end of life care. Some people had a degree of memory loss associated with their age and physical health conditions. Most people required help and support from two members of staff in relation to their mobility and personal care needs. Accommodation was provided over three floors with a passenger lift that provided level access to all parts of the home.

There is a registered manager at the home. 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. At the time of the inspection the registered manager was temporarily not working at the home. In her absence the deputy manager was responsible for the day to day running of the home with support from the operations director.

At our previous inspection in August 2016 we found the provider had not met the regulations in relation to ensuring there were enough staff deployed. People had not always received the care they wished for or required and people's records were not always accurate or complete. The provider sent us an action plan and told us they would address these issues by November 2016. At this inspection we found improvements had been made and the provider was meeting the regulations. However, further time is required to ensure these improvements are fully embedded into practice.

There was a quality assurance system in place and this had identified the shortfalls we found. This was evident from the audits, meeting minutes and discussions with the director, deputy manager and staff. We had previously identified people's records were not consistently person-centred and did not all include the information staff may require. Improvements had been made but further work was required to ensure this was fully embedded into practice. Work was also ongoing to ensure people were able to take part in activities they enjoyed and were meaningful.

Staff knew people really well. They had a good understanding of people's individual needs and choices. They could tell us about people's personal histories including their spiritual and cultural wishes. Each

person was treated as an individual and their choices and rights were respected and upheld.

People were supported by staff who were kind and caring. Staff knew people well and had good relationships with them. Staff maintained people's privacy and understood the importance of confidentiality. Relatives were able to visit at any time, and were made to feel very welcome.

There were enough staff working to meet people's needs. Staff were deployed to ensure there was a good skill mix in each team. Staff were suitably trained and supported to deliver care in a way that responded to people's changing needs.

There was a range of risk assessments in place and staff had a good understanding of the risks associated with caring for people at the home.

The management and storage of medicines was safe, and people received their medicines as prescribed. Staff were attentive to people who may be in pain or discomfort and were supported to ensure they received their medicines when they needed them.

Staff ensured people had access to external healthcare professionals when they needed it. Referrals to external healthcare professionals were made in a timely way.

Staff had a good understanding of the Mental Capacity Act 2005 and DoLS and how to involve appropriate people, such as relatives and professionals, in the decision making process. Best interest decisions were made when necessary.

People's nutritional needs were met. People were provided with a choice of food and drink that met their individual needs.

There was a complaints policy in place and people and visitors told us they would raise any concerns with staff. They were confident issues raised would be addressed.

There was a positive culture at the home. Staff were involved and updated about changes at the home through meetings and at handovers each day. The deputy manager and director had good oversight of the home and knew where changes and improvements were needed.

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

Manor Hall Nursing Home was safe.

There were enough staff to meet people's needs.

Risk assessments were in place and staff had a good understanding of the risks associated with the people they looked after.

There were systems in place to ensure medicines were ordered, stored administered and disposed of safely.

Staff understood the procedures in place to safeguard people from the risk of abuse.

Is the service effective?

Good

Manor Hall Nursing Home was effective.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff received the training and support they needed to enable them to meet people's needs.

People were supported to eat and drink a variety of food that met their individual needs and preferences.

People's health and well-being needs were met. People were supported to have access to healthcare services when they needed them.

Is the service caring?

Good

Manor Hall Nursing Home was caring.

Staff knew people well and treated them with kindness, understanding and patience.

People were supported to make their own decisions and choices throughout the day.

People's privacy and dignity were respected.

Is the service responsive?

Good

Manor Hall Nursing Home was responsive.

People received care that was person centred and met their individual needs. Staff had a good understanding of providing person-centred care. They knew and understood people as individuals.

There was a range of activities taking place and people told us they had enough to do throughout the day.

There was a complaints policy in place and people and visitors told us they would raise any concerns with staff.

Is the service well-led?

Requires Improvement

Manor Hall was not consistently well-led. Improvements had taken place since our last inspection in relation to people's records and the quality assurance system. However, these needed time to be fully embedded into practice.

Areas for improvement had been identified and work was taking place to address these.

There was a positive culture at the service. People and visitors spoke highly of the staff team and their life at the home.

Manor Hall Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 3 and 6 November 2017 and was unannounced. The inspection was carried out by two 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.

Before the inspection the provider completed a 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 improvements they plan to make. We reviewed the information we held about the home, including previous inspection reports. 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.

During the inspection we reviewed the records of the home. These included staff training records, three staff recruitment files. Training and supervision records, medicine records, complaint records, accidents and incidents, quality audits and policies and procedures along with information in regards to the upkeep of the premises.

We also looked at five care plans and risk assessments along with other relevant documentation to support our findings. We also 'pathway tracked' people living at the home. This is when we looked at their care documentation in depth and obtained views on their life at the home. 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 spoke with 11 people who lived at the home, seven visiting relatives, and ten staff members individually and a group of six care staff. We also spoke with the deputy manager and director. We also spoke with three health and social care professionals Following the inspection we spoke with a further

health and social care professional who visit the service to ask for their feedback.

People who lived at Manor Hall nursing home were not all able to verbally share with us all of their experiences of life at the home because of their dementia needs. Therefore we spent time sitting and observing people in areas throughout the home and were able to see the interaction between people and staff and watched how people were being cared for by staff in communal areas. This included the lunchtime meals. We also 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.

Good

Is the service safe?

Our findings

At our last inspection in August 2016 we found the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not safeguarded the health, safety and welfare of people living in the home by ensuring there were sufficient numbers of staff deployed. We also asked the provider to make improvements in relation to reviewing procedures to ensure people were safe at the home.

At this inspection we found improvements had been made and the provider is now meeting the regulations.

People told us they felt safe living at the home. People's comments included, "I feel safe living here they look after me well" and "The service enables me to function I feel very safe here." A visitor told us their relative was safe and this gave them, "Peace of mind" when they were at home.

There were enough staff to support people safely. The deputy manager told us staffing levels had recently been increased to meet the current needs of people living at the home. She was confident that if people's needs increased further staffing would be provided. People told us their call bells were generally answered quite quickly. One person said, "They come instantly as they know I don't use it so if I ring I really need them." Another person told us, "Staff answer the bell quite quickly." A visitor said, "They come very quickly in response to the call bell." One person told us they had previous concerns about their call bell not being answered but this had been addressed and resolved. Staff told us they were always busy but how busy varied from day to day. There were ten care staff working each morning and seven in the afternoon. There were two nurses working each day. At night there were four care staff and one nurse. To support the night nurse with the morning medicines one day nurse came on duty an hour earlier than other staff to ensure people received their medicines in a timely way. In addition there were three activity staff employed at the home who worked varying shifts across the week. They were able to provide support to people in the lounge area and at mealtimes. We saw that care staff were busy throughout the inspection however, we saw people were attended to in a timely way. Staff were reminded that if someone rang the bell they were to attend to the person promptly to ensure they were safe and acknowledge they had called. If there was going to be a delay in responding fully to the person's needs they would explain this to the person and tell them when they would be back. The deputy manager recognised that it was busy at the home and told us about plans for herself and a director to work directly with staff to develop smarter ways of working.

At our last inspection we had asked the provider to make improvements into the way they managed people's safety. We found these improvements had been made and people's safety was maintained. There were risk assessments in place and information in people's care plans in relation to their mobility, skin integrity and risk of falls. There was information in care plans about the support people required to maintain their pressure areas. This included information about position change and pressure relieving equipment such as air mattresses or cushions. Within people's bedrooms there was documentation which informed staff whether people required pressure relieving air mattresses the appropriate settings and if they required regular position changes. There was also information about whether bed rails or sensor mats were required. Room charts were in place and completed to demonstrate people received the care they required.

Throughout the inspection we observed staff supporting people appropriately with their mobility and regular position changes to prevent pressure damage. One person told us, "I feel secure when I am being hoisted. They (staff) come in every two hours to reposition me."

Risks in relation to people's health conditions were managed safely. There was information about how to support people who were living with diabetes, this included the normal range of blood sugars for each person and what action to take if not within this range.

Personal emergency evacuation plans (PEEPs) were in place to ensure staff and emergency services are aware of people's individual needs and the assistance required in the event of an emergency evacuation. The provider had recently obtained equipment to help staff evacuate people in an emergency. Regular fire checks took place and this included a recent fire drill for staff. There were regular servicing contracts in place, for example the gas, electrical appliances and water temperature. There were environmental risk assessments in place and these identified for example that window restrictors were in place. There was a lack of storage available this meant some portable hoists and wheelchairs were stored in a communal corridor. There was a risk assessment in place which identified the importance of keeping the area tidy.

Accidents and incidents had been recorded with the actions taken. There was further information to which showed the incident had been followed up and any other actions taken which included reporting to other organisations if needed. This information was shared with staff during handover to ensure all staff were aware of how to learn from what had happened and to prevent a reoccurrence.

The home was clean and tidy throughout. People told us the standard of cleaning was excellent. One person said, "Every morning the cleaning is done, it is very good." Staff received regular infection control and food hygiene training. They were observed to use the appropriate protective equipment such as gloves and aprons when supporting people and providing meals. There were adequate handwashing facilities available throughout the home.

There were systems in place to ensure people's medicines were well managed. People told us, "Medicines are brought round by the nurse so I let them get on with it," and "Medicines come on time." We found medicines were ordered, stored, administered and disposed of safely. The nurses administered medicines to people, they received regular training and competency checks to ensure they had the appropriate knowledge and skills. Medicine administration records (MAR) charts showed the medicines people had been prescribed and when they should be taken. They included people's photographs, and any allergies. Medicines were given to people individually and staff signed the MAR after the medicine had been taken. The MAR were well completed and demonstrated people had received their medicines as prescribed. Where people had been prescribed 'as required' (PRN) medicines there were protocols for their use. People took these medicines only if they needed them, for example if they were experiencing pain. Throughout the inspection we observed people receiving their PRN medicines when they needed them. One person said, "I can have extra painkillers if I need them." There were regular audits of medicines to ensure safe practice was maintained. Where shortfalls were identified, for example if MAR charts were not signed, then action was taken to address this with individual nurses.

People were protected against the risk of abuse or discrimination because staff knew what steps to take if they believed someone was at risk. Staff received regular safeguarding training. They were able to tell us what actions they would take if they believed someone was at risk and how they would report their concerns. Staff told us they would report to the most senior person on duty at the time. They told us if they had any concerns they could contact the deputy manager or the director at any time. Staff understood their own responsibilities in order to protect people from the risk of abuse. They were aware they could report

concerns to external organisations. Where concerns had been raised these had been reported appropriately to the local authority to ensure appropriate actions were taken and people were kept safe.

Good

Is the service effective?

Our findings

Staff knew people well and had the knowledge and skills to look after them. One person told us, "The standard of nursing is excellent," another person said, ""They appear to be well trained, quite a number of them are qualified." A visitor told us, "The staff seem well trained from what I've come across so far, they call in regularly to check on my (relative)." People told us they enjoyed the food. One person said, "The food is good; there is a choice of two main courses. Fruit is available. Tea and coffee comes round regularly." Another person told us, "Food is good, you can have a drink whenever you want and I have put on weight."

People were supported to receive effective care because care was delivered in line with current legislation, standards and evidence based-guidance. This included guidance from The National Institute for Health and Care Excellence (NICE) and Nursing and Midwifery Council in relation to medicines. The provider had also implemented regular checks for people based on the 'Four P's' of pain, possessions, position and personal care. This was used as a room document which staff completed as part of their regular checks on people. There were equality and diversity policies in place which helped staff promote people's equality, diversity and human rights. The provider was implementing new technology to improve people's lives. A recent example was a new pressure relieving mattress that eliminated the need for an electric pump which could disturb people due to the noise. It also did not require setting at a particular rate which reduced the risk of people using mattresses that were inappropriately set. We were told how this had worked well for one person who did not like the sensation of being on a 'moving' air mattress.

Staff received appropriate training and support to enable them to meet people's needs. When staff started work at the home they completed a probationary period during which they complete training courses and continuous review of their performance. During this time they also complete a workbook which was signed by the manager to demonstrate their competence to work unsupervised. Staff who were new to care completed the care certificate. This is a set of 15 standards that health and social care workers follow. It helps to ensure staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Nurses who were new to the service worked as supernumerary with an experienced nurse or with the company practice development nurse. During this time competencies were assessed and further learning needs identified and appropriate training put into place.

All staff received training updates each year. These included moving and handling, health and safety, dementia and fire training. Care staff and nurses told us that in addition to the regular training further training would be provided to help them meet the needs of people who lived at the home. Care staff gave us examples of having received training in relation to catheter care and diabetes. Nurses told us they had received further training in relation to enteral feeding. Nurses told us they received all the clinical support they needed to ensure they had the appropriate knowledge and skills to support people and to keep their practice current and evidence based.

Staff received regular supervision throughout the year or at other times if concerns in relation to performance and training were identified. Staff told us they always had an opportunity to discuss any issues

and training needs with the manager or nurses. The nurses told us they could always talk with any of the management or training team. Staff worked well across the teams with regular updates about people at shift change and throughout the day.

People's nutritional needs were assessed and met. The chef and staff had a good understanding of people's individual dietary needs, likes and choices. There was information available within the kitchen and in people's care plans. People were provided with a choice of food and drink that suited their individual and cultural needs and choices. Nutritional assessments detailed the type of diet people required, this included pureed and diabetic. Some people had difficulty in swallowing and required thickened fluids. Staff were aware of this and told us how they prepared these drinks. People were weighed regularly and this helped to identify if people were at risk of malnutrition. If people had lost weight or required professional support the dietician or speech and language therapist had been consulted appropriately and their advice followed.

People were provided with a choice of freshly cooked meals each day. If people did not like what was on offer. The chef told us, "There's always something we can cook for people and if we really get stuck we can always go to the supermarket and buy something." The daily menu was on display and staff supported people in their choices of meal. We observed staff engaging people in a conversation about their meal choices for the next day. Where people were not sure what they wanted alternatives and suggestions were made. At lunchtime we observed one person did not want the meal they were offered and an alternative was provided. One person told us, "You get a choice. If nothing on the menu I like I have a cheese and tomato omelette, drinks are good and snacks are always available."

People were able to eat their meals where they chose. There was no dining room at the home. There was a small dining table in the lounge which had been laid for a meal however people chose to remain in their chairs and eat at individual tables. Others remained in their rooms through choice or because of health needs. Meals were nicely presented and served individually on trays fully laid up with cutlery and a napkin. Where people required support staff sat with people and engaged with them throughout the meal. People were supported to enjoy meals at their own pace. When people had finished their meal we heard staff asking if they would like any more.

On the first day of the inspection the lunchtime meal appeared disorganised at times with one person not receiving their meal until a while after the others. The deputy manager told us she was aware of this and it had occurred due to the increased care needs of one person at that time. The second day of the inspection the lunchtime meal was calm and relaxed with meals served in a timely way. A number of people required support at mealtimes and the deputy manager discussed with us that she was looking at different ways of organising mealtimes to prevent a reoccurrence of what happened on the first day of inspection.

People were supported to maintain good health and received on-going healthcare support. When there was a change in their health people were referred to see the GP or other appropriate professional. One person said, "The carers call the doctor very quickly, I've seen him recently." Another person said, "There's good communication, they ring the doctor straight away if needed." People told us if they needed to attend hospital appointments they were supported to do so. One person said, "The home organises an ambulance for my hospital appointments and a carer always comes with me." This meant staff were aware of any changes to people's treatment or healthcare support. Nurses liaised with health care professionals when required. Records and discussion with staff confirmed they regularly liaised with a wide variety of health care professionals. This included the speech and language therapist (SaLT), the falls team and chiropodist.

Staff were attentive to changes in people's health needs and responded to them in a timely and appropriate way. We observed visits from a local GP surgery on both days of the inspection in response to people's

changed needs. Healthcare professionals we spoke with told us referrals made were appropriate and staff worked to ensure people received appropriate support in a timely way. There was a discussion at handover about one person and the decision was made to contact the SaLT for further guidance. Visitors told us how their relatives were supported to maintain and improve their health. A visitor said, "Since (relative) has been here he has been referred to the physiotherapist and the SaLT team, the hospital had given up on him. I'm amazed at what they have got him to do."

People's individual needs were met through the design of the premises. Manor Hall Nursing Home was an old building which had been adapted and enlarged over the years. It was recognised that there was some restrictions at the home due to the layout such as no dining room and some large equipment was stored in communal corridors. One person said, "It's a bit of a rabbit warren, but think I could find my way to lounge." There was no signage to direct people around the home however this did not impact on people at this time. We discussed this with the deputy manager who told us due to their general health conditions and frailty people were not generally independently mobile. Most people required the support of staff or were transferred using a wheelchair. Visitors were accompanied to their relative's bedrooms until they got used to the layout of the home. People were supported to spend time alone or with others throughout the day. When people had visitors they were supported to spend time with them in private in their bedrooms or remain in the lounge. There was outside seating if people wished to go outdoors. The deputy manager had identified more space was needed for people to participate in small group activities. She told us there were plans in place for staff to make more use of a little used lounge on the top floor.

Staff demonstrated an understanding of the Mental Capacity Act 2005 (MCA). They received regular training and told us how they supported people to make their own decisions and choices. 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. The MCA says that assessment of capacity must be decision specific and it must also be recorded how the decision of capacity was reached. Where people lacked capacity best interest decisions had been made through discussions with people, their representatives, staff and health and social care professionals. These decisions were recorded to ensure everybody was aware of how the decision had been made.

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 in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. DoLS applications had been submitted for people who did not have capacity and were under constant supervision. Copies of the applications and authorisations were available to staff. At the time of the inspection no DoLS were subject to conditions.

Where people were deemed to have capacity they had signed consent forms to show they agreed with the care provided. We viewed a consent form which staff had completed. This stated the person had given their verbal consent however had been unable to sign to demonstrate this due to their health related condition. Throughout the inspection we observed staff asking people's consent prior to offering care and support.

Good

Is the service caring?

Our findings

People spoke highly of the caring nature of staff. Comments included, "Carers are exceptional," "I've always found the staff lovely they are like family" and "They are excellent they are all nice." People commented on staff sense of humour. One person said, "Caring with a good sense of humour is my best description." A visitor told us, "Lovely, lovely staff they treat (relative) very well, we have a giggle with them, they know (relative) really well."

People were treated with kindness and compassion by staff. Staff knew people really well. They had a good knowledge of them as individuals, their needs, likes and choices and what was important to each person. One visitor told us, "The carers talk to (name) all the time, they have taken the time to get to know her." Staff greeted people with a smile and spoke to them in a cheerful voice. This helped people to feel relaxed in their company. Interactions between staff and people were kind and thoughtful. Staff approach to people was gentle and patient. We observed staff supporting people in their own rooms at mealtimes. They engaged with the person and spoke to the person about what they were eating. Staff used their knowledge of the person's body language to know when the person had eaten enough. They gently prompted the person to ensure the person hadn't changed their mind before leaving them.

Staff were observant to people and were aware of their needs when they were anxious or distressed. One person appeared distressed and we called staff on their behalf. The staff member comforted the person and spent time to ascertain what the concern was. The staff member explained to us this person was not able to communicate verbally and they used their knowledge of the person to determine what they wanted. Staff were attentive about people who were unwell. They responded to people appropriately and ensured their needs were met.

Some people were less able to communicate verbally and staff told us how they would engage with people. They told us about one person and how they communicated with them. This included the use of cards, verbal communication and written sentences. One staff member told us they would often write down sentences for people because they acknowledged they were softly spoken and people may not always be able to hear them.

People were supported by staff to maintain their personal relationships. This was based on staff understanding of who was important to the person, their life history, their cultural background and their sexual orientation. People were supported to meet their spiritual needs and there were regular visits to the home from a local visiting church team. One visitor told us, "(Name) goes out to church every Sunday." Visitors told us they were able to visit their relative whenever they wished. One visitor spoke with us about staff. They said, "They've always got time for (name) and the rest of the family." Another visitor said, "There is no restriction on visiting times and we are always offered a drink and a biscuit."

People were treated with dignity and respect. One person told us, "Staff treat me with dignity and respect, they always draw the curtains and close the door for personal care." One visitor said, "(Relative) is always treated with dignity and respect and staff always knock to come in." People were supported to maintain

their own personal hygiene and were dressed in clothes of their choice. A visitor spoke to us about their relative. They said, "Her nails are always painted and she always looks co-ordinated." As far as possible people were encouraged to maintain and improve their independence with support from staff when needed. One person said, "I shave myself, clean my teeth and the carers give me a full body wash." Another person told us, "I had abandoned the shower at home but here I have one once a week." A visitor said, "(Name) has freedom to walk around the house which has been weighed up against having the occasional fall." People told us they were asked about whether they would prefer male or female care staff to support them. One person said, "I was asked if I minded a male carer but they are all very nice and discreet." People's right to confidentiality was respected. People's care plans were stored in offices to ensure that their privacy was maintained. Where people had expressed a preference about not being supported by a particular member of staff this was respected. People's bedrooms were personalised with their belongings such as personal photographs and mementos.

Good

Is the service responsive?

Our findings

At our last inspection in August 2016 we found the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not ensured people received care that was person-centred or met their individual needs.

At this inspection we found improvements had been made and the provider is now meeting the regulations.

Before people moved into the home the deputy manager completed an assessment to ensure the person's needs could be met at the home. The assessment included people's care and support needs, their choices and preferences of how they would like to be looked after to ensure their equality, diversity and human rights were maintained. During the inspection we heard the deputy manager discussing a potential new assessment and exploring information about the person prior to meeting them. This helped ensure she had the necessary information before meeting the person on which to base her assessment. One visitor told us they had visited the home prior to their relative moving in to make sure it was somewhere the person may like to live. They told us it was near the person's own home so they would be comfortable living in an area they knew. Information from the pre-assessment was then used to develop care plans and risk assessments when people moved into the home. Staff told us that care plans changed a lot as they got to know people when they moved in. Care plans were reviewed regularly and updated when people's needs changed.

From our discussions with people, visitors and staff it was clear people were involved in deciding their care and support needs. Relatives were regularly updated and felt involved with their loved one's care. Visitor's comments included, "I feel confident I'll always be informed of anything that is going on," and "The communication between the home and me is excellent they keep me up to date of any changes in her care plan." People told us they received the care and support they needed. They were able to make choices about what they done each day. One person said "You please yourself, if you want to get up, get up if not stay in bed." Another person told us, "I can get up and go to bed when I like. Usually the programmes change at 10.00pm and staff come along to help me go to bed, if the programme finishes at 10.15pm that is no problem to them I just go to bed later." A visitor said, "They (staff) take into account people's needs." Another visitor told us, "(Name) is able to make their own choices about whether they want to get up or stay in bed or go down to the lounge it is their decision."

People received care that was person-centred and reflected their individual choices. Staff knew people well; they had a good understanding of them as individuals, their daily routine and likes and dislikes. Care plans contained information about people's needs in relation to personal care, communication, mobility, pressure area risks, nutrition, health, cultural needs and personal preferences. They included information about people's preferences, what they liked to eat and drink, what they liked to do and anything else that was important to them. The provider had stated in the PIR that some people's care plans did not contain all the person-centred information staff may need to support people. The deputy manager confirmed and we saw action had been taken to address this and care plan reviews were taking place. This did not impact on people because staff knew them well and had a good understanding of people's needs.

Staff were regularly updated about changes to people's needs during handover at each shift change. We heard staff being informed for example, that one person had been up during the day which meant they may be too tired to get up the next day. Staff explained this had been a pattern they had identified with this person. Staff were asked about changes to people's skin condition, health, continence and nutritional needs. This enabled nurses to make decisions about the support people would need for the duration of the shift.

At our previous inspection people told us they did not have enough to do and we found they spent periods of time with no stimulation or interaction from staff. The provider had stated in the PIR that activities staff were receiving further training to enable them to provide further meaningful activities for individuals and groups. The activity staff were also responsible for completing the 'This is me' document. 'This is me' is a document that staff completed with people and their families to gain information about the person, their life, hobbies and interests. This helped to ensure staff have all the information about what is important to people. Activity staff told us they had commenced work on these to ensure they were detailed. One person shared their document with us. This included photographs and detailed information about the person's life. The person told us they were really pleased with this. A visitor told us, "(Name)'s personal history is all in the care plan; they have taken the trouble to find out about her."

There was an activity program in place this included crafts, visiting pets and outside entertainers. Activity staff were working to improve activities and ensure they were more meaningful and reflected people's individual needs and choices. People told us they had enough to do during the day and were supported to maintain their own interests. One person enjoyed watching sport on the television and the provider and staff had supported the family to install the appropriate digital television channels. A visitor said, "(Name) used to run her own 'home group' and the home allow her to run that here." During the day we saw people engaged in a range of activities. One person said, "I watch the television, read and have lots of visitors." Another person told us they enjoyed the visiting pat dogs. During the inspection we observed a person visiting with a dog. We saw people enjoying the visit. Staff ensured people who remained in their rooms and wished to, received a visit from the dog. Some people who remained in their bedrooms enjoyed one to one activities with activity staff. One person told us, "The activity leaders play dominoes with me." Another person said, "I like my own company, the activity leader sometimes comes round to my room."

There was a complaints policy and procedure and complaints were recorded and responded to appropriately. People and visitors told us they did not have any complaints or concerns but if they did they would raise them with staff or the manager. Comments included, "I wouldn't have any problem if I had to make a complaint, I would be discreet and complain to the manager" and "If I felt justified I would have no problem in making a complaint." As a result of one complaint about the timeliness of attending to the person the deputy manager had worked to ensure the person's needs were responded to appropriately. This included a timeframe in which staff would attend. The deputy manager explained that staff could not always attend at an exact time therefore a 'window' of time had been negotiated. Staff were aware of this and the deputy manager reminded staff throughout the shift. People and relatives had been asked for their feedback through quality assurance questionnaires. The feedback was generally positive and any issues raised had been responded to. Following feedback in 2016 questionnaires the registered manager met with people and relatives to discuss issues that had been identified and inform people how these were being addressed. This included an extra staff member in the morning.

Some people at the home required end of life care. We found staff supported people to maintain a comfortable, dignified and pain free death. Staff were attentive to changes in people's health and appropriate support and treatment was sought. Staff were mindful of people's discomfort, and pain medication was regularly reviewed to ensure each person was comfortable. End of life care plans were in

place which considered what the person's wishes were and where they would like to be cared for. These were completed as far as possible with people and their families. However, staff were mindful of people's wishes to not discuss this. Staff were aware of people's spiritual and cultural needs at the time of their death and these were sensitively respected.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in August 2016 we found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not identified the shortfalls we found and people's records were not always accurate.

At this inspection we found improvements had been made and the provider is now meeting the regulations. However, further time is required to ensure these are fully embedded into practice.

People spoke highly of the service. They told us they were happy living there and felt they were well looked after. We asked people what was good about living at the home. Comments included, "Not having to worry about personal arrangements, don't have to shop, don't have to cook, just enjoy being looked after," and "I'm looked after in every respect." Visitors told us, "Nothing is too much trouble, (relative) is comfortable and happy not much could be better." "I think the care is excellent, the main thing is that my (relative) is happy and I have peace of mind that when I am not here they are happy and well looked after" and "They (staff) treat everybody as an individual, it's all very good, and the staff are very kind." People and visitors spoke highly of the deputy manager. One visitor said, "Although we have not met there has been good communication she rang before (relative) arrived and I have spoken to her on the phone since. If we needed any information she has told us what we want to know."

Prior to our inspection the registered manager had contacted us to request an extension to the PIR date, due to technical reasons. This was granted. Therefore, we had not seen the PIR before our inspection. We asked the deputy manager what areas of the home had been identified as requiring more work. She explained this was the care plans and to ensure everybody was able to participate in more meaningful activities. Both the deputy manager and director were able to explain this in further detail throughout the inspection. This information was also included in the PIR.

To ensure activities were meaningful, activity staff were to become responsible for developing and writing activity plans with people and their families. This was to further develop person-centred care plans. Currently activity staff recorded what activity people had engaged in on an activity form however, these had not been well completed. There was no analysis to identify if a person had not participated in any activity during the month. New forms had been introduced which would guide staff to include more information but these had not been fully embedded into practice. Monthly reviews of the activity care plans did not reflect information on the activity charts. Activity staff had received additional training and the deputy manager told us further support would be provided to ensure these changes were fully implemented. Following our inspection the director shared details of the training, activity staff had received. This included information of how the activity staff had worked with the trainer to help develop and improve the activities provided. This included staff reflections of what people enjoyed and how the programme would be adapted to meet people's needs. This demonstrated the provider and staff were committed to improving activities for people and a plan was in place to address this.

People's care plans did not all include the information staff may require. We identified this at our previous

inspection. Although improvements had been made these were not fully embedded and further work was still required. Nurses were responsible for ensuring care plans contained all the detailed information. They were aware of their responsibilities and how to achieve this. We discussed our findings with the nurses and they showed us care plans that had been fully reviewed and included all the relevant information. From reading their care plan it was not easy to establish whether one person had capacity to make decisions. We asked staff if people had care plans to demonstrate their capacity. They explained information about people's capacity would be included within each individual care plan. They showed us where care plans had been completed with this information which fully reflected the person. This demonstrated the nurses knew what was required to ensure care plans were person-centred.

There was a quality assurance system in place and a series of audits took place. These had identified the shortfalls we found. Recruitment processes were in place. Recruitment records included application forms, identification and employment history. Each member of staff had a disclosure and barring checks (DBS). However, references were not always in place. The director had identified this at an audit in September however this had not been actioned at the time of our inspection. The director told us she had just identified this herself and prompt action would now be taken.

There was a positive culture at the service. The deputy manager was working hard to ensure staff continued to work well across the teams. There was evidence from meeting minutes of ongoing team development to ensure all staff were aware of their roles and responsibilities. For example senior care staff had been allocated certain tasks. This had been reviewed to ensure the workload was distributed more evenly. Staff told us they were well supported. They had a clear understanding of whistle-blowing policies and how to raise any concerns. They told us they had always been able to speak to the registered manager and in her absence said they would discuss concerns with one of the nurses or the director until they got to know the deputy manager better. They told us the director was always approachable and willing to talk with them. We asked if they were able to make suggestions and changes. They gave us an example of how they had recently discussed the allocation of people to staff each morning. This had been reviewed and changes had been made which helped the workflow each day. Staff worked well with other health and social care professionals to ensure people received the most appropriate care and support.

The registered manager regularly attended a local care home forum with other local providers and managers. This enabled her to keep up to date and share best practice ideas. It also enabled her to keep up to date with issues that were important to the local area and may affect the service. The provider had stated in the PIR the deputy manager would ensure this contact continued in the registered manager's absence.

The provider had acknowledged that extra work was required to ensure the care plans were developed and person-centred. Therefore staff had been offered extra payment to complete these outside of normal working hours. This demonstrated the provider valued staff and the work they were required to do.