

Mylan Limited

Wychdene

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected the service on 12 September 2018. The inspection was unannounced.

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

Wychedene is registered to provide accommodation and personal care for 24 older people. There were 20 people living in the service at the time of our inspection visit.

There was a registered manager in post who was present on the day of the inspection. 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 last inspection on 29 March 2018, the overall rating of the service was 'Inadequate' and the service was therefore placed in, 'special measures'. We found four continuous and one new breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were not always treated with dignity, medicines were not well managed and the environment was unsafe. Furthermore, the quality of the service was not checked to make sure risks to people were minimised and suitable staff were employed to support people.

We required the registered persons to take action to make improvements to address each of our concerns. The provider sent us monthly reports detailing how they planned to address the breaches of Regulations and they regularly updated this to evidence what had been completed. The last update was received 30 August 2018.

At this inspection on 12 September 2018, we found that the provider had made significant improvements to the service. There were no breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However, sufficient time had not elapsed to ensure that these improvements would be sustained or that identifying and addressing shortfalls in a timely manner had been embedded as part of the culture of the service.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of special measures.

All potential hazards which we highlighted to the provider at the last inspection had been addressed. Actions identified in the provider's fire risk assessment of November 2017 had now been completed, and fire drills undertaken by all staff. People had access to facilities of an appropriate standard to wash their hands and staff had received training in minimising infection and put this knowledge into practice. Repairs had been made to environment and new bedroom furniture sets purchased. However, sufficient time had not elapsed to be certain that improvements would continue to be made and sustained.

Quality assurance processes had been strengthened through the introduction of a programme of audits. However, the provider had historically not acted on shortfalls which had been identified in the inspection process and insufficient time had passed to ensure these changes had been embedded at the service. The provider had not sought advice with regards to how to adapt the environment for people living with dementia and assessed what actions to take to meet people's individual needs.

Assessments of potential risks to people's individual safety had been undertaken such as risk of them falling or developing pressure sores, and strategies put in place to minimise their reoccurrence. Processes in place for keeping accidents and incidents under review had been strengthened and lessons learned when things had gone wrong.

The provider's staff recruitment procedures had been followed to make sure that new staff were suitable for their role. People's dependency levels were assessed to make sure there were enough staff available at the service.

Changes had been made to the management of medicines to make sure that medicines were kept at the right temperature and given at the times and correct intervals prescribed by people's doctor.

Staff knew how to recognise and report abuse. Improvements had been made to records of people's finances to minimise the risk of any financial mistreatment. Guidance was in place for people who presented behaviours that may challenge themselves or others and this was followed by staff to keep everyone safe.

Staff had received all the training they needed to make sure they had the necessary skills and knowledge. Staff understood the principles of the Mental Capacity Act 2005 and how to put them into practice.

People's health needs were assessed and managed by the staff team with support from a range of health care professionals. Referrals were made when needed and advice given by health professionals was followed. People's nutritional needs were assessed and they were helped to eat and drink enough to maintain a balanced diet.

Improvements had been made so that the service was caring. People and relatives said that staff were kind and caring. Staff understood and promoted respectful and compassionate behaviour within the staff team. Staff knew people well, including their choices and preferences and communicated with people in a way they could understand. Locks had been fitted to people's bedrooms and bathroom and toilet facilities to maintain people's privacy and dignity.

Improvements had been made so the service was responsive to people's needs. An activity coordinator had been employed so that people were regularly offered opportunities to pursue their interests and to engage in social activities. People's care plans set out their assessed needs and the support and assistance they required from staff. Provision was in place to support people at the end of their life to have a comfortable, dignified and pain-free death.

People knew how to make a concern or complaint and the provider had systems in place to investigate and respond to any issues that were raised. Steps had been taken to present information to people in an accessible way.

The registered manager led by example and had helped staff to understand their responsibilities and develop good team work. They actively working in partnership with other agencies to support the development of joined-up care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Although significant improvements had been made to the environment, a sufficient period of time had not elapsed to evidence that they were embedded in the service.

Staff knew how to ensure people received safe and harm free care.

People received their medicines as directed by their doctor.

Appropriate checks were completed before new staff were appointed. There were sufficient numbers of suitable care staff on duty.

Requires Improvement ●

Is the service effective?

The service had not always effective.

Improvements made to the standard of accommodation provided had not fully taken into consideration the specific needs of people living with dementia.

Staff had received training so they had the knowledge and skills to provide practical assistance.

People had been supported to receive on-going healthcare and to eat and drink enough to maintain a balanced diet.

People's consent to care and treatment was sought in line with legislation.

Requires Improvement ●

Is the service caring?

The service had improved so that it was caring.

People were supported by staff in a kind a caring way that promoted their privacy and dignity.

Good ●

People were supported to express their views and be actively involved in making decisions about their care as far as possible.

Confidential information was kept private.

Is the service responsive?

Good ●

The service had improved so that it was responsive.

An activity coordinator had been employed and people were offered opportunities to take part in a range of social activities.

Photographs and pictures had been introduced to help people understand information that was available to them.

People's concerns and complaints were listened and responded to in order to improve the quality of care.

Suitable provision had been made to support people at the end of their life to have a comfortable, dignified and pain-free death.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Although quality assurance processes had been strengthened insufficient time had passed to ensure their sustainability.

The registered manager demonstrated open, transparent and effective leadership.

Staff understood their responsibilities to develop effective team work and to speak out if they had any concerns.

The service worked in partnership with other agencies to promote the delivery of joined-up care.

Wychdene

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 registered persons continued to meet 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.

Before the inspection we looked at previous inspection reports and notifications about important events that had taken place at the service. A notification is information about important events, which the provider is required to tell us about by law. We did not ask the provider to complete 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 also looked at the provider's action plan which detailed progress towards meeting the breaches of Regulations.

We visited the service on 12 September 2018 and the inspection was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is someone who has personal experience of using this type of service. We received positive feedback from a commissioner of the service that the service had made many improvements and from a district nurse.

During the inspection, visit we spoke with 10 people who lived in the service and one relative. We joined people for lunch in the dining room. 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 speak with us.

We spoke with the registered manager, deputy manager, a senior carer, a care staff, the activities organiser, cook and a laundry assistant/domestic. We looked at the care records for seven people. We also looked at records that related to how both parts of the service were managed. This included the staff record of one staff who had been recently employed by the service, staff training matrix, health and safety, the management of medicines and quality assurance.

Is the service safe?

Our findings

People and relatives said that they felt safe living at the service due to the presence and appropriate intervention of staff. One person told us, "I feel safe here, both with staff and the way other people behave". Another person said, "I had many falls before I came here. Now when I want to move a member of staff always comes with me. That makes me feels safe". A relative summed up people's feeling of safety at the service, "I feel my mother is safe here because the staff are always around. She had lots of falls at home but not here".

At the last inspection on 29 March 2018, we identified a continuous breach of Regulation 12 and a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had continued to fail to establish suitable arrangements to assess, manage and reduce risks to people's health and safety so that they consistently received safe care and treatment. There were not effective systems and processes in place to manage fire safety and the control of infection. There were a number of trip hazards present in the environment. When accidents had occurred, there was no record of the steps taken to minimise any re-occurrence. The provider had failed to ensure the safe management of medicines. The provider had also failed to operate effective recruitment procedures as suitable background checks had not been undertaken before appointing new staff.

At this inspection on 12 September 2018, we found that the improvements had been made to fire safety, infection control procedures, learning from incidents and the management of medicines. Action had been taken to address all hazards in the environment, identified at the previous inspection. However, sufficient time had not passed to ensure that these improvements had been sustained and embedded in the service.

The provider had addressed the actions, including those which had been identified as 'high priority', in the November 2017 fire risk assessment. This included replacing the external staircase used in the event of a fire, and ensuring the shaft lift moved to the ground floor at the activation of the fire alarm. These actions minimised the risk of harm or injury to people in the event of a fire. A programme of checks had been established to make sure that the fire alarm, emergency lights and fire extinguishers were in good working order. Each person had a personal emergency evacuation plan (PEEP). These identified the individual support and/or equipment people needed to be evacuated in the event of a fire. Staff had been trained in what to do when the fire alarm sounded. This included using an evacuation sledge, which moves a disabled or injured person down the stairs and out of a building in an emergency. Fire drills had taken place with day and night staff to ensure they were competent in fire evacuation procedures.

Infection control audits had been strengthened so that they were effective in identifying any shortfalls which needed addressing. The provider had taken action to make sure that all toilets were provided with toilet paper, liquid soap and paper towels. Eight wash hand basins and pedestals had been fitted where they had been identified as requiring replacement. One wash band basin was being fitted in a person's room on the day of the inspection. Personal protective equipment which is designed to protect staff and people from the spread of infection, was available throughout the service and used appropriately by staff. Staff had received training in infection control and the registered manager had received additional training so they could take

the lead and check staff's knowledge in this area during staff supervision.

The provider had addressed all areas in the service which had been pointed out to them at the last inspection as causing potential hazards in the environment. Clear signage was in place to alert people to changes in the floor level in the corridor, where ramps had been fitted. New carpet had been fitted to the entrance hall and one person's bedroom where it had started to show signs of wear. Protruding pipework in the conservatory had been made safe and a damp patch in one person's room had been attended to. No new hazards were identified at this inspection visit. However, the provider did not have a plan in place which showed how they were going to maintain a safe environment. For example, an area of carpet in a downstairs corridor was starting to wear. Although it did not pose a trip hazard at the time of the inspection, it could do if it was not attended to in a timely manner. Therefore, it could not be assured that improvements to prevent the occurrence of avoidable accidents had been embedded at the service.

Processes were in place to learn lessons and make improvements when things had gone wrong. When a person had an accident or an incident had taken place, a detailed record was kept. The registered manager reviewed all events to see if there were any patterns or trends so that action could be taken to minimise the reoccurrence. When people had fallen a record was kept of where the fall occurred and which time of day. These records were reviewed each month and if anyone had had several falls, appropriate action had been taken. For example, one person had been advised to request staff assistance to move around the service and hourly checks were in place. This potential risk had been recorded in the person's care plan and staff to assist the person with their mobility. Therefore, steps were in place to help prevent the same accident from happening again.

Individual risks to people's safety such as developing pressure ulcers and receiving adequate nutrition had been assessed, monitored and managed. For people at risk of developing pressure ulcers plans advised staff of the need to inspect the person's skin, the specialist equipment they required, application of creams and frequency of being repositioned. Staff demonstrated they understood who required this care and how to follow the guidance. Staff made a record of treatment provided to people such as when people were turned and on which side to help keep their skin healthy. People's weights were taken regularly and air mattress pressures changed accordingly if people gained or lost weight, to ensure that they were effective.

People said they received the support they needed to take their medicines. One person told us, "The girls give me my tablets. They are always on time. It is wonderful." The provider had taken the necessary actions to ensure that medicines were managed in line with national guidance. A cooling unit had been installed in the treatment room so that medicines were kept at the correct temperature for them to be fit for use. Medicines which are at higher risk of misuse and therefore need closer monitoring were stored securely and stocks regularly checked by trained staff. Medication Administration Record (MAR) charts were appropriately completed and maintained. When people had refused a medicine, staff recorded the reason and the person's doctor was consulted as appropriate.

Protocols were in place for people who were prescribed their medicines to be given 'as required' (PRN). Staff asked people who could respond, if they wanted PRN medicines for pain management, at the times they were available. Staff recorded when patches for pain relief were applied to people and when they were rotated to ensure they were regularly moved to maintain people's skin. Body charts were completed for people who had been prescribed topical creams, directing staff to which part of the person's body the cream should be applied. Senior staff had been trained by the district nurse and assessed as competent to administer insulin for people who were diabetic.

The provider ensured that comprehensive checks were carried out before staff were recruited to the service.

This now included a person's full employment history, including the reason for any gaps in their employment and a reference for people who had previously worked in a social care setting. The provider continued to seek a person's work references and a Disclosure and Barring Service (DBS) check took place. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. All these checks helped to make sure that staff recruited to the service were suitable for their role.

People's dependency levels had been assessed and this information was used to calculate the number of care staff that needed to be on duty during the day and night. Staff rotas reflected the number of staff on duty on the day of the inspection. There was a stable staff team and any shortfalls in staffing were usually covered by existing staff or the registered manager. During the inspection, people received the practical assistance they needed and staff regularly checked to make sure that people had their needs met.

The provider had a safeguarding policy which set out the definitions of different types of abuse, staff's responsibilities and how to report any concerns. Staff had received training in safeguarding and knew what they needed to do to make sure people were safe from harm and potential abuse. Staff had access to the contact details of the local authority who are the lead agency in safeguarding investigations. Staff knew how to "blow the whistle" which is where staff are protected if they report the poor practice of another person employed at the service, if they do so in good faith. The contact number for the national whistle-blowing helpline was on display. There had been improvements to records of people's personal spending money as receipts had been kept for all monies spend on people's behalf. When sampling people's monies the amount of cash in people's money wallets matched the balance that had been recorded.

Some people became anxious, distressed or presented behaviours that challenged themselves or others. Guidance was available in people's care plan about the staff assistance they needed to maintain their safety or that of other people. This included the nature of the behaviour, the potential triggers for the behaviour and the best way in which staff could respond to put the person at ease. For example, one person disliked being assisted with personal care. The guidance for staff was to talk to the person about things that they were interested in and so distract them from the task in hand. Staff demonstrated they knew how to follow individual guidance to promote positive outcomes for people.

Is the service effective?

Our findings

People and relatives felt that staff had the necessary skills and knowledge to support them. One person told us, "Some of the staff are young, but they are good. If there is something they don't know they will ask a senior". A relative told us, "I have lots of talks about the medication and have been impressed with the particular staff members knowledge. Carers have also told me about their dementia training".

At the last inspection on 29 March 2018, we identified a continuous breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had continued to fail to design, adapt and decorate the accommodation to meet people's needs and expectations. The environment had several defects which reduced people's ability to live in a safe, comfortable and pleasant setting. Also, suitable steps had not been taken to support people living with dementia to find their way around their home.

At this inspection on 12 September 2018 we found that improvements had been made to the environment, but that sufficient time had not passed to ensure that these improvements had been sustained and embedded in the service. Furthermore, the provider had not sought guidance on adapting the service for the benefit of people living with dementia.

The provider had addressed all the shortfalls in the environment which had been identified at our last inspection visit on 29 March 2018. Repairs had been made leaks in one of the skylights in the hallway and conservatory roof. The conservatory roof had also been painted to reduce the heat and glare in the summer months. One person told us, "It has made a big difference as now we can see the telly". An audit had been carried out of each person's bedroom to make sure the furniture was of a suitable standard. Any mismatched, poorly maintained and old furniture had been removed. As a result, new bedroom furniture sets had been purchased for several bedrooms. Where people had their own furniture, they could bring it to the service to personalise their bedroom. People's rooms also contained things that were important to them such as photographs and ornaments. Repairs had been completed for one bedroom that had previously had a large hole in the wooden door surround.

The service had a garden to the front and rear and work had been undertaken to remove all items of rubbish identified at the last inspection on 29 March 2018. A gardener had been employed who had transformed the gardens into attractive areas through tidying up existing areas and establishing new areas of planting. A number of garden benches had been installed and both garden areas had been in use for summer events. Quality surveys in June 2018 demonstrated that these changes were having a positive impact on people. One relative commented, "I think the home offers a warm comfortable environment. There are areas of the home that need attention but I can see these improvements are ongoing". Another relative said, "The décor has improved in recent years but there is room for improvement". However, the provider did not have an ongoing maintenance and redecoration plan in place so people could be assured that the standard of décor would be maintained and improved.

The provider had not sought guidance on adapting the environment for people living with dementia and assessed the best way to put this into practice to meet people's individual needs. This includes clearer signage, memory aids, tactile features and destination Points. Destination points help people to orientate themselves and offer stimulation or a place to relax. Signs had been purchased and were displayed around the service using pictures and simple words to help people find their way to the toilet, dining room and lounge. The registered manager told us that people had been consulted about if they wanted a number, photograph or picture on their bedroom door to help them recognise where their bedroom was located. A few people had a picture on their bedroom door so they could find their room easily, but one person's bedroom number was hand written in small writing and so was not very easy to see.

New staff received introductory training before they provided people with care and completed the Care Certificate. This is a nationally recognised training scheme that is designed to ensure that care staff are competent to care for people in the right way. Shortfalls in staff training identified at the last inspection had been met so that it could be assured staff knowledge and skills were kept up to date. In addition to essential training such as health and safety, safeguarding and moving and handling, staff had received specialist training to meet people's specific needs. This included supporting people with behaviours that could challenge themselves or others, dementia, the signs and symptoms of common illnesses and skin care. 60% of staff had completed level 2 Health and Social Care Certificate which is part of the Qualification and Credit Framework. To achieve a QCF, staff must prove that they have the ability and competence to carry out their job to the required standard.

Staff had the opportunity to meet with the registered manager for a supervision meeting and annual appraisals had taken place. Supervision and appraisals are processes which offer support, assurances and learning, to help staff development. Staff said they could approach the registered manager at any time if they needed support in addition to the formal supervision sessions available.

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 the best interests and as least restrictive as possible. Staff attended training on the principles of MCA. They gained people's consent and explained how they were going to support people before giving them their medicines, supporting them to eat or providing personal care. Mental capacity assessments had been undertaken when it appeared likely that a person lacked the necessary mental capacity to make decisions about important things that affected them. The registered manager had involved key people in a person's life to ensure that decisions made on their behalf were in their best interests.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Applications had been made for those people who may be restricted in their freedom and these were renewed within set timescales to ensure the service was acting lawfully.

Arrangements were in place that were designed to assess people's needs and choices so that additional provision could be made to ensure that people did not experience discrimination. An example of this was asking people if they had particular expectations deriving from cultural or ethnic identities about how their personal care should be provided and who should deliver it.

People said the cook spoke with them each morning about the choice of meals available at lunchtime. They were complimentary about the standard and variety of food on offer at mealtimes. One person told us, "The food is very good. If I was looking to eat at a hotel it would be like it is here". Another person commented, "For breakfast we have toast and marmalade and a choice of cereals and porridge". Information about each person's dietary requirements such as if they required a soft diet, diabetic diet or thickened fluids was available for staff. People said that cook understood their preferences and dietary needs. One person told us, "I am diabetic. They have started offering me diabetic biscuits. Sometimes I have special desserts". At lunchtime this person enjoyed a dish of fresh strawberries and other people were offered homemade lemon sponge or stewed apple with custard, cream or ice-cream. People who had been assessed as requiring a soft diet, were provided with this for lunch. People's weights were monitored and referrals made to the dietician when people had gained or lost significant weight.

Lunchtime was a sociable occasion, where people came together to eat and were attended to by staff according to their individual needs. One person left the dining room part way through eating their lunch. Staff gently encouraged the person to return to their meal but when this was unsuccessful they asked the person if they wanted their dinner to be kept so it could be heated and eaten later. The meal for the day was displayed on a black board in the dining room. People were also able to eat in their own room or the lounge if this was their preference. Food was homemade and freshly prepared and looked appetising. People were offered snacks throughout the day including homemade cake and fruit so there were not long periods between meals. Staff regularly offered people hot and cold drinks throughout the day to ensure they were adequately hydrated.

People's health needs were assessed and managed by the staff team with support from a range of health care professionals. One person told us, "They made a list about all my conditions and things when I arrived here". A relative told us, "The home has arranged visits from the doctor and district nurse for my mother. They have also arranged a visit from the optician after consulting with me". A health care professional told us, "Staff always raise concerns appropriately to us or their doctor's surgery". Staff had requested advice when they recognised the signs that a person's catheter was not operating effectively and when another person was presenting as more sleepy than usual. Guidance and advice received was followed by staff. For people with specific health conditions, such as diabetes, information was available about what staff should do if a person's blood sugar levels were not within acceptable limits for them to remain healthy.

Is the service caring?

Our findings

People said that staff were kind and caring. One person told us, ""The carers are wonderful. They definitely are kind and caring". Another person said, "There is not a bad word to be said about the carers. They do anything we want. They are great, kind and caring". People and relatives said that staff took time to get to know them and that this benefited their well-being. One person told us, "We can talk to the carers about anything we want; there is always someone there for you". Another person said, "I like my chats with the carers". A relative commented, "I have been incredibly impressed by the carers and they always take an interest in my relative. I like the fact that there are always staff talking to residents in the lounge". A health care professional told us, "Staff are always very helpful and caring towards their residents. They are always visible and approachable".

At the last inspection on 29 March 2018, we identified a continuous breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure that there were suitable arrangements to ensure that people consistently received care that promoted their dignity and that was respectful. People were not always asked for their preferences such as whether they wanted to drink tea or coffee. When people had been seen by the chiropodist, their nail cuttings had been left on the floor. Some toilets and bedrooms were not fitted with locks and staff had entered a toilet when it was being used, which had not maintained this person's dignity.

At this inspection on 12 September 2018 we found that improvements had been made so everyone was treated with dignity and respect. A meeting had been held with staff to check staff's knowledge of offering choice and dignity to people. Monthly checks were completed by the provider to monitor that dignified care was delivered by the staff team. Nail cutting ceased to take place in a communal area and discussions had taken place staff and the chiropodist around their roles in making sure the area was clean and tidy. Locks had been fitted to all bedroom doors and communal toilets and bathrooms. During the inspection doors were closed and locked as appropriate to maintain people's privacy and dignity.

Staff spoke to people using their preferred name and showed concern for people's well-being in a caring and meaningful way. Staff observed that one person in the lounge started to get hot. They maintained the person's dignity by discretely talking to them and supporting them to go to their room to get changed. When staff spoke with people they got down to their level so they could maintain eye contact and aid communication.

Staff listened to people and talked to them in an appropriate way so they could understand. Some people were living with dementia and visual clues were a more effective way of helping them to understand what was going on around them. When staff asked people if they wanted to eat some fruit, they showed the actual piece of fruit to people who then nodded in return to indicate they wanted to eat it. When people became confused with their surroundings and were not sure where they were, staff checked with them where they wanted to go and supported them to go to the room of their choice.

People told us that they were consulted about their preferences and choices. One person told us, "Staff help me choose my own cloths in the morning". Another person said, "I have my photos in my room and I could have brought my own furniture". People were asked what they wanted to eat and drink and how they wanted to spend their time. When one person said that they did not know how they would occupy their time, a staff member gave them a number of different options to choose from. Many staff had worked at the service for several years and knew people well including their preferences and personal histories. People's preferences such as what they liked or disliked eating and when they preferred to get up and go to bed, was included in their care record. Information was also available about people's personal history such as people who were important to them and their previous occupation. Many staff had worked at the service for a number of years and knew people well, including their preferences and personal histories.

People were actively involved in making decisions about their care and treatment and to maintain their independence as far as possible. A relative told us, "Staff help my relative maintain her independence by letting her do as much as possible when getting ready in the mornings". Staff liaised with key people in people's lives such as family members on a regular basis and encouraged their involvement. Staff explained how they supported one person to keep in contact with a relative through e-mails and photographs.

Furthermore, the registered manager had developed links with local lay advocacy resources. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes. Where people did not have someone to speak up on their behalf, links had been made with lay advocates. An advocate is an independent person who helps people to express their needs and wishes, and weight up and take decisions about the options available to them.

Suitable arrangements had been made to ensure that private information was kept confidential. This included written records that contained private information being stored securely when not in use. Computer records were password protected so that they could only be accessed by authorised members of staff.

Is the service responsive?

Our findings

People indicated that the service was responsive to their needs. They told us that staff were available when they needed them and that they came when they used their call bell during the day and night. One person told us, "I Had a fall in my room. I think staff must have heard the thud and I also yelled. The staff came quickly". Another person told us, "I used the call bell in my room one night and the staff came pretty quickly". Calls were answered in a timely manner during the inspection.

People said that there were things to do that interested them and occupied their time. One person said, "I like reading books. Staff gave me this nice book today". Another person said, "Twice a year we have a picnic and entertainer in the garden". However, one person told us they had little to occupy them and that they were bored. Staff explained that although this was a regular topic of conversation with this person, they often engaged in activities that were available. In the morning this person took part in a seated exercise programme led by an external provider. They also talked to this person about their memories of music and dancing. Later, they were given the opportunity to take part in several games. This included a large version of the game of 'Connect four', whose component parts were big enough for people to easily use. In the afternoon, the person immediately started to beat their hands in time to music by one of their favourite singers, which staff had selected for them.

The provider had employed a part-time activity coordinator. The programme of activities available was on display and included exercises, music, games and manicures. People could take part in specific things that interested them such as gardening and knitting. During the inspection, the activity organiser helped people to choose a book or film that they were interested in. They discussed with people what they were about to help people decide about what would interest them.

Care staff had prepared a care plan for each person. These described the practical assistance each person needed and had agreed to receive. A relative told us, "I was shown my relative's care plan. It is detailed and showed me her needs and how they were going to be met." Care plans included assistance with washing and dressing, getting about safely, promoting their continence and managing healthcare conditions. Clear guidance was in place for staff about what support people needed with their care and treatment. For example, for one person living with dementia it was recorded that they were guided that they were only aware of what was happening in the current moment. Staff were advised to take this into consideration when communicating with the person. An exception to this was with regards to two people's catheter care. Staff demonstrated they understood how to care for the person's catheter, recognise the signs and symptoms if it was not working correctly and had sought medical advice appropriately in these circumstances. However, this information was not available in the person's care plan. The registered manager acted and updated both people's care plans so this important information was available to all staff.

Care staff understood the importance of promoting equality and diversity. This included arrangements that had been made for people to meet their spiritual needs through religious observance. Representatives from a local church visited people in response to meeting their specific religious beliefs. The provider was working

towards ensuring that information was available in an accessible manner. There were photographs on display around the service which showed people taking part in a range of activities that were on offer. Clear signage was in display to show people where different rooms were in their home. After the inspection the registered manager provided evidence that the complaints procedure had been displayed in large print so it was easier to understand and photographs of meals had been introduced to help people choose what they wanted to eat.

People said that they felt confident to approach a member of staff or the registered manager if they had a worry or concern. One person told us, "I know who the manager is. I would go straight to her but feel confident that I will never need to". Arrangements had been made to support people if they wanted to make a complaint about the service. The complaints procedure was displayed on the notice board. The registered manager understood how to follow the provider's complaints procedure so that any complaint was properly investigated. This included keeping the complainant up to date so that they could be confident that their concerns had been addressed.

People were supported at the end of their life to have a comfortable, dignified and pain-free death. People had been consulted about how they wanted to be supported at the end of their life. This included establishing their wishes about what medical care they wanted to receive and whether they wanted to be admitted to hospital or stay at home. The registered manager acknowledged that some people and their family members found the topic of conversation difficult and preferred not to make their wishes known at this time. To give staff more support and skill to engaging people all staff had been booked on a more in-depth course on end of life care.

Is the service well-led?

Our findings

Everyone said the service was well managed and that they would recommend it to other people. Comments from people included, "I recommend it here and I am completely contented. It is like home from home: I have a lot of freedom"; "I certainly would recommend it. It has a caring family atmosphere. I visited other homes and chose this one"; and, "This compares well with many hotels I have stayed in. I am a very fussy woman but have not found fault here".

At the last inspection on 29 March 2018, we identified a continuous breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to assess, monitor and improve the quality and safety of the service. Quality checks were not effective which had resulted in a breaches and continuous breaches of regulation with regards to safe care and treatment.

At this inspection on 12 September 2018 the provider had addressed all the breaches of regulation which had been identified at the last inspection. Historically, the culture of the service was one of being reactive to concerns rather than looking ahead and addressing issues before they become more serious concerns. Therefore, although quality assurance processes had been strengthened, insufficient time had passed to be certain that these processes were embedded in the service and that they would be maintained.

The provider had acted to address breaches of the fundamental standards and regulations with regards to medicines, managing risks, recruiting suitable staff, treating people respectfully and maintaining the accommodation to a suitable standard. A new programme of quality audits had been introduced, which took place monthly and quarterly. This covered all aspects of the service including infection control, health and safety, care records, staff training and equipment. Where shortfalls had been identified, action had been taken to address them. For example, the medicines audit in June 2018 highlighted that not all staff were investigating why people were refusing their medicines. This practice had improved and no concerns were raised about this issue in future audits.

People felt listened to and consulted about their care and treatment. One person told us, "There are resident and relative's meetings with the agenda placed on the wall. I feel our views have been taken on-board". Another person told us, "We are free to discuss our views about the service". A relative told us, "I have a letter inviting me to a residents and relatives garden party this Sunday. Children are invited too. I think it is the result of a residents meeting". The registered manager spoke on a one to one basis with people who choose not to attend the resident and family meeting and recorded their comments so that they also were taken into consideration. Any actions as a result of the meeting were revisited at the next resident and family meeting to evidence that they had been addressed.

In addition, the provider had sought the views of people, their relatives, and health and social care professionals. The responses from people and their relatives had been positive. Comments included, "The staff are extremely caring and there seems little change in staff turnover giving consistency"; and, "We overall can only judge the home on how happy my relative is. After a stay in hospital he is now gaining confidence and gaining weight which is down to the care he is given". The registered manager had

responded to people's suggestions about how the service could improve. For example, a relative suggested that they could be better informed about life in the service. As a result, posters had been displayed in the service about up and coming events and resident's meetings changed to family and resident meetings so family members were also involved.

The registered manager led by example, treated people with dignity and respect and knew people well. She affectionately put her arm around a person when asking how they were feeling. A relative told us, "I know who the manager is: She is very approachable". The registered manager was a visible presence at the service and regularly worked alongside the staff team providing care and support to people which enabled them to understand people's individual needs. Staff said that were well-supported. They explained this was because regular staff meetings were held to develop their ability to work together as a team and because the registered manager was available to talk to at other times. One staff member told us, "The manager is great. She is very democratic and she is friendly and approachable". Staff had been sent survey questionnaires to gain their views about the care of people, management and their learning and development. The results had been analysed and discussed with staff at a staff meeting.

A commissioner from the local authority said that the registered manager and the provider had been working with them in a positive way to improve the service. They said that a consistent staff team had remained throughout the changes being made, which had a positive impact on people. The registered manager and staff team were clear about the aims of the service and their responsibility to provide people with the practical assistance they needed. A senior member of staff oversaw each shift and the registered manager was available on call out of office hours to give advice and assistance when it was needed. The registered manager said they received effective support from the provider who visited the service weekly and kept in regular contact to make sure that the necessary changes had been made to improve the service.

Staff told us there was an explicit 'zero-tolerance approach' to any member of staff who did not treat people in the right way. They were confident that they could speak to the registered manager if they had any concerns about people not receiving safe care. Staff told us they were confident that any concerns they raised would be taken seriously so that action could quickly be taken to keep people safe.

The registered manager recognised the importance of ensuring that people received 'joined-up' care. They had worked in partnership with the local commissioning team, people's care managers and health care professionals. Care managers are social care professionals who are responsible for overseeing people's care packages.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The provider understood when to submit notifications to CQC in line with guidance.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had displayed their rating in the reception area and on their website.