

Valley View Care Home Ltd

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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?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection was carried out on 22 and 28 August 2018. The inspection was unannounced on the first day.

Valley View Care Home Ltd 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.

Valley View Care Home Ltd is registered to provide accommodation, nursing and personal care for up to 33 people. It can accommodate older people and people who live with dementia. There were 25 people living at the service at the time of our inspection.

We last inspected Valley View Care Home Ltd on 19 December 2017 when five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. At the previous inspection we issued requirement notices in relation to the failure to assess or mitigate potential risks to people, failure to ensure people's basic rights were promoted within the principles of the Mental Capacity Act 2005, care plans were not personalised, staff had not received the knowledge, skills and guidance to meet people's needs, management of medicines and the auditing systems had not been effective.

The service was run by a company who was the registered provider. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. In this report, when we speak about both the company and the registered manager, we refer to them as being 'the registered persons'.

At the last comprehensive inspection, the service was rated 'Requires Improvement' overall with safe rated as Inadequate and caring and responsive being rated as Good. We told the registered persons to send us an action plan stating what improvements they intended to make and by when to address our concerns and to improve the key questions of 'safe', 'effective' and 'well-led' back to at least, 'Good'. After the inspection the registered persons sent an action plan and told us that they had made the necessary improvements.

At this inspection, some improvements had been made and two of the five breaches of regulations were now met. However, sufficient steps had still not been taken to address the three remaining breaches of regulations. This was because people had not consistently received safe care and treatment. In particular, potential risks posed to people had not been assessed and mitigated. Some staff had not received the appropriate support, training and supervision to carry out their roles. Furthermore, the registered persons had still not established robust systems and processes. As a result, they had not ensured the smooth running of the service so that people consistently received the high-quality care they needed and had the right to expect.

As a result of continuing breaches of regulations the overall rating for this service is 'Requires Improvement'. This was the second consecutive time the service has been rated as 'Requires Improvement.'

Staff had not always received the training they required to meet people's needs, including their specialist needs. Some staff had not received supervision in line with the provider's policy. New staff completed an induction prior to working in the service. Safe recruitment procedures were followed to ensure staff were safe to work with people.

Care plans did not always contain up to date information to inform staff how to meet people's needs. The systems in place for the review of people's documentation were not effective. People's needs were assessed before they moved into the service.

The governance and auditing systems were not effective. They had not highlighted the concerns we found during our inspection. There was a lack of systems to monitor and improve the quality and safety of the service that was provided to people.

There were shortfalls in the maintenance of the building relating to fire safety. People were protected from the risk of infection and contamination. The service was clean and odour free. The design and decoration of the service met people's needs.

Medicines were observed to be administered safely by registered nurses. Systems were in place for the ordering, obtaining and returning of people's medicines. Nurses had received training in the safe administration of medicines and their competency had been assessed by the registered manager.

People felt safe and were protected from the potential risk of harm and abuse. Staff understood their responsibilities for safeguarding people and followed the provider's policy and procedure. There were enough staff to meet people's needs.

People were encouraged to make their own choices about their lives. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were kind and caring towards people. Staff respected people's privacy and dignity. Staff knew people well and had knowledge about people's histories, likes and dislikes.

People were supported to maintain their nutrition and hydration. Appropriate referrals were made to health care professionals when concerns had been identified. People were supported to remain as healthy as possible.

People were encouraged to maintain and increase their independence. People were supported to maintain relationships with people that mattered to them.

There were a range of activities available to people to meet their needs and interests.

People were supported to express their views and were involved in the development of the service they received. Complaints were investigated and responded to in line with the providers policy.

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 conspicuously displayed their rating on a notice board in the entrance hall and on their website.

You can see what action we have asked the provider to take at the end of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Risks to people had not been assessed and action had not always been taken to mitigate the potential risks.

Staff were available to meet people's assessed needs.

Staff were recruited safely to ensure they were suitable to work with people.

People received their medicines as prescribed by their GP.

People were protected from the risk of infection and cross contamination.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff had not always received the training, support and supervision to carry out their roles.

There were suitable arrangements to obtain consent to care and treatment in line with legislation.

People had access to food and drink to maintain their nutrition and hydration. Referrals were made when concerns were identified.

People were supported to maintain their health with support from health care professionals.

People's needs were assessed prior to them moving into the service.

The decoration and adaptations of the service met people's needs.

Is the service caring?

Good ●

The service was caring.

People's privacy and dignity was protected by staff that were kind and caring.

People were involved in the development of their care plan. Staff were aware of people's likes, dislikes and life histories.

People were supported to maintain as much independence as they were able to.

People were supported to maintain relationships with people that mattered to them.

Information about people and staff was kept securely and confidentially.

Is the service responsive?

The service was not consistently responsive.

Care plans were not always reviewed and updated to ensure they met people's needs.

People were offered a range of activities to meet their needs and interests.

People were encouraged to raise complaints and concerns about the service they received.

People were supported to make a plan for the support they wanted to receive at the end of their life.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

There was a lack of systems in place to monitor and improve the quality and safety of the service people received.

Staff understood their role and responsibilities, as outlined in their job description. Staff felt there was an open culture where they were kept informed about changes to people's health.

People were given the opportunity to provide feedback about the service they received.

The registered manager understood their responsibility to submit statutory notifications when important events had occurred.

Requires Improvement ●

Valley View Care Home Ltd

Detailed findings

Background to this inspection

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

This inspection took place on the 22 and 28 August 2018 and the first day was unannounced. The inspection team consisted of two inspectors, an expert-by-experience and a specialist advisor. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience for this inspection had experience in care for older people. The specialist advisor was a nurse with expertise in supporting older people with complex health needs.

Before the inspection, 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, instead we gathered this information during our inspection. We looked at notifications about important events that had taken place in the service, which the provider is required to tell us by law. We looked at the previous inspection report and subsequent action plan from the registered manager. We used all this information to plan our inspection.

We observed staff interactions with people and observed care and support in communal areas. We spoke with four people about the care and support they received. We spoke with three relatives about their experience of the service. We spoke with seven staff, which included two care assistants, a nurse, the activities coordinator, the chef, the registered manager and the provider.

We looked at the provider's records. These included five people's care records, which included care plans, health records, risk assessments, daily care records and medicines records. We looked at documentation that related to staff management and recruitment including three staff files. We also looked at a sample of audits, staff rotas, minutes of meetings, maintenance records and policies and procedures.

We asked the registered manager to send us information relating to the training and competency assessments for two members of staff. The information we requested was sent to us in a timely manner.

Is the service safe?

Our findings

At the last inspection on 19 December 2017, we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to assess or mitigate risks to people's safety effectively. Staff were unaware of who to report any concerns that they had to external organisations outside of the service. People were not protected from potential risks such as having access to razor blades. One person's risk assessment had not been reviewed and updated following a change in their health. Accidents and incidents had not always been recorded which meant action was not taken to reduce the risk of reoccurrence.

After the inspection the registered manager sent us an action plan telling us they would make improvements and would meet this regulation by 01 January 2018. At this inspection we found that some improvements had been made relating to the access to sharps and accident and incident recording. However, the provider had failed to adequately assess and mitigate risk to one person in relation to their air flow mattress. This is a piece of equipment used to relieve pressure for people that are in bed, this piece of equipment promotes people's skin integrity. No information was available to inform staff of the correct setting the mattress required to meet the person's needs. Failure to ensure the airflow mattress was set correctly could pose a risk to the person's skin. We spoke to the registered manager about our concern and they took immediate action.

At this inspection the provider had failed to mitigate the risk to people in the event of an emergency such as a fire. The fire folder within the service included a chart titled 'I have read and understood this folder', which staff were asked to sign when they had read and understood the file. We checked the staff signatures against the up to date list of staff we were given and found that four nurses, 17 care assistants and five ancillary staff had not signed that they had read and understood the file contents.

People were not always protected from the risks relating to fire. Records showed alarms were tested weekly in line with the provider's policy. However, there were reoccurring comments within the documentation that the fire doors in certain bedrooms and the office had not closed properly. We checked two of the bedroom doors and the office and found that the office door still did not close properly. Monthly fire door check records showed the same doors were a concern. This had been rectified on the second day of our inspection. Emergency lighting had been tested monthly since the last inspection. There were no tests recorded for March and April 2018. Fire extinguishers were checked monthly. Servicing of fire equipment was all in line with recommended timescales.

Fire evacuation drills had not been completed in line with the provider's policy. The provider's policy was that all staff should undertake two drill evacuations a year. Fire drills were held three monthly and staff that had attended were identified on a matrix. However, one nurse, six care assistants and two ancillary staff were not listed on the matrix so we were unable to determine whether all staff had undertaken the required number. We spoke to the registered manager about this and we were informed that all staff would take part in a fire drill, as per the provider's policy. There was a fire risk assessment in place, which was due for review December 2018. People's emergency evacuation plans (PEEP) did not always contain the correct

information. For example, one out of the five files reviewed showed the person required support from four members of staff. However, during the night there were only three members of staff on duty. We raised this with the registered manager who had reviewed and updated the PEEP on the second day of our inspection.

The provider had failed to assess and reduce risks to the health and safety of people living in the service. This failure had increased the risk that people could experience significant harm as a result of not receiving safe care and treatment. This was a continuing breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Systems were in place for the servicing and testing of equipment such as the stand-hoist and bathing aid. The internal electrical wiring, the lift and gas appliances were all serviced within recommended dates. Accident and incidents involving people were recorded and monitored. Staff completed an accident form which was reviewed by the registered manager. Any action that was required had been recorded by the registered manager such as, staff being vigilant when people were mobile.

At the previous inspection, we recommended that staffing numbers were reviewed, as observations showed staffing numbers were not sufficient during the afternoon and evening to meet people's needs. However, we found this continued to be the case. During this inspection there were two nurses and five care assistants on duty in the morning, one nurse and four care assistants in the afternoon. The provider used a dependency tool to establish the level of people's needs. However, there were no assessments of people's needs for the afternoon or night shift. The tool used by the provider was not used to determine staffing levels. Instead numbers of staff on each shift determined the ratio of staff required per person. For example, in July there were 18 people assessed with high needs and seven with medium needs and the ratio identified was 3.12 people per member of staff. In August there were 19 people assessed with high needs and nine with medium and the ratio was 3.5 people per member of staff. This shows that the staff numbers not people's needs determined the ratio. Care staff were supported by ancillary staff.

During this inspection, once the afternoon activity was finished, those people that were in the lounge were gradually taken to their bedrooms and staff were only present when they came to collect a person to assist them back to their room. On two occasions, people asked an inspector for help, as they could not wait any longer for the toilet and care staff could not be located. The activities person helped on one occasion as they had heard the person calling out whilst going up the stairs and the inspector asked the registered manager to help on the other. After our inspection the registered manager sent us additional information that they said demonstrated a robust assessment of people's needs and the levels of staff required to meet those needs. We examined the information and found that it demonstrated the levels of staffing were based on people's assessed needs.

People were protected by safe recruitment procedures. We looked at three recruitment files. The two care staff that had been recruited since the last inspection and one other. Recruitment records included the required pre-employment checks to make sure staff were suitable and of good character. The nurses Nursing and Midwifery Council (NMC) PIN numbers were recorded and a system was in place to check when the nurse's registration with the NMC was next due. Processes were in place to check that nurses completed the formal revalidation process.

At the last inspection on 19 December 2017, we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure the safe management of people's medicines. There were missing signatures from the medicine administration records; this meant we were unable to be sure people had received their medicine as prescribed. Staff did not have access to guidance regarding 'as and when required' medicine (PRN). Some people's medicines

relating to their ability to drink fluids were not stored correctly and information about their use was not available to staff.

After the inspection the registered manager sent us an action plan telling us they would make improvements and would meet this regulation by 01 January 2018. At this inspection we found that some improvements had been made however, the auditing processes in place did not minimise the risk that was posed to people, medicine audits were not carried out in line with the provider's policy and there was no clear guidance to inform staff about the quantity of medicine to use to thicken drinks and reduce the risk of choking. We raised our concerns with the registered manager and the provider during the first day of our inspection. On the second day of our inspection the registered manager had updated the medicine audit system and had introduced clear instructions for staff supporting people with thickened fluids. This breach was now met.

People told us they received their medicines safely by nurses that had been trained in the administration of medicines. One person said, "I always get my pills every day, the nurse makes sure that I take them before she leaves." Another person said, "I only take pills for my nerves and the nurse gives them to me in the morning with a drink of water to help them down." Systems were in place for the ordering, obtaining, storage and returning of people's medicines. We observed the medicines round during the first day of our inspection. Nurses had enough time to administer people's medicines safely in a non-rushed way. There were suitable arrangements for the storage and recording of medicines which required additional safe storage. Medicine administration records (MAR) were accurately and fully completed, showing when people received their medicines. People prescribed 'as and when required' medicine (PRN) had clear guidance and instruction for its administration. People were asked whether they required any pain relieving medicine prior to its administration.

People told us they felt safe with the staff at Valley View Care Home. Comments included, "I feel safe with all the staff", "Very safe. I think the staff are super, friendly and happy" and "Safe secure home." Staff received training in safeguarding people and followed the provider's policy and procedure. Staff also had access to the local authorities' protocol and procedure, this outlined the procedure to follow and who to contact if they had concerns. Staff were able to describe the possible signs of abuse and were confident that any concerns they raised would be taken seriously and acted on. Records showed concerns had been raised with the local authority safeguarding team, by the registered manager.

People were protected from the risk of infection, by the systems and processes that were in place to prevent and control the risk of infection. A cleaning schedule was used to inform the housekeeping staff of the tasks that required completing during their shift. We observed the service was clean and odour free.

Lessons were not always learnt and improvements were not consistently made when things went wrong. For example, at the last inspection the service was rated requires improvement with inadequate in the safe domain. The concerns that had been identified at that inspection had not consistently been used to make changes, drive improvement and increase the quality of the service people received. Some improvements had been made to the safety of the service people received. For example, the monitoring and recording of the incident and accident process.

Is the service effective?

Our findings

At the last inspection on 19 December 2017, we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure registered nurses and staff had received the necessary training and supervision to be able to successfully carry out the role they had been employed for. During the last inspection, we observed that based on people's needs there were shortfalls in training in hand hygiene, pressure area care, dementia, and nutrition and hydration for care staff.

After the inspection the registered manager sent us an action plan telling us they would make improvements and would meet this regulation by 01 April 2018. At this inspection we found that some improvements had been made, considerable training had been undertaken by staff. However there continued to be shortfalls to ensure staff were able to have the knowledge to fully meet and understand people's needs.

At this inspection, although people and their relatives told us they felt the staff were well trained and were able to meet their needs, records showed some nurses and care staff had not received training to meet people's specialist needs. At this inspection staff training records showed eight care staff and one nurse had not received training in hand hygiene, seven care staff and one nurse in dementia, seven care staff and one nurse in diabetes and four nurses in pain management. This was despite staff continuing to care for people with risks and needs in these areas. The registered manager provided evidence on the second day of our inspection that some staff had completed the required training. However, we could not be assured that the knowledge acquired from this training between the first and second day of our inspection had been embedded.

At the previous inspection, staff did not have the opportunity for regular one to one supervision meetings with their line manager. At this inspection we found this continued to be a shortfall. The provider's policy stated that staff supervision should be every three months and did not mention annual appraisals. However, the provider told us that staff should receive three supervisions a year plus an annual appraisal. Records showed twelve care staff and one nurse had not received any supervision during 2018, others had only received one supervision and some staff had received an appraisal. This meant that some staff had not received as much individual support and guidance as they might benefit from in order to further their personal development and promote their success in their role. Two members of staff told us they felt supported in their role by the registered manager.

The provider had failed to ensure staff received appropriate support, training, supervision and personal development to enable them to carry out their duties. This is a continued breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The registered manager told us that staff undertook their mandatory training before they started working on shift. Since the last inspection, refresher training was undertaken online, which meant staff were no longer required to undertake training in seven subjects in one day. In addition to the one-day induction, new staff

also worked alongside experienced staff and were allocated a mentor. In August 2018 the provider had engaged an outside, training organisation to work with staff to ensure their training and knowledge met the criteria for the Skills for Care, Care Certificate. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. The registered manager, a qualified nurse, provided clinical support and supervision to the registered nurses.

Staff had completed the provider's mandatory training. The majority of this training was undertaken by staff online. Mandatory training included moving and handling, fire safety, food safety, basic first aid, safeguarding adults, infection control, health and safety, mental capacity and deprivation of liberty, plus medicine administration for nurses.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Restrictions could include, for example, bed rails, lap belts, stair gates, restrictions about leaving the service and supervision inside and outside of the service. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

At the last inspection on 19 December 2017, we found a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure appropriate systems were in place to ensure people's basic rights within the principles of the Mental Capacity Act 2005 (MCA) were upheld. People's ability to give their consent to certain tasks such as their personal care had not been fully assessed or recorded. Staff lacked an understanding of their role and responsibility under the MCA 2005 and some staff had not received training in this subject.

After the inspection the registered manager sent us an action plan telling us they would make improvements and would meet this regulation by 01 February 2018. At this inspection we found that improvements had been made and this breach was now met.

Staff had been trained and understood their role in relation to the MCA. People were offered choices such as what they wanted to wear and eat. People told us they could make their own choices and the choices that they made were respected by the staff. Comments included, "I am able to look after myself; I choose what to wear and what I do", "I choose if I want a shower or prefer a wash. If I want to stay in bed for the day they let me" and "I usually get up and sit in my chair, today I have got a cold and just wanted to stay in bed. Not a problem for staff, I make my own choices of what I do."

An 'Abbreviated mental test score' had been completed for each person to assess people's mental ability. The registered manager told us this form was used by the local doctor. The assessment consisted of a list of questions to ask people such as their age, the time and date and counting backwards from the number 20. This is generally used to quickly test if people maybe living with dementia or are confused. If concerns were then raised following this assessment the registered manager had carried out MCA assessments with people and/or their relatives for less complex decisions, such as the use of bed rails. Records showed that when people lacked the capacity to make certain decisions about their lives, their relatives and the relevant health care professionals were involved to make sure decisions were made in their best interests.

The registered manager understood their responsibility for making applications to the local DoLS team, when a person was being deprived of their liberty. Records showed that applications had been requested. A tracking system was used to monitor any authorisations and whether any conditions were in place.

At the last inspection on 10 December 2017, we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to provide care and treatment to meet people's specific needs. Pain assessments had not been completed for people to inform staff how the person will indicate if they were in pain. The recording of food and fluid consumption for people that had been assessed as being at risk of malnutrition or dehydration were inconsistent. Records were not kept up to date for people that required regular repositioning to maintain their skin integrity.

After the inspection the registered manager sent us an action plan telling us they would make improvements and would meet this regulation by 01 January 2018. At this inspection we found that some improvements had been made, pain assessments had been completed for people to inform staff how people would inform them if they were in pain. Guidance was in place for people that required support to maintain their nutrition and hydration, records were kept of people's food and fluid intake. People were supported to reposition themselves as per their care plan however, guidance was not available to inform staff if the person's airflow mattress was on the correct setting. On the second day of our inspection the registered manager had provided guidance to staff regarding the equipment setting for the person's mattress. This breach was now met.

People spoke positively about the quality and choice of the food they received. Comments included, "Food good, occasionally given more than I can manage. We get a choice of two main dishes", "Food is quite good, I enjoy what I have and I don't leave much on the plate", "Excellent, must have a good cook. Get nice pies and a good roast" and "I eat it and enjoy it." People's nutritional needs had been assessed and recorded; these had been reviewed on a regular basis. People who had been assessed to be at a high risk of malnutrition or dehydration had a record of their food and fluid intake. People's weight had been monitored on a regular basis; this was completed in conjunction with a nutritional screening tool.

A chef and kitchen assistant were available seven days a week to prepare lunch and tea. People were offered a choice of meals from the menu and were also able to make additional food choices such as soup. The chef was aware of people's food preferences, allergies and specialist diets were catered for, such as diabetic or a soft food diet. The kitchen had scored a five rating (5 is the highest) at the last environmental health visit in May 2018. We observed the lunch service on the first day of our inspection, there was a calm and relaxed atmosphere; people were given the time they needed to eat their meal.

People's health was monitored and when it was necessary health care professionals were involved to make sure people remained as healthy as possible. Records were kept of appointments with health care professionals such as doctors and district nurses. Records showed that referrals were made to the relevant health care professionals when concerns were identified. For example, one person was referred to the speech and language therapy team (SALT) when staff observed them having difficulty swallowing. Any health appointments or visits were recorded, including outcomes and any recommendations, to ensure all staff were up to date with people's current health needs.

People's needs were assessed with the person, their family and the registered manager prior to receiving a service. Initial referrals came through social services or people and their families were able to self-refer. The assessment of needs covered people's care and support needs, communication, mobility and medicine management. Information gathered at the initial assessment was then transferred into the person's care plan, this was then reviewed on admission to the service. People's protected characteristics, such as their

race, religion or sexual orientation, were recorded during the initial assessment. However, this was a tick box within the assessment and no further information was recorded regarding how staff would support the person to meet this need. We spoke to the registered manager about our concern, they told us that people were supported to take part in monthly church services held within the service.

We recommend that the registered manager ensures people's equality, diversity and human rights are recorded and respected. For example, how the staff support a person to continue practising their religion.

People's needs were met by the design and decoration of the premises. Toilet doors had signs to direct people. People's bedrooms were personalised with their personal effects such as, ornaments and photographs.

Is the service caring?

Our findings

People told us the staff were friendly, kind and caring. Comments included, "I find that I am being looked after very well", "They always call me by my preferred name. They are more my friends than staff" and "Staff are caring. They are always smiling, always ask how I am. Very friendly."

Relatives spoke highly of the staff. One relative said when speaking about their loved one, "When she first came here, she was very unwell and quite agitated. Staff have been 100% fantastic with her care. When she first moved in they checked on her every 15 minutes, now she's at her best I have seen her in a year." Another relative said, "Staff seem to enjoy their job."

People told us staff respected their privacy and dignity. Comments included, "Staff always pull the curtains and close the door when I am being washed and dressed. Staff always make sure I am fully dressed before they open my door", "Staff always know before they come in. Staff always make sure I am washed and changed before my visitors come in to see me" and "When I am in the bathroom the [staff] wait outside and always knock and ask if I need any help." Relatives told us they felt their loved one was treated with respect. One relative said, "Staff don't intrude when we're visiting, I always get offered a cup of tea when drinks are being brought round." Another relative said, "She is always treated with respect, always looks clean and well dressed. Staff always knock on the door before they come in." Our observation confirmed staff knocked on doors and waited for a reply before entering; and staff asked people's permission before carrying out any tasks.

People or their relatives were actively involved in the development of their care plan. People's care plans included a personal preferences form which included things such as, the person's preferred name, whether the person wanted their bedroom door open or closed during the day and night and preferred activities. A life history was included within people's care plans. This included important information about the person, family history, past employment, their likes, dislikes and personal preferences. Staff were able to use this information to understand each person's preferences and what was important to them. Observation showed people were relaxed and comfortable in staff's presence. For example, we saw good humoured exchanges between people and staff.

People told us and observation confirmed that people were encouraged and supported to maintain their independence. For example, whilst eating their meal. Adapted utensils were used to encourage people to maintain their independence such as a double handled beaker which enabled a person to drink independently. We observed a member of staff showing a person how to use their spoon, this enabled the person to eat their meal unaided. One person said, "Staff always ask if I want to walk round the lounge using my zimmer frame. They always walk beside me in case I need their help." Another person said, "I like to walk up and down the corridor using my walking frame, staff always encourage me to move about, nobody tries to stop me." A relative said, "Staff encourage [loved one] to get out of bed and join in with other people and have dinner in the dining room."

People were supported to express their views and to make suggestions about the service they received.

Regular meetings were held with people and their relatives discussing topics such as meals and activities that were offered to people. Any suggestions were implemented such as changes to the menu and additional activities.

People were supported to maintain relationships that were important to them. Visitors were welcomed at any time, there were no restrictions on visiting times. We observed people greeting their visitors throughout our inspection. A record was kept within each persons' care plan of any telephone contact that had been made between staff and relatives. For example, one persons' contact sheet recorded that the person's relative had been contacted regarding the remote control for their television.

Information about people was treated confidentially. People's care records and files containing information about staff were held securely in locked cabinets.

Is the service responsive?

Our findings

People did not consistently receive support that was responsive to their needs. Care plans did not always contain the required information to inform staff how to meet people's needs. For example, information relating to people's specific health support was not available. We spoke to the registered manager about our concerns and we were informed the care plans would be reviewed. Documents relating to people had not consistently been reviewed and updated as required. On the second day of our inspection the registered manager had reviewed and updated the care plans we had raised concerns about.

We recommend that the registered manager ensures documents relating to people's care and support needs are reviewed and updated if changes are required.

People told us they were offered a range of activities to meet their needs and interests. Comments included, "I am always asked if I would like to take part. One of the staff brings me the Daily Telegraph every day. I have been able to bring my desk here so I can sit and write", "I am enjoying the sherry this morning. Play bingo once a week. We went shopping to the centre yesterday on the coach", "Always join in, good fun" and "I went out on the coach yesterday shopping. Have made some yarn dolls and balls to hang in my room."

The provider employed an activities coordinator that worked part-time. People were offered the opportunity to participate in a range of activities both internally and out in the local community. Details of the activities available for each day were displayed on notice boards in the dining room and reception area. On the first day of our inspection people participated in a sherry and reminiscence morning. People were observed talking about their childhood memories that were promoted by photographs. People were encouraged to come out of their bedroom and join in with the activity. People's wishes were respected if they had chosen not to join in. During the afternoon an external company visited the service and facilitated a quiz for people. Other activities that were available to people included, art and crafts, a weekly hairdresser visit, exercise classes and visits from the pets as therapy (PAT) dogs.

People told us there was a religious meeting held at the service that they could attend if they wished. Details of when Holy Communion was available were displayed on the activities notice board. The activities coordinator told us that if there were any other religious beliefs, these would also be accommodated.

People told us they knew who to speak to if they were unhappy and wanted to make a complaint. One person told us that they had raised a complaint previously with the registered manager, which was dealt with promptly. The provider had a complaints policy and procedure in place which was made available to people and their relatives. There had been four formal complaints that had been raised during 2018. Records showed that the complaints procedure had been followed, with the acknowledgement, investigation and outcome recorded. We spoke to the registered manager and suggested that they log a summary of all complaints which would easily identify any patterns or trends. This had been completed by the registered manager on the second day of our inspection.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that

people with a disability or sensory loss are given information in a way they can understand. Care plans confirmed the assessment of people's communication to identify any special communication needs. This was to ensure people who lived at the service had information in the most accessible format. The provider had developed an accessible complaints procedure that had been displayed throughout the service.

People were supported to create a plan for their care at the end of their life, if they had chosen to. Advice and support had been sought from the local hospice team for a person that had recorded their specific wishes. Some people had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) form in place. DNACPR forms indicate where a medical decision has been made by a doctor with the person or their representative that cardiopulmonary resuscitation would not be attempted if the person stopped breathing or their heart stopped beating.

Is the service well-led?

Our findings

At the last inspection on 19 December 2017, we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to have an effective system in place to identify and make improvements to the quality and safety of the service that was provided to people.

After the inspection the registered manager sent us an action plan telling us they would make improvements and would meet this regulation by 01 January 2018. At this inspection we found that some improvements had been made, there were some checks and audits in place. However, it was not always clear what, if any, action had been taken when concerns had been identified.

Since the last inspection the infection control audit had been reviewed and updated. An audit was undertaken monthly and records showed that in May 2018 the assessor had commented that staff required 'more training or briefing on management of an outbreak at the premises'. We spoke to the registered manager who at first could not remember seeing this audit or any action being taken, but later told us she could remember there were discussions, such as 'double bagging' at handovers, but was unable to show any evidence of this.

There were checks and audits on hot water temperatures, monthly bedroom checks, resident checks, wheelchairs, and foam mattress checks. Air mattress and pump checks should have been checked weekly, but records showed this had only been completed three times a month. Bedrails and bumpers were checked monthly, but the check undertaken on 13 August 2018 showed five action points, which the registered manager said they were not aware of. During the inspection additional bumpers were fitted to bedrails and registered manager told us parts had been ordered by the maintenance person.

There was a lack of systems and processes to manage the service in order that it worked effectively. For example, the same fire doors had been identified intermittently as not closing properly since November 2017, but action was only being taken at the time of the inspection and the issue was still not fully resolved.

People were asked for their feedback about the service they received. The registered manager had set up 'tea with matron', this was a regular meeting where people spent time with the registered manager talking about the service they received. People were asked to complete an annual survey about the service including their views regarding the management team, cleanliness, communication and staffing. The results were collated however, people were not informed of any action that had been taken because of their feedback.

There was a lack of management oversight and management action to ensure staff completed suitable training in a timely way so they had the knowledge and skills to meet the needs of people. There was no system to monitor that staff received supervision in line with the provider's policy.

The staffing rota showed the registered manager had spent more than half of their time working as a

registered nurse as part of the care team. We spoke to the registered manager and the provider about the large amount of management time being used for care delivery, and how this may have contributed towards the lack of management of the documentation; and the concerns that we had identified during our inspection. We were informed that additional time would be spent enabling the registered manager to effectively manage the service.

The provider failed to have effective systems in place to assess, monitor and improve the quality and safety of the service. This is a continued breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

People knew the registered manager as 'matron' which was their title within the service. People told us they saw matron on a regular basis and felt the service was well run. Comments included, "Matron is very nice, always asks how I am", "I see her in the office she always says hello" and "Matron always prepared to help out if staff are busy." The registered manager was also a registered nurse and provided clinical support to the registered nurses. Staff understood their role and who they were accountable to. Staff told us they felt the registered manager was approachable and supportive. We observed staff speaking to the registered manager throughout the inspection.

Staff told us they felt there was an open culture where they were kept informed about changes within the service. The provider often visited the service and was available throughout our inspection. Staff meetings were held and were used to inform staff of any changes or updates regarding their role and the organisation. Staff handovers between shifts and communication books highlighted any changes in people's health and care needs, this ensured staff were aware of any changes in people's health and care needs. The registered manager worked in partnership with other organisations to ensure people remained healthy such as district nurses and the local authority.

The registered manager understood their role and responsibility to provide quality care and support to people. They understood that they were required to submit information to the Care Quality Commission (CQC) when reportable incidents had occurred. For example, when a person had died or had an accident. All incidents had been reported correctly.

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 those seeking information about the service can be informed of our judgements. The provider had conspicuously displayed their rating both on their website and in the service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to assess and reduce risks to the health and safety of people living in the service. This failure had increased the risk that people could experience significant harm as a result of not receiving safe care and treatment. This was a continuing breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to have effective systems in place to assess, monitor and improve the quality and safety of the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure staff received appropriate support, training, supervision and personal development to enable them to carry out their duties.