

# Regal Care Trading Ltd

# Blair House

## Inspection report

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Date of inspection visit:  
27 August 2019  
28 August 2019

Date of publication:  
26 September 2019

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Blair House is a residential care home providing personal care to 19 older people at the time of the inspection. The service can support up to 29 people. People were living with a range of needs associated with dementia and mental ill health.

### People's experience of using this service and what we found

We found improvements had been made to record keeping and the quality assurance systems. The provider was no longer in breach of regulation. However, we found further time was needed to ensure these improvements were fully embedded into daily practice. There was a quality assurance system, but this had not identified the shortfalls we found. We made a recommendation about this.

People were supported by staff who treated them with kindness and compassion. Staff understood people's needs, choices and knew what was important to each person. People were enabled to make their own decisions and choices about the care and support they received.

People were protected from the risks of harm, abuse or discrimination because staff knew what actions to take if they identified concerns. There were enough staff working to provide the support people needed. Recruitment procedures ensured only suitable staff worked at the service.

Risk assessments provided guidance for staff about individual and environmental risks. Staff understood the risks associated with the people they supported. People were supported to receive their medicines when they needed them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff received training and support that enabled them to deliver the care that people needed. People's health and well-being needs were met. They were supported to see their GP and access healthcare services when they needed them. People's nutritional needs had been assessed and action had been taken to ensure they received the correct food and drink. They were supported to eat a range of meals, drinks and snacks each day.

People were supported to take part in a variety of activities that they enjoyed and were meaningful. People received support that was person centred, and staff knew them well. Complaints had been recorded, investigated and responded to appropriately.

The registered manager was committed to developing and improving the service. They were supported by a

second registered manager and the provider.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 10 September 2018).

After the last inspection we met with the provider to discuss our concerns. They told us what actions they would be taking to address our concerns.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating and to follow up on action we told the provider to take at the last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Blair House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was not always caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

# Blair House

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out 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.

#### Service and service type

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

The service had two managers registered with the Care Quality Commission. One manager had day to day responsibility for running the home, with support from the second manager when needed. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before the inspection we reviewed the information, we held about the service and the service provider. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We sought feedback from the local authority. We looked at the notifications we had received for this service. Notifications are

information about important events the service is required to send us by law. We used all of this information to plan our inspection.

#### During the inspection

During the inspection we reviewed the records of the home. These included two staff recruitment files, training, medicine and complaint records. Accidents and incidents, quality audits and policies and procedures along with information about the upkeep of the premises.

We looked at six care plans and risk assessments along with other relevant documentation to support our findings. This included 'pathway tracking' two people living at the home. This is when we check that the care detailed in individual plans matches the experience of the person receiving care. It is an important part of our inspection, as it allows us to capture information about a sample of people receiving care. We spoke with eleven people, one visitor, and nine staff members. This included both registered managers.

We spent time observing people in areas throughout the home and could see the interaction between people and staff. We watched how people were being cared for by staff in communal areas. This included the lunchtime meals.

#### After the inspection

We contacted two healthcare professionals who regularly visit the service for their feedback.

# Is the service safe?

## Our findings

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

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

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. One person spoke about the staff and said, "They're people I trust. They're a good crew." We asked people what made them feel safe. One person told us, "It's the building. You can't get run over, except by the vacuum cleaner." Another person said, "It's the whole atmosphere, the people and the management."
- People told us they could report any concerns to the registered manager if they did not feel safe.
- Staff received regular safeguarding training and understood what steps to take to protect people from the risk of abuse, harm or discrimination. One staff member told us, "If I was concerned I would speak with a senior or the manager. If they didn't do anything I could go to an outside agency, like social services."
- When safeguarding concerns were identified and raised, the registered manager worked with relevant organisations to ensure appropriate outcomes were achieved. Information about safeguarding concerns and outcomes were shared with staff.

Assessing risk, safety monitoring and management

- Systems were in place to ensure people remained safe. Staff understood the risks associated with supporting people. They told us how they supported people to minimise risks and help them maintain their independence.
- Individual and environmental risk assessments had been completed. These had identified risks and the assessments provided guidance for staff about the care and support needed to stay safe.
- Individual risk assessments identified people's risks associated with skin integrity and mobility. There was guidance for staff about regular position changes and how to support people when they were walking around the home. We heard staff regularly reminding people to use their mobility aids.
- There was a fire risk assessment and regular fire checks were completed. Fire drills had taken place. This helped to ensure staff knew what to do in case of a fire. Personal emergency evacuation plans (PEEPs) were in place to ensure staff and emergency services were aware of people's individual needs in the event of an emergency evacuation.
- Servicing contracts were in place, these included gas, electrical appliances and the lift and moving and handling equipment.
- Maintenance staff were employed at the home and responsible for the day to day upkeep of the home. We identified two bathroom doors did not lock, one of the bathroom doors was difficult to close, the registered manager was aware of this and contacted us after the inspection to say the door locks had been replaced. She also told us there needed to be further work to the bathroom floor. The provider was aware, and this

would be addressed by an external contractor. The registered manager contacted us after the inspection and told us this had been repaired.

- People told us they felt safe at the home. One person said, "We're well looked after, and they secure the windows and doors."

#### Staffing and recruitment

- There were enough staff working each shift to ensure people's needs were met safely and in a timely way.
- People told us staff attended to them when they needed them. One person said, "You press the buzzer and they're there." Another person told us, "Staff come in next to no time."
- Staff told us there were enough of them working each shift. They told us each day was variable as people's needs changed. One staff member explained, "One day it can be busy, the next day even with the same staff and people it will be quiet, but we do have enough of us to look after people."
- Throughout the inspection call bells were responded to promptly.
- Staff had been recruited safely. Appropriate checks were in place to ensure staff were suitable to work at the home. This included, references, Disclosure and Barring Service (criminal record) checks and full employment histories.

#### Using medicines safely

- There were systems in place to make sure people medicines were ordered, stored, given and disposed of safely. Staff had a good understanding of people's medicines and why they needed them.
- People told us they received their medicines when they needed them. One person said, "Everyday, at the same time." Another person told us, "It's all given on time, in the morning and the evening." They told us if they needed extra medicine such as painkillers "Staff would give them if you needed them."
- Medicine records were well completed and showed that people had taken their medicines as they had been prescribed.
- All staff had received medicine training but only those who had been assessed as competent were able to give medicines. In addition the registered manager told us only staff who felt confident to do so gave medicines. One staff member told us they did not regularly give medicines but were able to do so when needed. They said, "I'm happy to help out when they need me."

#### Preventing and controlling infection

- People told us the home was clean and tidy. One person said, "The toilets get a bit wet and so on, you expect that, but it gets cleaned up quickly." Another person told us, "It's always clean, always tidy."
- The registered manager told us they were currently recruiting for more housekeeping staff to ensure someone was working each day.
- Staff completed infection control and food hygiene training. They used Protective Personal Equipment (PPE) such as aprons and gloves when they provided personal care and served meals.
- Staff understood the importance of using PPE to protect people from the risks of cross contamination.
- There were suitable hand-washing facilities available throughout the home and staff were seen using these.
- Appropriate laundry systems and equipment were in place to wash soiled linen and clothing.
- A legionella risk assessment had been completed. Regular checks such as water temperatures took place to help ensure people remained protected from the risk of infection.

#### Learning lessons when things go wrong

- Accidents and incidents were documented and responded to. This helped to ensure people's safety and well-being. When people had fallen causes were analysed and monitored to identify any trends or patterns which may show further actions were needed to prevent any reoccurrences.



- Risk assessments and procedures were reviewed and updated following any accident or incident to ensure staff had all the information they needed.
- Staff were updated verbally about any changes throughout the day and at handover. Information was also recorded on the handover sheet. Staff were able to review this when they came on duty or following days off.

# Is the service effective?

## Our findings

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

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

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

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At our last inspection, formal assessments of people's mental capacity had not always been carried out. It was not always documented that people, or a relevant person acting in their best interests, had been involved. We asked the provider to address this and we found improvements had been made.
- Staff received training and demonstrated an understanding of mental capacity.
- Where people lacked capacity specific mental capacity assessments had been completed and demonstrated how decisions made were in the person's best interest. These included the person, their relatives, or those important to them and relevant professionals were involved in the decision. For example, choices around diet and ensuring people were still able to enjoy the foods they liked.
- DoLS applications had been submitted for people who did not have capacity and were under constant supervision. There were four DoLS authorisations in place at the time of the inspection. Copies of the applications and authorisations were available to staff.
- Throughout the inspection staff asked for people's consent and involved them in any decisions before providing care and support.
- Due to changes in their health needs some people had been recently subject to a DoLS authorisation. Staff were aware of how this may affect people and worked with them to help reduce any restrictions. For

example, where people were unable to go out without supervision staff offered them opportunities to go out with them.

#### Staff support: induction, training, skills and experience

- At our last inspection staff competencies had not been completed to ensure staff had the knowledge and skills to support people. We asked the provider to address this and we found improvements had been made.
- The registered manager had introduced competency assessments to ensure staff used moving and handling equipment appropriately. As part of the supervision process the registered manager observed staff practice, this helped ensure staff had the knowledge and skills to support people effectively.
- There was a training program and staff received ongoing training and updates that were relevant to their roles. This included infection control, moving and handling, mental capacity and equality and diversity. Staff also received training that was relevant to the needs of people living at the home. This included mental health awareness.
- Staff were supported to complete further training to develop their knowledge and skills. For example, the registered manager and senior care staff were due to commence further diabetes training.
- Staff who were new to care completed the care certificate. The Care Certificate is a nationally agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff received regular supervision, they told us they were supported by the registered manager and could discuss issues at any time. Staff who told us the registered manager and their colleagues were open and supportive.

#### Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed by the registered manager before they moved into the home. This was to make sure staff had the appropriate knowledge and skills to look after them.
- Information from the pre-assessment was used to develop the person's care plan and risk assessments. These were reviewed regularly.
- Care and support was delivered in line with current legislation and evidence-based guidance. People's nutritional risks had been assessed using the Malnutrition Universal Screening Tool (MUST). This helped to identify if people were at risk of malnutrition or dehydration. Where indicated appropriate actions were taken. This included a referral to appropriate healthcare professionals, regular weight records and increased support with eating and drinking.
- There were links within people's care plans to take staff to best practice guidance and information about health related conditions, such as diabetes.

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

- People told us they enjoyed the food and were given choices about what they wanted to eat. One person said, "I quite like it, most of it. I don't think I would get better food anywhere else." Another person told us, "It's very nice. I've got no complaints about the food. It looks appealing and it's cooked nice. It's lovely, I eat all of it. Every day they come around with a list and ask me what I want." People said they had enough to eat. One person told us, "The portions are adequate. If you ask for more, you get it."
- People were supported to eat a variety of meals, drinks and snacks each day. These met people's individual nutritional needs and reflect their choices and preferences.
- Staff discussed meal choices with people and helped them decide what they would like to eat. Hot and cold drinks and snacks were provided regularly throughout the day.
- People were able to eat their meals where they chose. During the inspection most people ate their meals in the dining room. Some people chose to stay in their rooms and their meals were taken to them.
- Some people required a specialist diet, for example thickened fluids and pureed diet, these were provided

appropriately.

- Staff were knowledgeable about people's dietary needs and how to ensure they had enough to eat and the food they received was of their choice and appropriate.
- People's weights were monitored, and a nutritional risk assessment was completed. This identified if anyone was at risk of malnutrition, dehydration or required a specialised diet. When nutritional concerns were identified specialist advice was sought through the GP and followed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us they were supported to maintain and improve their health. One person said, "I've seen the doctor and the optician. It's pretty good." Another person told us, "They'd call a doctor if it was needed or make you an appointment at the hospital." A further person told us about their ongoing healthcare concerns and said, "I have check up every six months."
- Records showed, and people and staff told us people were supported to access health care professionals when their needs changed. During the inspection the staff contacted a person's GP because they were unwell.
- People received regular healthcare support from dentists, chiropodists and opticians.
- Where people had specific health needs they received support from appropriate healthcare professionals, for example the speech and language therapist and mental health teams.

Adapting service, design, decoration to meet people's needs

- Blair House had been adapted to meet the needs of people living there. There was a lift which provided level access throughout.
- People's bedrooms had been personalised to reflect their own choices and personalities.
- Various equipment was provided to ensure people were as independent as possible. For example, bathrooms and toilets had been adapted with rails and raised seats.
- There was enough space within the home for people to spend time alone or with others. There were two lounges and a conservatory. People could choose where they spent their time.
- There was level access to the outside paved seating area. People enjoyed using the outside space.

# Is the service caring?

## Our findings

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

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

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

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

- People told us they were treated with kindness. They said that they were respected, and their dignity was maintained. One person said staff were, "100% kind." Another told us, "They're nice, there's not a 'them and us' feeling. They're totally accessible."
- Staff spoke about people with affection. One staff member said, "They're like my extended family." Another staff member told us, "I treat everyone as though they are my family, I can't stop thinking about people when I'm not at work. It's hard work but I love it."
- There was a relaxed feeling at the home. There were sociable conversations happening throughout the day.
- Not everybody was happy to be living at the home, some people would have preferred to be living at home. Staff were aware of this and supported people to adjust to their new home.
- Peoples' equality and diversity was respected. Staff had received training on equality and diversity and looked to support people's differences. For example, they supported people to dress in a way that they wished. If this was not appropriate, then staff sensitively made suggestions to people about changes they may like to make.
- No-one currently living at the home had expressed any spiritual needs. The registered manager told us they maintained contact with a local church to ensure support would be available to people who may need it in the future.

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

- People were supported to be involved in decisions about their care. One person told us. "They (staff) sit and talk to you and discuss things." Another person said, "You have quite a good talk sometimes."
- Staff encouraged people to give views and opinions regarding how they wanted their care provided, this included their preferences for a male or female carer, and the time to receive their care.
- Staff knew people well. They were able to tell us about people, their likes and dislikes and how they liked their care provided. Staff used this knowledge of people to support them and involve them in making decisions.

Respecting and promoting people's privacy, dignity and independence

- People were given the privacy they wished to have. Some people preferred to stay in their own rooms. Staff understood the importance of people having their own personal space and welcomed them when they came into the communal areas.

- Staff supported people to be as independent as possible. They assisted with personal care and ensured people were able to do as much as possible themselves. Care plans reminded staff what people could do for themselves and where they may need support.
- People's bedroom doors were closed before care or private conversations took place. Discussions around care were done discreetly. Staff knocked on people's door and waited for a response before they entered.

# Is the service responsive?

## Our findings

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

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

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

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

- At our last inspection, there were no activity care plans to guide staff about how to support people to maintain their hobbies and interests. People were not always given the opportunity to take part in a variety of meaningful activities throughout the day. We asked the provider to address this and we found improvements had been made.
- Most people told us they enjoyed the activities. One person told us there was a staff member who supported them with activities. They said, "There's always something to do. I enjoy whatever she chooses to do. It's very good." Another person told us, "We play skittles, darts and snakes and ladders." A further person said, "They have darts, bingo, skittles and quizzes. I love the quizzes."
- People told us visitors were always welcomed at the home. One person said, "Mine come in here and we have a nice chat. There's no restrictions." Another told us, "My daughter comes whenever."
- Where people had more recently moved into the home, staff were continuing to work with them to identify what they would like to do to maintain their hobbies and interests.
- Not everybody wanted to take part in activities. One person told us they did not like engaging with other people and added, "I stay in my room with my own television." Staff told us they spent time with people to ensure they were not socially isolated. One staff member told us, "Sometimes people will chat for an hour, other times they don't want to."
- Two staff were responsible for developing an activity program. They already worked at Blair House in different roles. Therefore, they knew people well. They both identified that this was a role they would like to do in addition to their current jobs. Both staff members told us they were enjoying the role and could tell us about the benefits to people.
- One of the activity staff told us about the activity program and how they supported people. They told us not everyone expressed specific wishes about what they would like to do each day. Therefore, activities were developed dependant on what people enjoyed. For example, quizzes.
- The activity staff member was aware of the importance of people remaining physically active. Therefore, a number of activities included an element of gentle exercise such as stretching.
- The staff member was also aware of the importance of supporting people to remain mentally active. Some people were living with dementia and less able to take part in quizzes. Therefore, they had introduced a ball game where people were told to, "Throw the ball to [person's name]." This helped to remind people who was who and to introduced new people to the home.
- One person told us they enjoyed cooking. On the afternoon of the second inspection day a cooking activity had been arranged. Staff told us, this person may not join in but would be encouraged and

supported to do so.

- Throughout the inspection we saw people enjoying activities from an outside entertainer, they played darts and engaged in some quizzes.
- People were watching the television in the lounges, and discussions took place about what people would like to watch. The registered manager told us that at weekend a number of people enjoyed watching the weekend sport together and this was a social occasion.

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

- People received care and support that was person-centred. It met their individual needs and reflected their choices. One person told us, "I'm asked if I want to go to bed and if I do they assist." We saw people were supported to get up at times of their choosing.
- Staff knew people well and were able to tell us about each person, their care and support needs, choices and interests. Staff responded to these needs, for example staff supported people to mobilise safely around the home and ensured their continence needs were met.
- Care plans were person centred. They included information about people's needs in relation to personal care, mobility, pressure area risks, nutrition, mental and physical health. There was information about people's hobbies and interests and what they might like to do each day.
- A computer system was used to develop care plans. These were available to staff on an iPod. Care staff recorded information directly onto people's records via these iPods as they completed any task. A schedule had been developed for each person within their care plans. This reminded staff to offer people drinks and support them with their continence.
- This meant all staff could view the needs of each person and know what care had been provided and what was still needed. This meant the registered manager was aware of the care and support provided and could ensure a responsive approach.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider understood the Accessible Information Standard. People's information and communication needs had been identified through the assessment process. These had been recorded and highlighted in care plans. These needs were shared appropriately with others, for example at handover.
- Care plans contained information for staff about communication aids people may use. This included reminding people to wear their glasses.
- There was signage throughout the home to help guide people, for example to the toilet or the lounges. This was clearly written with pictorial support.

Improving care quality in response to complaints or concerns

- People and their relatives told us they did not have any complaints. They told us if they did they would discuss them with the registered manager or staff.
- The provider had a complaints policy and the records reflected that complaints received were recorded, investigated and responded to.
- Complaints were analysed to identify if there were any themes or trends. Any lessons learned were taken forward to improve care. Where appropriate information about complaints was shared with staff.
- A copy of the complaints policy was displayed in the entrance hall.



## End of life care and support

- As far as possible people were supported to stay at the home until the end of their lives. At the time of the inspection no-one was receiving end of life care. However, staff were aware that some people may become unwell quite quickly due to their health needs.
- Everybody had end of life care plans in place. These had been developed with people and their relatives. These reflected people's wishes and provided guidance for staff.
- Some people were living with deteriorating health. They had end of life care plans in place which had been developed with the person, external healthcare professionals, their representative and care staff.
- Staff were aware of the support people needed to keep them comfortable in their last days. They told us they received support and guidance from external healthcare professionals including the person's GP and the district nurses. This included ensuring anticipatory medicines had been prescribed and were available if people needed them. Anticipatory medicines are medicines that have been prescribed prior to a person requiring their use.

# Is the service well-led?

## Our findings

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

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

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

At our last inspection we found there was no formal system of support for the registered manager and people's records did not reflect all of their care and support needs. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice for this.

At this inspection we found improvements had been made, the provider had met the requirements of the warning notice and was no longer in breach of Regulation 17. However, further improvements are still needed to fully embed the improvements into every day practice.

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

At our last inspection we found people's records did not contain all the information staff may need.

- At this inspection we found improvements had been made to people's records. There were now decision specific mental capacity assessments, and where appropriate best interest decisions. However, we found two instances where mental capacity assessments and best interest decisions had not been recorded. This related to covert medicines and where staff supported a person with their cigarettes. The registered manager and staff were able to tell us how the decisions had been made and who was involved. Therefore, this had not impacted on people's care and support at this time.
- There were no protocols in place for as required (PRN) medicines, such as pain relief, or for homely remedies. A homely remedy is a medicine that can be purchased over the counter and does not require a prescription. They can be used to treat minor ailments such as headaches or coughs and colds. We asked staff about these medicines and why they were given. Staff had a good understanding of people's needs, what medicine they may need and what was effective for each person. Therefore, this had not impact on people's care and safety at this time.
- The registered manager contacted us after the inspection and told us the issues above had been addressed and appropriate records were now in place.
- Care plans had improved and contained detailed information about people's health needs, for example in relation to blood glucose levels, and whether bed sensors were in place. However, improvements were needed with care plans for people who had more recently moved into the home to ensure they contained all the person-centred details staff may need.

- Improvements were seen in people's daily notes and these better reflected people's care and support each day. However, there was a reliance on activity staff recording what activities people engaged with each day. Where staff had provided activities, such as chatting with people and supporting them to, for example, read a book had not been recorded. In addition, the level of detail given to us by activity staff had not been recorded in people's records.
- There was an audit system in place which included audits and checks by staff, the registered manager and the provider. Information from these audits was used to develop and improve the service. However, these had not identified the areas for on-going improvement that we found.

At our last inspection we found there was no formal support for the registered manager.

- At this inspection we found this support had improved. There were now two managers registered with the Care Quality Commission. One registered manager had day to day responsibility for running the home, with support from the second registered manager when needed. The second registered manager worked at a nearby sister home.
- The registered manager told us they received regular supervision from an area manager, and support from the second registered manager. The registered manager told us they now felt more confident in their role and felt able to discuss any concerns with anyone in the organisation.

We recommend the provider maintains management support to ensure improvements continue and changes already made are fully embedded into everyday practice.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff had created a positive culture at Blair House. They were approachable and available to people.
- People told us they were happy living at the home. One person said, "The whole pace of the building and the relationship between myself and the home. I thoroughly enjoy it." Another person told us, "Everything I like is here." A visitor added, "The staff are all quite nice and genuine; they're not fake."
- Staff told us they enjoyed working at the home and felt well supported by the registered manager and senior care staff.
- Staff told us they were well supported by the manager and their colleagues. They told us the registered manager was approachable and they could discuss any concerns with her.
- We saw staff worked well together and supported each other throughout the inspection.
- The provider and registered manager were aware of their responsibilities including those under duty of candour.
- The registered manager had a good understanding of when and who to report concerns to. We saw that any incidents were recorded, and relevant professionals informed as required such as the Safeguarding team. They submitted relevant statutory notifications to the CQC.

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

- People were given opportunities to provide feedback. People also completed feedback surveys.
- Results from the recent survey were positive but also reported that people showed that people wanted to go out more. The registered manager told us about trips out that had been arranged. This included a show. A local company had loaned a vehicle and driver which had enabled some people to go out. The registered manager told us trips out would continue for people who wished to.

- Feedback from relatives' surveys showed there had been improvements in the laundry service. Relatives had highlighted the need for better communication. As a result, a regular newsletter had been developed.
- Staff completed feedback surveys and formal staff meetings were held throughout the year. Feedback surveys showed staff were happy working at the home. Minutes from staff meetings showed staff were regularly informed of what was happening at the home and reminded of their roles and responsibilities.
- The registered manager held regular relatives' meetings, but records showed these had not been attended. There were no residents' meetings as the registered manager told us people were not interested as they spoke with staff every day.

We recommend the provider to consider alternative and innovative ways of gathering regular, formal feedback from people and their relatives.

- The registered manager had identified that people benefitted from involvement in the local community. Therefore, she had arranged an open day with a barbeque. Photographs showed people were enjoying the engagement with other people. Therefore, a further open day had been planned for the end of summer.

Continuous learning and improving care; Working in partnership with others

- The registered manager had been working closely with the local authority Market Support team to improve and develop the service. They told us they had learnt from the experience and would continue to use what they had learnt to continue to improve the service.
- Accidents and incidents were logged, investigated and action had been taken to reduce the likelihood of the event reoccurring. This information was shared with staff to ensure learning and improvements had taken place.
- Following an incident at the home the provider had installed new fences. This helped ensure people's safety and security.
- The provider and registered manager had introduced 'Champion' roles for staff. These roles were continuing to be developed to improve staff knowledge and further improve the care and support people received.
- The registered manager and staff worked in partnership with other services, for example GP's, and district nurses to help ensure people's needs were met and best practice was followed.
- The registered manager had identified further training for herself and other staff. This included diabetes and team leader training for senior care staff.